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Recent Changes in the Incidence of Cervical Cancer in A Gynaecologic Cancer Centre in Chennai, India

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Cervical cancer continues as one of the commonest causes of death among women with cancer in developing countries. An estimated 5,29,828 new cases of cervical cancer occur among women each year, across the world, and about 80% occur in developing countries[1-3]. A large number of approximately 1,59,774, women, die of cervical cancer annually in Asia. This group of the general population accounts for over 50% of the total number of deaths due to cancer. Of the deaths among women attributed to cervical cancer in the world, at least 80% of deaths are from developing countries, where cervical cancer is the most common cause of cancer-related deaths among women[3-5]. In India, around, one lakh women are diagnosed every year, with cervical cancer and 60 to 70% of women die from the disease, cervical cancer. It is the second most common cancer among women in India, aged between 15–44 years[6]. The recent figures published in the National cancer registry shows that one woman dies of cervical cancer every eight minutes in India. Rural women are at higher risk of developing cervical cancer as compared to their urban counterparts. It is more common in sexually active women belonging to low socioeconomic group living in poor surroundings because there is a lack of hygiene secondary to inaccessibility for clean water and other facilities. The median age for developing cervical cancer in India is 38 years. Cervical cancer is the third largest cause of cancer mortality in India accounting for nearly 10% of all cancer related deaths in the country.

India also has the highest age-standardized incidence of cervical cancer in South Asia. Chennai, south India is a high incidence area for cervical cancer. In 2013, the age-standardized incidence of cancer of the cervix was 16.1 [2013 WIA, Chennai]

Epidemiological and molecular studies have shown that human papillomavirus [HPV] infection is the most important risk factor for cervical cancer. Most sexually active women and men will be infected at some point in their lives and some may be repeatedly infected. At any given time, about 6.6% of women in the general population are estimated to harbour cervical HPV infection. HPV infection and the persistence of the virus is the causative factor in nearly all cases of cervical cancer. In the majority of women, the virus is eliminated within one to two years. In some the infection may persist, causing severe injuries called precancerous lesions of the cervix and in about 3% of affected women, the lesions may progress and develop into a malignant condition[7]. Cervical cancer is usually a slowly developing disease, and is formed by the progression of precancerous lesions, and is associated with persistence of HPV infection. Cervical cancer can be prevented through screening for the disease, which is done by identifying and treating the precancerous lesions, at any time during the course of its long natural history, thus preventing the potential progression of precancerous conditions of the affected tissues to cervical carcinoma. Cancer of the cervix can be treated completely in the early stages of the disease [8,9]. Vaccines are now being used for prevention of cervical cancer. It seems plausible that the key to controlling the problem of cervical cancer lies in early detection and treatment. This is done by periodic screening with simple tests. Papanicolaou, with the help of gynecologic pathologist Herbert F.Trent, first detected asymptomatic cancer cells obtained from cervical scraping as early as in 1928 [10]. The Papanicolaou test is useful to detect early cervical cancer and