

CERVICAL CANCER

Faisal Al Safi, FRCSC1, Haney Salem1, Nashmia Al Mutairi1

(1) King Abdulaziz Medical City – National Guard Health Affairs, Riyadh, KSA

Corresponding Author:

Dr. Faisal Al Safi , FRCSC

Department of Oncology (Mail Code 1777)

P.O. Box 22490, Riyadh 11426, Kingdom of Saudi Arabia

E-mail: safif@ngha.med.sa

Introduction

Cervical cancer is the second most common cause of cancer-related morbidity and mortality among women in developing countries. It Usually affects women between ages of 30 and 55 but has been found as early as the teen years and uncommonly after age of 75(1).

Risk factor

The major risk factors for cervical cancer include early onset of sexual activity, multiple sexual partners, and a high-risk sexual partner (e.g., promiscuous sexual activity, sexual exposure to a partner with human papillomavirus infection [2]). Other risk factors are a history of sexually transmitted diseases (eg, Chlamydia trachomatis, herpes simplex virus) [3], smoking [4], high parity [5], immunosuppression, low socioeconomic status, and previous history of vulvar or vaginal squamous dysplasia.

Pathology

Squamous cell carcinomas (SCCs) account for approximately 80 percent of cervical cancers, adenocarcinomas 15 percent, and adenosquamous carcinomas 3 to 5 percent. Small cell carcinomas and other types are rare (6)

Clinical manifestations

Early cervical cancer is frequently asymptomatic, the most common symptoms at presentation are:

- Abnormal vaginal bleeding
- Post coital bleeding
- Vaginal discharge that may be watery, mucoid, or purulent and malodorous
- Pelvic or lower back pain, which may radiate along the posterior side of the lower extremities, can occur with advanced disease. Bowel or urinary symptoms, such as pressure-related complaints, hematuria, hematochezia, or vaginal passage of urine or stool, are uncommon and suggest advanced disease. (7)

Diagnosis

Diagnosis of cancer is confirmed by biopsy in women with a grossly visible lesion. Symptomatic women without a visible lesion and those who have only abnormal cervical cytology should undergo colposcopy with directed biopsy or, if necessary, diagnostic conization. In addition, any cervix that is unusually firm or expanded should be sampled by punch biopsy and endocervical curettage, even if the cervical cytology smear does not show evidence of neoplasia. Histologic confirmation of invasive cervical cancer is followed by a careful staging evaluation that should include a thorough physical examination. The cervix and entire vagina should be carefully inspected and palpated to identify overt tumor or subepithelial vaginal extension. Rectovaginal examination permits the best assessment of tumor size and parametrial involvement. Palpation of the liver and inguinal and supraclavicular lymph nodes is important to screen for metastatic disease (7).

Treatment

Treatment of invasive cervical cancer involves management of both the primary lesion and potential site of metastatic disease. Both surgery or and chemo radiotherapy may be used for treatment according to clinical stage and risk of recurrence.

HPV Vaccine

Human Papillomavirus Vaccine (HPV) is a vaccine that prevents infection with certain species of Human Papillomavirus associated with the development of cervical cancer and genital wart.

Two HPV Vaccines are currently available: Gardasil and Cervarix. Both vaccine protect against two of the HPV types (16, 18) that cause cervical cancer, and some other genital cancer, Gardasil also protect against two of the HPV types (6, 11) that cause genital wart (8). Although available data for both vaccines is promising. Still long term efficacy and safety is unknown.

Screening

Cervical cytology screening programs can detect preinvasive, as well as invasive, cellular changes of the cervix. Because cervical cancer typically has a long preinvasive state (often a decade or more) and the treatment for preinvasive disease is effective, screening programs potentially can prevent the occurrence of invasive cervical cancer. [9]. although cervical cancer accounts for relatively few deaths in the United States, it is one of the leading causes of cancer death in women in developing countries. This observation is thought to be directly related to the lack of screening programs in those areas.

A variety of screening guidelines have been proposed; the choice depends upon available resources (11, 12, 13).

Recommendation and Guidelines for Screening and Prevention of Cervical Ca

All the committee members (Authors) strongly recommend the initiation of a structured, well-organized screening program for cervical cancer among Arab women.

- The design for the program should be suitable and acceptable for our community and for the cultural aspects of our women in the Arab World.
- It is recommended that the screening process should be done by the Pap smear using liquid base media in agreement with the international recommendation.
- The screening process should start one year after the women get married and start her sexual activity and the screening should go on in accordance with the international recommendation which is once annually, then if the patient has three consecutive normal Pap smear, she can do Pap smear every three years.
- For the high risk population, the screening should continue on annual basis in order to prevent any development of invasive disease.
- Regarding the addition of HPV test to the screening process, the committee
- members feel that a cost effectiveness study should be conducted first in order to evaluate the prevalence of the HPV between the Saudi women at different age groups, also to determine the sub-groups which are more prevalent within our society.
- According to the results of such study, the decision will be made if the addition of HPV testing after the age of 30 for those women will be cost effective and will be beneficial for them or not.
- Regarding the issue of vaccination for the Saudi girls between the ages of 9 to 26, the committee members agreed that this issue should be dealt with individually at the current time, as there are many social and economic issues connected to it.
- The decision regarding the vaccination should be left to the family regarding their choices for the immunization of their daughters after getting all the necessary information from their physician.
- The committee members agreed that without the cohort study on the prevalence of PHV in Saudi women, the recommendations for vaccinating girls before marriage will lack cost effectiveness and benefits before we can get the results of such study.

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