

P. WADHWANI COLLEGE OF PHARMACY, YAVATMAL
D.PHARM and B.PHARM COURSE

REPORT ON CERVICAL CANCER AWARENESS

Date and time: 30/ 01/2025, 12.00-01.00 PM

Audience: Students of D.Pharm B.Pharm from P Wadhwani college of Pharmacy, Yavatmal and Faculty

Guest on the stage: **Dr M. D. Kitukale :** Principal, Pataldhamal Wadhwani College of Pharmacy, Yavatmal
 Dr Sangeeta Ashish Tawade : MBBS MD Gynic, President of Womens's Doctor Wing and IMA Yavatmal.

REPORT ON CERVICAL CANCER AWARENESS

NSS and Medical Health Checkup Department has been organised a guest lecture on the topic of Cervical Cancer Awareness on dated 30th January 2025 in collaboration Womens's Doctor Wing and IMA Yavatmal.

.Event has been started by welcome of dignitaries on the stage. Dr M D Kitukale welcomed the guest Dr Sangeeta Ashish Tawade (MBBS, MD Gynic).

Dr Tawade, who is president of Womens's Doctor Wing and IMA Yavatmal and she is working since 20 years.



She started her lecture on cervical cancer and she initiated, In India, cervical cancer contributes to approximately 6–29% of all cancers in women. The age-adjusted incidence rate of cervical cancer varies widely among registries; highest is 23.07/100,000 in Mizoram state and the lowest is 4.91/100,000 in Dibrugarh district.



Cervical cancer is the fourth most common cancer in women globally with around 660000 new cases and around 350 000 deaths in 2022. The highest rates of cervical cancer incidence and mortality are in low- and middle-income countries. This reflects major inequities driven by lack of access to national HPV vaccination, cervical screening and treatment services and social and economic determinants. Cervical cancer is caused by persistent infection with the human papillomavirus (HPV). Women living with HIV are 6 times more likely to develop cervical cancer compared to women without HIV. Prophylactic vaccination against HPV and screening and treatment of pre-cancer lesions are effective strategies to prevent cervical cancer and are very cost-effective. Cervical cancer can be cured if diagnosed at an early stage and treated promptly. Countries around the world are working to accelerate the elimination of cervical cancer in the coming decades, with an agreed set of three targets to be met by 2030. She mentioned the causes like Human papillomavirus (HPV) is a common sexually transmitted infection which can affect the skin, genital area and throat. Almost all sexually active people will be infected at some point in their lives, usually without symptoms. In most cases the immune system clears HPV from the body. Persistent infection with high-risk HPV can cause abnormal cells to develop, which go on to become cancer.



Persistent HPV infection of the cervix (the lower part of the uterus or womb, which opens into the vagina – also called the birth canal) if left untreated, causes 95% of cervical cancers. Typically, it takes 15–20 years for abnormal cells to become cancer, but in women with weakened immune systems, such as untreated HIV, this process can be faster and take 5–10 years. Risk factors for cancer progression include the grade of oncogenicity of the HPV type, immune status, the presence of other sexually transmitted infections, number of births, young age at first pregnancy, hormonal contraceptive use, and smoking.



She shared the prevention like Boosting public awareness, access to information and services are key to prevention and control across the life course.

- Being vaccinated at age 9–14 years is a highly effective way to prevent HPV infection, cervical cancer and other HPV-related cancers.
- Screening from the age of 30 (25 years in women living with HIV) can detect cervical disease, which when treated, also prevents cervical cancer.
- At any age with symptoms or concerns, early detection followed by prompt quality treatment can cure cervical cancer.



Cervical screening and treatment of precancers Women should be screened for cervical cancer every 5–10 years starting at age 30. Women living with HIV should be screened every 3 years starting at age 25. The global strategy encourages a minimum of two lifetime screens with a high-performance HPV test by age 35 and again by age 45 years. Precancers rarely cause symptoms, which is why regular cervical cancer screening is important, even if you have been vaccinated against HPV.

Self-collection of a sample for HPV testing, which may be a preferred choice for women, has been shown to be as reliable as samples collected by healthcare providers.

After a positive HPV test (or other screening method) a healthcare provider can look for changes on the cervix (such as precancers) which may develop into cervical cancer if left untreated. Treatment of precancers is a simple procedure and prevents cervical cancer.

Treatment may be offered in the same visit (the see and treat approach) or after a second test (the see, triage and treat approach), which is especially recommended for women living with HIV. Treatments of precancers are quick and generally painless causing infrequent complications. Treatment steps include colposcopy or visual inspection of the cervix to locate and assess the lesion followed by:

- thermal ablation, which involves using a heated probe to burn off cells;
- cryotherapy, which involves using a cold probe to freeze off the cells;
- LEETZ (large loop excision of the transformation zone), which involves removing your abnormal tissues with an electrically heated loop; and/or

- a cone biopsy, which involves using a knife to remove a cone-shaped wedge of tissue.



After the session students and faculty members asked the queries related with the topic and vote of thanks delivered by Miss R U Chavan and guest lecture co-ordinated by Mr Akash Dhoke.

Principal
Dr M D Kitukale

