

Cervical Cancer in Uganda: A call for culturally competent prevention

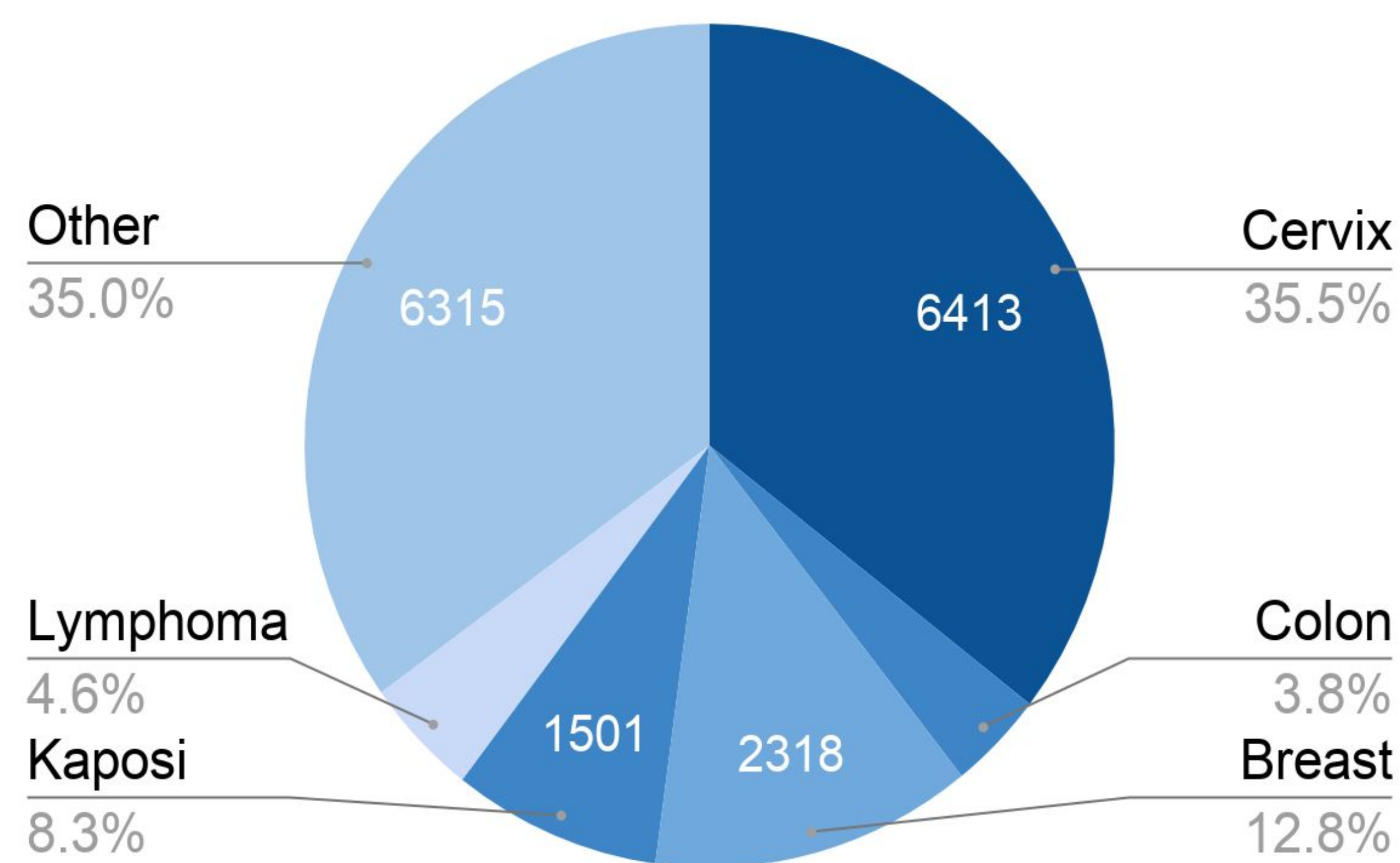


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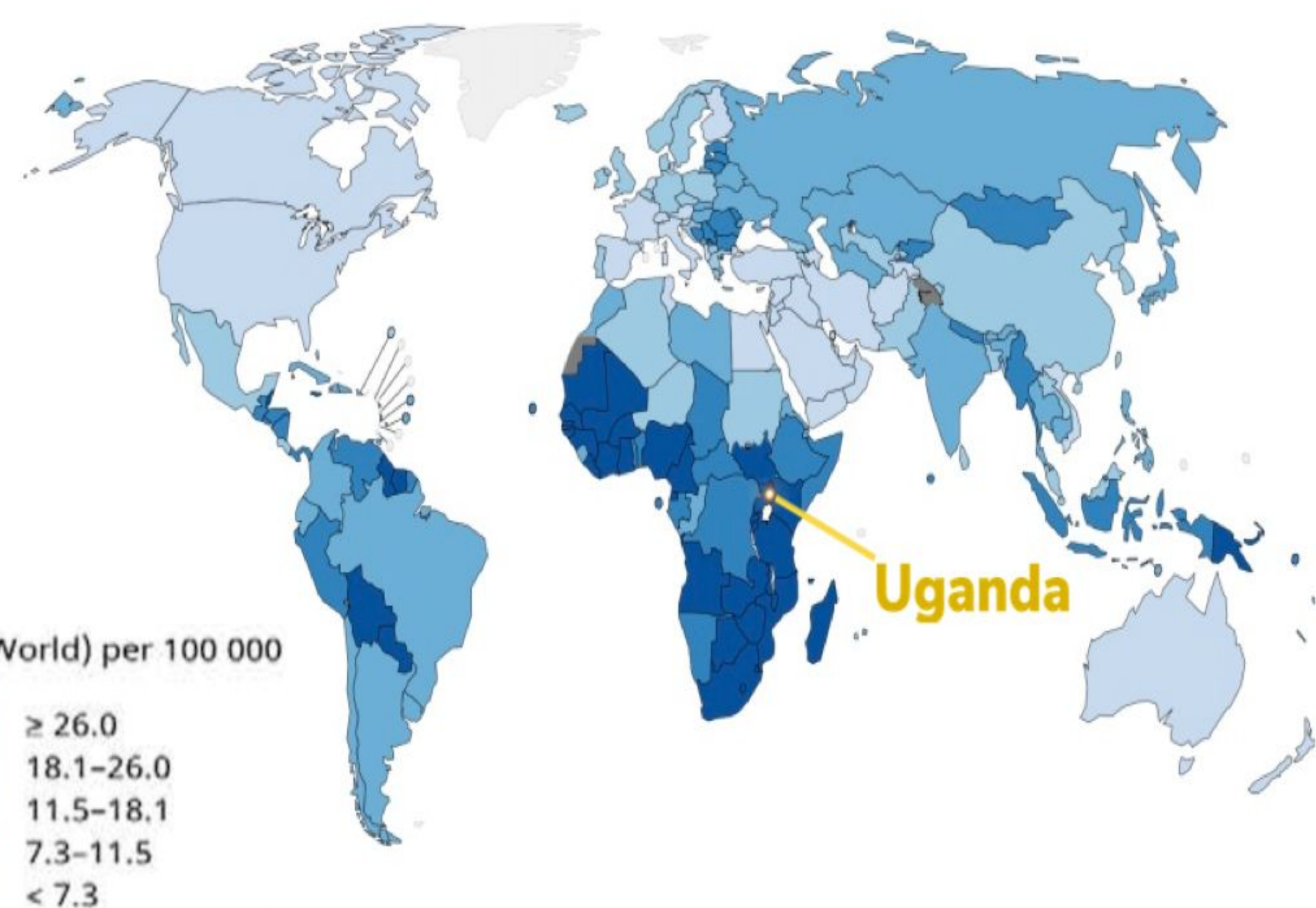


Background

According to the World Health Organization, “Cervical cancer is the fourth most frequent cancer in women with an estimated 570,000 new cases in 2018 representing 6.6% of all female cancers.” Cervical cancer mortality rates in low resource countries are 3 times as high as rates in high resource settings. This is evident in Uganda where cervical cancer is the most common cancer-cause of death in women. Uganda’s incidence rate of cervical cancer is one of the highest in the world with a yearly rate of 54.8 cases per 100,000 women. Multiple barriers occlude women from receiving a diagnosis or biomedical treatment, resulting in approximately 4,301 deaths per year.



Number of new cases in Uganda 2018, females, all ages



Cervical cancer incidence rates 2018, all ages

Barriers to Treatment



Poor health infrastructure

“Some of the health centres only have the buildings but there are no medicines inside; people feel that it is a waste of time to go there- Ugandan woman

Distance to health facilities

“Another problem is the difficulty in accessing transport especially the high cost of transport to town”- Ugandan man

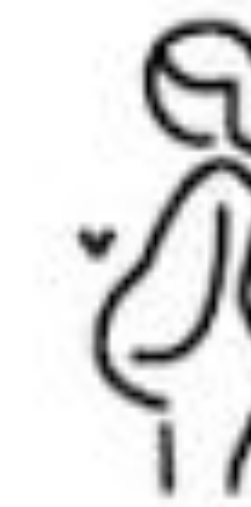


Cost of care-

“Poverty also makes people go to small health units where those running cannot even detect cancer”-Consultant Surgeon

Sociocultural values.

“when they come sometimes they don’t want operation...Last week there was a lady who refused hysterectomy. When we explained to her that the operation is to remove her uterus, she said ‘no, no, no. I don’t have a child, how can you remove my uterus?’ -Comprehensive Nurse



Efforts to Improve Access to Cancer Treatment

Universal Health Coverage (UHC)- The conference focused on the need for UHC to guarantee that everyone in Uganda will have access to “the full spectrum of cancer and palliative care service provision without causing financial hardship”

Radiotherapy expansion- Uganda Cancer Institute (UCI) discussed their plans to phase out the former cobalt machine and supplant it with a more modern radiotherapy (RT) machine. In addition, “a new cobalt-60 high-dose-rate brachytherapy unit and a computed tomography simulator” were commissioned in March, 2017. UCI aims to build six new RT facilities near the Mulago Hospital in an attempt to expand RT access in Uganda.

Feasibility of Radiotherapy & Fertility

for cervical cancer often results in infertility as the high-energy rays used to kill cancer cells are strong enough to irreversibly destroy most immature ovarian follicles. The African public health sector does not provide assisted reproductive technology due to lack of expert physicians, poor health infrastructure, and financial cutbacks. In Uganda, children are a source of social status, labor, and security. Infertility often results in divorce, stigmatization and/or social exclusion. So women may not even want to receive newly implemented radiotherapy if there are no viable options to preserve their fertility after gonadotoxic cancer treatment.

Recommendations

HPV vaccine- 2 strains of HPV are responsible for 70% of cervical cancers and pre-cancerous cervical lesions. Administering the HPV vaccine in Uganda could significantly reduce the incidence rate of cervical cancer.

Educational interventions- If women were educated on the bodily manifestations of cervical cancer, they could recognize warning signs for the disease and receive an earlier diagnosis, increasing their chances of fertility preservation.

Limitations-

- A study found that participants think the HPV vaccination is not feasible as it requires three doses over a period of six months. That is why I recommend administering the vaccine at primary schools.
- Parents fear that their daughters will mistakenly believe that the HPV vaccine will offer protection against STIs and encouraged them to have unprotected sex.
- People fear that the HPV vaccine will jeopardize one’s future reproductive potential.

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