

Cervical Cancer

Worldwide, cervical cancer is the fourth most common cancer in women. In 2020, an estimated 604 127 women were diagnosed with cervical cancer and about 341 831 women died from the disease. In South Africa, cervical cancer has been identified as a national priority. It is the second most common cancer among women and there are about 7 735 new cases reports yearly and 4 248 women die from the illness. According to the Cancer Association of South Africa (CANSA), 1 in every 42 women has a lifetime risk of being diagnosed with cervical cancer, however, it can be treated successfully if detected in the early stages of the disease.

What is cervical cancer?

Cervical cancer is cancer that forms in tissues of the cervix (the entrance to the uterus from the vagina). It begins when healthy cells of the cervix change or become infected with human papillomavirus (HPV) and grow out of control, forming a mass called a tumour. It is a slow growing cancer. At first, the abnormal cells are not cancerous and are called atypical cells. This phase of the pre-cancerous disease is called cervical dysplasia which is the abnormal growth of cells. If not removed, the precancerous cells change into cancer cells and can spread deeper into the cervix.

What are the signs and symptoms of cervical cancer?

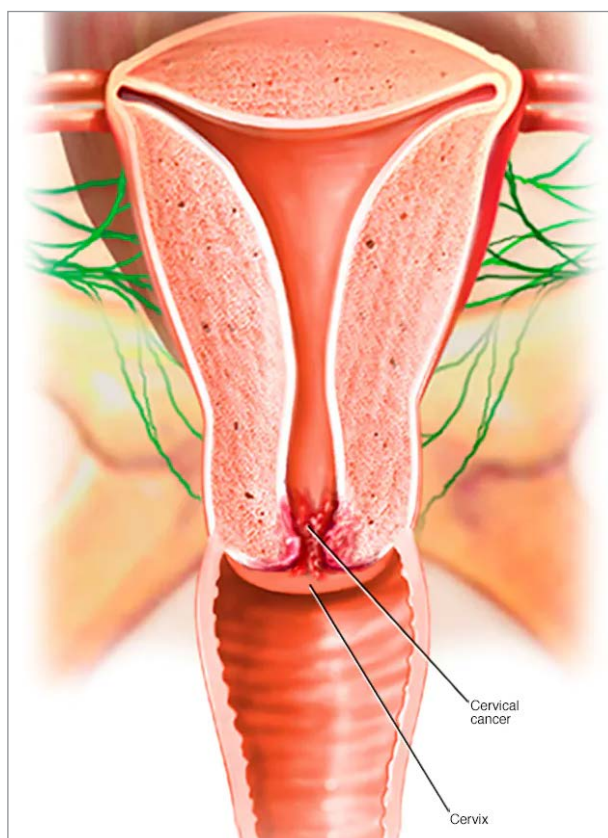
Cervical cancer is known as a “silent killer” because, in the early stage of cervical cancer, there are no symptoms. Signs and symptoms of more-advanced cervical cancer include:

- Abnormal vaginal bleeding such as bleeding after intercourse, bleeding between periods, a longer and/or heavier menstrual period than normal and bleeding after menopause.
- An unusual watery, bloody vaginal discharge that may be heavy and have a foul odour.
- Pain during intercourse.
- Pelvic pain.

What are the risk factors of cervical cancer?

Cervical cancer is almost always (99%) caused by human papillomavirus (HPV) infection that is spread through sexual contact. HPV is a type of virus that can cause abnormal tissue growth (for example, warts) and other changes to cells. The following risk factors add to the increased risk of cervical cancer:

- Women who have been using oral contraceptives for 5 to 9 years have a cervical cancer risk 3 times greater than women who have never used oral contraceptives. The risk increases to 4 times greater where oral contraceptives are used for 10 years and more.
- Women who either smoke cigarettes or breathe in second hand smoke have an increased risk of cervical cancer. The risk increases with the number of cigarettes smoked per day and for how long the woman has smoked. Smoking also makes the immune system less effective in fighting HPV infections.
- Women who became sexually active at a young age (younger than 18 years), who have many sexual partners and/or who have partners that



are considered high risk (someone with HPV infection or who has many sexual partners) have an increased risk of cervical cancer.

- A weakened immune system increases the risk of HPV infection and cervical cancer as the immune system is important in destroying cancer cells and slowing their growth and spread. Women living with HIV are 6 times more likely to develop cervical cancer compared to women without HIV. Women treated for autoimmune disease (in which the immune system sees the body's own tissues as foreign and attacks them) or those who have had an organ transplant are at risk for cervical cancer.
- A family history where a mother or sister had cervical cancer, increases the risk of developing cervical cancer compared to if no one in the family had it.

How do you diagnose cervical cancer?

A Pap smear is done to check for changes in the cells of a woman's cervix. A Pap smear is a test where a small brush or spatula is used to remove cells from the cervix and is sent for testing to determine whether cancer cells are present.

The test can identify any abnormalities or infections that may be found in the cells. In government facilities, all women who have a low risk of cervical cancer can have 3 free pap smears at 10-year intervals from the age of 30 years.

Women who have a high risk of cervical cancer due to HIV infection should have a pap smear at 3-yearly or annual intervals (depending on the screening results) for the duration of their lives. When a woman has symptoms of cervical cancer or a presumed sexually transmitted infection should be screened for cervical cancer.

The standard method for diagnosis of cervical precancerous lesions is histopathological examination (study of tissues and cells under a microscope) of tissue obtained through colposcopy-directed biopsy and is a procedure to closely examine the cervix, vagina and vulva for signs of disease.

How do you prevent cervical cancer?

Cervical cancer is known as one of the most preventable types of cancer and the more women know about it and its screening methods, the more women can protect themselves from this deadly illness. It can be prevented through HPV vaccination, cervical screening (pap smear) and treatment of precancerous lesions.

The World Health Organization has recommended vaccinating girls before they are sexually active (between 9

and 13 years). It is also recommended that all women be screened for cervical cancer from the age of 30 years, and all HIV positive women are screened at diagnosis, irrespective of age. Precancerous lesions should be treated and are essential to the prevention of cervical cancer.

How do you treat or manage cervical cancer?

Surgery can be used to remove cancer in the early stages and may be followed by extra therapy if needed. Chemotherapy and radiation therapy are additional options for treating locally advanced cervical cancer. Advanced cervical cancer requires individualised care consisting of either palliative radiotherapy or palliative chemotherapy and symptomatic treatment for the terminally ill patient.

What is covered under the Prescribed Minimum Benefit (PMB) level of care?

Screening for cervical cancer is PMB level of care under Diagnosis and Treatment Pair (DTP) code 960M. Treatable cervical cancer is a PMB condition under DTP code 954M - Cancer of Cervix - treatable. According to the PMB regulation, treatable cancers are defined as follows:

- i. they involve only the organ of origin and have not spread to adjacent organs;
- ii. there is no evidence of distant metastatic spread;
- iii. they have not, by means of compression, infarction, or other means, brought about irreversible and irreparable damage to the organ within which they originated (for example, brain stem compression caused by a cerebral tumour) or another vital organ;
- iv. if points (i) to (iii) do not apply, there is a well-demonstrated five-year survival rate of greater than 10% for the given therapy for the condition concerned.

According to the PMB regulations, schemes must pay for the diagnosis, treatment and care costs of treatable cervical cancer, irrespective of the medical scheme option a member belongs to. This would include consultations with doctors and other health professionals, surgery, radiology, pathology, chemotherapy and radiation therapy. If cancer has spread, the only treatment that does not provide a five-year survival benefit of more than 10% is not PMB level of care. In such instances, clinically appropriate healthcare services must be funded,

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The Communications Unit would like to thank the Clinical Unit for assisting with this edition of CMScript

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