

Introduction

Cervical cancer continues to be one of the most common cancers among females, being the fourth most common after breast, colorectal, and lung cancer .Cervical cancer is largely preventable through both vaccination and screening for precursor lesions, with follow-up and treatment.

The most common cause for the occurrence of cervical cancer is a persistent infection with the sexually transmitted human papillomavirus (HPV).

HPV is accountable for 90–100% of cervical cancer cases among women, especially those <35 years old. However, not all patients with CC are identified with HPV infection, indicating that a variety of unknown variables may contribute to the onset and progression of CC.

The types of HPV can be classified as either high-risk (HR) or low-risk in terms of their association with precancerous, benign, or cancerous lesions HR-HPV 16 and 18 subtypes are the most prevalent subtypes of HPV, which are responsible for 70% of cervical cancer cases.

Aim of the Work

Primary outcome: determine the prevalence of HPV dependent and HPV nondependent cervical cancer cases in Gynae-oncology Unit at EL-Shatby Maternity University Hospital.

Secondary outcome: to study biological characteristics, clinical presentation and the response to different treatment modalities.

Patients and Methods

This retrospective study conducted on 100 patients diagnosed with cervical cancer in order to study different lines of management of cervical cancer at El-Shatby Maternity University Hospital. Using patient’s medical records which includes virtually complete information on all cancer cases diagnosed, cases from the period of (January 2019 to December 2021).

Clinical, pathological, laboratory and radiological data for all cases of cervical cancer will be collected from the medical records. Each patient will be subjected after fulfilling the inclusion criteria.

Results

Table 1: Comparison between HPV related cc and non HPV related cc and management

		NHPVA (n=22)	HPVA (n=78)	p-value
Chemoradiotherapy	No	7 (31.8%)	35 (44.9%)	0.395
	Yes	15 (68.2%)	43 (55.1%)	
Surgery	No	20 (90.9%)	59 (75.6%)	0.209
	Yes	2 (9.1%)	19 (24.4%)	

Table 2: Distribution of HPV related cc and non HPV related cc according to Survival profile

Survival event	Dead	34 (34.0%)
	Survived	66 (66.0%)
Time to death in months	Min. – Max.	2.0 – 60.0
	Mean ± SD	16.5 ± 12.2
	Median (IQR)	16.0 (7.75 – 24.9)

Table3: Comparison between HPV related CC and non HPV related CC and Tumor features

		Negative (n=22)	Positive (n=78)	p-value
Pathology	SCC	13 (59.1%)	64 (82.1%)	0.064
	ADC	8 (36.4%)	11 (14.1%)	
	ADC (Clear cell)	1 (4.5%)	1 (1.3%)	
	Neuroendocrine	0 (0.0%)	2 (2.6%)	
Tumor size in Cm	Min.–Max.	2.8 - 11	2.0 – 11.0	0.677
	Median (IQR)	5.0 (4.5 - 6.8)	5.0 (4.0 - 7.0)	
Tumor size range	<2 cm	0 (0.0%)	5 (6.5%)	0.297
	2-4 cm	5 (22.7%)	24 (31.2%)	
	>4 cm	17 (77.3%)	48 (62.3%)	

Conclusion

Our data showed that theprevalence of HPV-dependent CC was more predominant than HPV-nondependent CC among Egyptian females, representing 78%, and 22%, respectively. However, we found no significant difference between HPV-dependent CC and HPV-nondependent CC in terms of biological characteristics, response to different treatment modalities of CC, and prognosis.

