

Cervical cancer advocacy: needs more than faking death

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Just a day before World Cancer Awareness Day, (4th February), a team of renowned Indian social media influencers announced the tragic passing of one of their own due to cervical cancer. This sudden news took over electronic, print, and social media platforms sparking a nationwide discussion on the disease. While her fans were initially shocked, there quickly arose a sense of skepticism about the announcement, as cervical cancer is not known to cause sudden deaths. Subsequently, it was revealed that the announcement was indeed a hoax stunt.

This deceitful attempt to raise awareness about cervical cancer awareness by faking death garnered significant attention, overshadowing the much-needed discussion that needs to be held in the media and by the public about the plight of women and their families being devastated by this disease. In today's media-driven world, where media outlets wield significant influence over people's lives and perspectives, it's also a failure on the part of publishing houses to only provide information about cervical cancer in the context of a publicity stunt.

The last time there was such significant attention given to the disease was in 2009 when the India-IARC multicentre study was abruptly stopped due to seven unrelated deaths in HPV vaccination demonstration projects in India.¹ The India- IARC trial was a landmark study that provided the World Health Organisation (WHO) with robust evidence, prompting consideration for a change in the dosing schedule from three doses to one or two doses. This change had the potential to extend vaccine coverage to hundreds of thousands of girls in the target age range.²⁻⁵

Following the WHO's call for global action to eliminate cervical cancer in 2018, India started prioritizing vaccination, screening, and treatment of cervical cancer, intending to achieve elimination goals of 90/70/90 percent in respective domains by 2030. This would have enabled India to reach and maintain an incidence rate of below 4 per 100,000 women.⁶

The introduction of the first indigenous vaccine at an affordable price, alongside the Government pilot project announcement on HPV vaccination in many states, accelerated India's cervical cancer elimination efforts. However, there is much more to do in terms of making

the general population aware of cervical cancer, especially given that fewer than one in ten women have been screened and there has been a limited vaccination drive in India in the past 5 years. Effective communication stands as the best method to raise awareness and to influence people to engage with screening and vaccination programmes.⁷ However, public education and awareness is a long-term process, with little investment. Whilst awareness is being created through various media channels, challenges persist in terms of the credibility of the content and methods of communication, particularly, because of the sensitive nature of the issue around sexual transmission.

Even though, there are more than 1.27 lakh reported cases of cervical cancer and approximately 80,000 deaths among women reported in 2022 in India,⁸ awareness of this disease at the ground level remains alarmingly low. Cervical cancer is a culturally sensitive disease given its transmission through the sexual route and all state stakeholders i.e. Gynaecologists, Oncologists, Policy makers, Media, and NGOs have a critical responsibility to start initiating more discussion throughout the year not only restricting to the cervical cancer awareness month in January.

Effective cancer awareness demands evidence-based strategies, and achieving awareness goals cannot hinge on the tragedy of one person's fake death (especially in such a fast-paced news cycle) This prompts reflection on the need for interventions in public awareness, that are sustainable in the long term and extend beyond the realm of misinformation campaigns.

Contributors

Abhishek Shankar conceptualised and did the literature search, Abhishek Shankar, Divya Sehra and Shubham Roy did the validation, visualisation, writing of original draft, editing and final review along with addressing reviewers comment.

Declaration of interests

The authors declare no conflicts of interest.

References

- 1 Indian Council of Medical Research. *Final report of the committee appointed by the Government of India, vide notification No. V.25011/160/2010-HR dated 15th April 2010, to enquire into "Alleged irregularities in the conduct of studies using human papillomavirus (HPV) vaccine" by PATH in India.* New Delhi: Indian Council of Medical Research; 2011.
- 2 Sankaranarayanan R, Prabhu PR, Pawlita M, et al. Immunogenicity and HPV infection after one, two, and three doses of quadrivalent HPV vaccine in girls in India: a multicentre prospective cohort study. *Lancet Oncol.* 2016;17:67–77.



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- 3 Sankaranarayanan R, Joshi S, Muwonge R, et al. Can a single dose of human papillomavirus (HPV) vaccine prevent cervical cancer? Early findings from an Indian study. *Vaccine*. 2018;36:4783–4791.
- 4 Basu P, Muwonge R, Bhatla N, et al. Two-dose recommendation for human papillomavirus vaccine can be extended up to 18 years—updated evidence from Indian follow-up cohort study. *Papillomavirus Res*. 2019;7:75–81.
- 5 Sankaranarayanan R, Basu P, Kaur P, et al. Current status of human papillomavirus vaccination in India's cervical cancer prevention efforts. *Lancet Oncol*. 2019;20(11):e637–e644.
- 6 Shin MB, Liu G, Mugo N, et al. A framework for cervical cancer elimination in low-and-middle-income countries: a scoping review and roadmap for interventions and research priorities. *Front Public Health*. 2021;9:670032.
- 7 Roy S, Shankar A. HPV vaccination of girl child in India: intervention for primary prevention of cervical cancer. *Asian Pac J Cancer Prev*. 2018;19(9):2357–2358.
- 8 *Global cancer observatory: cancer today*. Lyon, France: International Agency for Research on Cancer; 2022. Available from: <https://gco.iarc.fr/today>. Accessed February 14, 2024.