

## Cancer Cervix: Revisited

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“Cancer Cervix is a Preventable Disease [1] but Unfortunately Not Yet Prevented”.

Globally, cancer cervix remains an important cause of mortality among young women. Cancer cervix is second most common female cancer in the developed cancer, but in most of the developing countries including India, carcinoma of cervix is the most common malignancy in females and a major public health problem.

In India it is the commonest cause of death among women between the age go 20 and 40 years [2]. In India more than 90000 women suffer annually from cervical cancer and majority of them report in advanced stage of disease. An easy accessibility of cervix to direct visual inspection and cytological evaluation and its high cure rate when detected in early stages, routine screening and early diagnosis and management is the backbone for decreasing morbidity and mortality associated with cancer cervix.

Epidemiological studies in India shows its high prevalence among young age group and multiparous women affected more as compared to nulliparous women with high incidence in lower socioeconomic group. Throughout the world over 500000 new cases of invasive cancer cervix are detected each year and account for 15% of new cancer and 200000 deaths annually.

The causative agents of cancer cervix though not defiantly known a casual association between some factors such as age of patients and race, socioeconomic condition, marriage and childbearing, sexual and reproductive factors, and some infectious agents as papilloma virus is established. The most recent molecular research indicates that human papilloma virus is probable causative agent. More than 100 types of HPV have been characterised. Based on wide variety of evidences the international agency for research on cancer (IARC) of WHO has classified HPV type 16 and type 18 as carcinogens in Humans.

Clinically, invasive cervical cancer is more likely to produce symptoms than its precursor intraepithelial neoplasia. The commonest symptoms being Haemorrhage - which is in the form of irregular bleeding and postcoital bleeding, the other common symptoms being serosanguinous or yellowish foul smelling discharge, pain and Cachexia. Urinary and rectal symptoms such as hematuria, rectal bleeding may appear in the advanced stage of disease as a consequence of invasion of bladder and rectum. Along with it some signs pointing towards cervical cancer are friable cervix, easily bleeding cervix on touch, fixed and immobile cervix and some induration of cervix.

Staging of cancer is an important aspect of management as to determine the prognosis, line of management and to compare the results of on with other. Because most important determinant of prognosis remains the Figo clinical stage the disease. In addition to FIGO clinical stage other reported prognostic factors include endometrial cavity extension, regional and pelvic lymph node metastasis, histologic tumor grade and lymph vascular space invasion (LVSI). Tumor volume, lymph node metastasis, parametric invasion and lymphovascular space invasion were found to be independent prognostic factors [3].

Early diagnosis is the mainstay of treatment. The American cancer society has recommended that asymptomatic women 20 yrs and above and those younger than 20 yrs who are sexually active have PAP smear annually for 2 consecutive years and atleast once every 3

years until the age 65 years [3]. If the cytological smear shows atypical or mild dysplasia the smear should be repeated no sooner than after 2 weeks to allow representative cellular exfoliation. If cytological smear shows dysplasia or malignant cells directed biopsies at colposcopy should be carried out immediately.

Prevention is the best management, it involves identifying the casual factors and eliminating them or preventing those from exerting there effects. First step in prevention is identifying high risk women which is defined as having early age at sexual intercourse, and first pregnancy, too many births and too frequent births, poor local hygiene, low socio economic status, and sexually transmitted oncogenes as HPV and HSV. In these cases a cancer consciousness program, proper health education, raising the age at marriage, use of barrier contraception, and effective therapy of STD could be an important step in prevention of disease. The "Down staging screening" is an experimental approach suggested by WHO 1987 as an alternative to regular cytological screening. It is defined as detection of disease in an earlier stage when still curable by nurses and other paramedical staff using simple speculum for visual inspection of cervix.

But if cancer cervix is diagnosed at an advanced stage following is a general treatment scheme for cancer cervix.

Stage IA1: Simple hysterectomy, abdominal or vaginal or cervical ionisation.

Stage IA2 II A IB 1 NON-BULKY II A: Radical hysterectomy, bilateral pelvic lymphadenectomy with post-operative radiation plus or minus concurrent chemotherapy in selected high risk patient.

Stage IB2, BULKY II A: Full external and intracavitary pelvic irradiation with concurrent chemotherapy followed by Extra-facial abdominal hysterectomy.

Stage II B TO IV A: Full external and intracavitary pelvic irradiation with concurrent chemotherapy.

Stage IVB: Palliative chemotherapy.

\*For individual patients recombination for treatment can vary depending on clinical circumstances.

Cancer cervix was the first cancer of an internal organ to be treated with ionising radiation using Radium by Margaret Cleaves in 1903.

The purpose of this topic writeup is to give more attention for early diagnosis of cancer when still curable and to decrease morbidity and mortality associated with it as surgery performed in early stage of disease after proper assessment and at proper time gives good results and postoperative radiotherapy can achieve good results in patients with positive lymph node status and in advanced stages of disease chemo-radiotherapy is associated with improved survival rates and quality of life [4].

Challenges for the future includes tailoring the treatment according to stage of disease, avoiding over treatment and reducing mortality and morbidity.

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