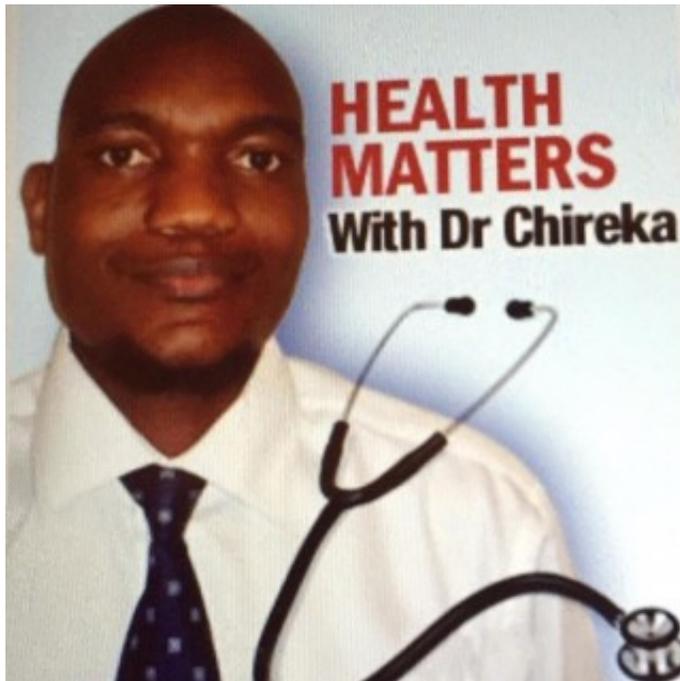


Cervical Cancer can be prevented

Categories : [Health talks with Dr Chireka](#)

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Let's talk about cervical cancer

By Dr Brighton Chireka

WELCOME back to our health blog as we talk about cervical cancer this week. Cervical cancer is a type of cancer that develops in a woman's cervix. The cervix is the entrance to the womb from the vagina. Worldwide cervical cancer is, after breast cancer, the second leading cause of cancer in women causing over 270,000 deaths per year. Most of us know or have heard of someone who has or has had cancer. Cancer affects large numbers of people from all walks of life. This article should apply to all the people regardless of where they live. In most communities, diagnosis of cancer induces fear both in the individual and the immediate family and is viewed as a death sentence, which is wrong.

It's difficult to get correct figures in developing countries such as Zimbabwe and South Africa to

name a few, because cancers are not captured by the routine National Health Information System due to patients not presenting for treatment or registering deaths. Research has shown that the five commonest cancers in Black Zimbabwean women are cervical cancer (33.9%), breast cancer (9.7%), Kaposi sarcoma (9.6%), eye (8.7%) and non-Hodgkin lymphoma (4.1%). It is also estimated that 3,700 women die per year of cervical cancer in South Africa. In Zimbabwe, HIV and AIDS contributed 60% of cancers in 2005 (Chokunonga et al, 2010).

Cancer begins in cells and cells are the body's basic unit of life. Let me expand on what normally happens in our bodies and what can go wrong. The body is made up of many types of cells. These grow and divide in a controlled way to produce more cells that are needed to keep the body healthy. When cells become old or damaged, they die and are replaced with new ones. However, sometimes this orderly process goes wrong. The genetic material (DNA) of a cell can become damaged or changed, producing mutations that affect normal cell growth and division. When this happens, cells do not die when they should and new cells form when the body does not need them. The extra cells may form a mass of tissue called a tumour. These cancerous cells can invade organs such as the cervix and destroy surrounding healthy tissue as well spreading to other organs. The process of spreading is called metastasis.

Over the course of many years, the cells lining the surface of the cervix undergo a series of changes. In rare cases, these precancerous cells can become cancerous. However, cell changes in the cervix can be detected at a very early stage and treatment can reduce the risk of cervical cancer developing. That is the reason why women are encouraged to see their doctors early and also to go for routine screening.

Symptoms of cervical cancer

Cervical cancer often has no symptoms in its early stages and the effective way of preventing it is to go for screening regularly. If one has symptoms, the most common is unusual vaginal bleeding, which can occur after sex, in-between periods or after the menopause. Abnormal bleeding doesn't mean that one definitely has cervical cancer, but it should be investigated by own General Practitioner (GP) as soon as possible. In the UK, if one's GP suspects cervical cancer, he/she should refer the individual to see a specialist within two weeks.

Almost all cases of cervical cancer are caused by the human papillomavirus (HPV). HPV is a very common virus that's often spread during sex. There are more than 100 different types of HPV, many of which are harmless. However, some types of HPV can disrupt the normal functioning of the cells of the cervix and can eventually trigger the onset of cancer. Two strains of the HPV virus called HPV 16 and HPV 18 are known to be responsible for 70% of all cases of cervical cancer. These types of HPV infection have no symptoms, so many women will not realise they have the infection. However, it is important to be aware that these infections are relatively common and most women who have them don't develop cervical cancer. Using condoms during sex offers some protection against HPV, but it cannot always prevent infection.

A lot of work is being done to stop the spread of HPV and I urge all the parents to make sure that their daughters are vaccinated before they become sexually active. Find out from your doctor about the local arrangements with regard to HPV vaccine. In the UK since 2008, an HPV vaccine has been routinely offered for free to girls between the ages of 12 and 13. I know that HPV vaccination is not fully functioning in some parts of Zimbabwe and in the absence of an HPV vaccine, cervical screening to detect and remove early, precancerous lesions is the most effective way to prevent the disease and the suffering it causes.

What should we do? The blame culture does not help. We have to take ownership of our health and play an active role in preventing unnecessary death from cervical cancer. Early detection of cancer remains the best strategy in reducing cancer deaths, hence my call to everyone reading this article, to make sure that they present early to their doctor. Do not leave it until it's too late as the chance of surviving depend on the stage of cervical cancer.

The stage at which cervical cancer is diagnosed is an important factor in determining a woman's outlook. The staging, given as a number from 1 to 4 indicates how far the cancer has spread. The chances of living for at least five years after being diagnosed with cervical cancer are: stage 1 – 80% to 99%, stage 2 – 60% to 90%, stage 3 – 30% to 50% and stage 4 – 20%. We can see from these figures that early presentation does help and should be encouraged.

Cancer mortality in Zimbabwe is still high mainly due to late presentation of disease, inter-current diseases including HIV and limited access to early detection and treatment services. Also most of the developing governments focus mainly on diseases like Cholera, HIV and AIDS and Malaria while non-communicable diseases like cancer are left with limited funding. However Cervical Cancer screening is supported by the United Nations Population Fund (UNFPA). Let's then play our part by making sure that we present early to our doctors and go for screening regularly.

In Zimbabwe there are only nine health centres offering cervical cancer screening using VIAC countrywide. VIAC is Visual Inspection with Acetic Acid and Cerviography. It is sometimes called "screen and treat ". This "screen and treat" program uses a simple, inexpensive and proven method to detect precancerous lesions on the cervix, and a relatively simple and proven technology to remove those lesions and thereby prevent the development of invasive cervical cancer, for which few treatment options exist in rural Zimbabwe.

These health centres are United Bulawayo Hospitals, Newlands Clinic, Edith Opperman Clinic in Mbare, Warren Park Polyclinic, Highfield Polyclinic, Masvingo Provincial Hospital, Zimbabwe National Family Planning Council, Spilhaus and Cancer Association of Zimbabwe (CAZ). I am also reliably informed that more clinics are opening in Harare. However, all of these services are centralised in urban areas leaving women in rural areas uncovered.

The NHS, in the UK, offers a national screening programme open to all women from the age of 25. During screening, a small sample of cells is taken from the cervix and checked under a microscope

for abnormalities. This test is commonly referred to as a cervical smear test. An abnormal smear test does not mean you definitely have cancer, as most abnormal results are caused by an infection or the presence of treatable precancerous cells rather than cancer itself.

It is recommended that women who are between the ages of 25 and 49 are screened every three years, and women between the ages of 50 and 64 are screened every five years. You should be sent a letter telling you when your screening appointment is due. Contact your GP if you think that you may be overdue for a screening appointment. Sadly some of the Zimbabwean women in the UK are not taking advantage of this free service but I hope this will change after reading this article.

If cervical cancer is diagnosed at an early stage, it's usually possible to treat it using surgery. In some cases it's possible to leave the womb in place, but it may need to be removed. The surgical procedure used to remove the womb is called a hysterectomy. Radiotherapy (using X-rays to treat) is an alternative to surgery for some women with early stage cervical cancer. In some cases it is used alongside surgery. More advanced cases of cervical cancer are usually treated using a combination of chemotherapy and radiotherapy.

We know that cervical cancer prevention, diagnosis and treatment pose great challenges particularly in resource constrained environments such as ours in Zimbabwe but there is evidence that raising awareness and encouraging people to change their lifestyles can prevent about a third of cancer. It is one of the reasons why this article has been compiled. Remember cervical cancer can be prevented and can also be cured if diagnosed and treated early.

This article was compiled by Dr Brighton Chireka, who is a GP and a Health Commissioner in South Kent Coast in the United Kingdom. You can contact him at: info@docbeecee.co.uk and can read more of his work on his blog at [DR CHIREKA'S BLOG](#)

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