

Letter to Editor

Opportunities for Medical College Hospital to Promote Utilization of Cancer Cervix Screening Services among Rural Women

Dear Editor,

The estimated global burden for new cases of uterine cervical cancer is 7.9% of all new cancer cases and 7.5% of all female cancer deaths. Globally cervical cancer is the fourth most common cancer in women after breast, colorectal and lung cancer and in the WHO south east Asian region (SEAR) it is the second most common cancer after breast cancer.

Genital human Papilloma virus (HPV) infection which is sexually transmitted has been detected in virtually all cervical cancer tumours tested worldwide. Though most HPV genital infections will not progress to cervical intra epithelial neoplasia (CIN), the highest risks for cancer cervix are associated with HPV types 16 and 18. Many risk factors for HPV genital infections have been suggested such as age at first intercourse, number of lifetime sexual partners, age at first child birth, history of previous miscarriage, cigarette smoking, poor genital hygiene, co infection with other reproductive tract infections, long term use of oral contraceptive pills and family history of cancer cervix.

The incidence of cervical cancer has declined by 70-90% in the developed countries and has been attributed to well established cancer cervix screening programs. In developing countries the access to screening services of cervical cancer are often not existent or limited and contributes for the higher incidence and mortality due to cancer cervix in women. There is no organized screening program for cancer cervix in India. Hence a large proportion of women with cancer of the cervix present in the advanced stages of cancer. In the absence of screening program, nearly 70% of cervical cancer affected women presents in stage 3 and 4.

Cervical cancer is unique from a public health and epidemiological perspective. In contrast to most other cancers cervical cancer can be prevented through screening programs designed to identify and treat precancerous lesions. There is a need for increasing the attendance of women to cancer cervix screening programs in the existing low resource settings in a cost-effective way. Opportunities for providing cancer cervix screening and treatment services through the medical colleges which usually has diagnostic and treatment facilities can be utilised. There is a scope to initiate cancer cervix screening and treatment programs in the communities accessible to these medical colleges to increase cancer cervix screening coverage.

A study to screen for cancer cervix was conducted among women aged 30-60 years in six villages utilized for field practice by a medical college. The participation of women in cervical cancer screening services provided by the rural based medical college in association with community based primary health care workers was assessed. Around 445 women aged 30-60 years were invited by one to one contact and handing over a pamphlet to attend cancer cervix screening clinics in the primary health centre (PHC) on the designated dates. An attempt was made to invite each women at least 3 times to increase the participation of women in the screening clinics. A total participation rate of 72.6% was found in this study. PAP smear was examined by a pathologist in the medical college. Smear positive women were referred to the medical college hospital.

Hence this approach of cancer cervix screening and treatment involving medical college, community based health care workers and other community stake holders can be

useful to reduce the burden of cancer cervix among women in India.

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