

EDITORIAL

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Advances in the prevention and management of cervical cancer

Avances en la prevención y manejo del cáncer cervical

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According to the World Health Organization⁽¹⁾, cervical cancer is the fourth most common cancer in women worldwide, with around 660,000 new cases and approximately 350,000 deaths in 2022, with the highest incidence rates in low- and middle-income countries. In these countries, access to cervical screening and treatment services, as well as HPV immunization, is limited due to known social and economic determinants. And most importantly, cervical cancer can be prevented or cured if diagnosed at an early stage and treated immediately. Based on estimates from The Global Cancer Observatory (GLOBOCAN) 2020, a study published in *The Lancet* has assessed the magnitude of global inequalities in the incidence and mortality of cervical cancer. The burden of cervical cancer remains high in many parts of the world, identifying substantial geographical and socioeconomic inequalities, with increasing rates for countries with lower levels of human development⁽²⁾.

According to information from the Peru National Center for Epidemiology, Control, and Disease Prevention (CDC), the most frequent cancer locations in females were cervical (738 cases) and breast (685 cases) in the first quarter of 2024. The method of the first diagnosis of cervical cancer was clinical presentation in 71% and through screening programs in 17%, with the rest being clinical or surgical findings⁽³⁾.

The Peruvian Cancer Foundation (FPC) highlights the efforts of the Peruvian government in the fight against cervical cancer (CCU), especially through the national vaccination campaign against the human papillomavirus, which has managed to immunize more than one and a half million boys and girls between the ages of 9-18, with a national coverage of 116.2%, and the screening strategy with molecular tests for around 320,000 women between the ages of 30-49 nationwide. Thus, approximately 12% of the WHO's 2030 target has been achieved⁽⁴⁾.

With the aim of contributing specialized knowledge on advances in the management and prevention of cervical cancer, at the Cervical Cancer Symposium we present reviews on the current management of cervical cancer, the use of HPV vaccines, and new insights into HPV-unrelated cervical cancer.

The management of cervical cancer has evolved and will continue to advance as more information about the nature of this disease becomes available, particularly with the development of genetic knowledge. On the other hand, the challenge posed by the postponement of motherhood has demanded new treatment techniques that allow for the preservation of fertility without compromising survival in the disease. Endoscopic surgery and radical vaginal surgery have made significant contributions in this field, and the results obtained have translated into changes in management standards⁽⁵⁾.



On the other hand, the HPV vaccines initially available were two, the bivalent and quadrivalent. Currently, the WHO recognizes the validation of four vaccines, including a nonavalent vaccine. The initial doses were three doses; however, this has evolved, and currently, more and more countries are adopting the use of a single dose for the younger population. Additionally, there are several vaccines on the way that have not yet been validated, for more accessible use. Although these vaccines are standardized for use starting at 9 years old, the age limit is being extended in the health policies of several countries, as well as for their gender-neutral application. The importance of the medical factor is recognized, that is, the indication by the doctor and providing the correct and updated information about the vaccines. Hence the importance of reviewing this topic⁽⁶⁾.

HPV-unrelated cervical cancer is a new chapter that has developed by identifying a different behavior and prognosis in this group of patients, to the extent that in the current WHO histological classification, it is distinguished, above all and even for the squamous and adenocarcinoma types, whether or not it is related to HPV⁽⁷⁾.

The Peruvian Journal of Gynecology and Obstetrics will continue to monitor advances in the prevention, diagnosis, and management of uterine cancer. We observe the current interest in self-collection devices for HPV testing to increase participation in cervical cancer detection⁽⁸⁾, the high-risk human papillomavirus (hrHPV) DNA test which would be more sensitive than cytological screening in women aged 25-30 when HPV infection is common and generally transient⁽⁹⁾, the use of artificial intelligence to improve the accuracy and efficiency in the analysis of cervical cancer screening test images⁽¹⁰⁾, the employment of immune checkpoint inhibitors for the treatment of advanced cervical cancer⁽¹¹⁾, robot-assisted surgery offering greater precision and less invasive procedures for cervical cancer surgery⁽¹²⁾, among others.

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