

# Speech by Andra Levite at the “Vita” association’s online seminar series "Ahead of cancer with health literacy!"

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Dear Mrs. Irīna Januma!

Dear colleagues and listeners!

Today I have the honour to speak at your seminar on support for breast and cervical cancer screening reforms, the responsibility of Latvian municipal leaders for these reforms, and public oncology awareness.

I

In the course of life, people are confronted with all kinds of problems for which no solutions have been found to date. But there are also problems - diseases - about which we know a great deal. Cervical cancer is one of them.

Cervical cancer is known to be caused by the human papillomavirus (HPV), especially its high-risk types, in almost 100% of cases.

In 2008, the German physician *Harald zur Hausen* was awarded the Nobel Prize in Medicine. He spent many years researching, proving and explaining the link between HPV and cervical cancer.

A known remedy also protects people from being infected with particularly high-risk types of HPV. It protects both men and women from becoming infected and subsequently from developing cervical cancer and other cancers of the external genitalia, anal canal, mouth, and throat. This measure is a vaccination against HPV.

It is also known which methods and medical tools can detect cervical cancer and, more importantly, detect pre-cancerous and early stages of cervical cancer. These are cervical smear cytology, high-risk HPV detection and colposcopy.

There are also algorithms for treating cervical changes according to the stage detected.

## II

In 2020, the World Health Organisation (WHO) endorsed the *Global Strategy for Cervical Cancer Elimination*. The programme is based on three pillars.

primary prevention, i. e. vaccination against HPV for girls aged 9-14 years,

secondary prevention, cervical cancer screening (smear cytology/detection of high-risk HPV types) at the age of 25-30,

tertiary prevention, i. e. all types of treatment for invasive cervical cancer, including surgery, radiotherapy, chemotherapy and also palliative care.

Towards the cervical cancer eradication, WHO aims to reach 90-70-90 by 2030. This means:

90% of girls under the age of 15 worldwide have received the HPV vaccine,

70% of women worldwide are screened for cervical cancer,

90% of women worldwide who have invasive cervical cancer receive appropriate treatment.

In Latvia, 53% of all 15-year-old girls had received the full course of HPV vaccination by the middle of last year. In Latvia, 46.7% of women responded to an invitation to take part in a publicly funded cervical screening in 2022.

Thus, in 2022, Latvian girls and women have not achieved the WHO primary and secondary prevention targets.

## III

The HPV vaccine has been available worldwide since 2006. At first, it was available in the USA, and shortly after that in the European Union. In 2010, the state-paid vaccine against HPV was also introduced in Latvia.

Currently, the 2-valent, 4-valent and 9-valent vaccines are available. All these vaccines protect against HPV types 16 and 18, which are responsible for 70% of invasive cervical cancer.

Initially, girls aged 12-17 years were vaccinated, but from 2022, boys aged 12-17 years were also vaccinated.

Vaccination is always recommended before sexual intercourse. It is important to know that the virus does not discriminate between potential victims according to sex.

Therefore, adolescent education should include answers on sexuality. For example, the HPV vaccine does not protect against other sexually transmitted diseases (STDs). However, contracting an STD as a young person can derail all future plans if not treated properly. It is ignorance that leads to inappropriate and health-threatening behaviour.

## IV

All countries that have started vaccination against HPV have experienced resistance and rejection. For example, in the US, accusations of a coincidence between the HPV vaccine and *Guillain-Barre* syndrome (an inflammatory disease of the peripheral nervous system) and ovarian failure had to be refuted.

In Scandinavia, a large cohort study rejected an increased risk of multiple sclerosis after HPV vaccination.

The same happened in Japan with CRPS (*Complex Regional Pain Syndrome*).

Since the Gardasil (9-valent vaccine) vaccine against HPV has been licensed, more than 500 million people have received it. Potential side effects of the vaccine are carefully monitored. The *FDA* (*U.S. Food and Drug Administration*), *CDC* (*Centers for*

*Disease Control and Prevention*), *EMA (European Medicines Agency)*, *FIGO (Federation Internationale de Gynecologie et dObstetrique)* and the *WHO Global Advisory Committee*, which consider HPV vaccination safe and well tolerated, are participating in the study.

V

I think that the path to eradicating cervical cancer in Latvia and worldwide is well prepared from the professional side. But professionals do not walk this path alone; society must follow.

In order to improve girls', boys' and women's participation in HPV vaccination and cervical cancer screening, we should also think of non-conventional ways to reach the target groups.

The regular invitation letter for screening is part of the traditional approach, as are the hard copy newspaper, radio and television. A certain number of women will be reached with this information, and a certain number will be not. Especially the younger generation, who get their information from other sources. Therefore, it is imperative that communication should use emails, text messages, WhatsApp, social media and apps.

The future benefits of the HPV vaccine for girls and boys could already be communicated at meetings of new mothers. Because the decision to vaccinate a 12-year-old girl or boy is made by the child's parents, not the child.

I have also seen in my practice cases where a 16-year-old girl comes and wants to have a vaccine that was previously denied to her. If the doctor is confident that the 16-year-old girl understands what she is doing, he may prescribe the HPV vaccine without parental consent, in the same way as combined oral contraception.

In schools, for example in biology lessons, when the anatomy of the human body and its functions are to be discussed, young people could be informed about the HPV vaccine, its availability and the vaccination process.

We have many options. Let us be creative and leave no one behind on the road to eradicating cervical cancer in Latvia and the world.

I know that some groups are still neglected at the moment. Unfortunately, some illiterate people in Latvia cannot read an invitation letter even if they want to. There are people without a permanent place of residence who do not receive an invitation for screening. They should all be considered if we are to achieve the WHO's noble goal of eradicating cervical cancer. It is worth thinking of non-traditional ways to reach people.

Thank you!

<https://www.president.lv/en/article/speech-andra-levite-vita-associations-online-seminar-series-ahead-cancer-health-literacy>