



Curing Cervical Cancer during Pregnancy: A Reference to Delhi NCR Hospitals

Priyanka Chauhan¹, Dr. Junie Mary M²

Department of Nursing

^{1,2}Shri Venkateshwara University, Gajraula, (Uttar Pradesh) – India

Abstract- Cervical cancer is the most difficult form of cancer during pregnancy because it affects the pregnant uterus itself. The details should be shared with the pregnant patient and also the concerns, so she can make an educated decision. The principal goal is to cure the illness. Treatment is available during pregnancy but further work is required. NACT is still in an experimental environment, and highly recommends involvement in ongoing research. Maternal survival in spite of delay in the procedure must not be compromised. This needs to be addressed extensively with the patient before making any changes in the normal procedure.

Medical symptoms of complicated pregnancy with cervical cancer are atypical, easily mistaken with diseases of pregnancy, easily obscured by the maternity status, and difficult to diagnose. Pregnant women often neglect prenatal examinations which make it difficult to detect tumors. Therefore standard "three-step" screening is mandatory for cervical cancer during pregnancy. We should consider both fetal and maternal factors when choosing treatment plan. Conditional hospitals can develop a team of Multidisciplinary Consultation (MDT). This paper demonstrates the Cervical Cancer during Pregnancy in Delhi NCR hospitals. It also assess the risk of developing these abnormal changes is associated with infection with human papillomavirus (HPV).

Keywords: Pregnancy, Medical Symptoms, Maternal Survival, Cervical Cancer

1. Introduction

Women's cancers, including breast, cervical, and ovarian cancer, cause hundreds of thousands of women to die prematurely. Investments and programs for the prevention and treatment of women's cancers such as cervical cancer have improved and in high-income countries have led to strong cuts. The increasing availability of an alternative screening technology called VIA and new human papillomavirus (HPV) vaccines could further help prevent cervical cancer. Furthermore, because HPV vaccination targets girls aged 9–13, there is an opportunity to catalyze a lifelong approach to the prevention and control of cervical cancer from infancy and through adulthood. Implementation of programs for the prevention and control of cervical



cancer contributes to achieving the Millennium Development Goals through universal access to sexual and reproductive health services to improve women's health, the 2010 UN Secretary-General's Global Strategy for Women and Children's Health. Cervical cancer is highlighted in the "Political Declaration of the High-Level Meeting of the General Assembly on the Prevention and Control of Non-Communicable Diseases" as well as in the "Global Comprehensive Monitoring Framework" under development, which includes key indicators, and a set of global targets for the prevention and control of non-communicable diseases.

This WHO Guidance Note, which is part of WHO' overall guidance on women's cancers, is intended for senior policymakers and program managers. It gives a broad vision of what a comprehensive approach to preventing and controlling cervical cancer means. It is not new guidance but it brings together existing WHO publications. In particular, it outlines complementary strategies for the comprehensive prevention and control of cervical cancer, and highlights the need for cooperation across programs, organizations and partners [1].

2. MANAGEMENT OF CERVICAL CANCER DURING PREGNANCY

Association between malignant tumors and pregnancy represents an unfortunate eventuality in which a multidisciplinary team is needed to provide good oncological disease control as well as fetal development and maturation. Although the overall incidence of malignant tumors has a peak around the age of the fifth and sixth decades, postponing the childbearing decision has led to an increase in the number of cases that develop malignancies during pregnancy.

In addition, it may be more difficult to establish certain gynaecological malignancies such as breast cancer in pregnant women leading to a postponed diagnosis, in a more advanced stage of the disease. Among gynaecological cancers diagnosed during pregnancy, cervical and ovarian cancers are the most frequently identified entities.

- **The Diagnosis of Cervical Cancer during Pregnancy**

Although the exact incidence of cervical cancer that occurs during pregnancy is not known, it is estimated that per 10,000 pregnancies it occurs in one to 12 cases. Furthermore, while Papanicolaou test for cervical cancer screening is mandatory at the time of pregnancy diagnosis, its interpretation may be difficult in some cases in pregnant women. Whenever anomalous Pap test results are found, the investigative protocol should go further and be followed by colposcopy and biopsy of the suspected lesions [2].

3. CANCER IN PREGNANCY

Cervical cancer is a condition which is exclusively for women. Cervical cancer, typical of all cancers, is also caused by excessive cell growth either on the cervix camera, or in any remote organ. Although the rate of cases of cervical cancer has steadily declined due to easy access to



screening and vaccines, developing countries, including India, still require significant toll on lives. Most cervical cancers are caused when a female comes to contact with someone infected with Human Papilloma Virus (HPV) in sexual contact or skin. Multiple sexual partners, prolonged use of birth control pills and smoking are the other risk factors.

We know about more than 100 types of HPVs but only selected types are associated with cancers while the rest lead to the formation of non-malignant warts on the skin or genitals. In addition to cervical cancer, cancerous HPVs can also cause penis cancers in men along with anus, mouth, and throat cancers in both sexes.

Cervical cancer symptoms include unexplained vaginal bleeding, abnormal vaginal discharge and prolonged post-menopause bleeding in the pelvic region, along with constant pain during intercourse, excessive discharge and pain. Since cervical cancer treatment yields better outcomes for patients if detected early, you need medical help if any of the symptoms persist for an extended period of time. At the Rajiv Gandhi Cancer Institute and Research Centre, one of the best centers for the treatment of cervical cancer in Delhi NCR, India, we continue to offer Gynae Oncology services with full commitment and compassion to anyone with gynecological cancer or precancer. We are well-served by a team of seasoned and qualified Gynecologic Oncologists who put the best foot forward in knowledgeable and scientifically proven manner to manage cancers. Our experts remain at the top of Gynaecology's latest breakthroughs and are implementing the relevant ones for better patient outcomes. We stand by the patient through the journey, providing consultations, screenings, clinical staging and treatment according to the state of the disease. We produce a range of OPD services for accurate cervical cancer diagnosis and treatment. Our frequently requested OPD services may include Pap smear, HPV testing, including high risk mRNA E6, E7, colposcopy and directed biopsies, and endometrial aspiration, along with antiseptic dressings, catheter and stoma care. There are also readily available cervical biopsies and smears, like vault smear and vulvar smear.

To determine the further course of action the disease is clinically staged and trialed. Because we use technology and human competence across all OPD services, patients are always able to anticipate accurate screening results. When it comes to the treatment of cervical cancer, we are up for modalities based on minor and major incisions [3].

4. Causes of Cervical Cancer

Cervical malignancies have their roots in multiple factors, such as, but not limited to:

- Human Papilloma Virus

Human Papilloma Virus is the predominant cause of cervical cancers, responsible for 90 per cent of all globally reported cases. The virus impairs the normal mechanism for the body to maintain balance in the production and destruction of cells. The cells multiply abnormally



producing a protuberance which can pass through the bloodstream and lymph nodes that infect other parts of the body.

- Smoking:

Female smokers are at a greater risk of developing both primary and secondary cervical malignancies. Cigarettes release many cancer chemicals into the lungs which can be transported to distant parts of the body via bloodstream, including the cervix. Such chemicals are toxic to the cell DNA in the cervix, which contributes to malignant tumor development. Smoking also deters the body's normal response to HPV.

- Struggling Immune system:

In the absence of a healthy immunity, the body fails to respond, allowing it to expand and spread, to the unwanted cell build up in the cervix. Smoking, fatigue, human immunodeficiency virus or exposure to immune suppressants used in autoimmune disorders and post-organ transplant treatment induce a failing immunity.

- Oral contraceptives:

A common cause of cervical cancer is oral contraceptives, also known as birth control pills. However, the danger diminishes when the female discontinues use and situation is stabilized within a decade after it stops.

- Multiple sexual partners:

HPV is a communicable disease which spreads through sexual intercourse and skin-to - skin contact from an infected person to the healthy one. Women with multiple sex partners also run a higher risk of cervical cancer.

- Early pregnancies:

Females with early (before the age of 17) and multiple pregnancies are more likely to fall prey to HPV and eventually contract cervical malignancies.

- Imbalanced diet:

Females with imbalanced diets lacking essential minerals and vitamins are more vulnerable to cervical cancers.

- Obesity:

Excessive weight is linked to adeno-carcinoma of the cervix.

- Hereditary:



Cervical cancers are likely to run in family, from mothers to their daughters.

- **Symptoms of cervical cancer:**

Given below are the most common types of cervical cancer symptoms:

- Vaginal bleeding after sex
- Vaginal bleeding after menopause
- Abnormal vaginal bleeding
- Spotting or bleeding between periods
- Heavier or longer heavier menstrual periods than the usual
- Pain during sexual intercourse
- Other abnormal vaginal discharge

Many initial symptoms may coincide with other reproductive conditions, making it harder to spot the issue early on [4].

5. CERVICAL CANCER IN INDIA

India has the highest body count from cervical cancer compared to any other country. Deaths from this preventable disease will increase, unless women's perceptions change, according to a new study. One in five women worldwide suffering from cervical cancer belongs to India which has the world's largest number of cervical cancer patients. The disorder absorbs money in the form of care, non-medical expenses and lost productivity at a alarming pace. While the most commonly diagnosed cancer in Indian women is cervical cancer, age-adjusted incidence rates range from 8.8 per 100,000 women to 10.1 per 100,000 women.

In India, cervical cancer accounts for 26.7 per cent of the incidence worldwide per year and 72,825 Indian women die from cervical cancer. More than 1, 32,000 women are diagnosed with cervical cancer per year as a major cause of morbidity and mortality, indeed 200 women die every 24 hours in India as a result of cervical cancer.

A total of 17,367 cases were registered in Uttar Pradesh in 2012, and increased to 18,692 in 2015. After Uttar Pradesh, Maharashtra (9892), Bihar (9824), West Bengal (8396), Andhra Pradesh (7907), Delhi (7077) and others reported an growing increase in the number of cases of cervical cancer in 2012. In India it is the women themselves who are responsible for preventing cervical cancer. Therefore, it is the level of awareness of the woman, screening motivation and other psychosocial factors that decide the actions she seeks for her safety.



India suffers from a relatively high cervical cancer burden. While its age standardized death rate is reflective of global rates of 9.5 deaths per 100,000 populations, it accounts for almost one-third of global deaths from cervical cancer. Cervical cancer is India's third-largest cause of cancer mortality after mouth & oropharynx cancers and oesophagus, accounting for almost 10 percent of all cancer-related deaths in India. It is the leading cause of death from cancer among women, accounting for 26 per cent of all deaths from cancer. According to IARC projections (2010), cervical cancer mortality is projected to raise by 79 per cent from 74,118 deaths in 2002 to 132,745 deaths by 2025 [5].

6. RISK FACTOR FOR CERVICAL CANCER

A risk factor is something that increases the chances of developing an illness like cancer. Similar cancers have multiple risk factors. Exposing the skin to direct sunlight, for example, is a risk factor for skin cancer. For many cancers smoking is a risk factor. But having a risk factor, or even many, doesn't mean it will affect cancer. Various risk factors increase the probability of developing cervical cancer. Women seldom develop cervical cancer without any of those risk factors. While these risk factors raise the likelihood of developing cervical cancer, this disease is not acquired by many women with those risks. When a woman develops cervical cancer or pre-cancer changes it may not be possible to tell with certainty that the cause was a common risk factor.

When thinking about risk factors, it helps concentrate on those that can alter or prevent (such as smoking or infection with the human papilloma virus), rather than those that cannot. However, learning about risk factors that cannot be modified is also relevant, as it is much more important for women who have these factors to get routine Pap tests to detect cervical cancer early [6].

7. CONCLUSION

Over the past decade the number of publications focused on the prevention and treatment of cervical cancer in Indian countries has increased. Tertiary prevention (i.e. treatment of disease with appropriate medicine) and the quality of life of survivors of cervical cancer are two areas in India which have been under-researched. Given the considerable burden and high morbidity and mortality faced by women with cervical cancer in this setting, there is a critical need for targeted research, especially empirical research to inform feasible and effective strategies to increase the number of women with services. As noted earlier, cervical cancer is typically a cancer that can be easily avoided and treated. Because of well-established screening and treatment programs, the incidence of cervical cancer has decreased dramatically in developing countries. Nevertheless, cervical cancer is still one of the most common cancers that affect women in developing countries, causing high mortality. In developed countries, nearly 85 per cent of all cases of cervical cancer occur. Global inequalities are exacerbated largely by a



scarcity of preventive care, accessibility, lack of awareness and the high incidence of competing health needs.

The results of this project indicate that combining vaccination with well-organized national screening system is the most successful preventative strategy. Vaccination has the ability to minimize HPV infections dramatically, as it can reach high rates of coverage and acceptance. Screening services, however, remain a valuable method of prevention, because vaccination cannot protect women from all HPV infections. Therefore, people typically have low awareness of HPV infection and it's linked to cervical cancer, nurses play an significant role in informing and encouraging sexual health. Increased awareness positively correlates with the attendance of screening and vaccination, as it removes doubts and misgivings.

Education should be aimed at women and girls eligible for preventive care, as well as members of their families and authorities who may affect their vaccination and screening behaviour. Nurses are able to make sure women, families and communities recognize that cervical cancer can be avoided and cured. As more work is constantly being done and new strategies for both primary and secondary prevention are being created, guidelines and best practices are likely to change in the near future. These have the ability to deal more comprehensively with cervical cancer and create a better future for both girls and women. HPV vaccination is intended to prevent the carcinoma cervix mainly (serotype-specific, with minimal cross-protection). Developing countries need a cost-effective second-generation HPV vaccine to tackle the numerous regional-specific issues.

There is evidence that there is a greater occurrence of cervical cancer in lower-class women, those who are less educated, and those with a greater number of children. In the general population the screening rates are small. To improve this, unique health education sessions for men and women need to be held to promote the seeking of treatment.

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