

CERVICAL CANCER SCREENING PROGRAM IN EL SHATBY UNIVERSITY HOSPITAL

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INTRODUCTION

Cervical cancer is the fourth most common cancer in women globally with an estimated 604 000 new cases and 342 000 deaths in 2020. The highest rates of cervical cancer incidence and mortality are in low - and middle-income countries. Cervical cancer ranks as the 13th most frequent cancer among women in Egypt and the 9th most frequent cancer among women between 15 and 44 years of age. Egypt has a population of 36.7 million women ages 15 years and older who are at risk of developing cervical cancer. Current estimates indicate that every year 1320 women are diagnosed with cervical cancer and 744 die from the disease. Cervical cancer is considered a preventable disease as it has a long pre invasive state. The average time course from the high-grade precancerous lesion CIN 3 progressing to invasion is estimated at 10 years leaving many opportunities for lesions to be detected and treated.

AIM OF THE WORK

The aim of this study was to evaluate the cervical cancer screening program at El Shatby University Hospital.

PATIENTS AND METHODS

This study was conducted at the outpatient gynecology clinic over a period of one year starting from 1/9/2022 to 1/9/2023. Age between 21-65 years, Women who are sexually active or with history of sexual activity. Women with normally looking cervix on initial examination.

We follow the local screening protocol at El Shatby university hospital, Full history taking, including gravidity, parity, last menstrual period, contraception use, prior Pap smear and medical history. Pelvic examination of cervical os and bimanual examination for cervical motion tenderness or any masses with cervical assessment and T zone assessment. VIA was done by applying 3% to 5% acetic acid to the cervix using a cotton swap, Checking the transformation zone carefully for any dense, non-movable acetowhite areas in the epithelium or any raised and thickened white plaques. PAP smears were also done and results were collected and compared.

RESULTS

Table 1: Relation between VIA and PAP results.

PAP	VIA			
	Negative		Positive	
	No	%	No	%
Negative	379	93.1	32	29.9
Inflammation	18	4.4	32	29.9
Positive	10	2.5	43	40.2
Total	403	100.0	107	100.0
X ²	215.8			
P value	0.001*			
Sensitivity	81.1			
Specificity	68.0			
Accuracy	71.0			

X² = Chai square test
P was significant if ≤ 0.05
* = significant at level 0.05

Table 2: Relation between PAP results and T zone types.

T Zone types	PAP findings					
	Negative		Inflammation		Positive	
	No	%	No	%	No	%
Type 1	120	29.5	4	8.0	20	37.7
Type 2	183	45.0	32	64.0	24	45.3
Type 3	104	25.6	14	28.0	9	17.0
Total	407	100.0	50	100.0	53	100.0
X ²	14.242					
P value	0.007*					

CONCLUSION

- We have high prevalence of abnormal cervical cytology in our country which needs more screening programs to be applied.
- The study group which included 514 female subjected to VIA & PAP, 182 of them were VIA & PAP + ve.
- VIA has a sensitivity of 81.1 %. The approximated specificity of VIA was 68.0% with Accuracy of 71.0% compared to PAP .
- VIA has several screening advantages as minimal requirements and equipments and immediate result. It can be used as preliminary screening of high risk cases (including old age, smoking and family history, and high parity) and it can be performed by nursing sisters and trained paramedical workers.