HEALTHY LIFESTYLE. DISEASE PREVENTION

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PROPHYLAXIS OF CERVICAL CANCER IN SAKHA (YAKUTIA) REPUBLIC ON THE BASIS OF A SURVEY OF WOMEN IN THE "WHITE ROSE-SAKHA" MEDICAL DIAGNOSTIC CENTER

ABSTRACT

Currently cervical cancer holds one of the leading positions in reproductive organs oncology. Unfortunately, increasing number of women of young and very young age is developing the disease. Screening diagnostics is now being introduced for the purpose of early diagnosis of this pathology. It involves examining the cervix on the mirrors with advanced colposcopy, examining the cervical smears and the cervical canal for oncocytology and HPV (human papillomavirus) infection. Together, this makes it possible to diagnose and timely treat a disease as serious as cervical cancer at an early stage.

Keywords: cervical cancer, HPV, oncocytology, screening, diagnosis.

INTRODUCTION

Cervical cancer (CC) has the second highest prevalence of cancer of the female reproductive system in the world and the leading cause of female cancer mortality in developing countries.

According to WHO (World Health Organization), around 500,000 cases of cervical cancer are recorded each year, every second of which ends in the patient's death within the first year after diagnosis. The number of deaths from cervical cancer in 2015 increased to 320 thousand, and in 2030 it is expected to increase to 435 thousand [1]. In economically developed countries, the average patient is growing younger – the incidence in women of reproductive age has doubled in the last 10-15 years. In the Russian Federation, the incidence of cervical cancer in recent years is 10.8 per 100 000 women, and the mortality rate is 5 per every 100 000. Early diagnosis of precancer provides the possibility of primary and secondary prevention. Primary prevention is a system of measures to identify risk factors for cervical cancer and their elimination. This is primarily the promotion of healthy lifestyles, increasing education for the population, combating smoking, using barrier methods of contraception, preventing and identifying the risk factors for the spread of papillomavirus infection (PID) and other sexually transmitted infections (STIs), developing and implementing preventive vaccines. Secondary prevention is cervical screening, i.e. A survey of all women to identify and timely treatment of precancerous changes in cervical cancer. The screening program for cervical cancer detection must meet two basic requirements: to be effective and inexpensive in cost. The screening test should be simple, non-invasive, sensitive and specific, safe, inexpensive and affordable.

In recent years, it has been established that an important role in the development of precancerous conditions belongs to infectious agents, among which HPV takes the first place. The International Agency for Research on Cancer (IARS) officially declared HPV 16 and 18 types of carcinogenic factors [1].

In the diagnosis of precancerous diseases and cervical cancer, various methods are used, but the clinico-visual method, the use of colposcopy, molecular biological methods (polymerase chain reaction-PCR or DIGENE test), and one of the morphological methods: cytological examination of smears and histological Investigations of the sight taken biopsy of the cervix [2].

Modern management of patients with cervical pathology for one category of patients requires adequate monitoring, for another category of patients - a targeted biopsy under the control of colposcopy, ablation (destruction) of the epithelium, or (which should often be used in precancerous processes) cervical excision. The decision should be made by an experienced physician who is able to assess the benefit and risk in accordance with the clinical situation [2].

Objective: To analyze the uptake of cervical screening as a method of early diagnosis of precancerous lesions and early forms of cervical cancer.

MATERIALS AND METHODS

Cards of outpatients with the results of screening diagnostics of patients who were examined at the "White Rose-Sakha" MDC for 2016-2017, in the amount of 5733.

RESULTS OF THE STUDY

The "White Rose-Sakha" Medical Diagnostic Center started its work in September 2016 and conducts all the main methods of screening for cervical diseases, namely: advanced colposcopy, examination of cervical smears and cervical canal for oncocytology, examination for HPV types 16-18, which are assuredly effective, affordable, and non-invasive diagnostic methods, together providing a high chance of timely early diagnosis of cervical cancer.

In 6 months, during the period from November to April 2017, 5733 women aged 18 to 85 were examined at the "White Rose-Sakha" MDC.

All women in 99.9% of cases (except Virgo) underwent an oncocylotogy examination with a pap test. Diagnosis was carried out by staining the glasses with Pappanikolaou (PAP) and the interpretation was completed using the same method, PAP1-PAP5.

To date, the cytological exams using pap smears is not entirely informative, the efficacy of the cytological smear ranges from 46-98% [1]. Today only liquid oncocytology is a highly informative method for diagnosing cervical pathology, the accuracy of which is 98% [1], but unfortunately in our Republic this method of research is still not available.

The diagnosis of cervical dysplasia of various severity is delivered to 115 patients and is 2% of the total number of women examined. 106 patients had dysplasia of 1-2 degrees, which is 1.9%. 9 women had grade 3 dysplasia, which is considered a severe cervical dysplasia and is 0.15% of the total number of women surveyed and 7.8% of all cervical dysplasias in the study group; 3 women had PAP4 oncocytology, regarded as carcinoma in situ.

Cervical cancer clinically diagnosed and cytologically confirmed was detected in 3 cases and amounted to 0.05% and 2.6% of the total number of subjects and the number of dysplasias, respectively.

In the conditions of screening diagnostics at the "White Rose-Sakha" we also take material from the cervix for HPV types 16-18. These oncomarkers are the most oncogenic, but other strains of the HPV virus can cause malignant

changes in the cervix, especially in conjunction with STDs. Therefore, women with suspected cervical dysplasia are recommended to undergo an HPV test, where the study of HPV strains is significantly expanded, which is important for more accurate prognosis.

Taking into account the fact that at the MDC we can study only HPV types 16 and 18, it is impossible to give an unambiguous answer about the relationship between dysplasia and the carrier state of the virus according to our results. But, all women with PAP4 and PAP5 have HPV types 16 and 18. That stand to confirm the viral etiology of this disease.

Clinical case: Patient I., 49 years old, was examined at the MDC, where a complete screening examination of the cervix was carried out. Colposcopic picture: Adequate colposcopic picture. Atypical zone of transformation due to acetobelic epithelium with different caliber mosaic. The site of atypia is located in the epithelium interface at 9 o'clock in the first zone, 0.7 cm in size. HPV 16 (+), HPV 18 (-). PAP3 oncocytology dysplasia of the 2nd degree. Preliminary diagnosis: 2nd stage cervical dysplasia. Carrier of HPV type 16. Given the age of the patient is 49, 2nd stage HPV16 (+) dysplasia, and atypical colposcopic picture, to clarify the diagnosis and treatment of the cervix the patient was sent to undergo a diathermic excision after previously conducted remediation. Result of histological examination: dermoid cancer. The depth of infestation is 3 mm.

On the basis of which the final diagnosis is: 1st stage dermoid cancer of the cervix. 1 clinical group. The patient was transferred to YROC (Yakutsk Republican Oncology Center) for specialized treatment.

In our clinical example, there was no correlation between cytological and histological diagnoses. But thanks to the well-timed management of the patient, she was promptly diagnosed and treated accordingly.

CONCLUSION

The wide introduction of screening programs should significantly reduce the incidence and mortality from cervical cancer thanks to early diagnosis and timely treatment of the precancerous conditions of the cervix. In detection and treatment of inflammatory and precancerous cervical conditions such as dysplasia are one of the main cervical cancer prevention methods.

But we must not forget that oncocytology is a screening method. Therefore, all women who are diagnosed with cervical dysplasia with the presence of an abnormal colposcopic pattern and the presence of an HPV infection, should be on strict medical check-up at a gynecologist, which implies mandatory dynamic observation, as well as: control of oncology of the cervix and cervical canal once every 3-6-9 months. The use of cervical biopsy / diathermoxcis with cervical canal scrapings should necessarily accompany a cytologic examination in the case of PAP3, especially in women over 30 years of age, and be a method of not only detailing the diagnosis but also cervical treatment. All 3rd stage dysplasia must be treated by a gynecologist oncologist.

Timely screening diagnosis and treatment of cervical disease opens up prospects for women globally.

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