

DOWNSTAGING OF CARCINOMA OF UTRINE CERVIX IN SOUTH INDIAN WOMEN ON WESTCOST

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SUMMARY

Carcinoma of uterine cervix continues to be the most frequent gynaecological cancer in India. The local population remains unscreened for carcinoma cervix, barring some who had attended hospital with gynaecological complaint(s). Total of 4,034 women in South Kanara attending family planning clinics (320), general gynaecological clinics (3,241) and organised cancer detection camps (473) were subjected to clinical examination, pap smear and women with abnormal smear reports (351) to colposcopy/biopsy.

Comprehensive training workshops of 2 days' duration were arranged for health workers and general practitioners to train in identification of cervical lesions on speculum, examination and pap smear taking.

Thirty nine of 351 abnormal smears (11.1%) were found to be negative on subsequent colposcopy/biopsy. Histopathological diagnosis was in agreement with colposcopic impression in 274, i.e. 78%, cases. After the downstaging workshop, the agreement in clinical diagnosis between gynaecologists and general practitioners was 62.3% and that with health workers was 54.2%. Routine screening in 1993 showed an apparent increase in detection rate of dysplasias and a relative decrease in the incidence of invasive cancers than in 1992.

The present programme is belived to help in bringing awareness, downstage the disease and change the morbidity pattern in the society.

INTRODUCION

Cervical cancer is the commonest among Indian women. It accounts for

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9.6 per cent of all cancers, 23.4 per cent of female cancers and 68.5 per cent of gynaecological cancers. At diagnosis, 75.7 per cent belong to advanced stages (FIGO Stage IIB and above) of disease (KK Rao, 1992). Cytological screening has shown its beneficial impact on reducing mortality due to cervical cancer and the incidence of invasive cancers (WHO, 1985). But nationwide routine screening with papsmear is not possible in India due to heavy expenditure involved, paucity of trained cytotechnicians and disorganised health delivery system. Under such circumstances, the detection of disease in an earlier stage by nurses and other non-medical health workers using simple speculum for visual inspection may go a long way.

An attempt is begun in this direction to spot the cases with carcinoma of uterine cervix early, among South Indian women on West Coast.

MATERIAL AND METHODS

Manipal is a healthy town on the shores of Arabian Sea in Southern Karnataka, India. Kasturba Hospital with its cancer research centre has all facilities for surgical, medical and radio oncotherapy. It conducts weekly outreach clinics in the surrounding villages.

Mid 1992 through 1993 women who were/have been sexually active, attending the out patient gynaecology clinic at the hospital, outreach clinics and the family planning clinic were submitted to papsmear screening. Patients with frank cervical lesions were excluded.

Cancer detection camps were held at 5 places where regular outreach clinics are not conducted. During these camps, health education and cancer awareness lectures

were given, physical examination done and the pap smears taken. The subjects with abnormal smear reports were called to Manipal and so were the cases who had any suspicious lesion on the cervix.

The acceptors attending family planning clinics were also subjected to screening.

All the cases with dysplastic smears (ICMR, 1971) were evaluated colposcopically and the cervical biopsies studied for histopathological confirmation. Training workshops (of 2 days duration) were conducted for general medical practitioners (1 such) and lady health visitors including Anganwadi workers (2 such). Lectures, practical demonstrations on patients and models were held to train the participants perform speculum examination and develop ability to distinguish normal from suspicious cervixes.

RESULTS

There were total of 4,034 pap smears screened, of these 351 had dysplastic or preinvasive lesions. Gynaecologic clinic including outreach patients showed higher incidence of dysplasias than those attending the cancer detection camps (7.8 and 5.7 per cent respectively). Family planning acceptors had the least dysplastic lesions of 3.8 per cent. Occurance of carcinoma in situ lesions was same in the clinic and camp cases. There were 16 of 3,241 clinic patients (0.5 per cent) who had invasive carcinoma. None of these patients had attended the clinic for treatment of cancer nor were conscious of suffering from cancer (Table I).

No abnormal smears were noted from women younger than 30 years. Mean ages

Table I
Populationwise distribution of cytosp smear findings

Cytosp smear	Camps n = 473	Clinics n = 3,241	E.P. clinic n = 320
Dysplasia	27 (5.7)	251 (7.8)	12 (3.8)
a) mild	20 (4.7)	101 (3.1)	10 (3.1)
b) moderate	5 (1.1)	81 (2.5)	2 (0.6)
c) severe	2 (0.2)	6 (2.1)	-
Carcinoma in situ	1 (0.2)	6 (0.2)	-
Invasive carcinoma	-	16 (0.5)	-

Percentage in parenthesis

Table II
Average age of cases with abnormal cytosp smears

Cytosp smear	Cases	Ages in years (Mean \pm SD)
Dysplasia		
a) mild	131	37.5 \pm 6.5
b) moderate	88	39.1 \pm 5.3
c) severe	71	43.3 \pm 7.1
Ca in situ	7	42.4 \pm 6.9
Invasive cancer	283*	50.8 \pm 11.2

* Inclusive of 267 cases admitted for radiotherapy.

for women with different abnormal smears and those treated for cancer cervix is shown in Table II. Thirty nine of 351 abnormal smears (11.1 per cent) were subsequently not found to have any dysplasia on colposcopy/biopsy. Histopathological diagnosis was in agreement with colposcopic impression in 274 of 351 cases (78 per cent).

In the downstaging workshops, 12 general medical Practitioners and 2 batches of 20

each lady health visitors/anganwadi workers were trained. The formative evaluation done at the end of 2 days' interaction revealed that agreement on clinical diagnosis between general practitioners and gynaecologists as 62.3 per cent, and between health workers and gynaecologists as 54.2 per cent.

There were 283 cases of carcinoma cervix registered and had radiotherapy in 1993, whereas 227 cases were treated in 1992. Routine pap smear taking and organising

Table III
Carcinoma of Uterine Cervix : Comparative Incidences in Two Years

Year	Dysplasia n (%)	Carcinoma in situ n (%)	Invasive carcinoma n (%)
1992	68 (22.8)	3 (1.0)	227 (76.2)
1993	290 (50.0)	7 (1.7)	283 (48.8)
	NS		NS

NS - Not Significant

the detection camps in 1993 showed an apparent increase in the detection of dysplasias and a relative decrease in incidence of invasive carcinoma (Table III).

DISCUSSION

Women in Southern Karnataka region on the West Coast with 68.5 percent incidence of carcinoma cervix among female genital cancers are an unscreened population. The one time pap smear screening has helped to identify double the number of cases, 290 of 580 in 1993 than 68 of 298 in 1992. The average ages for patients detected to have mild, moderate and severe dysplasia, in situ lesions and invasive carcinoma of 37.5, 39.1, 43.3, 42.4 and 50.8 years respectively, is comparable to the age incidence quoted for Kerala women (Ammal, 1992). Latter presented at the respective mean ages of 36.5, 42.5 and 48 years for severe dysplasia, carcinoma in situ and invasive carcinoma. since there was no women of less than 30 years with dysplasia or advanced disease in the population screened, it is suggested that a woman should have pap smear done at least once at/after 35 years of age.

Though more number of carcinoma cervix patients were treated in 1993, the incidence of invasive cancer was a third less frequent than in 1992. This relative figure is due to more number of dysplasias added during the year following screening with pap smear.

Diagnosis of invasive cancer in 16 of 3241 unsuspecting women (i.e. 5/1000) is similar to the incidence of 5.5/1000 women in clinic patients at Chenglepet, Tamilnadu (Shanta and Krishnamurthy, 1969).

Clinical diagnosis of suspicious cervical lesions made by lady health visitors was correct in only 50 per cent of the cases. It was significantly lower than 81 per cent agreement obtained by Luthra et al (1988). We should remember that in the present study the diagnostic assessment is evaluated while the health visitors were under training.

It is felt that conducting training workshops for lady health visitors to train them in recognising obvious cervical lesions, taking pap smears in healthy looking cervixes, and evaluating periodically their diagnostic assessment, will have a positive impact on the long term basis. This would help identify the

