

Rural Cervical and Breast Cancer Screening In India



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Abstract

Cytological screening has been carried out in rural women of Lucknow West, India through camp approach to detect early cases of cervical cancer and to find out relation between poor living conditions in the villages and predisposing factors of cervical carcinogenesis. Between May 2013 and March 2017, a total of 135 camps have been organized under the auspices of Era's Lucknow Medical College and Hospital, Lucknow, India. Only 4269 (31.2%) out of 13500 women motivated and counseled have attended the camp and 2369 (55.1%) of these have undergone Pap smear examination. The incidence of squamous intraepithelial lesions of cervix (SIL) was found very high (18.2%) in the 2369 women screened but majority of them were of low grade (LSIL). The SIL incidence was very high with all predisposing factors like gynecological symptoms, age and clinical lesions of cervix. However, the SIL rate showed rise with increasing parity. Organizing camps in the villages through proper counseling and motivation may help in screening of larger mass of women for early detection of cervical cancer, the adequate treatment of which will check the progression of the disease and with thus minimize the incidence of carcinoma cervix and associated mortality in rural population of India. Carcinoma cervix is the most common and dreaded disease inflicting Indian women and accounts for 16% of the total cervical cancer cases occurring globally. It is a major health problem faced by the Indian women and every year approximately 1, 20,000 women develop this disease. Though the incidence of carcinoma cervix has declined in the urban population in the last decade but in the rural areas where 70% of the Indian population reside, the cervical cancer still remain number one cancer. The alarming and grim situation of the cervical cancer prevalence in the rural population is due to the fact that majority of the women are illiterate and are ignorant about the hazards of cervical cancer and about the factors that contribute the development of the disease. They are socioeconomically poor, have poor hygienic conditions, and have many other risk factors such as early age marriage, multiple pregnancies, etc., Moreover, medical facilities and advice and awareness programs are almost non-existent. The government of India has initiated National Cervical Cancer Program to meet this need but hardly any benefit has reached to the rural women because of poor financial outlay and paucity of manpower in cytology.

Introduction

Considering above facts in the mind, through Era's Lucknow Medical College and Hospital, Lucknow, we planned to initiate a Rural cervical cancer screening program through camp approach and selected villages of Kakori and Malihabad, Lucknow. The main purpose of the program was to create awareness among rural women regarding the hazards of cervical cancer and utility of early detection of the disease and further motivating them for attending the camp organized for them for undergoing Pap smear examination. Though the Breast Cancer is not so common in rural women but since clinical breast examination could be easily done in women attending the camp, breast Cancer screening was also included in the study for detection of any lump in the breast and its subsequent treatment. During a span of 4 years (May, 2013-March 2017), a total of 135 camps have been organized. Prior to arranging the camp, 100 women of each village were motivated and counseled with the help of informative literature regarding hazards of cervical cancer and utility of early detection of the disease. It was heartening to note that out of total 13500 women

counseled, 4279 (31.2%) attended the camp, out of which 2369 women (55.5%) have undergone Pap smear examination. The incidence of cervical cytopathologies has been found very high in rural women (Ascus-203 cases (8.5%) and SIL-432 cases (18.2%). Only 2 cases of carcinoma cervix were seen. The incidence of SIL was found higher in younger sexually active women with low parity. The SIL was mostly associated with vaginal discharge and severe cervical lesions like cervicitis and chronic endocervicitis. Followup was planned after 6 months in all Ascus and SIL cases and out of 39 Ascus cases followed, progression to SIL was seen in 7 cases (17.8%).

On the other hand, 159 SIL cases were followed which revealed progression to higher grade in 1 and persistence of lesions in 53. The rural women were found to be very apprehensive of undergoing Pap smear examination because of fear of detection of any cervical cytopathology. This is because of poverty and illiteracy prevailing in the rural areas. The rural women due to poverty tried to avoid Pap test because any abnormal findings

will require visit to the hospital and treatment, the expense of which they are unable to bear due to lack of financial resources. However, our intense door-to-door campaigning has enhanced the awareness among them and they have begun to realize the importance of early detection of the disease and majority of women attending the camp where willing to undergo Pap test. It has been seen that younger and sexually active women up to 40 years of age especially symptomatic complaining of vaginal discharge or those who are childless after marriage (Primary infertility) are accepting the program in large number than older women beyond 40 years of age. These old women are reluctant for Pap test because of apprehension of detection of any abnormality will put their family in trouble both mentally and financially. Moreover, the program has received some setback because most of the asymptomatic women feel no need of undergoing Pap test when they have no complaints. However, we have been trying to convince them that the cervical cancer in its preinvasive case has mostly no symptoms and it is only when

the lesions have advanced, the symptoms become apparent. It has been noted that now majority of women especially younger ones are convinced in such cases after repeated motivation and have undergone Pap test. Further the rural women were also told at the camp about high risk groups like high age and parity and presence of symptoms like vaginal discharge and profused bleeding and the Pap test is mandatory in such cases. Majority of high risk women have heeded to our advice and were prepared to undergo Pap smear examination.

Conclusion

As our camp program has yielded satisfactory results, it is felt that Planners of National Cancer control program of this country should accelerate camp activities at rural level throughout the country for detection of cervical cancer in its preinvasive phase, adequate treatment of which will check the progression of the disease and will thus minimize the incidence of carcinoma cervix and associated mortality.



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