



Why Every Woman Should Prioritize Cervical Screening

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Abstract

Cervical screening is a vital preventive healthcare measure for women, playing a crucial role in detecting and preventing cervical cancer. Regular screenings can identify precancerous changes caused by human papillomavirus (HPV), enabling timely intervention and significantly reducing mortality rates. Despite its proven effectiveness, many women neglect screening due to lack of awareness, access barriers, or fear of procedures. This article explores the importance of cervical screening, detailing its role in early detection, the procedures involved, barriers to participation, and strategies to encourage more women to prioritize this essential aspect of health.

Keywords: Cervical screening; HPV; Cervical cancer prevention; Pap test; Healthcare; Women's health; Early detection; Public health

Introduction

Cervical cancer remains one of the most preventable forms of cancer, yet it is a significant cause of morbidity and mortality among women worldwide. The cornerstone of prevention is regular cervical screening through Pap tests or HPV testing, which detect precancerous lesions or early-stage cancer before symptoms manifest. Early detection dramatically improves outcomes, with survival rates exceeding 90% when the disease is identified and treated at an early stage [1-3].

Despite the availability and effectiveness of screening programs, participation rates remain suboptimal in many countries. Cultural stigma, limited access to healthcare, and insufficient public awareness contribute to these challenges. This article highlights why every woman should prioritize cervical screening, underscoring its life-saving potential, the procedures involved, and how addressing barriers can enhance participation rates [4].

Description

Cervical screening is a preventive measure designed to identify abnormal cells in the cervix before they progress to cancer. Unlike many cancers, cervical cancer develops slowly, providing a critical window for intervention. Routine screening detects: Precancerous Changes Early identification of cervical intraepithelial neoplasia (CIN) allows for effective treatment before progression. HPV Infection Screening often includes testing for high-risk HPV types known to cause cervical cancer [5-7].

Pap Test (Papanicolaou Test) The Pap test involves collecting cervical cells to detect abnormalities. Results are categorized as: Negative for intraepithelial lesions or malignancy (normal). Atypical squamous cells (ASC).. Low-grade or high-grade squamous intraepithelial lesions (LSIL/HSIL).

HPV Testing High-risk HPV types are identified through molecular testing, often in combination with the Pap test (co-testing). HPV testing offers higher sensitivity than cytology alone. **Follow-Up Procedures** For abnormal results, additional diagnostic tools such as colposcopy or biopsy may be used to confirm the presence of precancerous or cancerous lesions. **Special Populations** Screening may vary for immunocompromised women, including those with HIV [8-10].

Discussion

Regular cervical screening has significantly reduced the incidence

and mortality of cervical cancer in countries with established programs. Key benefits include: **Early Detection and Treatment** Identifying abnormal cells or HPV infection early prevents progression to invasive cancer. **Reduced Mortality** Early-stage cervical cancer is highly treatable, and screening leads to better survival rates. **Public Health Benefits** Widespread screening reduces the overall burden of cervical cancer, improving women's quality of life and reducing healthcare costs. Despite its effectiveness, many women do not adhere to screening guidelines. Common barriers include: **Lack of Awareness** Limited understanding of the importance of screening and its role in prevention.

Access Issues Geographic, financial, or logistical barriers limit participation, particularly in low-resource settings. **Cultural and Psychological Factors** Fear of discomfort, anxiety about results, or cultural stigma around reproductive health discourage screening. **Misinformation** Concerns about the necessity or safety of the procedures. To overcome barriers and promote cervical screening, public health programs must employ targeted strategies.

Education Campaigns Raise awareness about the benefits of screening, risk factors for cervical cancer, and available services. **Improved Accessibility** Mobile health clinics, telehealth consultations, and subsidized programs can increase screening rates, especially in underserved areas. **Cultural Sensitivity** Tailoring campaigns to address cultural and language differences ensures that diverse populations feel supported. **Self-Sampling for HPV** Offering at-home HPV testing kits can encourage women hesitant about clinic visits to participate. Countries that have implemented organized cervical screening programs have demonstrated impressive reductions in cervical cancer rates. For instance: **Australia** Integration of HPV vaccination with robust screening programs aims to eliminate cervical cancer as a public health issue by 2035. **Rwanda** Comprehensive efforts to increase

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vaccination and screening coverage have shown measurable progress in combating cervical cancer.

Conclusion

Cervical screening is an essential tool for preventing one of the most preventable cancers affecting women. By prioritizing regular screenings, women can safeguard their health and significantly reduce the risk of cervical cancer. Overcoming barriers through education, accessibility, and innovation is critical for increasing participation rates and improving public health outcomes. Empowering women with the knowledge and resources to prioritize cervical screening is a crucial step toward the global goal of cervical cancer elimination.

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Conflict of Interest

None

References

1. Alothman M, Althobaity W, Asiri Y, Alreshoodi S, Alismail K, et al. (2020) Giant Cell Tumor of Bone Following Denosumab Treatment: Assessment of Tumor Response Using Various Imaging Modalities. *Insights Imaging* 11: 41.
2. An G, Acharya C, Feng X, Wen K, Zhong M, et al. (2016) Osteoclasts Promote Immune Suppressive Microenvironment in Multiple Myeloma: Therapeutic Implication. *Blood* 128: 1590-1603.
3. Arteaga CL, Hurd SD, Winnier AR, Johnson MD, Fendly BM, et al. (1993) Anti-transforming Growth Factor (TGF)-beta Antibodies Inhibit Breast Cancer Cell Tumorigenicity and Increase Mouse Spleen Natural Killer Cell Activity. Implications for a Possible Role of Tumor Cell/host TGF-Beta Interactions in Human Breast Cancer Progression. *J Clin Invest* 92: 2569-2576.
4. Atkins GJ, Haynes DR, Graves SE, Evdokiou A, Hay S, et al. (2000) Expression of Osteoclast Differentiation Signals by Stromal Elements of Giant Cell Tumors. *J Bone Miner Res* 15: 640-649.
5. Avnet S, Longhi A, Salerno M, Halleen JM, Perut F, et al. (2008) Increased Osteoclast Activity Is Associated with Aggressiveness of Osteosarcoma. *Int J Oncol* 33: 1231-1238.
6. Bakewell SJ, Nestor P, Prasad S, Tomasson MH, Dowland N, et al. (2003) Platelet and Osteoclast β 3 Integrins Are Critical for Bone Metastasis. *Proc Natl Acad Sci USA* 100: 14205-14210.
7. Baron R, Ferrari S, Russell R (2011) Denosumab and Bisphosphonates: Different Mechanisms of Action and Effects. *Bone* 48: 677-692.
8. Baselga J, Rothenberg ML, Tabernero J, Seoane J, Daly T, et al. (2008) TGF- β Signalling-Related Markers in Cancer Patients with Bone Metastasis. *Biomarkers* 13: 217-236.
9. Cheng L, Shoma Suresh K, He H, Rajput RS, Feng Q, et al. (2021) 3D Printing of Micro- and Nanoscale Bone Substitutes: A Review on Technical and Translational Perspectives. *Int J Nanomed* 16: 4289-4319.
10. Ciocca L, Lesci I, Ragazzini S, Gioria S, Valsesia A, et al. (2020) Nanostructured surface bioactive composite scaffold for filling of bone defects. *Biointerface Res Appl Chem* 10: 5038-5047.