



NURSES ROLE IN CERVICAL CANCER PREVENTION AND ITS TREATMENT - A CRITICAL REVIEW

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ABSTRACT

It is inevitable that a cervical cancer prevention program will identify women with invasive cancer. Cervical cancer is often curable if detected and treated in its early stages: more than 80% of the women detected with early-stage disease can be cured with treatments such as surgery or radiotherapy. The purpose of this chapter is to provide basic information for the management team on the clinical and programmatic aspects of diagnosis and treatment of cervical cancer, including palliative care. The aims are to improve access to treatment and palliative care services and to establish and maintain effective linkages between prevention and treatment services, information systems, and cancer registries.

Key words: Cervical cancer, Nurses role, Prevention, Treatment.

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INTRODUCTION

Worldwide 31% of cancers in women are in the breast or uterine cervix. Cancer of the uterine cervix is one of the leading causes of cancer death among women. The estimated new cancer cervix cases per year is 500.000 of which 79% occur in the developing countries, where it is consistently the leading cancer and there are in excess of 233.000 deaths from the disease. The major risk factors for cervical cancer include early age at first intercourse, multiple sexual partners, low socioeconomic status, HSV, HPV infection, cigarette smoking and extended use of oral contraceptives. Well organized and applied public education and mass screening programmes can substantially reduce the mortality from cervical cancer and the incidence of invasive disease in the population.

Cervical cancer is the second leading cancer among women worldwide, and India shares a staggering one fifth of this global burden, with one out of every five women in the world suffering from cervical cancer being an Indian[1]. A disproportionate 88% of worldwide deaths due to cervical cancer occurred in developing

countries in 2008[2].Cervical cancer and its mortality have been proven preventable by various screening and treatment strategies aimed at sexually active women. Developed countries have demonstrated significant reduction in cervical cancer mortality through their extensive organized population based cervical cancer screening programmes (CCSP)[3].Countries with no cervical cancer treatment services should focus on establishing and strengthening prevention efforts and palliative care services and planning investment in centralized basic treatment services for cervical cancer. Cervical cancer prevention services should be linked with cervical cancer treatment and palliative care services and integrated, wherever possible, into a national cancer control plan. Information and education (I&E) activities should create awareness for both providers and clients that cervical cancer is frequently curable with appropriate treatment.

- Palliative care services should be available at all levels of health facilities, including community level care.



- In addition to management of pain and other cancer symptoms, palliative care includes providing support at the community level to mobilize local resources, establishing links to treatment centers, and offering additional emotional, social, and spiritual support to terminally ill women and their caregivers.
- Drug regulation and medical/pharmaceutical policies may unnecessarily restrict access to appropriate medications, particularly in rural areas. These policies should be evaluated and revised.

The management of invasive cervical cancer continues to be a major challenge in many developing countries, particularly in sub-Saharan Africa, due to the lack of surgical facilities, skilled providers, and radiotherapy services [4]. Provision of cervical cancer treatment requires careful planning and organization, involving key stakeholders and personnel with expertise in cervical cancer treatment. Policymakers and management teams should make planned, phased investments in cancer diagnosis and therapeutic services as advocated by the World Health Organization [5]. Establish and strengthen cervical cancer prevention services to reduce the future need for resource-intensive treatment services.

- Establish and strengthen palliative care services at all levels of health facilities, including community care.
- Plan and start investing in centralized basic treatment services for cervical cancer. Establish and strengthen cervical cancer prevention services to reduce the future need for resource-intensive treatment services.
- Establish and strengthen palliative care services at all levels of health facilities, including community care.
- Strengthen and increase the availability of radical surgery, if such potential exists.
- Strengthen and increase access to available radiotherapy services. Establish and strengthen cervical cancer prevention services to reduce the future need for resource-intensive treatment services.
- Establish and strengthen palliative care services at all levels of health facilities, including community care.
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Role of nurses:

- promoting health education programmes
- giving accurate information and advice about the prevention of cervical cancer
- ensuring informed consent is obtained from the woman
- ensuring the woman receives notification of her test results (this is the responsibility of the sample taker)
- understanding the impact of an abnormal test result
- offering appropriate help and advice at all stages of the process

- understanding the reasons for non-attendance
- encouraging non-responders to use the service
- understanding of, and sensitivity to, cultural issues in relation to the procedure
- enabling vulnerable women to access the service for example, women with learning difficulties

Cervical screening:

The Nursing and Midwifery Council's (NMC) states that, "as a registered nurse, midwife or health visitor, you are personally accountable for your practice", and that you should, "maintain your professional knowledge and competence", and that you must, "acknowledge any limitations in your knowledge and competence and decline any duties or responsibilities unless able to perform them in a safe and skilled manner." The NHSCSP's recommended training for cervical sample takers [6] is designed to support the education and training of competent practitioners and is based on the assumption of prior knowledge expected of a qualified nurse or midwife.

Furthermore, training should reflect current trends, developments and understanding of the cervical screening process, and that various issues and criteria in the training programmes will have been updated in light of new recommendations (for example, the introduction of liquid-based cytology, inadequacy rates, and call and recall). Health professionals have an obligation to respect a patient's autonomy and their right to receive information and support relevant to their needs [7], and women have the right to decline cervical screening. Providing information, and establishing a patient's understanding of the topic, may be the most important elements in encouraging informed choice leading to consent or agreement to a procedure [8]. As part of the consent process, it should be stressed that the cervical screening test is not 100 per cent effective in detecting abnormalities later proven to be present on the cervix [9]. The sample taker should have the knowledge and ability to explain the limitations and benefits of a screening test to a woman. Some women may have expectations that the screening procedure will also identify infections or other problems in the pelvic area, and it is important for the practitioner to explain what the screening test does not do. Adequate and appropriate information should be available to women at all stages in the screening process to assist in making an informed choice.

It is important in developing countries to encourage the integration of different aspects within primary health care. For special studies, workers, such as social workers, can be trained. Individuals working in primary health care can also act as motivators and educators in many programmes, including those of cervical cytology [10 - 13].

Although it is necessary and desirable to integrate taking a smear and the management of abnormalities



within the general health care system, it is probably necessary to set up special mechanism for the laboratory aspects of cervical cytology. This requires the training of special personnel, such as cytotechnologists, and the availability of cytopathologists for final opinions [14]. It is clear that the cancer of cervix is not well understood by women and there is a need for information and enlightenment if women are to apply early in health care or training centres. For cervical cancer, data on the protective effect have been obtained from several programmes. It seems that the protective effect after a negative smear is high (more than 90 per cent) and is only marginally dependent on the interval between screening of up to three years. Even ten year interval yield a two-thirds reduction in the risk .It is possible that taking even three smears during a women's life span would provide substantial protection if the first smear was taken at age 35 and others every ten years. In organizing screening programmes in developing countries, much attention should be paid to problems of personnel and to appropriate levels of training. In cervical cytology, this process commends with taking a smear. The screening program has latent potential for further development of the role of the nurses and midwives as an advocate for women throughout the lifespan and in variety of situations. Nurses or midwives constitute one group of health workers who can provide accurate information on cervical cancer to the public. This is because they are more frequently in contact with women and their relations than other health care professionals. Nurses and/or midwives may be in contact with groups of families for many aspects of their health care, including maternal and child health. So, nurses and midwives take the majority of smears in order to detect cancer of the cervix at an early stage.

Prevalence of cervical cancer

Because cervical cancer has few subjective symptoms, and progression to invasive cancer is slow, early detection of precancerous lesions by screening is important for prevention. It is globally acknowledged that the prevalence of cervical cancer screening as a secondary prevention is effective for reducing the incidence of cervical cancer and mortality[15-17]. However, adherence with the recommended screening guidelines for cervical cancer in Japan remains relatively low (24.5%) compared with other developed countries (70%- 80%) [18]. A report of the Japanese National Cancer Center estimates that there are approximately 8,500 new cases of cervical cancer each year, and approximately 2,500 women die from cervical cancer annually[19].Widespread screening of women for precancerous lesions and early detection can lead to a reduction in cervical cancer incidence and deaths especially among women of reproductive age. The incidence of cervical cancer has been increasing in

women in their 20s and 30s since 1990 due to earlier sexual debut and changing sexual behaviors[20,21]. Even after the introduction of a safe and effective human papillomavirus (HPV) vaccine, it will be important to promote a dual approach of immunization and screening[22,23]. Studies conducted in foreign countries have indicated that knowledge of cervical cancer is necessary to improve screening coverage. Such knowledge includes an understanding of the causes of cervical cancer, the utility and purpose of cervical cancer screening, test methods, and information on "when" and "where" screening is conducted, and the associated risk factors for cervical cancer[24]. Because nurses play an integral role in educating women in prevention of diseases and health promotion, they influence cervical cancer screening adherence and health activities among most women[25-27].Moreover, it has been shown that recommendation of cervical cancer screening to individuals by medical professionals, including nurses, effectively improves screening coverage among the general populatio[28,29].

Therefore, nurses should have current and accurate knowledge about HPV to promote informed decisions about cervical cancer screening. However, there are few studies on actual cervical cancer screening adherence of nurses. The cervical cancer screening frequency had changed from every year to every 2 years, and also the target age to begin screening was lowered from 30 to 20 years old in 2004; however, 67.7% of the nurses were not aware of that fact. In addition to the lowered target age was the fact that the incidence of cervical cancer has been steadily increasing in women in their 20s and 30s since 1990 due to earlier sexual debut and changing sexual behaviors[30,31]. If young women develop cervical cancer, it progresses rapidly and greatly affects their future fertility and quality of life. The knowledge deficit on the incidence of cervical cancer was observed as markedly increasing in women in their 20s and 30s and associated with nonadherence to screening. While the median age of this sample population was 28.5 years old, most of the nurses were not well aware of their own risk of getting the disease. While the rates of cervical cancer have increased among women in this age group in recent years, data from previous studies performed in the general population of women in Japan indicated that cervical screening coverage was also only 15% during the reproductive ages.

CONCLUSION

All cervical cancer prevention training programs should include a session on cervical cancer treatment, emphasizing diagnosis, treatment, and prognosis in relation to the stages of cervical cancer. The message that cervical cancer is often curable, if people have ready access to screening and treatment services, should be emphasized.Nurses themselves need to be properly



informed about cervical cancer and screening because of their own needs of well-being as women, and also to Healthcare providers, including nurses' knowledge, attitudes, and orientation, are important determinants of use of cancer screening programs in the general population. Collectively educating nurses about cervical cancer and the utility of screening through continuing education and other opportunities may not only result in maintaining or improving health and preventing HPV and

improve their professional competencies in providing health education to the women in the general population. cervical cancer among nurses but may also contribute to improved screening coverage among women in the general population. These findings provide a baseline for future research on cervical cancer and will likely prove helpful in the development of training materials for nurses.

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