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SHORT REPORT:

Cervical Cancer screening in Routine Family planning OPD, its ease & effectivity

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ABSTRACT

Introduction: Cervical cancer is the leading cause of cancer related death in India. Very few women come specifically for cancer screening. We worked on an opportunity to screen IUD follow up cases coming in routine family planning OPD for cervical cancers screening. **Aim:** To do cervical cancer screening by VIA of all IUCD follow up cases coming in family planning OPD in Mahila Chikitsalaya Sanganeri Gate, Jaipur from year 2019 to 2021. **Method:** It was not a structured study but an attempt to screen routine OPD IUCD follow up cases for pre invasive cervical cancer and share the results. Eighty follow up cases were included. Result showed dysplasia was seen in 1.25% of healthy, asymptomatic and sexually active females coming to family planning OPD which would have otherwise missed. **Conclusion:** Integration of cancer screening with routine family planning OPD makes it feasible, effective, convenient and allows counselling in conducive environment with high receptivity of client. It is expected to promote rapid uptake of cervical cancer preventive services

Key words: VIA (visual inspection of cervix after application of acetic acid), Paps smear.

Introduction

Cervical cancer is the leading cause of cancer related death in India. It is mainly due to lack of awareness, low education status, socio economic preferences, early marriages, frequent child births and of course lack of screening facilities in developing countries. VIA /VILI has been studied for population screening in various studies and found to have very high sensitivity for detection of cervical pre-invasive lesions.

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Very few women come specifically for cancer screening. We worked on an opportunity to screen IUD follow up cases coming in routine family planning OPD for cervical cancers screening.

Aim

To do cervical cancer screening by VIA of all IUCD follow up cases coming in family planning OPD in Mahila Chikitsalaya Sanganeri Gate, Jaipur from year 2019 to 2021.

Method

It was not a structured study but an attempt to screen routine OPD IUCD follow up cases for pre invasive cervical cancer and share the results. Eighty follow up cases were included. During per speculum examination of these cases VIA was done with 5% acetic acid. We used standard interpretation guide. Sharp, distinct well defined dense opaque aceto white area abutting squamo-columnar junction in transformation zone one minute after application of 5% acetic acid was regarded as VIA positive. Paps smear was taken of all VIA positive cases. Paps results were correlated with per speculum findings and VIA results. Follow up was done as per standard follow up norms.

Observation and Results

Table- 1: Parity wise distribution (Total Cases 80)

Parity	0	1	2	3	4	>4
Cases	3	27	35	9	4	2
% cases	3.75	33.8	43.7	11.25	5	2.5

Table- 2: Age wise distribution (Total Cases 80)

Age	**> 50**	**40-49**	**30-39**	**20-29**	**<20**
Cases	1	14	25	39	1
% cases	1.25	17.5	31.25	48.75	1.25

Table- 3: Comprehensive findings

	Total tested/ examined	**Healthy**	**Cervicitis**	**Erosion**	**Growth**
Per Speculum examination	80	74	3	2	1
VIA	80	4 (positives)	3 (positives)	2 (positives)	1 (positive)
Paps Examination of Only VIA positive Cases	10	3 (one inflammatory, one dysplasia, one metaplasia)	3 (Inflammatory)	0	Missed

- Ninety eight percent of women were of reproductive age group and 96% were multipara.
- Per speculum examination and VIA was done in eighty Post IUCD follow up cases.
- On per speculum examination Seventy-four cases (92.5%) showed healthy cervix while rest of the 6 Cases (7.5%) showed abnormality. (Three cases of Chronic cervicitis, two cases of erosion & one case of cervical growth).
- On Visual Inspection after application of acetic acid (VIA) of all 80cases, 10 cases (12.5%) showed VIA positive result.
- Among the 74 cases looking healthy on per speculum examination 4 were found VIA positive.
- Paps smear was done of all 10 VIA positive cases. Out of total six cases with abnormal findings of per speculum examination, only three cervicitis cases showed inflammatory smear in Paps smear. Cases with evidence of infection were first treated for PID. Only 50% of cases with infection came for repeat VIA. All repeat VIA cases after treatment were negative.
- Two erosion cases on per speculum examination although were VAI positive but showed normal Paps smear.
- Among total 74 healthy looking cervix on per speculum examination four were VIA positive out of which on subsequent Pap Smear examination showed normal smear, inflammatory, dysplastic and metaplastic changes one each.
- One case which was normal looking cervix on per speculum examination showed dysplasia (1.25%) on PAPs & underwent colposcopy and further management. All VIA /VILI negative cases were asked to observe standard follow up.
- Dysplasia was seen in 1.25% of healthy, asymptomatic and sexually active females coming to family planning OPD which would have otherwise missed.

Discussion

VIA has high sensitivity results in early diagnosis and timely management of pre-clinical/clinical cervical cancer cases. Heather L White et al, (2017)[1] has suggested integrating cervical cancer screening and preventive treatment with family planning and HIV related services. According to them this is a promising strategy to increase access coverage of cervical screening services. Heike Thiel et al (2018)[2] stressed to maintain appropriate screening rate to avoid advance stage cancer diagnosis and higher cost of health care. Viktor V Kakotkin et al (2023)[3] also suggested on detecting pre-cancerous cervical lesions and choosing correct treatment strategies.

Conclusion

Integration of cancer screening with routine family planning OPD makes it feasible, effective, convenient and allows counselling in conducive environment with high receptivity of client. It is expected to promote rapid uptake of cervical cancer preventive services

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