

## **NIGERIA'S SECOND WAVE OF CERVICAL CANCER: HOW WE CAN ELIMINATE THE SILENT KILLER**

The whole world is currently grappling with the second surge of COVID-19 infection. This pandemic destabilized year 2020, affecting over 85 million people and causing nearly 2 million deaths with a global mortality rate of about 2%. For this reason, every nation is making effort to gain access to the recently developed vaccines against the dreaded virus.

Incidentally, Nigeria is also experiencing a second surge of Cervical Cancer, a disease that has a much higher mortality rate than COVID-19 and which is also caused by another deadly virus, known as the Human papillomavirus (HPV). Most Nigerians are oblivious of HPV and cervical cancer, a silent killer which disproportionately devastates women in the developing world, but is a disappearing disease in the developed world, where appropriate steps have been taken.

January is Cervical Cancer Awareness Month, an opportunity to raise awareness on the disease and to reflect on lasting solutions to this perennial prey on the lives of our precious wives, mothers and daughters in their prime. Cervical cancer develops in a woman's cervix (the opening of the womb). 99% of cervical cancer is linked to infection with HPV, an extremely common virus that affects 630 million people globally and is transmitted through sexual contact. HPV is also responsible for cancer in other parts of the body, including the vulva, vagina, penis, scrotum, anus, perineum, conjunctival of the eye, mouth and throat. However, cervical cancer accounts for 84% of all HPV-associated cancers.

Cervical cancer is virtually 100% preventable and also curable if detected and treated early. Yet it is the 4<sup>th</sup> most common cancer in women globally, and the 2<sup>nd</sup> most common cancer among females in less developed countries. According to WHO, there were 570,000 cases of cervical cancer worldwide in 2018, and about 311,000 deaths. Sadly, 90% of those deaths occurred in developing nations like Nigeria, where women lack access to screening and early intervention. Furthermore, WHO has warned that if drastic action is not taken, the annual number of new cases of cervical cancer could rise from 570,000 to 700,000 between 2018 and 2030, while annual deaths would increase from 311,000 to 400,000.

In Nigeria, cervical cancer is the 2<sup>nd</sup> most common cancer and 2<sup>nd</sup> most common cause of cancer deaths in females. In 2008, cervical cancer killed 9,659 Nigerian women (66% mortality rate), by 2012, this reduced to 8,070 (57% mortality rate). However, 2018 saw a new spike in cervical cancer deaths to 10,403 (70% mortality rate), whilst there was a fall in the overall cancer deaths in Nigeria during the same period, from 75,392 deaths in 2008 to 70,327 deaths in 2018 (WHO data).

Although this second wave in cervical cancer mortality is hardly surprising, given the WHO projection, it was not a fait accompli and is therefore unacceptable. To address this problem, a fleet of Mobile Cancer Centres (a.k.a. the *PinkCruise*) was deployed in 2017 to scale up the BIG WAR Against Cancer. The BIG WAR is operated by the National Cancer Prevention Programme (NCPP), a nongovernmental initiative of **mass medical mission**, that has been spearheading awareness and community-based preventive cancer care to the Nigerian masses since 2007. The NCPP campaign contributed to the improvement in Nigeria's overall cancer statistics. The BIG WAR **protects underprivileged women from coming down with full-blown cancer, by picking them up and treating them in the precancerous stages.**

With the current COVID-induced restriction on mass gathering coupled with the strain on the already deficient infrastructure for cancer care in the country; and the diversion of the few resources available locally towards addressing the COVID-19 crisis, there is the risk that the gains in the effort towards reducing the nation's cancer burden would be severely undermined. This situation, if unaddressed, could potentially produce an even greater surge of cervical cancer deaths.

In this regard, in 2020, WHO launched the global strategy towards eliminating cervical cancer as a public health problem. To this end, WHO proposed the 90-70-90 targets to be met by 2030 by countries towards cervical cancer elimination viz: 90% of girls fully vaccinated against HPV by age 15 years; 70% of women screened with a high-performance test by 35 years of age and again by age 45 and 90% of women identified with cervical disease receive treatment.

The HPV vaccine (Gardasil) protects both males and females from HPV-related cancers. Vaccination can prevent new HPV infections, but cannot treat existing infections or diseases, so it works best when given before any exposure to HPV. Gardasil is therefore, recommended for males and females from 9 to 26 years of age. HPV vaccination is less beneficial and is optional for those above 26 years as most would have already been exposed to the virus. For the same reason, women are expected to **get regular cervical cancer screening, even after vaccination.** Widespread HPV vaccination, coupled with access to screening and optimal treatment is responsible for the status of cervical cancer as a disappearing disease in advanced nations.

Sadly, the cost of HPV vaccine is prohibitive to those who need it most. Gavi, the Vaccine Alliance, is a public-private global health partnership to increase access to vaccines in poor countries. HPV vaccine is now part of the national immunization programme in 112 countries, including 17 African nations such as Senegal, Uganda, Kenya and Rwanda. Tragically, although Gavi is chaired by a Nigerian, our masses still have no access to the vaccine. As we strive to obtain the COVID-19 vaccine, we **MUST** spare no effort to access Gardasil, so as to protect our people from HPV-related cancers.

When diagnosed early, cervical cancer is one of the most treatable forms of cancer. Cancers diagnosed in late stages can also be controlled with appropriate treatment and palliation. The optimal care for cervical cancer and other cancers is provided by Comprehensive Cancer Centres (CCCs). A CCC is a world-class, stand-alone tertiary health institution, with all its units focused on cancer care. By housing together clinical research, preventive, curative and palliative cancer care, the CCC provides better outcomes across a range of measures – including, crucially, survival.

Sadly, whilst India has over 200 CCCs, Nigeria has none. Therefore, Nigerians who can afford it, resort to treatment abroad with about one billion USD being spent on medical tourism annually. This is a tragic case of being penny wise and pound foolish, because one billion dollars is sufficient to establish 20 CCC in Nigeria every year! Moreover, the recent COVID-related global lockdown has shown that medical tourism may not always be available, even if one could afford it. How much longer must we allow this financial haemorrhage and waste of precious lives to continue? The WHO projection is a stark warning that Nigerians will be worst hit by the cancer pandemic if we do not ACT now.

We could take inspiration from other nations. The case of Ruth Ginsburg who recently died at the age of 87 years illustrates how the positive step we take today can transform the situation for us and future generations. Ginsburg was the second female Justice of the US Supreme Court. Ruth's mother died from **cervical cancer** at the age of 48 years, a day before Ruth graduated from high school. In contrast, Ruth first survived colon cancer at the age of 66 years and later survived pancreatic cancer (one of the deadliest cancers) at age of 76. While being treated for these cancers, she did not miss a day at work.

Ruth Ginsburg was a beneficiary of the legacy of some American philanthropists whose generosity had transformed the US health system between her mum's generation and her own. These philanthropists rose to the challenge of establishing world-class Comprehensive Cancer Centres (CCCs) in the USA, long before the US government became involved. Largely due to such philanthropic efforts, USA now has over 1500 Comprehensive Cancer Centres (CCC). The first CCC in USA is the Memorial Sloan Kettering Cancer Center (MSKCC), New York, where Ruth received treatment.

Before the establishment of MSKCC in 1884, cancer was a death sentence in the US. John Jacob Astor III (a philanthropist) sponsored the first wing of the MSKCC, named the "Astor Pavilion". His attention was drawn to the need by his wife Charlotte who was on the board of the Women's Hospital, New York, an institution that was then rejecting cancer patients. Over the years, the MSKCC went through various stages of advancement through the continuous support of more philanthropists. Today, the legacy that was left behind by these philanthropic men and women of goodwill is one of the top cancer centres in USA; saving tens of thousands of lives from all over the world, annually.

Likewise, the first children cancer centre in US (St Jude Children's Research Hospital, Tennessee, USA) was philanthropy driven. This hospital costs over \$2 million to run daily, but patients are not charged, because all cost is covered by donations. St. Jude was founded by a comedian Danny Thomas in 1962, in league with a medical doctor, Lemuel Diggs and supported by public-spirited Americans. Danny Thomas built St Jude in fulfilment of a vow he made in a church in Detroit, USA.

↓↑GivingTide International is an initiative aimed at promoting synergistic, concerted and catalytic philanthropy for the common good. The current focal cause of ↓↑GivingTide is **the BIG WAR Against Cancer**, with the immediate goal of establishing **the first Comprehensive Cancer Centre (CCC)** in Nigeria, while continuing to fund the already existing mobile cancer care system. The funds of the BIG WAR is domiciled in the ↓↑**GivingTide Global Trust which is managed by FBNQuest Trustees**, a subsidiary of FBN Holdings. Here is a clarion call on everyone to support the ↓↑GivingTide Trust.

Prof. Dora Akunyili (the former Minister of Information) quoted an ancient proverb at her last public outing before her death from cancer: "A society grows great when old men plant trees whose shade they know they shall never sit in." ↓↑GivingTide calls on Nigerian philanthropists to heed the wisdom of those words, just as the philanthropists in other nations who established Comprehensive Cancer Centres (CCCs) for the care of their own people, without waiting for government.

However, every one of us can be philanthropic. If 1 in 7 Nigerians donated only ₦1,000 each to the ↓↑**GivingTide Global Trust**, Nigeria's first CCC would be fully ready within 7 months. Therefore, there is no reason for the holocaust of preventable catastrophic deaths from cancer. Together, it is possible!

*"I always wondered why somebody doesn't do something about that. Then I realized I was somebody."* **Lily Tomlin**

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