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Letter to the Editor

Lessons from a private urban health centre in South India on why private healthcare system must step up cervical cancer screening

Sir,

A 32-year-old frail mother of two children, 10 and two-year olds, presented to the urban health center in January 2025 with worsening white discharge per vaginum, significant weight loss, and back pain for three months. A vaginal examination revealed an ominous friable cervical lesion that bled profusely. Biopsy confirmed the diagnosis of poorly differentiated cervical cancer. Her only known risk factor was lower socioeconomic status. She was last seen by a health care professional three months ago for the same complaint and had the intrauterine device (IUCD) removed. A supportive husband and family decided to shift her care to a nearby cancer center in the government health system.

A month later, a 46-year-old mother of four adult sons and daughters visited the community clinic with worsening lower abdominal pain, painful micturition, and constipation for one month. She was referred to the urban health center for further evaluation. Ultrasound-reported hematometra. Vaginal examination revealed profuse bleeding and stenosis. An endometrial biopsy confirmed the diagnosis of endometrial cancer with cervical stenosis. Imaging localized the lesion to have involved the uterus, parametrium, and rectum. Interestingly, this patient declined the screening test for cervical cancer six months prior.

Both women were diagnosed at the same urban health center that rolled out a community-based cervical cancer screening program in 2023. A team of gynae-oncologists trained community medicine physicians, family physicians, medical officers, and nurses at the health center. The logistics of performing the visual inspection of the cervix with acetic acid in the community and the interpretation of the abnormal results were supervised by gynae-oncologists. Health education for women and families on risk factors, eligible age groups of women, and different methods of cervical cancer screening were regularly conducted in the community. The team of a nurse, a medical officer, and a project coordinator conducted the screening in the seven communities served by the urban health center with the help of local community volunteers.

Women aged–30-60 years were screened in the community. Patients with abnormal results were referred to the urban health centre for further evaluation. The team of gynae-oncologists performed visual inspection of cervix with Lugol's iodine, colposcopy, and thermal ablation at the health center. Women's participation varied among the seven communities. Pelvic discomfort was the commonest reason for declining cervical cancer screening among older women. Women with known risk factors for poor socioeconomic strata and multiple sexual partners declined screening for social and cultural stigmas.

Statistics on cervical cancer are alarming, according to the National Institute of Cancer Prevention and Research under the Indian Council of Medical Research. Cervical cancer is the second most common cancer among women. It is the third most common cause of cancer related mortality in India accounting for 10% of all cancer related deaths.[1] Fewer than one in ten women have undergone cervical cancer screening in the last five years.[2] Human papilloma vaccines are not included in the National Immunization schedule. The National Screening Program for Cervical Cancer, implemented in 2021, aims to screen 70% of women by 30 years of age and repeat them by 45 years of age.

Similar to the national data, the knowledge of cervical cancer and uptake of the screening programs in the government and private health care systems is suboptimal due to multiple contextually intertwined reasons.[3] A study conducted in the same communities served by the urban health centre in 2020 found only 14% of the participants to have undergone a pelvic exam in their lifetime and 7% of women to have had a screening for cervical cancer.[4] The need for screening for gynaecological malignancy among healthy women and the fear of diagnosis of a malignancy are other barriers towards the uptake of screening for cervical cancer.[5]

The need for cervical cancer screening programs by private healthcare systems parallel to government programs has increased. The government healthcare system in India has made progress in the screening and early detection of malignancies. However, recent evaluations of the preparedness of the public healthcare system for cervical cancer screening have found low readiness scores in infrastructure, infection prevention, and staffing patterns.[6] The wider social inequities have necessitated the role for private healthcare systems to implement parallel screening programs.[7]

The recent diagnosis of advanced-stage gynaecological malignancy among middle-aged women in a private health system underscores the importance of strengthening

community-based screening programs for early diagnosis. Despite the implementation of a screening program in 2023, challenges persist in the widespread uptake of screening and follow-up for cervical and other gynecological cancers. Concerted efforts from the government and private sectors to address stigmas, improve access and follow-up mechanisms, and promote community involvement are crucial.

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