62 million women's lives could be saved from cervical cancer

STAR HEALTH REPORT

Over the next 100 years, more than 74 million cervical cancer cases and 60 million deaths could be averted, and the disease eliminated in the 78 countries with the highest disease burden, according to two modelling studies published in The Lancet.

The first study modelled the progress that could be made towards eliminating new cervical cancer cases by introducing or increasing human papillomavirus (HPV) vaccination coverage, or by combining high levels of vaccination with cervical screening once, or twice, in a woman's lifetime.The second study included cancer treatment in its models alongside other variables, and analysed the impact of vaccination, screening and treatment on reducing deaths. Both studies focused on 78 low-income and lower-middle income countries (LMICs).

Cervical cancer is the second most common cancer in LMICs and the most common cause of death from cancer in women in 42 LMICs. In high-income countries, vaccination against HPV has dramatically improved the outlook for cervical cancer prevention among women, but the uptake of HPV vaccination and cervical screening remains very low in most LMICs. In 2018, 88% of 570,000 new cervical cancer cases worldwide and 91% of 311,000 deaths occurred in low, low-middle or upper middle income countries.

The disparity in the burden of disease between high income countries and LMICs prompted the World Health Organisation (WHO) to call for action in 2018 to eliminate cervical cancer as a public health problem. They proposed a threshold for which cervical cancer would be considered to be eliminated as a public health problem (4 per 100,000 women-years) and drafted a strategy to put countries on the path to achieving it, with three main targets for 2030: to increase vaccination to 90% coverage, to ensure 70% of women are screened twice in their lives around the ages of 35 and 45, and to ensure 90% of women diagnosed with cervical cancer receive the treatment they need.

The first of the current studies focused on whether and by when it might be feasible to eliminate cervical cancer cases in LMICs according to different scenarios and different definitions of elimination. The scenarios modelled were HPV vaccination of girls, vaccination combined with screening of women aged 35, and vaccination combined with screening twice in a woman's lifetime.

The results predict that vaccination alone could reduce the number of cervical cancer cases by 89% over the next century, averting 60 million cases in LMICs. However, countries with an incidence today of more than 25 cases per 100,000 women could not eliminate the disease with HPV vaccination alone, using WHO's proposed threshold of cervical cancer elimination (four or fewer cases per 100,000 women). For example, in sub-Saharan Africa, elimination would only be possible in 27% of countries.

If twice-lifetime screening is scaled-up in addition to HPV vaccination, then 100% of countries could reach elimination, reducing cervical cancer cases by 97% and averting 74 million cases by 2120. Such a strategy would also accelerate elimination by 11-31 years.

For the second modelling study, the authors analysed the impact of all three elements of the WHO triple strategy on deaths from cervical cancer, modelling the impact of scaling up cancer treatment as well as vaccination and screening. In 2020, there will be an estimated 13 deaths from cervical cancer per 100,000 women in LMICs.

By 2030, the triple strategy could avert around 300,000 deaths, a reduction of 34%. By 2070, it could avert 14.6 million deaths, reducing mortality by 92%, compared to a reduction of 62% (4.8 million deaths) with vaccination alone. By 2120, the triple strategy could avert 62 million deaths, reducing mortality by 99%, compared to 90% (45.8 million deaths) with vaccination alone.

MENTAL HEALTH

Do not forget psychotherapy for bipolar disorder

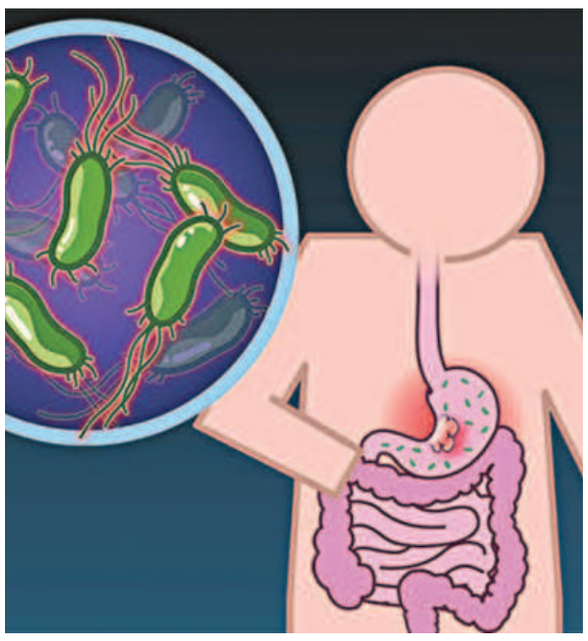
Family-focused therapy (FFT), which was developed as an adjunctive treatment for bipolar disorder, involves the family and patient in all aspects of treatment and includes education, practicing open communication, and enhancing problem solving. The group that developed FFT has now conducted a randomised comparison of 4 months of FFT (12 sessions) or enhanced standard care (6 sessions; education and a mood management plan for patients only) in 127 children with active mood symptoms (mean age, 13).

Patients had diagnoses of major depression or subthreshold bipolar disorder (insufficient number or severity of symptoms to meet full criteria for bipolar disorder), and all had relatives with bipolar disorder. Pharmacotherapy was prescribed independent of psychotherapy.

At a median follow-up of 98 weeks, the groups did not differ in median time to recovery (23–24 weeks) from the index episode. However, among 90 recovered participants, the time to develop a new mood episode was significantly longer with FFT than enhanced care. After recovery, rates were higher for depressive episodes than manic/hypomanic ones. Conversion from major depression or subsyndromal bipolar disorder to syndromal bipolar disorder occurred in about 14% of patients and was predicted only by baseline manic symptoms.

FFT does not seem to influence recovery from an acute episode, but by improving primary relationships, it can add to mood stability and increase the family's ability to recognise and respond to early signs of relapse. The greater frequency and duration of FFT sessions, compared with standard care, might also be important. Whatever the treatment, families should be involved, and patients should be followed closely after improvement, especially for emergence of isolated hypomanic symptoms.

HEALTH *bulletin*



Treating *H. pylori* cuts gastric cancer risk in those with family histories of gastric cancer

Patients with *Helicobacter pylori* infection and a family history of gastric cancer face a lower risk for gastric cancer themselves if their H. pylori is treated, according to a study in the New England Journal of Medicine.

Roughly 1,800 adults in South Korea who had first-degree relatives with gastric cancer and who screened positive for *H. pylori* infection were randomised to *H. pylori* treatment (amoxicillin, clarithromycin, and lansoprazole) or placebo for 7 days.

During a median follow-up of 9 years, the treatment group was significantly less likely than the placebo group to develop gastric cancer (1.2% vs. 2.7%).

Coronavirus from China: know the unknown

DR ZUBAIR KHALED HUQ

Coronaviruses are a group of viruses that causes disease in mammals and birds. In humans, the virus causes respiratory infections which are typically mild but, in rare cases, can be fatal. A novel coronavirus is a new strain that has not been previously identified. Coronavirus is zoonotic, that means they are transmitted from animal to people. It has started from the Wuhan seafood market in the Hubei province of China and has spread to Thailand, Singapore and many other countries. Human transmission of the virus has also been proven.

Coronaviruses are named for the crown-like spikes on their surface. The seven coronaviruses that can infect people are 229E (alpha coronavirus), NL63 (alpha coronavirus), 0C43 (beta coronavirus), HKU1 (beta coronavirus), MERS-CoV (the beta coronavirus that causes Middle East Respiratory Syndrome, or MERS), SARS-CoV (the beta coronavirus that causes Severe Acute Respiratory Syndrome, or SARS) and lastly 2019-nCoV (2019 novel coronavirus).

Symptoms of the novel coronavirus infection are having a cold, fever, shortness of breath, failure, headache, nasal irritation, cough, pneumonia, respiratory distress, kidney failure etc. If the symptoms start like the common cold and have transformed into respiratory distress one should immediately seek treatment. The matter of concern is that the behaviour of the virus is unknown. Once the virus enters the human body it takes 14 days to express the symptoms. The virus may spread even during the incubation period. The long-term effect of this virus is not yet known. Children and senior citizens are extremely vulnerable to the new virus.

2019-nCoV has infected more than 12,000 people so far and more than 250 people are already dead. One contagious person on an average can spread this to 1-3 persons. If it is more than one that means the disease has become

independent. The virus will not be destroyed by itself. If anyone visits any country which has coronavirus cases, within 14 days have a fever (100° F/38° C), sore throat, cough, and respiratory distress, has the chance of being infected by the novel coronavirus.

One can get affected by the novel coronavirus by the infected person's cough, sneeze, touching the affected person, handshake with patients and from infected animals. The virus has no vaccine yet.

To prevent infection from the virus you should frequently clean hands by using alcohol-based hand rub or washing hands with soap and water by rubbing for at least 20 seconds; when coughing and sneezing cover mouth and nose with flexed elbow or tissue – throw tissue away immediately and wash hands; avoid close contact with anyone who has fever and cough; if you have fever, cough and difficulty breathing seek medical care early and share previous travel history with your health care provider; when visiting live markets in areas currently experiencing cases of novel coronavirus, avoid direct unprotected contact with live animals and surfaces in contact with animals; The consumption of raw or undercooked animal products should be avoided. Raw meat, milk or animal organs should be handled with care, to avoid cross-contamination with uncooked foods, as per good food safety practices.

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The truth about coconut oil and cardiovascular risk

Proponents of the increasingly popular high-fat and purportedly natural diets often promote coconut oil as a heart-healthy ingredient. To examine the evidence for cardiovascular effects of coconut oil, investigators conducted a meta-analysis of clinical trials published by June 2019 that compared coconut oil, consumed for at least 2 weeks, with other vegetable oils, and that assessed cardiovascular risk factors.

Pooled results of 17 trials involving 730 participants indicated that, compared with other non-tropical vegetable oils, coconut oil was associated with significantly increased LDL by a mean of 10.5 mg/dL and HDL by a mean of 4 mg/dL. Similarly, in four studies comparing coconut oil with palm oil, another oil high in saturated fat, coconut oil was associated with higher total and LDL cholesterol. In a subset of studies that reported other cardiovascular risk factors, no association was found between coconut oil consumption and measures of adiposity, fasting glucose, or inflammatory markers.

This study confirms our dietary guidelines for the prevention of cardiovascular disease that recommend limiting saturated fat intake. However, although coconut oil increases cholesterol (both LDL and HDL), there are no data showing that this is associated with increased cardiovascular events. Coconut oil, despite being aggressively marketed and perceived as a "natural" and "healthy" fat source, is composed of 90% saturated fat. Although other sources of coconut fat (i.e., coconut milk) were not considered in this analysis, patients are to be counselled to consume all sources of saturated fat sparingly.

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