

Cervical Cancer Prevention in Vietnam

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During my training in pathology, I learned that Pap testing for the prevention of cervical cancer is the most successful human endeavor, to date, in cancer control. I also learned that cervical cancer remains the leading cause of cancer-related deaths among women in developing countries due to a lack of Pap testing services.

Many public health programs cannot function without accurate laboratory test results, and my qualifications as a pathologist have driven my interests toward the important public health challenge of cervical cancer prevention in developing countries. I chose Vietnam as the developing country with which to begin my efforts in global public health because of the special historical relationship between that country and the United States.

I arranged my first visit to Vietnam in 1993 and subsequently established the Viet/American Cervical Cancer Prevention Project, an all-volunteer grassroots organization whose mission is to develop cervical cancer prevention services in Vietnam and to examine perceptions regarding the association between the Vietnam War and cervical cancer.¹ **Click here** to listen to a back-story of our project recorded by Charlize Theron.

Based on my experience with cervical cancer prevention programs at Kaiser Permanente and in Vietnam, I have contributed to cervical cancer prevention guidelines for the World Health Organization and other groups. I have also been invited to speak about cervical cancer prevention at educational meetings for physicians in the United States, Europe, Latin America, Africa, and Asia. My message to these audiences is that disease prevention requires social change and that laboratory test results are an indispensable fulcrum against which to leverage the social change required to preserve life.^{1,2,3}

My other message is that war is a risk factor for cervical cancer. Most people at some time in their lives acquire a genital infection with human papillomavirus (HPV). In almost all cases, HPV infection is of no clinical significance, but genital cancers such as cervical cancer can be a rare consequence of this common, sexually acquired infection. We do not fully understand why so few women develop cervical cancer when so many women are infected by HPV. However, physicians have known for many years that male sexual promiscuity contributes to the development of cervical cancer among sexually monogamous women and that war is often associated with increased male sexual promiscuity.

Physicians had previously linked male sexual behavior during World War II to cervical cancer among British women, and in 1996 we discovered that the spread of cervical cancer among Vietnamese women was associated with the movement of soldiers during the Vietnam War.⁴ I believe that processes of reconciliation may be facilitated by presenting what most would acknowledge to be a remedy^{5,6} in advance of what some will perceive to be an accusation.^{1,4} Therefore, we delayed publication of our findings about the Vietnam War for eight years while we worked to establish a nationwide cervical cancer prevention program in Vietnam and to publish a blueprint for its completion that was endorsed by appropriate Vietnamese health authorities.⁵

As we continue to develop cervical cancer prevention services in Vietnam, we will continue to examine perceptions regarding Vietnamese, American, and multilateral responsibilities for controlling the problem of cervical cancer in Vietnam. I believe that the complexities of guilt and responsibility can only be truthfully discussed in the context of a loving struggle among individuals who maintain solidarity with one another.¹ The close personal

relationships that have formed among Vietnamese and American medical colleagues who have worked together since 1993 assure that we will continue to learn from such important, truthful discussions.

More information on these topics is provided in the references listed below.

1. Suba EJ, Donnelly AD, Furia LM, Huynh MLD, Raab SS on behalf of the Viet/American Cervical Cancer Prevention Project. Coming to terms with Vietnam: the Viet/American Cervical Cancer Prevention Project. *Diagnostic Cytopathology*. 2005 November;33(5):344-51.
2. Suba EJ on behalf of the Viet/American Cervical Cancer Prevention Project. Crossing the quality chasm: a requirement for successful cervical cancer prevention in developing countries. Review. *Clinics in Laboratory Medicine*. 2004 December; 24(4): 945-63.
3. Suba EJ, Murphy SK, Donnelly AD, Furia LM, Huynh MLD, Raab SS on behalf of the Viet/American Cervical Cancer Prevention Project. Systems analysis of real-world obstacles to successful cervical cancer prevention in developing countries. *American Journal of Public Health*. In press, 2006.
4. Huynh MLD, Raab SS, Suba EJ. Association between war and cervical cancer among Vietnamese women. *International Journal of Cancer*. 2004 10 July; 110(5): 775-777.
5. Suba EJ, Hung NC, Duc NB, Raab SS on behalf of the Viet/American Cervical Cancer Prevention Project. De novo establishment and cost-effectiveness of Papanicolaou cytology screening services in the Socialist Republic of Vietnam. *Cancer*. 2001 March; 91(5): 928-939.
6. Suba EJ, Raab SS on behalf of the Viet/American Cervical Cancer Prevention Project. Papanicolaou screening in developing countries: an idea whose time has come. Special article. *American Journal of Clinical Pathology*. 2004 March; 121(3): 315-320.