



By **PROFESSOR
LINDA ECKERT**

EVERY year, nearly 350,000 women worldwide die of a preventable cancer — that's more than one every two minutes.

I am talking about cervical cancer and in the UK alone, 3,200 women each year are diagnosed with it, and every day, two women die from it. Yet all these deaths are unnecessary.

I am a gynaecologist with 40 years' experience diagnosing women with cervical cancer, and 15 years as a consultant on the subject for the World Health Organisation (WHO).

I've literally reached the point of rage watching so many deaths and having to tell people they have a cancer that could have been prevented. We need to do more to protect women — and ultimately, eliminate cervical cancer. Because it *can* be eliminated.

Uniquely among cancers, we have the tools to do this: we have an amazing vaccine to prevent the viral infection that causes it, plus effective screening and treatment that prevent pre-cancer from becoming cancer.

We can also spot and cure early cancer, preventing death. But we don't use these tools enough.

The WHO launched its call for the elimination of cervical cancer in 2020 — and all 194 member countries signed up. But cervical cancer continues to rise globally. Even in places where cases are falling — including the UK — they aren't falling fast enough.

YET a few countries are proving this is possible: Australia is on track to be the first to eliminate cervical cancer by 2035, perhaps 2028; Rwanda has a 95 per cent vaccination rate; Bhutan has an effective programme.

The UK is in a good position to improve and just a few weeks ago, the NHS set an ambition to eliminate cervical cancer by 2040, promising to offer vaccines in settings such as libraries, and trial self-sampling tests to overcome some of the issues with conventional smear-test screening.

Globally, there is a long way to go, but cervical cancer can be beaten because at least 99 per cent of cases are caused by 'high-risk' strains of the sexually transmitted human

papillomavirus (HPV). This infection is very common — 80 per cent of women have it at some time.

Most will clear the virus harmlessly, but in a small but significant proportion, it persists and can cause cancer, even years later.

If we can prevent HPV infection, we can prevent cervical cancer. For that, we have the HPV vaccine. Given

to girls aged 12-13 (before they encounter the virus) it prevents an astonishing 90 per cent of cervical cancers; by comparison, doctors are pleased when the flu jab is 50-60 per cent effective.

And the HPV jab is extremely safe. Yet worldwide, fewer than one in five girls is currently being vaccinated: even in the UK — despite an excellent school-based programme — around a quarter of teenagers are not being immunised.

While difficulties in poorer countries include cost, in the developed world it's mostly myths that have mired life-saving HPV vaccine roll-outs.

This includes a belief that because it relates to a sexually transmitted virus, the vaccine can encourage early sexual activity. Extensive research has shown that this is not true.

There have been stories of widespread side-effects, such as pain and fatigue.

In reality, statistics from the U.S. suggest that 1.8 in 100,000 (a rate of 0.0018 per cent) of those vaccinated reported a serious side-effect — and because some of these events will have been coincidental, rather than actually caused by the vaccine, even this may be an over-estimate.

Misinformation is a deadly game with lives at stake.

In Denmark, the vaccine quickly gained 90 per cent uptake among 12-year-old girls. But in 2014, scare stories spread and the rate fell to 40 per cent.

Similar rumours in Japan saw vaccine rates plummet from 74 per cent in 2013 to below 1 per cent in 2016.

The fears were unfounded and in 2017, the Danes

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launched a public information campaign, getting uptake back to 80 per cent in a year.

Nonetheless 26,000 Danish girls — and a whole generation of Japanese women — have missed out on near-perfect protection.

As well as countering misinformation, we must provide accessible, correct information. For my book, I spoke to Morgan, a dental practice manager, who was 14 when the vaccine was introduced in the U.S. — her mother let her decide whether to take it, and she chose not to. She told me she just didn't know its value.

Ten years later, Morgan was diagnosed with a virulent cervical cancer that kills 95 per cent of those who get it.

After gruelling treatment, she's cancer-free, but she wishes she'd been given the facts she needed to make an informed decision.

'High-risk' HPVs are easier to eliminate than viruses such as flu and Covid-19 because they don't constantly produce new variants, so the same vaccine works across the world. This makes herd immunity achievable.

So take your children to be vaccinated (or request a catch up), ask friends if their kids are protected — and remind them that this vaccine is only fully effective before exposure to HPV (i.e. before first sexual

encounters). The vaccine alone could eventually eliminate cervical cancer. Screening can speed up that process.

In the UK, you have a free screening programme with regular test reminders — what we doctors in the U.S. wouldn't give for that! — and yet still nearly a third of women don't attend.

Cultural barriers contribute to low uptake in certain communities, but some women are simply 'too busy'.

This was the case for Kim, a working mother who told me she just didn't get around to it — for seven years. When she finally went, she was diagnosed with cervical cancer. The treatment had horrendous side-effects including incontinence. Screening could have saved her almost all of that.

So I'm calling you all to action. Go to screening; check friends and family have been screened.

If you have the capacity, campaign: get involved with charities, put pressure on politicians, tell anyone who'll listen that cervical cancer can and should be eliminated.

■ *LINDA ECKERT is a professor of obstetrics and gynaecology at the University of Washington. Her book, *Enough: Because We Can Stop Cervical Cancer*, is published by Cambridge University Press on Thursday.*

As told to JULIET RIX