

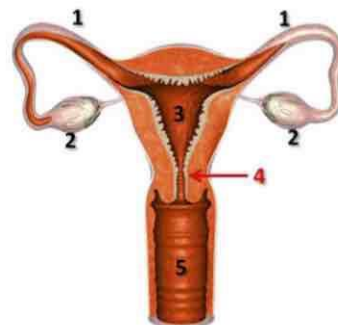
WHAT IS CERVICAL CANCER

Cancer, in general, is an abnormal uncontrollable growth of group of cells in the body which continue to grow continuously and do not respond to the usual signals that control cell growth in the body. These abnormal cells can invade surrounding organs or spread through blood or lymph to organs that are distant from their original site, and interfere with abnormal body functions.

The cervix is the lowest part of the uterus (womb) that connects the uterus to the vagina.

Where is the Cervix?

1. Fallopian (uterine) Tubes - location of fertilization of an egg by a sperm cell
2. Ovaries - produce and store gametes (eggs) and produce the female sex hormones, estrogen and progesterone
3. Uterus (womb) - location where fertilized egg develops into a fetus and is nourished until birth. Note that the walls of the uterus are thick and lined with muscles
4. Cervix - region connecting the uterus to the vagina
5. Vagina - passageway for menstrual blood and babies during childbirth



Cancer of the cervix is an abnormal growth in the cervix consisting of cells that have become abnormal and are growing uncontrollable. This growth can invade the uterus, vagina, urinary tract, and other surrounding tissues, as well as spread to other parts of the body like and lungs through blood or lymph.

Cervical cancer takes a long time to progress hence, if caught early it can be treated

WHO DOES IT AFFECT?

Cervical cancer is disease that obviously affects women only. It occurs in all parts of the world. Cervical cancer used to be a huge problem in developed countries but this is no longer the case thanks to screening and vaccination. Presently, almost 9 out of 10 cervical cancer deaths occur in less developed regions of the world

Cervical cancer is the fourth most common cancer in women worldwide, but actually the second most common cancer in women in Nigeria after breast cancer. It is also the most common gynaecological (or female reproductive) cancer in Nigeria. There are over 14,000 new cases and over 8,000 deaths due to cervical cancer occurring annually in Nigeria, making it the second most common cause of cancer deaths in Nigerian women. However, more than half of women diagnosed with cervical cancer in Nigeria die making it the most deadly cancer in Nigerian women. This high mortality is mostly driven by late diagnosis at which time it cannot be cured.

WHAT CAUSES HIGHER MORTALITY IN NIGERIA?

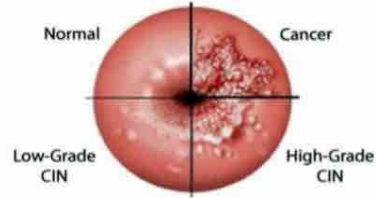
- Late diagnosis: Screening not widely available, even where available there is lack of awareness, even where people are aware, there's still low utilisation of screening services;
- Seeking traditional medication when women developsymptoms.
- Lack of knowledge of suggestive symptoms.
- Inability to afford treatment.

Cervical cancer is one of the few cancers for which a specific cause is known. The chief cause of cervical cancer is a virus called Human Papilloma Virus (HPV). HPV is a sexually transmissible. Most people acquire HPV infection shortly after becoming sexually active because it is a very common sexually transmissible infection (8 out of 10 women will acquire the infection at some point in their life). There are two categories (serotypes) of the virus that are responsible for the majority of cervical cancers. HPV is also associated with cancer of the vagina/vulva, mouth, throat (oropharynx), penis. Other serotypes of HPV that do not cause cancer are responsible for causing genital warts.

However, majority of HPV infection cause no problems, go unnoticed and resolve on their own. The few that persist cause a chronic infection and some pre-cancerous changes in the cervix that can eventually lead to cervical cancer if left untreated. The time period between HPV infection and eventual development of cervical cancer can be as long as 10 to 20 years. Therefore, providing a window period where development of cervical cancer can be prevented.

Fact on
**Cervical
Cancer**

- Cervical cancer is a slow developing cancer that starts in the interior lining of the cervix.
- Over time the changes build up and a pre-cancerous condition called cervical intraepithelial neoplasia (CIN) develops
- This change can progress to cancer, but this is not always the case.



WHAT ARE THE RISK FACTORS FOR CERVICAL CANCER?

Since HPV is a sexually transmissible infection some of the risk factors are

- becoming sexually active at an early age
- having multiple sexual partners

Other important risk factors for development of cervical cancer include

- high parity (i.e having had many pregnancies and deliveries),
- cigarette smoking,
- HIV
- Taking oral contraceptive pills for a long time

HOW DOES ONE KNOW IF THEY HAVE CERVICAL CANCER?

In its early stages, cervical cancer has no symptoms, therefore one does not feel anything. That is why it is such a silent killer. The pre-cancerous cervical changes also do not cause any symptoms. It can only be detected through regular check-ups called screening.

As it advances into later stages cervical cancer causes

- Abnormal bleeding like post-coital bleeding (i.e bleeding after sexual intercourse)
- Vaginal discharge, sometimes foul-smelling
- Pain like pelvic pain or lower back pain

Other symptoms like

- weight loss
- loss of appetite,
- easy fatigability

This is why screening for cervical cancer is very important.

SCREENING FOR CERVICAL CANCER

Screening tests are tests carried out to detect the presence of a disease even before it has occurred. Therefore cervical cancer screening is done to detect the presence of HPV disease or pre-cancerous changes in the cervix or even early stages of cervical cancer.

This allows for treatment to be given such that one does not develop cervical cancer.

There are a number of methods for cervical cancer screening these include

- Pap smear
- Colopsocopy
- HPV testing
- VIA (Visual inspection with Acetic acid) and VILI (Visual Inspection with Lugol's Iodine)

When pre-cancerous abnormalities are detected in the cervix, a number of treatment options are available which include

- Cryotherapy
- Cone biopsy
- LEEP

HOW IS CERVICAL CANCER TREATED?

Cervical cancer is curable if diagnosed early and treated appropriately.

Treatment option include surgery, chemotherapy, radiation therapy or a combination of these. Adjunctive treatments like pain management, nutritional support and treatment of anaemia are also offered as needed. Treatment depends on the stage of the cancer (how advanced it is).

In early stages surgical operation is done to remove the uterus (including the cervix) and or the ovaries.



CAN CERVICAL CANCER BE PREVENTED?

Cervical cancer can be prevented through two major ways.

1) Vaccination against HPV.

Since the majority of cervical cancers are directly caused by infection with HPV oncogenic serotypes 16 and 18, vaccination against these is a highly effective way of preventing cervical cancer. This is one of the main methods of control that has reduced cervical cancer incidence in developed countries.

Vaccination is done for pre-adolescent girls who are yet to become sexually active.

2) Screening

As described above, screening allows for pre-cancerous changes in the cervix to be detected and treated so that they do not progress to cancer.

Cervical cancer vaccine

There are currently two vaccines available for HPV, Cervarix[®] which is active against the oncogenic HPV serotypes 16 and 18 and Gardasil[®] which is active against the two oncogenic serotypes as well as two serotypes which cause genital warts (6 and 11).

They are currently not part of our national immunisation schedule. Therefore, they presently have to be purchased by individuals.

DO YOU NEED TO SPEAK WITH A CANCER SURVIVOR?

Our Cancer Patient Navigators can help you!

We have cancer survivors who can share their experience, moments and love with you.

ARE YOU IN NEED OF SUPPORT?

We can connect you.

Call our patient navigators now: 08000CANCER (08000226237) for free support.

Acknowledgment:

Thanks to our **ProjectPINK BLUE Scientific Committee** for compiling this handbook and **Special Thanks to Union for International Cancer Control (UICC) & Pfizer Oncology** whose support brought this handbook to you.