



# CANCER ALLIANCE

## POLICY 3 – CERVICAL CANCER

### PART 3 – DETECTING CERVICAL PRE-CANCER

**KNOW YOUR RIGHTS: EARLY DIAGNOSIS AND TREATMENT OF CERVICAL CANCER CAN SAVE YOUR LIFE. IF A CERVICAL ABNORMALITY IS DETECTED, YOU MUST BE OFFERED APPROPRIATE PRE-CANCER TREATMENT.**

*Cervical cancer screening will continue to be offered by the public healthcare system free of charge to all eligible women as a national priority. – Cervical Cancer Prevention and Control Policy<sup>1</sup>*

Cervical cancer starts, most commonly, with pre-cancerous changes in the cervix which can be identified early if you undergo a Pap smear. What's critical is that there are ways to stop the disease from developing – by treating any pre-cancerous changes to ensure they don't progress to become true cancers.<sup>2</sup>

The challenge is that these precancerous changes, which could take 10 years or longer to develop into cervical cancer, don't usually cause any signs or symptoms. That is why Pap smears and HPV testing are non-negotiables in the battle, and are prioritised in the new Cervical Cancer Prevention and Control Policy.

#### **What is cervical pre-cancer?**

It starts in the cells lining the cervix, or lower part of the womb, which comprises two different types of cells which meet at a place in the body called the transformation zone. It is here that most cervical cancers begin with the cells growing out of control.

It doesn't happen suddenly, however; the normal cells gradually develop pre-cancerous changes that turn into cancer over the longer term if they are not identified by a Pap smear, and treated early.<sup>3</sup>

#### **What screening methods are available?**

South Africa's method of choice to protect women is so-called cytology-based screening, especially the Pap smear. During the Pap smear, the health professional takes scrapings of the cervical skin. The sample is then checked in a laboratory for cancer cells or abnormal cells that can later become cancer. It is therefore critical that you return to find out the details of your results after you have been tested, so early treatment can follow, if necessary.



## How will the new policy change the status quo?

To complement existing screening, it says that two other methods must be phased in, based on resource availability.<sup>4</sup>

These are:

- Liquid-based cytology screening or LBC. While a normal Pap smear involves the sample being applied directly to a slide for microscopic investigation, LBC samples are collected in liquid vials and the slide is prepared semi-automatically at the laboratory. The advantages include good quality and clean slides that are easy to interpret. It also reduces the need for repeat Pap smears, which is a cost-saver.<sup>5</sup>
- HPV DNA-based screening, which can be done at the same time as a Pap smear. These sample cells are then tested to see whether they contain DNA, or genetic material, from types of HPV that cause cancer.<sup>6</sup>

## What are the benefits of HPV DNA testing and how does it work?

This method is more effective than a single round of cytology, which is a key benefit for developing countries such as ours where women wait long periods between screenings in the state health sector.

The high sensitivity, and the fact that self-testing is possible, also makes this method potentially less human resource-intensive. Its high negative predictive value is also critical; research shows that if your HPV-DNA test is negative, the risk of developing CIN 3 (a type of abnormal cell that requires treatment to prevent cancer developing in the future) is almost zero both six and 10 years later.

Its extreme sensitivity also means it may be possible to identify HPV before any lesions even develop, allowing for very early treatment.<sup>7</sup>

## Are there timelines for the introduction of LBC and HPV-DNA testing?

By 2020, the policy says that half of all screening tests conducted in South Africa's public health sector should be via LBC, and 20 % by HPV.

By 2030, those percentages should have risen to 60% and 30% respectively.<sup>8</sup>

## What if the resources are simply not available?

Then the policy calls for a test-and-treat approach. This means that treatment will immediately follow a positive Pap smear, such as a so-called VIA or visual inspection with acetic acid, which is an accepted alternative for low-resource settings.

The healthcare provider "paints" the cervix with an acetic acid solution, such as vinegar, and uses the naked eye to check the result. Lesions appear white.

There is unfortunately potential for over treatment if the inspection is not carefully and consistently supervised, so effective training and quality assurance programmes will be critical, the new policy dictates.

### Your test has revealed abnormal cells. What next?

Following an abnormal screening or the detection of a lesion, the preferred option is referral to a specialist to undergo a colposcopy – the main goal of which is to prevent cervical cancer by detecting precancerous lesions early, and treating them.

The colposcope, effectively a binocular microscope, allows for an examination of an illuminated, magnified view of the cervix and of the tissues of the vagina and the vulva. The specialist can then visually distinguish between apparently normal and abnormal tissue, and take small samples for further laboratory testing.

The policy recognises that colposcopy facilities are limited in South Africa, but recommends these be made available at primary and district healthcare level. This screening should be nurse-driven, with support from medical officers and specialists where appropriate.<sup>9</sup>

### What are the treatments?

The two most common methods of removing cervical lesions are the Loop Electrosurgical Excision Procedure (LEEP) or Cold Knife Conisation. Both are fast, with quick recovery times. Put more simply, the treatment involves the removal of the abnormal skin area to prevent changes or conversion to cancer.

**LEEP:** This is performed in a doctor's rooms or as an outpatient procedure. Your cervix will be numbed with local anaesthetic before an electrically-charged loop made of thin wire is passed across it to cut away a thin layer of surface tissue, removing the abnormal cells. If all the abnormal tissue is removed, no further surgery is necessary. This does not however mean the abnormal cells may not recur in the future.

**Cold Knife Conisation:** Performed in an operating room using a scalpel, the doctor cuts a small, cone-shaped sample of tissue from the cervix. It is then examined by a pathologist for signs of abnormal cells or cancer.

### References:

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10. Cancer Association of South Africa (CANSA) (2017). Fact sheet on Cervical Dysplasia. Retrieved on May 2, 2019, from <https://www.cansa.org.za/files/2017/05/Fact-Sheet-Cervical-Dysplasia-May-2017.pdf>

## Social media

Early diagnosis and treatment of #CervicalCancer can save your life. Treating pre-cancerous changes can ensure they do not develop into true cancers.  
#LetstalkAboutCancer

It is your right to receive free #CervicalCancer screening and if a cervical abnormality is detected you must be offered pre-cancer treatment.  
#LetstalkAboutCancer

Precancerous changes in the cervix often have no signs or symptoms so they can be undetected unless regular tests are done. #LetstalkAboutCancer

The most common test for #CervicalCancer is the pap smear. You can ask for your free test at your nearest primary health care clinic. #CervicalCancer #Policy  
#LetstalkAboutCancer

If abnormal cells are found then you should be referred to a specialist for samples to be taken for laboratory testing and for other tests to confirm diagnosis.  
#CervicalCancer #Policy #LetstalkAboutCancer

Treatments for pre-cancer #CervicalCancer lesions are fast and have a quick recovery time. #LetstalkAboutCancer

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