

Do it yourself cervical cancer test: A gateway to increase cervical cancer screening in Pakistan

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Dear Editor, Cervical cancer is the second most common condition in women under 50 years of age. Approximately 500,000 cases are reported per year throughout the world with a mortality of 270,000.¹ Widespread use of cervical screening programmes in developed countries has reduced rates of cervical cancer. According to a WHO report of 2008, the prevalence of cervical cancer in Pakistani women was 0.019%. It is reported to be amongst the ten common cancers in Pakistan.²

Screening tests help in early detection and appropriate treatment of cervical cancer, decreasing mortality rate significantly. These screening methods include: Pap smear, liquid-based cytology, HPV-DNA testing and the visual inspection with acetic acid. Cervical cytology is the gold standard. According to American Cancer Society Guidelines, cervical cancer screening should begin at age 25.

In Pakistan, cervical cancer screening is advisable in women aged 25-44 years after every 3 years and for women aged 45-60 years after every 5 years. According to a study, only 5% of women in Pakistan are aware of screening and only 2.6 % of women have a pap smear test once in their life.³ Non-confident nature of women and lack of encouragement from families could be the major barriers to carry out screening in Pakistan.

'Do it yourself cervical cancer test' is introduced in developed countries in which the patient will be able to collect her own sample. Australia has added this self collection method in its national cervical screening programme guidelines. The patient is given the choice to either collect their own sample using a cotton swab or have a medical expert collect a sample.⁴ This method of sample collection can help cervical cancer screening popular in

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people of different cultural backgrounds who wouldn't prefer the aforementioned screening methods. A meta-analysis stated that some PCR-based HPV tests generally showed similar sensitivity on both self-samples and clinician-based samples.⁵ Therefore, Pakistan's public health sector could implement this new intervention as a measure to increase the screening rate and control the mortality rate of cervical cancer. Awareness programmes should be run in institutes to spread information about this new intervention. Pre-marital consultation camps should take place in low socio-economic areas which have high early marriage ratio, in which illustrative videos of sample collection can be shown in order to create awareness among the masses.

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