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CURRENT SCREENING STRATEGIES FOR CERVICAL CANCER PREVENTION

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Cervical cancer is an important women's health problem in the current world and generally in the world of medicine as we know it today, it ranks the 4th spot on cancers groups for women.

Cervical cancer is a leading cause of mortality among women. The major suspect for at least 99 percent of the current time is Human papillomavirus with variant 16 or 18 becoming the main ones. It is absolute in young adults and with cervical cancer which affect women at the age of 40 or 50.

To analyze screening strategies to prevent cervical cancer. A comprehensive search of clinical algorithms, articles and guidelines regarding cervical cancer screening and prevention published between 2000 and 2025 was carried out in databases such as Medline, Web of Science and Scopus.

According to the 2020 World Health Organization (WHO) Global strategy aiming to expedite cervical cancer eradication by 2030, there are three targeting key areas: achieving 90% HPV vaccination coverage among eligible young females, ensuring 70% of women are screened using a high-quality test, and guaranteeing that 90% of women with positive screening results or cervical lesions receive proper management.

Most of the cervical cancers is rooted from high-risk HPV variants. Oncoproteins of E6 and E7 damage normal cell cycle balance. squamous cell carcinoma and adenocarcinoma are the head of this under types, created from cervical intraepithelial neoplasia. As soon as possible we should scan and analyze the early stages regardless of appearance of the symptoms. The advised tests are PAP and HPV test, along with colposcopy for abnormal results, are important for diagnosis and management.

WHO guidelines for cervical cancer indicate prioritizing HPV DNA testing as the initial screening method over visual inspection using acetic acid or cytology for both screening and treatment strategies. The WHO advises that women begin routine cervical cancer screenings at age 30 and recommends that women in the general population undergo HPV DNA screening every 5 to 10 years for optimal detection. Partial genotyping, colposcopy, visual inspection with acetic acid or cytology should be used to determine the appropriate follow-up care for women who have tested positive for HPV DNA.

To prevent cervical cancer, women can be screened using various tests to identify those who have or are at risk of cervical pre-cancer.

Prevention: HPV vaccination which is a must to adolescents before sexual activity begins, to protect against high-risk HPV types. Moreover, safe sexual practices which is basically condom use.

Diagnosis and the right decision to apprehend this disease is the holy grail of not only the treatment but the decisive decision to prevent the worsening of the situation, which in final verdict can cause avoidance of certain death.