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C3 INITIATIVE - LEARNING CARDS CONTENT

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CARD #1

Module: Module 1 - Why Focus on Cervical Cancer

Section: Reasons to Focus on Cervical Cancer

Card Name: section-1-1-card-1

Card Title: Global Impact of Cervical Cancer

Content:

Every year, around 266,000 women die from cervical cancer worldwide. This staggering number represents not just statistics, but real lives lost to a largely preventable disease.

Infographic: /images/impact-1.png

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CARD #2

Module: Module 1 - Why Focus on Cervical Cancer

Section: Reasons to Focus on Cervical Cancer

Card Name: section-1-1-card-2

Card Title: Global Impact of Cervical Cancer

Content:

Most of these deaths can be prevented through proper cervical cancer prevention and treatment programs. This highlights the critical importance of education, screening, and accessible healthcare.

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CARD #3

Module: Module 1 - Why Focus on Cervical Cancer

Section: Reasons to Focus on Cervical Cancer

Card Name: section-1-1-card-3

Card Title: HPV Connection

Content:

Almost all cervical cancer is caused by a long-lasting infection with certain harmful types of the human papillomavirus (HPV).

Understanding this connection is key to prevention strategies.

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CARD #4

Module: Module 1 - Why Focus on Cervical Cancer

Section: Reasons to Focus on Cervical Cancer

Card Name: section-1-1-card-4

Card Title: HPV Connection

Content:

The disease usually develops slowly over 10–20 years. This gives enough time to detect and treat it early, making regular screening incredibly valuable for prevention.

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CARD #5

Module: Module 1 - Why Focus on Cervical Cancer

Section: Reasons to Focus on Cervical Cancer

Card Name: section-1-1-card-5

Card Title: Early Detection Methods

Content:

There are low-cost tests that can find pre-cancer early. These screening methods are accessible and effective tools for preventing cervical cancer development.

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CARD #6

Module: Module 1 - Why Focus on Cervical Cancer

Section: Reasons to Focus on Cervical Cancer

Card Name: section-1-1-card-6

Card Title: Early Detection Methods

Content:

HPV vaccines are now available. If given to girls before they become sexually active, a large portion of cervical cancer can be prevented. This represents a major breakthrough in prevention.

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CARD #7

Module: Module 1 - Why Focus on Cervical Cancer

Section: Epidemiology of Cervical Cancer

Card Name: section-1-2-card-1

Card Title: Global Burden

Content:

Cervical cancer is the 4th most common cancer in women, with 660,000 new cases and 350,000 deaths in 2022.

New cases of cervical cancer are estimated to rise to 760,100 cases, with 411,000 deaths by 2030.

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Infographic: /images/placeholder.svg

CARD #8

Module: Module 1 - Why Focus on Cervical Cancer

Section: Epidemiology of Cervical Cancer

Card Name: section-1-2-card-1b

Card Title: Global Burden

Content:

Around 94% of these deaths happened in low- and middle-income countries, showing a major gap in access to care.

The highest rates of cervical cancer and deaths are seen in Sub-Saharan Africa, Central America, and South-East Asia.

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CARD #9

Module: Module 1 - Why Focus on Cervical Cancer

Section: Epidemiology of Cervical Cancer

Card Name: section-1-2-card-1c

Card Title: Global Burden

Content:

These differences are mainly due to inequality in access to HPV vaccines, cervical cancer screening and proper treatment

Africa bears a disproportionate cervical cancer burden.

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CARD #10

Module: Module 1 - Why Focus on Cervical Cancer

Section: Epidemiology of Cervical Cancer

Card Name: section-1-2-card-2

Card Title: Africa's Cervical Cancer Burden

Content:

Africa has the highest rates of both new and cervical cancer cases and deaths from the disease.

In Africa, 34 out of every 100,000 women are diagnosed with cervical cancer and 23 out of every 100,000 women die from cervical cancer every year.

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CARD #11

Module: Module 1 - Why Focus on Cervical Cancer

Section: Epidemiology of Cervical Cancer

Card Name: section-1-2-card-2b

Card Title: Africa's Cervical Cancer Burden

Content:

These disparities are mainly due to:

Limited access to healthcare

Low vaccination rates against HPV.

Few women getting screening or treated early.

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CARD #12

Module: Module 1 - Why Focus on Cervical Cancer

Section: Epidemiology of Cervical Cancer

Card Name: section-1-2-card-3a

Card Title: Ghana's Cervical Cancer Burden

Content:

The country has a high incidence rate of cervical cancer, about 18.3 cases per 100,000 women each year.

In Ghana, 29.3 out of every 100,000 women are diagnosed with cervical cancer and 27.6 out of every 100,000 women die from it every year.

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CARD #13

Module: Module 1 - Why Focus on Cervical Cancer

Section: Epidemiology of Cervical Cancer

Card Name: section-1-2-card-3b

Card Title: Ghana's Cervical Cancer Burden

Content:

Several factors contribute to these high numbers, including:

Strong trust in traditional healers and mistrust of hospital care.

Cultural beliefs about the causes and treatment of cervical cancer.

Limited access to HPV vaccine.

Low awareness of cervical cancer and its symptoms.

Low screening uptake

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CARD #14

Module: Module 1 - Why Focus on Cervical Cancer

Section: Female Pelvic Anatomy and Physiology

Card Name: section-1-3card-1

Card Title: The External Organs

Content:

The external organs are the parts of the body visible either with the naked eye or by using a tool known as the speculum.

The female reproductive external organs are:

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CARD #15

Module: Module 1 - Why Focus on Cervical Cancer

Section: Female Pelvic Anatomy and Physiology

Card Name: section-1-3card-1b

Card Title: The External Organs

Content:

The vulva: It is the area around the vaginal opening

The labia (major and minor): They are the skin folds that protect the vaginal opening

The clitoris: It is a small and very sensitive organ that enhances sexual pleasure

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CARD #16

Module: Module 1 - Why Focus on Cervical Cancer

Section: Female Pelvic Anatomy and Physiology

Card Name: section-1-3card-1b

Card Title: The External Organs

Content:

The urethra: It is a small opening that expels urine

The perineum: It is the area between the vaginal opening and the anus

The Bartholin glands: They produce clear mucus which lubricates the introitus when a woman is sexually stimulated

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CARD #17

Module: Module 1 - Why Focus on Cervical Cancer

Section: Female Pelvic Anatomy and Physiology

Card Name: section-1-3card-2

Card Title: The Internal Organs

Content:

These are organs inside the pelvis that are not visible except when exposed by an incision or laparoscopy.

A laparoscopy is a surgical procedure used to examine the organs in the belly (abdomen).

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CARD #18

Module: Module 1 - Why Focus on Cervical Cancer

Section: Female Pelvic Anatomy and Physiology

Card Name: section-1-3card-2a

Card Title: The Internal Organs

Content:

The female reproductive internal organs include:

- The bladder: It receives urine from the kidneys and stores it for excretion.
- The uterus: It is the area where a fetus (unborn baby) develops and grows.
- The ureters: these carry urine from the kidneys to the bladder.

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CARD #19

Module: Module 2. Part 1 - Cervical Cancer: An Overview

Section: What is Cancer?

Card Name: section-2-1card-1

Card Title: The normal

Content:

The body is made up of millions of cells.

Every day, the body makes new cells to grow and replace old and damaged cells.

Sometimes during this process, some cells may grow abnormally and become unhealthy.

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CARD #20

Module: Module 2. Part 1 - Cervical Cancer: An Overview

Section: What is Cancer?

Card Name: section-2-1card-2

Card Title: The Abnormal

Content:

Normally, the body fixes these abnormal cells. But if it can't, they may keep growing and dividing.

When this happens, it can lead to cancer.

Cancer is a term used for the malignant, autonomous and uncontrolled growth of cells and tissues.

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CARD #21

Module: Module 2. Part 1 - Cervical Cancer: An Overview

Section: What is Cervical Pre-Cancer

Card Name: section-2-2card-1

Card Title: Cell Changes

Content:

Cervical pre-cancer happens when the cells in the transformation zone of the cervix start to grow in an abnormal way.

This usually occurs when a high-risk HPV infection stays in the body for a long time.

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CARD #22

Module: Module 2. Part 1 - Cervical Cancer: An Overview

Section: What is Cervical Pre-Cancer

Card Name: section-2-2card-2

Card Title: Precancer and Cancer

Content:

What makes cervical cancer different from many other cancers is that it usually starts as a pre-cancer that develops slowly over many years.

This provides ample opportunity for detection and treatment.

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CARD #23

Module: Module 2. Part 1 - Cervical Cancer: An Overview

Section: What is Cervical Cancer

Card Name: section-2-3card-1

Card Title: Cervical Cancer and HPV

Content:

Cervical cancer is caused by long-lasting infection with certain high-risk types of HPV.

It starts when cells in the cervix begin to change abnormally.

It is the only gynecologic cancer that can be prevented through regular screening and HPV vaccination.

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CARD #24

Module: Module 2. Part 1 - Cervical Cancer: An Overview

Section: What is Cervical Cancer

Card Name: section-2-3card-2

Card Title: Precancer and Cancer

Content:

Vaccination helps detect or stop these abnormal changes before they turn into cancer.

In addition, if detected early and treated, cervical cancer can be cured.

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CARD #25

Module: Module 2. Part 1 - Cervical Cancer: An Overview

Section: HPV Infection

Card Name: section-2-4card-1

Card Title: Human Papilloma Virus

Content:

Almost all cancers of the cervix are caused by a virus called the human papillomavirus, also known as HPV.

There are more than 100 different types of HPV, but not all types of HPV cause cervical cancer.

HPV spreads from person to person through skin-to-skin contact of the genitals during sexual activity.

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CARD #26

Module: Module 2. Part 1 - Cervical Cancer: An Overview

Section: HPV Infection

Card Name: section-2-4card-2

Card Title: Human Papilloma Virus

Content:

It's very common and can affect both women and men.

Anyone who has ever been sexually active could have HPV.

In most cases, the body clears the virus on its own within one to two years.

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CARD #27

Module: Module 2. Part 1 - Cervical Cancer: An Overview

Section: HPV Infection

Card Name: section-2-4card-3

Card Title: Human Papilloma Virus

Content:

However, in rare cases where the virus doesn't go away, certain types of HPV can cause abnormal cell changes that may develop into cervical cancer over time.

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CARD #28

Module: Module 2. Part 2 - Cervical Cancer: An Overview: 2

Section: The Development Timeline of Cervical Cancer

Card Name: section-2-5card-1

Card Title: Human Papilloma Virus

Content:

Cervical cancer usually develops gradually, often over 10–20 years, as abnormal cells in the cervix progress to precancerous conditions like CIN (cervical intraepithelial neoplasia) and eventually to cancer.

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CARD #29

Module: Module 2. Part 2 - Cervical Cancer: An Overview: 2

Section: The Development Timeline of Cervical Cancer

Card Name: section-2-5card-2

Card Title: Human Papilloma Virus

Content:

In some cases, especially with weakened immune systems, this process can be faster, taking 5–10 years.

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CARD #30

Module: Module 2. Part 2 - Cervical Cancer: An Overview: 2

Section: Routes Taken By Invasive Cancer Through The Body As It Progresses

Card Name: section-2-6card-1

Card Title: Invasion Routes

Content:

There are four, usually sequential, routes through which invasive cancer progresses.

How cervical cancer spreads:

a) Within the cervix: It can start small and gradually grow to cover the whole cervix, which may become as large as 8 cm. The cancer might form an open sore, grow outward, or spread inward.

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CARD #31

Module: Module 2. Part 2 - Cervical Cancer: An Overview: 2

Section: Routes Taken By Invasive Cancer Through The Body As It Progresses

Card Name: section-2-6card-2

Card Title: Invasion Routes

Content:

b) To nearby organs: It can directly spread in all directions. It can spread downwards to the vagina, upwards into the uterus, sideways into the tissues supporting the uterus in the pelvis and the ureters, backwards to the rectum, and forwards to the bladder.

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CARD #32

Module: Module 2. Part 2 - Cervical Cancer: An Overview: 2

Section: Routes Taken By Invasive Cancer Through The Body As It Progresses

Card Name: section-2-6card-3

Card Title: Cancer Spread

Content:

c) Through the lymph system: Even if the cancer is still in the cervix, it can spread to nearby lymph nodes in about 15% of cases.

As the cancer grows, it may spread to more distant nodes, even as far as the collarbone.

If cancer spreads to the lower vagina, the groin nodes may also be affected.

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CARD #33

Module: Module 2. Part 2 - Cervical Cancer: An Overview: 2

Section: Routes Taken By Invasive Cancer Through The Body As It Progresses

Card Name: section-2-6card-4

Card Title: Cancer Spread

Content:

d) To distant parts of the body: Cancer cells can travel through the blood or lymph and reach places like the liver, bones, lungs, or brain.

Important note:

Invasive cervical cancer can often be cured with proper treatment if caught early. But without treatment, it usually spreads and becomes life-threatening.

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CARD #34

Module: Module 2. Part 2 - Cervical Cancer: An Overview: 2

Section: Cervical Cancer And Human Immunodeficiency Virus (HIV) Infection

Card Name: section-2-7card-1

Card Title: HIV

Content:

Cervical cancer is one of the defining illnesses linked to AIDS in women with HIV.

Women with HIV (and others with weak immune systems) are more likely to get infected with HPV.

The weaker the immune system, the higher the risk.

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CARD #35

Module: Module 2. Part 2 - Cervical Cancer: An Overview: 2

Section: Cervical Cancer And Human Immunodeficiency Virus (HIV) Infection

Card Name: section-2-7card-2

Card Title: Human Papilloma Virus

Content:

Because of this, women with HIV:

- Are more likely to develop cervical pre-cancer or cancer at a younger age.
- Can develop cervical cancer up to 10 years earlier than women without HIV.
- Often have more advanced cancer by the time it's diagnosed, reducing their chances of surviving by 5 years.

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CARD #36

Module: Module 3 - Risk Factors, Signs, Symptoms And Screening Tests For Cervical Cancer

Section: Risk Factors

Card Name: section-3-1card-1

Card Title: Risk Factors

Content:

- Human papillomavirus (HPV) infection
- Weakened immune system – immunocompromised persons (eg. those living with HIV)

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CARD #37

Module: Module 3 - Risk Factors, Signs, Symptoms And Screening Tests For Cervical Cancer

Section: Risk Factors

Card Name: section-3-1card-2

Card Title: Risk Factors; continued

Content:

- Other sexually transmitted infections (STI) – other STIs (eg. herpes, chlamydia, gonorrhoea, syphilis) increase the risk of HPV, which can lead to cervical cancer.
- Multiple sexual partners – multiple sexual partners increase one's chance of getting HPV.

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CARD #38

Module: Module 3 - Risk Factors, Signs, Symptoms And Screening Tests For Cervical Cancer

Section: Risk Factors

Card Name: section-3-1card-3

Card Title: Risk Factors; continued

Content:

- Early onset of sexual activity
- Tobacco smoking
- Use of oral contraceptives for over five years

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CARD #39

Module: Module 3 - Risk Factors, Signs, Symptoms And Screening Tests For Cervical Cancer

Section: Signs And Symptoms

Card Name: section-3-2card-1

Card Title: Early disease symptoms

Content:

Early on, cervical cancer usually doesn't have symptoms, making it hard to detect.

Symptoms usually begin after the cancer has spread.

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CARD #40

Module: Module 3 - Risk Factors, Signs, Symptoms And Screening Tests For Cervical Cancer

Section: Signs And Symptoms

Card Name: section-3-2card-2

Card Title: Early Stage

Content:

When symptoms of early-stage cervical cancer do occur, they may include:

- Bleeding after sex
- Bleeding after menopause

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CARD #41

Module: Module 3 - Risk Factors, Signs, Symptoms And Screening Tests For Cervical Cancer

Section: Signs And Symptoms

Card Name: section-3-2card-3

Card Title: Early Stage

Content:

- Bleeding between periods that are heavier or longer than normal
- Foul-smelling vaginal discharge
- Pain during sex

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CARD #42

Module: Module 3 - Risk Factors, Signs, Symptoms And Screening Tests For Cervical Cancer

Section: Signs And Symptoms

Card Name: section-3-2card-4

Card Title: Advanced Signs and Symptoms

Content:

Advanced disease symptoms

Symptoms of advanced cervical cancer may include the symptoms of early-stage cervical cancer and:

- Difficulty or painful bowel movements or bleeding from the rectum during excretion

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CARD #43

Module: Module 3 - Risk Factors, Signs, Symptoms And Screening Tests For Cervical Cancer

Section: Signs And Symptoms

Card Name: section-3-2card-5

Card Title: Advanced Signs and Symptoms

Content:

- Difficult or painful urination or blood in urine
- Swelling of the legs
- Dull backache
- Pain in abdomen
- Feeling tired

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CARD #44

Module: Module 3 - Risk Factors, Signs, Symptoms And Screening Tests For Cervical Cancer

Section: Screening

Card Name: section-3-3card-1

Card Title: What is screening?

Content:

Screening refers to the application of a test or procedure to identify unrecognized disease in people who have no symptoms or are not suspected of having a particular condition.

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CARD #45

Module: Module 3 - Risk Factors, Signs, Symptoms And Screening Tests For Cervical Cancer

Section: Screening

Card Name: section-3-3card-2

Card Title: What is screening?

Content:

Cervical cancer prevention programmes aim to screen the largest possible proportion of women and ensure appropriate management for all those who have a positive or abnormal test result.

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CARD #46

Module: Module 3 - Risk Factors, Signs, Symptoms And Screening Tests For Cervical Cancer

Section: Screening

Card Name: section-3-3card-3a

Card Title: Benefits

Content:

Some benefits of cervical cancer screening include:

1. Early detection of pre-cancer – screening helps to detect and treat cases of pre-cancer before they progress to cancer.

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CARD #47

Module: Module 3 - Risk Factors, Signs, Symptoms And Screening Tests For Cervical Cancer

Section: Screening

Card Name: section-3-3card-3b

Card Title: Benefits; continued

Content:

2. Early detection of cancer – screening helps to detect cervical cancer in women at an early stage when the cancer can still be successfully treated.

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CARD #48

Module: Module 3 - Risk Factors, Signs, Symptoms And Screening Tests For Cervical Cancer

Section: Screening

Card Name: section-3-3card-3c

Card Title: Benefits; continued

Content:

3. Reduced incidence of cervical cancer – by treating pre-cancerous conditions, screening helps prevent cervical cancer from developing.

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CARD #49

Module: Module 3 - Risk Factors, Signs, Symptoms And Screening Tests For Cervical Cancer

Section: Screening

Card Name: section-3-3card-4

Card Title: Screening methods for cervical pre-cancer

Content:

Until a few years ago, the only method of screening for cervical cancer was the Papanicolaou (“Pap”) smear or cytology.

Newer methods have now been developed for cervical cancer screening and these are molecular HPV screening tests and visual inspection with acetic acid.

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CARD #50

Module: Module 3 - Risk Factors, Signs, Symptoms And Screening Tests For Cervical Cancer

Section: Screening

Card Name: section-3-3card-5a

Card Title: HPV Testing

Content:

HPV tests check for the DNA of high-risk HPV types in vaginal or cervical samples.

- HPV testing helps find women at risk early, so they can be treated before cancer develops.

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CARD #51

Module: Module 3 - Risk Factors, Signs, Symptoms And Screening Tests For Cervical Cancer

Section: Screening

Card Name: section-3-3card-5b

Card Title: HPV Testing

Content:

- In many places, HPV tests are done in a lab, but newer, low-cost tests that give same-day results at the clinic are being introduced.
- It's important to use approved and reliable HPV tests to make sure the results are accurate.

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CARD #52

Module: Module 3 - Risk Factors, Signs, Symptoms And Screening Tests For Cervical Cancer

Section: Screening

Card Name: section-3-3card-6

Card Title: Who should be tested?

Content:

HPV testing is recommended for women aged 30 and above.

- This is because younger women often clear HPV naturally, and testing them may lead to unnecessary worry and treatment.
- In women over 30, a positive HPV test is more serious. It means the virus might stay in the body and could lead to cervical cancer if not treated.

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CARD #53

Module: Module 3 - Risk Factors, Signs, Symptoms And Screening Tests For Cervical Cancer

Section: Screening

Card Name: section-3-3card-7a

Card Title: How to screen

Content:

- HPV testing doesn't always need a pelvic exam.
- A healthcare provider can collect the sample using a small brush inserted into the vagina.

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CARD #54

Module: Module 3 - Risk Factors, Signs, Symptoms And Screening Tests For Cervical Cancer

Section: Screening

Card Name: section-3-3card-7b

Card Title: How to screen

Content:

- This can be done with or without using a speculum to see the cervix.
- Women can also collect the sample themselves using a provided brush and container after being shown how.
- Self-collection is cheaper for health services and more convenient for many women.

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CARD #55

Module: Module 3 - Risk Factors, Signs, Symptoms And Screening Tests For Cervical Cancer

Section: Screening

Card Name: section-3-3card-8a

Card Title: Visual screening methods

Content:

- VIA is best for women under 50 because the part of the cervix where cell changes usually happen is easier to see before menopause.
- After menopause, this area moves deeper inside the body, making it harder to spot problems just by looking.

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CARD #56

Module: Module 3 - Risk Factors, Signs, Symptoms And Screening Tests For Cervical Cancer

Section: Screening

Card Name: section-3-3card-8b

Card Title: How to screen

Content:

VIA requires the use of a speculum, light source, and a trained health-care provider.

- The provider examines the cervix and applies the acetic acid using a cotton swab.

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CARD #57

Module: Module 3 - Risk Factors, Signs, Symptoms And Screening Tests For Cervical Cancer

Section: Screening

Card Name: section-3-3card-8c

Card Title: Visual screening methods

Content:

After one minute, any white areas that stay (and don't fade) could mean pre-cancer or cancer.

If these white areas have clear edges and are in the right spot on the cervix, the test is considered positive.

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CARD #58

Module: Module 3 - Risk Factors, Signs, Symptoms And Screening Tests For Cervical Cancer

Section: Screening

Card Name: section-3-3card-8d

Card Title: Visual screening methods

Content:

Visual Inspection with Acetic Acid (VIA) is a method used to check for early changes in the cervix.

- A health worker applies a solution (3–5% acetic acid) to the cervix and looks at it directly using a speculum.

- This method needs trained health workers and regular quality checks to make sure it's done correctly.

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CARD #59

Module: Module 3 - Risk Factors, Signs, Symptoms And Screening Tests For Cervical Cancer

Section: Screening

Card Name: section-3-3card-9a

Card Title: Cytology-based screening methods

Content:

The cytology-based screening is a method that involves collecting cells from the transformation zone of the cervix.

- The cells are spread directly onto a glass slide and fixed with a special solution or placed in a transport medium and then sent to the laboratory.

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CARD #60

Module: Module 3 - Risk Factors, Signs, Symptoms And Screening Tests For Cervical Cancer

Section: Screening

Card Name: section-3-3card-9b

Card Title: Cytology-based screening methods

Content:

In the laboratory, these cells are examined by experts under a microscope.

- If abnormal cells are found, they are classified using a system called The Bethesda System.

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CARD #61

Module: Module 3 - Risk Factors, Signs, Symptoms And Screening Tests For Cervical Cancer

Section: Screening

Card Name: section-3-3card-9c

Card Title: Cytology-based screening methods

Content:

A cytology-based screening programme can use one of the two available methods:

- The conventional Pap smear (or Pap test)
- Liquid-based cytology (LBC)

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CARD #62

Module: Module 3 - Risk Factors, Signs, Symptoms And Screening Tests For Cervical Cancer

Section: Screening

Card Name: section-3-3card-9d

Card Title: How to screen

Content:

- Collection of a cytology sample requires a speculum and adequate lighting to visualize the entire surface of the cervix.
- The provider takes specimens from the face of the cervix and the endocervix using a spatula or brush and transfers the specimen to a slide (Pap smear) or a preservative solution (LBC)

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CARD #63

Module: Module 3 - Risk Factors, Signs, Symptoms And Screening Tests For Cervical Cancer

Section: Screening

Card Name: section-3-3card-9e

Card Title: How to screen

Content:

- The sample must be appropriately labelled and transported to the laboratory, where skilled personnel are needed to process and interpret it.

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CARD #64

Module: Module 4 - Prevention Strategies

Section: HPV Vaccination

Card Name: section-4-1card-1

Card Title: Vaccine Types

Content:

Human papillomavirus (HPV) is the most common sexually transmitted infection (STI). Cervical cancer is caused by high-risk types of HPV. There are currently vaccines that prevent infections from high-risk HPV types. Vaccinating girls before initiation of sexual activity is an important primary prevention intervention against cervical cancer.

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CARD #65

Module: Module 4 - Prevention Strategies

Section: HPV Vaccination

Card Name: section-4-1card-2

Card Title: Key WHO recommendations on HPV vaccines

Content:

Eligible individuals for vaccination

- Target group - girls aged 9–14 years
- Other groups include:
 - Girls aged 15 years and older
 - Immunocompromised individuals, including those living with HIV

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CARD #66

Module: Module 4 - Prevention Strategies

Section: HPV Vaccination

Card Name: section-4-1card-3

Card Title: Appropriate dosing schedule and target population

Content:

- For girls under 15 years at the first dose:
 - A one or two-dose schedule is required.
 - The interval between the two doses should be 6 months.
 - The maximum interval between the doses should not be more than 12–15 months.
 - If the second dose is given less than 5 months after the first dose, then a third dose is required and should be given at least six months after the first dose.
- For girls aged 15–20 years:
 - A one- or two-dose schedule is needed.

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CARD #67

Module: Module 4 - Prevention Strategies

Section: HPV Vaccination

Card Name: section-4-1card-3b

Card Title: Appropriate dosing schedule and target population

Content:

- For women older than 21 years:
 - Two doses with a 6-month interval required.
- For immunocompromised and/or HIV-infected individuals:
 - A minimum of 2 doses and when feasible, 3 doses are necessary.

- The interval between the first and second dose should be 1–2 months.
- The third dose should be given 6 months after the first dose to be fully protected.

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CARD #68

Module: Module 4 - Prevention Strategies

Section: HPV Vaccines

Card Name: section-4-2card-1

Card Title: WHO Recommendations

Content:

The two high-risk HPV types that cause cervical cancer are types 16 and 18, which together are responsible for approximately 70% of cervical cancer cases around the world.

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CARD #69

Module: Module 4 - Prevention Strategies

Section: HPV Vaccines

Card Name: section-4-2card-2

Card Title: Licensed HPV vaccines

Content:

As of June 2024, the WHO recognizes three licensed HPV vaccines that provide protection against high-risk HPV types 16 and 18.

These vaccines are:

- i. Bivalent HPV vaccines (Cervarix)
- ii. Quadrivalent HPV vaccines (Gardasil/Silgard)
- iii. Nonavalent HPV vaccines (Gardasil 9)

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CARD #70

Module: Module 4 - Prevention Strategies

Section: HPV Vaccines

Card Name: section-4-2card-3

Card Title: How HPV vaccines work

Content:

- i. HPV vaccines contain virus-like particles that mimic the external structure of HPV.

- ii. These virus-like particle vaccines contain no virus; therefore, cannot cause an HPV infection.
- iii. The vaccines trigger the development of antibodies against these virus-like particles.
- iv. These antibodies then prevent HPV infection in case of later exposure.

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CARD #71

Module: Module 4 - Prevention Strategies

Section: HPV Vaccines

Card Name: section-4-2card-4

Card Title: When to vaccinate and why

Content:

- i. Vaccines should be given before a girl has become infected with HPV.
- ii. HPV vaccination should occur before the onset of sexual activity – HPV infection can occur right after sexual debut so early vaccination is key.

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CARD #72

Module: Module 4 - Prevention Strategies

Section: HPV Vaccines

Card Name: section-4-2card-5

Card Title: Contraindications to HPV vaccines

Content:

i. HPV vaccines should not be given to persons who have experienced severe allergic reactions after a previous dose of the vaccine or after exposure to one of its components (e.g. yeast).

- Such severe allergic reactions include: itching, rash, urticaria or blisters.

ii. Girls with severe febrile illness should not be vaccinated.

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CARD #73

Module: Module 4 - Prevention Strategies

Section: HPV Vaccines

Card Name: section-4-2card-5b

Card Title: Contraindications to HPV vaccines

Content:

iii. HPV vaccines are not currently recommended for use in women who are pregnant.

- No intervention is necessary in the event that an HPV vaccine is given to a pregnant woman.
- The remaining vaccine dose(s) should be postponed until after the pregnancy to be completed.

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CARD #74

Module: Module 4 - Prevention Strategies

Section: HPV Vaccines

Card Name: section-4-2card-5c

Card Title: Important note on HPV vaccines

Content:

- HPV vaccines are preventive and not curative.
- The vaccines do not treat existing HPV infections or HPV-related diseases.
- HPV vaccines can be administered at the same time as other non-live vaccines.

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CARD #75

Module: Module 5 - Diagnosis and Staging of Cervical Cancer

Section: Diagnostic Tests

Card Name: section-5-1card-1

Card Title: Role of diagnostic tests

Content:

- A diagnostic or confirmatory test is a medical test performed to aid in the diagnosis or detection of a disease.
- Not all women with positive results on cervical screening tests actually have pre-cancer. As such, a subsequent diagnostic test is sometimes used for definitive diagnosis or confirmation of pre-cancer or cancer.

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CARD #76

Module: Module 5 - Diagnosis and Staging of Cervical Cancer

Section: Diagnostic Tests

Card Name: section-5-1card-2

Card Title: Diagnostic tools

Content:

The most commonly used diagnostic tests for cervical pre-cancer are colposcopy, biopsy and endocervical curettage (ECC).

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CARD #77

Module: Module 5 - Diagnosis and Staging of Cervical Cancer

Section: Diagnostic Tests

Card Name: section-5-1card-3a

Card Title: Diagnostic tools: Colposcopy

Content:

This is a procedure used to closely examine the cervix, vagina, and vulva using a magnification tool and strong light.

- It enables healthcare providers to observe surface tissue patterns and blood vessels in detail to detect abnormalities.

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CARD #78

Module: Module 5 - Diagnosis and Staging of Cervical Cancer

Section: Diagnostic Tests

Card Name: section-5-1card-3b

Card Title: Diagnostic tools: Colposcopy

Content:

- It is performed using a colposcope but specially designed video or digital cameras are being used of late.
- Colposcopy is used on patients with positive screening results to:
 - i. Confirm the presence and severity of pre-cancer or cancer.

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CARD #79

Module: Module 5 - Diagnosis and Staging of Cervical Cancer

Section: Diagnostic Tests

Card Name: section-5-1card-3c

Card Title: Colposcopy; continued

Content:

ii. Guide biopsies of any areas that appear abnormal.

iii. Determine whether cryotherapy or loop electrosurgical excision procedure (LEEP) is the most appropriate treatment method.

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CARD #80

Module: Module 5 - Diagnosis and Staging of Cervical Cancer

Section: Diagnostic Tests

Card Name: section-5-1card-3d

Card Title: Diagnostic tools: Biopsy

Content:

A biopsy is the removal of small samples of abnormal tissue from the cervix for examination under a microscope.

- It helps to determine the degree of abnormality of the cell changes or to rule out cancer.
- It is traditionally performed using special biopsy forceps.

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CARD #81

Module: Module 5 - Diagnosis and Staging of Cervical Cancer

Section: Diagnostic Tests

Card Name: section-5-1card-3e

Card Title: Diagnostic tools: Endocervical curettage (ECC)

Content:

ECC is a simple procedure used to collect cells from the endocervical canal.

- It is usually conducted using a special thin instrument or spatula.

- It is used in the following circumstances:

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CARD #82

Module: Module 5 - Diagnosis and Staging of Cervical Cancer

Section: Diagnostic Tests

Card Name: section-5-1card-3f

Card Title: Diagnostic tools: Endocervical curettage (ECC)

Content:

- i. Colposcopy shows nothing, but a screening test suggests a hidden pre-cancer or cancer.
- ii. When a Pap smear shows glandular cell abnormalities, which may come from deep inside the canal.
- iii. If screening and/or colposcopy were not adequate and cancer is suspected.

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CARD #83

Module: Module 5 - Diagnosis and Staging of Cervical Cancer

Section: Cervical Cancer Staging

Card Name: section-5-2card-1

Card Title: Systems

Content:

Cervical cancer staging is done using one of the existing international staging systems.

- Importance of cervical cancer staging
- It is used to determine the extent of the cervical cancer invasion and the presence or absence of distant metastases.
- It helps specialists choose the most suitable treatment for the patient.

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CARD #84

Module: Module 5 - Diagnosis and Staging of Cervical Cancer

Section: Cervical Cancer Staging

Card Name: section-5-2card-2

Card Title: What is FIGO?

Content:

Several systems exist, but the FIGO staging system is the most widely used.

FIGO stands for International Federation of Gynaecology and Obstetrics

- This staging system classifies cancer based on tumour size, spread within the pelvis and spread to distant organs.

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CARD #85

Module: Module 5 - Diagnosis and Staging of Cervical Cancer

Section: Cervical Cancer Staging

Card Name: section-5-2card-3

Card Title: Staging breakdown

Content:

The FIGO system describes four stages of cervical cancer

These include:

- Stage I: The disease is confined to the cervix.
- Stage II: Cancer has spread beyond the cervix but not to the pelvic wall or lower part of the vagina.

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CARD #86

Module: Module 5 - Diagnosis and Staging of Cervical Cancer

Section: Cervical Cancer Staging

Card Name: section-5-2card-4

Card Title: Staging breakdown

Content:

- Stage III: Cancer has spread to the pelvic wall and/or lower part of the vagina.
- Stage IV: Cancer has spread to surrounding organs or distant tissue, such as the lungs and distant lymph nodes.

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CARD #87

Module: Module 5 - Diagnosis and Staging of Cervical Cancer

Section: Factors Influencing Cervical Cancer Prognosis

Card Name: section-5-3card-1

Card Title: Prognosis

Content:

- The single most important predictor of long-term survival is the clinical stage of the disease when the disease is first diagnosed.
- The following additional factors also influence the chances a woman will survive for more than five years after treatment:

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CARD #88

Module: Module 5 - Diagnosis and Staging of Cervical Cancer

Section: Factors Influencing Cervical Cancer Prognosis

Card Name: section-5-3card-1b

Card Title: Prognosis

Content:

- Access to treatment
- Presence of cancer in the lymph nodes
- Having other chronic or acute health problems
- Overall health and nutritional status, including the presence of anaemia
- Weakened immune system (e.g. HIV status).

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CARD #89

Module: Module 6 - Treatment and Palliative Care

Section: Treatment Options

Card Name: section-6-1card-1

Card Title: Choosing a Treatment Plan

Content:

Choosing a treatment plan depends on:

- Stage of the cancer
- General health of the woman
- Availability of facilities and specialists

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CARD #90

Module: Module 6 - Treatment and Palliative Care

Section: Treatment Options

Card Name: section-6-1card-1b

Card Title: Choosing a Treatment Plan

Content:

Cervical cancer treatment options include surgery, radiotherapy and chemotherapy.

- These may be used alone or in combination.

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CARD #91

Module: Module 6 - Treatment and Palliative Care

Section: Treatment Options

Card Name: section-6-1card-2a

Card Title: Surgery

Content:

The most common treatment for early-stage cancer is surgery.

It consists of the removal of varying amounts of tissues from the area involved with cancer and its surroundings.

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CARD #92

Module: Module 6 - Treatment and Palliative Care

Section: Treatment Options

Card Name: section-6-1card-2b

Card Title: Surgery

Content:

i. Simple hysterectomy

- Removes the uterus and cervix
- Suitable for very early stages

ii. Radical hysterectomy

- Removes the uterus, cervix, part of the vagina, and nearby tissues

iii. Trachelectomy

- Removes the cervix and upper vagina but preserves the uterus
- Fertility-sparing option for some early-stage patients

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CARD #93

Module: Module 6 - Treatment and Palliative Care

Section: Treatment Options

Card Name: section-6-1card-2c

Card Title: Surgery

Content:

Side effects of surgery:

- Pain or discomfort in the abdomen or pelvic area
- An infection where the surgery was done
- Bleeding during or after surgery
- Possible injury to nearby organs like the bladder or bowel
- Blood clots in the legs if the patient stays in bed too long after surgery

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CARD #94

Module: Module 6 - Treatment and Palliative Care

Section: Treatment Options

Card Name: section-6-1card-3a

Card Title: Radiation therapy

Content:

Radiation therapy uses high-energy rays to kill cancer cells or stop them from growing.

- It can treat early cervical cancer but is often used after surgery if there's a risk the cancer has spread.
- It is also commonly used with chemotherapy to treat larger or more advanced cancers.
- Whether you need radiation depends on your test results and stage of cancer.

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CARD #95

Module: Module 6 - Treatment and Palliative Care

Section: Treatment Options

Card Name: section-6-1card-3b

Card Title: Radiation therapy

Content:

Types of radiation therapy:

- i. External beam radiation therapy (EBRT): It is a non-invasive procedure
 - The radiation is delivered from a machine (called a linear accelerator) outside the body

ii. Brachytherapy (internal radiation):

- Radioactive material is placed directly inside or very close to the tumour
- It allows a high dose of radiation to reach the cancer while limiting exposure to nearby healthy tissues

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CARD #96

Module: Module 6 - Treatment and Palliative Care

Section: Treatment Options

Card Name: section-6-1card-3c

Card Title: Radiation therapy

Content:

Side effects of radiation therapy:

Radiation for cervical cancer mainly affects the lower belly area, including the bladder, rectum, and nearby bones.

Some common side effects may include:

- Changes in urination or bowel habits
- Discomfort during sex
- Tiredness
- Vaginal dryness, narrowing, or scarring
- Early menopause
- Infertility

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CARD #97

Module: Module 6 - Treatment and Palliative Care

Section: Treatment Options

Card Name: section-6-1card-4a

Card Title: Chemotherapy

Content:

Chemotherapy is the use of drugs to kill cancer cells. It is usually given intravenously (injected into a vein). The drugs travel through the bloodstream to reach all parts of the body, which helps treat cancer that may have spread. Cisplatin is the most commonly used drug. It is often combined with radiation (chemoradiation).

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CARD #98

Module: Module 6 - Treatment and Palliative Care

Section: Treatment Options

Card Name: section-6-1card-4b

Card Title: Chemotherapy: Side effects

Content:

Some common side effects include:

- Nausea or vomiting
- Loss of appetite
- Mouth sores
- Fatigue
- Hair loss
- Easy bruising or bleeding
- Higher chance of infections
- Constipation

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CARD #99

Module: Module 6 - Treatment and Palliative Care

Section: Palliative care

Card Name: section-6-2card-4a

Card Title: Palliative care

Content:

Palliative care aims to improve the quality of life of patients and their families facing problems associated with life-threatening illnesses and conditions. It is not only end-of-life care, but also includes interventions applied throughout the disease trajectory.

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CARD #100

Module: Module 6 - Treatment and Palliative Care

Section: Palliative care

Card Name: section-6-2card-4b

Card Title: Palliative care

Content:

What it does:

- Eases pain and discomfort
- Manages other physical symptoms
- Supports emotional, mental, and spiritual well-being
- Helps families cope with the stress of illness

Palliative care is necessary even though cervical cancer is a preventable and curable disease.

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CARD #101

Module: Module 6 - Treatment and Palliative Care

Section: Palliative care

Card Name: section-6-2card-2

Card Title: Final thoughts

Content:

Cervical cancer is preventable, treatable, and when caught early often curable. Through early screening, proper treatment, and supportive care, lives can be saved and the well-being of women and families improved.

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