

Faking Death for Cervical Cancer Awareness: Is It Justified?

Abhishek Shankar^{1*}, Karen Brixey-Watts², Shubham Roy³, Deepak Saini², Divya Sehra⁴

Asian Pac J Cancer Prev, 25 (6), 1851-1853

On the eve of World Cancer Awareness Day (February 4th), a group of prominent Indian social media influencers announced the tragic passing of one of their peers due to cervical cancer. The news rapidly spread across electronic, print, and social media platforms, igniting a nationwide conversation about the disease. While fans were initially stunned, skepticism quickly emerged since cervical cancer is not typically associated with sudden death. It was later disclosed that the announcement was, in fact, a hoax.

This deceitful attempt to raise awareness about cervical cancer awareness by faking death poses a serious threat to the future of addressing this largely preventable but ignored cancer among women in rural India. The influencer garnered significant attention and succeeded in creating a widespread discussion but in the process compromised the values, ethics, and dignity required in dealing with such a sensitive subject. Her stunt overshadowed the critical discussion that needs to take place in the media and among the public about the plight of rural women and their families who are devastated by this disease [1]. Furthermore, her public defense of her actions and attempted portrayal of personal sacrifice to raise awareness of cervical cancer, demonstrated a complete lack of sensitivity towards patients and their families.

In today's media-driven world, where outlets have significant influence over people's lives and perspectives, it was also a failure on the part of publishing houses to focus on cervical cancer only within the context of a publicity stunt. What's even more concerning is that there was more discussion about this disease in February than during the entire cervical cancer awareness month of January, overshadowing genuine information being shared about the disease. While this event could have been an opportunity to boost awareness about HPV vaccination and promote preventive measures such as screening, its execution was highly objectionable. Instead of laying a solid foundation for sustained awareness, it created a fleeting, pseudo-awareness that is unlikely to endure in the long term, and the real educational message that needs to be communicated is lost in the lie.

The last time cervical cancer received significant attention was in 2009, when the India-IARC multicentre study was abruptly halted due to seven unrelated deaths during HPV vaccination demonstration projects in India [2]. The combination of press reporting and misinformation surrounding the deaths in the two demonstration projects, coupled with a muted defence against such news resulted in India's HPV vaccination drive being sidelined for almost a decade.

The India-IARC trial was a landmark study that provided robust evidence to the World Health Organization (WHO), leading to considerations for changing the HPV vaccine dosing schedule from three doses to one or two doses. This change had the potential to expand vaccine coverage to hundreds of thousands of girls in the target age range [3-6]. What is sad is that while researchers try to leave no stone unturned to find solutions for cervical cancer prevention and cure, it takes a celebrity's fake-death controversy for this largely preventable disease to gain widespread attention (and then with real debate that could lead to progress drowned out by the lie).

In response to the WHO's 2018 call for global action to eliminate cervical cancer, India began prioritizing vaccination, screening, and treatment efforts. The country set ambitious goals of achieving 90% coverage in vaccination, 70% in screening, and 90% in treatment by 2030. Meeting these targets would enable India to maintain an incidence rate of below 4 per 100,000 women [7, 8]. All stakeholders geared up to increase the uptake in terms of HPV vaccination and screening after this announcement.

The introduction of the first indigenous vaccine at an affordable price, coupled with the government's pilot project for HPV vaccination in many states, has accelerated India's cervical cancer elimination efforts. However, significant challenges remain in raising public awareness about cervical cancer. Currently, fewer than one in ten women have been screened, and the vaccination drive has been limited over the past five years. Effective communication is essential to increase awareness and encourage participation in screening and vaccination

¹Department of Radiation Oncology, Dr. BR Ambedkar Institute Rotary Cancer Hospital, All India Institute of Medical Sciences, Delhi, India. ²Advisor, Indian Society of Clinical Oncology, Delhi, India. ³Consultant, Developmental and Behavioral Pediatrics & Director, Shining Stars Child Development Center, Delhi, India. ⁴Department of Gynecologic Oncology, Manipal Hospital, Delhi, India. *For Correspondence: doc.abhishankar@gmail.com

programs [9]. Despite ongoing media efforts, public education and awareness remain underfunded and are hindered by the sensitive nature of cervical cancer's sexual transmission. Although India reported over 127,000 cases of cervical cancer and approximately 80,000 deaths among women in 2022 [10], ground-level awareness remains alarmingly low [11]. The cultural sensitivity surrounding cervical cancer often leads to silence on the issue. All stakeholders, including gynecologists, oncologists, policymakers, media, and NGOs, must take responsibility for initiating discussions throughout the year, rather than limiting efforts to January's cervical cancer awareness month.

Effective cancer awareness requires evidence-based strategies and cannot rely on the fabricated tragedy of a fake death, especially in today's fast-paced news cycle. The recent stunt involving a false death announcement was both insensitive and disrespectful to the millions of cancer patients who demonstrate true courage and strength. While such stunts may temporarily attract attention, all awareness efforts collapse once the deception is exposed. This underscores the need for sustainable, long-term public awareness initiatives that extend beyond celebrity-driven campaigns [11, 12].

There are disparities and inequalities in access and outcome of cervical cancer care including awareness, vaccination, screening, and treatment. Limited understanding and awareness of cervical cancer, its risk factors, and prevention, compounded by social stigma, contribute to the low success of cervical cancer screening efforts. Despite increasing awareness among women, actual screening rates remain insufficient [13]. Challenges such as limited access to screening centers, long waiting times, and the financial costs associated with screening and vaccination further burden efforts to prevent and screen for cervical cancer, exacerbating the problem [14].

In the age of influencers, many doctors despair that their advice is ignored, whilst WhatsApp forwarded messages will be seen as evidence for action. Whilst efforts to raise awareness among people for cancer have made progress, this is largely confined to bigger cities. Despite India's vast number of social media users, using social media platforms to raise awareness is extremely challenging because of the sensitivity and seriousness of the disease.

Effective cancer awareness demands evidence-based strategies, and achieving awareness goals cannot depend on the fabricated tragedy of one person's fake death, especially in a fast-paced news cycle. The recent stunt, marked by a false death announcement, was both insensitive and disrespectful to the millions of cancer patients who embody courage and strength. While such stunts may initially gain attention through deceit, all awareness efforts collapse once the truth is revealed. This highlights the need for sustainable, long-term public awareness interventions that go beyond celebrity-driven campaigns.

Cancer patients and survivors embody true courage and strength in their battle against cancer. Faking the death of a celebrity as an awareness stunt is deeply disrespectful to cervical cancer patients, survivors, their families,

and caregivers. While such stunts may briefly increase curiosity about the disease and prevention, their long-term sustainability is questionable. The effectiveness of cervical cancer awareness hinges on addressing systemic bottlenecks and inefficiencies in delivery systems. It is crucial to implement and monitor culturally appropriate cervical cancer awareness programs tailored to community needs. This includes making long-term investments in low-cost public awareness campaigns at various levels to effectively reach and educate targeted population groups, thereby enhancing accessibility and uptake of cervical cancer awareness and vaccination initiatives.

References

1. Shankar A, Sehra D, Roy S. Cervical cancer advocacy: Needs more than faking death. *Lancet Reg Health Southeast Asia*. 2024;25:100411. <https://doi.org/10.1016/j.lansea.2024.100411>.
2. 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; 2011.
3. Sankaranarayanan R, Prabhu PR, Pawlita M, Gheith T, Bhatla N, Muwonge R, 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(1):67-77. [https://doi.org/10.1016/s1470-2045\(15\)00414-3](https://doi.org/10.1016/s1470-2045(15)00414-3).
4. Sankaranarayanan R, Joshi S, Muwonge R, Esmey PO, Basu P, Prabhu P, et al. Can a single dose of human papillomavirus (hpv) vaccine prevent cervical cancer? Early findings from an indian study. *Vaccine*. 2018;36(32 Pt A):4783-91. <https://doi.org/10.1016/j.vaccine.2018.02.087>.
5. Basu P, Muwonge R, Bhatla N, Nene BM, Joshi S, Esmey PO, 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. <https://doi.org/10.1016/j.pvr.2019.01.004>.
6. Sankaranarayanan R, Basu P, Kaur P, Bhaskar R, Singh GB, Denzongpa P, et al. Current status of human papillomavirus vaccination in india's cervical cancer prevention efforts. *Lancet Oncol*. 2019;20(11):e637-e44. [https://doi.org/10.1016/s1470-2045\(19\)30531-5](https://doi.org/10.1016/s1470-2045(19)30531-5).
7. Ong SK, Abe SK, Thilagaratnam S, Haruyama R, Pathak R, Jayasekara H, et al. Towards elimination of cervical cancer - human papillomavirus (hpv) vaccination and cervical cancer screening in asian national cancer centers alliance (ancca) member countries. *Lancet Reg Health West Pac*. 2023;39:100860. <https://doi.org/10.1016/j.lanwpc.2023.100860>.
8. Shin MB, Liu G, Mugo N, Garcia PJ, Rao DW, Bayer CJ, 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. <https://doi.org/10.3389/fpubh.2021.670032>.
9. 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):2357-8. <https://doi.org/10.22034/apjcp.2018.19.9.2357>.
10. Global cancer observatory: cancer today. Lyon, France: International Agency for Research on Cancer; 2022. Available from: <https://gco.iarc.fr/today>. Accessed May 16, 2024

11. Gautam P, Shankar A. Operations management interventions in cancer care delivery in lmics: The way forward. *Asian Pac J Cancer Prev.* 2023;24(1):1-7. <https://doi.org/10.31557/apjcp.2023.24.1.1>.
12. A S, Ali NY, Khan A. Cervical cancer and its screening: Assessing the knowledge, awareness, and perception among health and allied students. *Educ Res Int.* 2022;2022:1-17. <https://doi.org/10.1155/2022/4608643>.
13. Taneja N, Chawla B, Awasthi AA, Shrivastav KD, Jaggi VK, Janardhanan R. Knowledge, attitude, and practice on cervical cancer and screening among women in india: A review. *Cancer Control.* 2021;28:10732748211010799. <https://doi.org/10.1177/10732748211010799>.
14. Drokow EK, Zi L, Han Q, Effah CY, Agboyibor C, Sasu E, et al. Awareness of cervical cancer and attitude toward human papillomavirus and its vaccine among ghanaians. *Front Oncol.* 2020;10:1651. <https://doi.org/10.3389/fonc.2020.01651>.