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Preface

Preventing mortality and morbidity from cervical cancer



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Guest Editor

Over 50 years ago, Papanicolaou and Traut's discovery changed the way we view cancer screening. The link between cytological sampling and histopathology was made, and the natural history of cervical carcinoma was explored. We now face a multi-billion dollar "cervical cancer prevention" practice model and industry which has traditionally advocated screening with the conventional Papanicolaou smear, followed by diagnostic colposcopy, biopsy, and potential treatment of precursors for the "at-risk" patient. Despite all of our efforts, the initial significant reduction in cervical cancer incidence and mortality has reached a plateau in the last decade. The prevalence of high grade precursors and high risk behavior is on the rise.

This issue refocuses on the desired endpoint, as our goal all along has been to the end the suffering and mortality associated with cervical carcinoma. To achieve that goal we must re-examine the etiology, natural history, the existing, and new strategies used in caring for women prone to develop cervical neoplasia and carcinoma. We must measure the value of interventions on several levels which include the impact on the quality of care (outcomes), the quality of services rendered (accessible, culturally sensitive care), and cost effectiveness or benefit.

The intent of the authors of this issue is to provide a guide for women's health care givers that is hinged upon finding effective interventions in the context of three levels of prevention. Our introductory articles set the context with background information, and provides a financial "primer" on standardizing and measuring the value of health care interventions. We then "begin with the end in

mind” by addressing saving the lives of women with invasive cervical carcinoma (tertiary prevention). The subsequent section deals with the identification of cervical intraepithelial neoplasia (CIN) and the prevention of progression of these precursors toward malignancy (secondary prevention). The concluding section focuses on primary prevention through the identification and management of the “at-risk” patient for cervical carcinoma, and the emerging vaccination strategies which may potentially prevent the development of CIN precursors or alter the progression of those with established precursors.

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