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Cancer cervix: Establishing an evidence-based strategy, an experience of a tertiary care centre in India

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ABSTRACT

Carcinoma cervix is a common cancer among Indian women. Evidence based management is essential for best practice in treatment of carcinoma cervix for its effective control. The current imaging system like CT, MRI and PET CT scans have contributed in identifying the patients for optimal treatment and delivering treatment accurately. For stages IB2 to IV, concurrent chemoradiation is advocated with improvement in overall survival proven with randomized trials. Brachytherapy is an integral part in the radiation treatment. Imaged-guided brachytherapy using MRI is desirable, however less expensive imaging modalities such as CT and ultrasonography has been evaluated. In special situation such as for HIV positive patients and patients with neuroendocrine tumors have role of radiotherapy. For further improvement in control of cancer, it is required to integrate basic research to answer clinically relevant questions.

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Introduction

Cervical cancer, the second most common cancer among women continues to be one of the major health problems in India.¹ The oncologic challenges include early detection, appropriate treatment, and rehabilitation, and interventions to curb the disease. Multidisciplinary and multimodality treatment approach, including surgery, radiation, and chemotherapy, are key to success. Radiotherapy forms an integral component of treatment in definitive, adjuvant, and palliative settings.^{2,3} Advances in technology and multimodality approach have led to improved outcomes in cervical cancer.

One of the major components of clinical governance is evidence-based care and effectiveness.^{4,5} Evidence-based management (EBM) is essential to adopt the best practice in treatment of cancer and ensuring effective cancer control. The best evidence-based practice emanates from high quality research conducted worldwide in the form of high quality systematic reviews, metaanalysis and well-conducted randomized trials. EBM of cancer has been a primary mandate and focus of Tata Memorial Centre. Annual meetings are conducted for past 15 years to formulate and disseminate EBM guidelines pertinent to our settings across the country. In the recent past, a "National Cancer Grid" has been established with an aim to develop a network of cancer centers in India and implement uniform standards of care across India by adopting EBM guidelines.⁶

In this article, we summarize the experience of developing and implementing evidence-based guidelines for management of cervical cancer from a tertiary care centre in India.

Screening and prevention

Cervical cancer is a preventable cancer through effective screening and treatment of precancerous lesions.⁷ Widespread application of screening programs with Pap smear cytology has led to reduction in incidence and mortality due to cervical cancer in the developed nations. Various other cost-effective screening methods are available like cytology based visual inspection after application of acetic acid (VIA), VIA with magnification, visual inspection after application of Lugol's iodine (VILI), colposcopy, and human papilloma virus (HPV) DNA test.⁸

Deodhar et al compared VIA, VILI, and cytology in 5519 women aged 30–49 years in detecting cervical intraepithelial neoplasia (CIN). The sensitivity of VIA, VILI, and cytology to detect high-grade CIN were 64.5%, 64.5%, and 67.7%, respectively and 84.2%, 85.5%, and 95.4% specificity, respectively. Visual methods allowed diagnosis and treatment at the same setup and reduced likelihood of loss to follow up.⁹

Shastri et al¹⁰ conducted a cluster randomized trial to assess the efficacy of screening with VIA in reducing cervical cancer mortality. The study was conducted in Mumbai in 1998 and the VIA was performed by primary health care workers. The clusters were randomized to screening group (4 rounds of cancer education and screening with VIA) ($n = 75,360$) and control group (cancer education at entry alone) ($n = 76,178$). With a follow up of 12 years, the incidence of invasive cervical cancer in screening group was 26.74 per 1,00,000 compared to 27.49 per 1,00,000 in the control. A 31% reduction in cervical cancer mortality was seen in screening group. The compliance to treatment was also higher in the screened group 86.3% compared to 72.3%. A higher number of precancers were detected in screening group (328 cases vs 48 cases) with 84.9% compliance to treatment. Although, HPV DNA has shown reduction in cervical cancer mortality¹¹ and widely accepted as basic requirement for screening, it is expensive and requires extensive infrastructure. In low middle income countries, its applicability is limited and VIA can serve as a valid cost-effective measure in reducing cervical cancer mortality.¹⁰ Currently, a national program for cervical cancer screening is lacking. Based on the results of large trials undertaken in various parts of the country, a major thrust to implement a national program for screening is required.

Management of cervical cancer

Following are some of the salient points related to evaluation, treatment, and outcome related research at our Institution.

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