

Cervical Cancer Mortality in Younger Women

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Dear Editor,
We read, with great interest, Min Wei et al.'s article.¹ In contrast with the conventional view, this article pointed out a particularly noteworthy trend that the mortality rate of cervical cancer is rising among younger women in urban China and the mortality is descending with a lower rate in younger women in rural China during 1987–2015. Also, the results in the supplementary table showed that the mortality rates increased in most age groups after 2010. Especially, the cervical cancer mortality of women aged 50–65 years rose up substantially, with higher APCs in urban areas. Cervical cancer has a long pre-invasive phase, and human papillomavirus (HPV) infection is the most important risk factor. Because it might take approximate 20–25 years from HPV infection to cancer stage with cervical invasion.² The article also implied the HPV infection increased markedly among younger women especially those in urban China after 2010. The authors claimed that the rapid urbanization, changes to young women's lifestyle, low vaccination rates, and insufficient utilization of organized screening are the possible explanations.

Considering the heavy burden and preventable nature of the cervical cancers, it has been the priority of the Chinese government to prevent and control cervical cancers during the past 10 years, as national-level plans issued by the State Council of China, the Development Planning for Chinese Women (2011–2020), the National Population Development Planning (2016–2030), and the 13th Five-year Plan for Health and Wellness explicitly promote the prevention and control of cervical cancer.

However, based on Min Wei et al. analysis,¹ it will be a long and arduous task to address new challenges to prevent and control cervical cancer in China. HPV vaccines were introduced to the market much later in China than other countries. Moreover, the vaccines are only effective for those not yet exposed to the virus with relatively high cost and in short supply.³ Public awareness and willingness to receive HPV vaccination also remain very low.⁴ Therefore,

population-based screening programs are still regarded as high cost-effectiveness measures. However, the existing studies revealed several influencing factors on the effectiveness and cost-effectiveness of cervical cancer screening including screening coverage, starting age and frequency, technique parameters, population acceptance and compliance, and related diagnosis and treatment.⁵

In summary, the prevention and control of cervical cancer is a dynamic systemic and complicated task, and thus, innovative and timely interventions are needed to protect these vulnerable populations. More specifically, we proposed to improve public utilization of screening services and promote the screening techniques and standard. Some other issues need to be equally and seriously considered including the coverage varied by region and by age, health education and knowledge translation, and the healthcare coordination.

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Compliance with Ethical Standards:

Conflict of Interest: The authors declare that they do not have a conflict of interest.

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