

The ROYAL MARSDEN

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GP Education Series

Women's cancers

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CANCER
RESEARCH
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Current topics in cervical cancers

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Learning objectives

- appreciate symptoms of cervical cancer and variations in presentation
- Guidelines for referral
- Understand the importance of HPV and the role for HPV testing
- Appreciate the management choices in early and locally advanced cervix cancer
- The GP role in survivorship



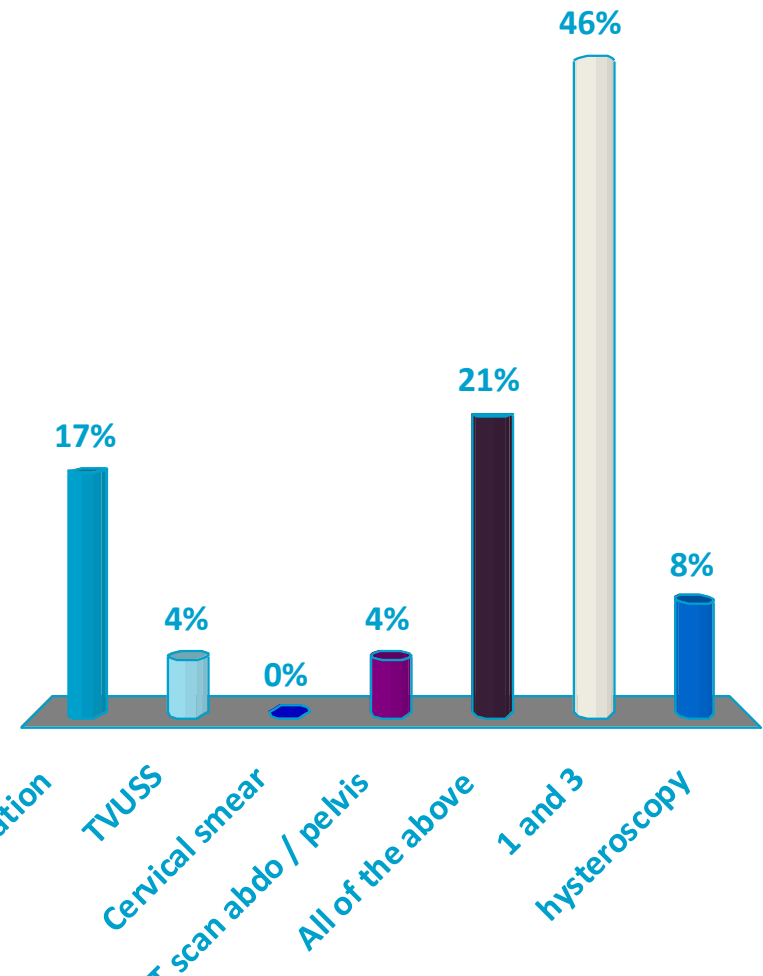
Case study

1



A 74 year old woman presents with a 3 month history of vaginal discharge and back pain. She should be investigated with:

- A. Pelvic examination
- B. TVUSS
- C. Cervical smear
- D. CT scan abdo / pelvis
- E. All of the above
- F. 1 and 3
- G. hysteroscopy



Cervical cancer - presentation

- Screening programme
- inter-menstrual bleeding (IMB)
- post-coital bleeding (PCB)
- post-menopausal bleeding (PMB)
- abnormal appearance of the cervix (suspicion of malignancy)
- vaginal discharge (blood stained)
- pelvic pain

Although symptoms are associated with later stage cervical cancer up to 32% of women with early stage disease may have symptoms at presentation



Differential diagnosis

– Chlamydia infection

Friable cervix,
bleeds on
contact



Test and treat for
Chlamydia



– Endometrial Ca

PMB

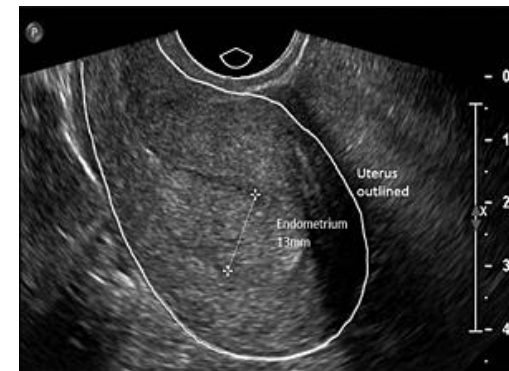


Refer under TWR

New vaginal
discharge with
thrombocytosis /
haematuria / high
blood glucose



Refer for direct
access USS



Investigations

Age (years)	Annual cumulative incidence of PCB per 100 women (%)	Women with cervical cancer who present with PCB (%)	Annual incidence of cervical cancer in England per 100,000 women	Probability that a woman developing PCB in the community has cervical cancer
20-24	12.6	} 11	2.6	1 in 44,000
25-34	7.2		11.7	1 in 56,000
35-44	4.8		15.8	1 in 2,800
45-54	3.4		12.7	1 in 2,400

There is no evidence to support performing a smear when a woman presents with PCB if the smear is not due

There is no good evidence to suggest to which clinical setting women with PCB should be referred for further investigation



A 74 year old woman presents with a 3 month history of vaginal discharge and back pain. She should be investigated with:

1. Pelvic examination

- Examination by a general practitioner (GP) or practice nurse can alter the course of clinical management if it expedites referral on grounds of raised suspicion of malignancy¹
- TVUSS
- New vaginal discharge in a post menopausal patient²

2. Cervical smear

3. CT scan abdo / pelvis

4. All of the above

5. 1 and 2

6. hysteroscopy

¹<http://www.sign.ac.uk/guidelines/fulltext/61/index.html>

²www.nice.org.uk/guidance/ng12/chapter/1-Recommendations-organised-by-site-of-cancer#gynaecological-cancers



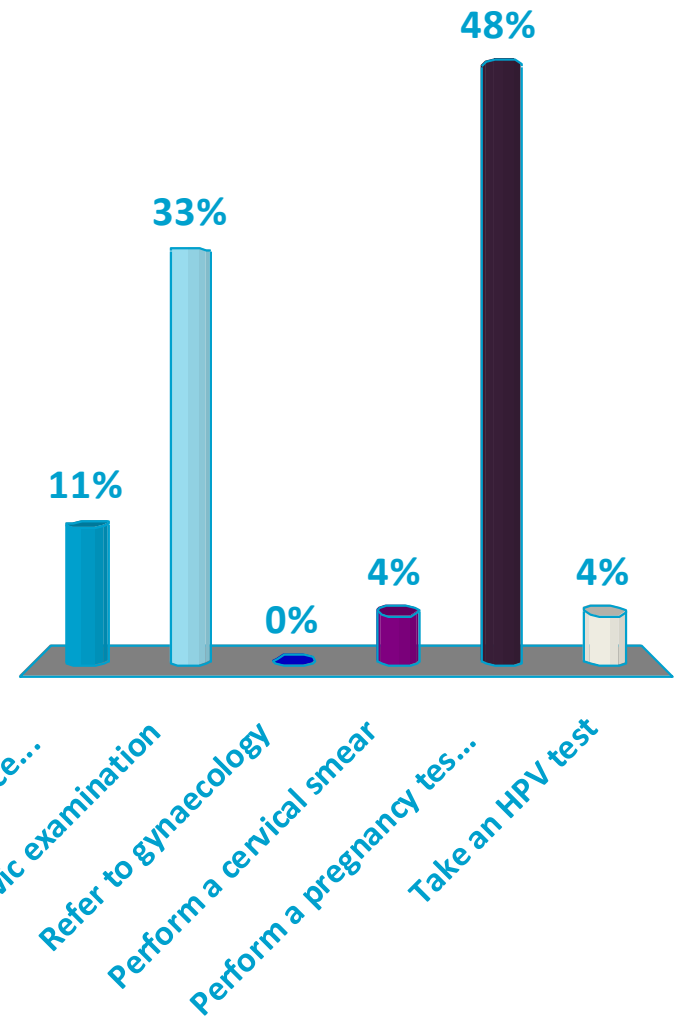
Case study

2



A 23 yr old woman presents with a 4 month history of irregular PV bleeding. What is the most important next step?

- A. Change her oral contraceptive pill
- B. Perform pelvic examination
- C. Refer to gynaecology
- D. Perform a cervical smear
- E. Perform a pregnancy test and infection screen
- F. Take an HPV test

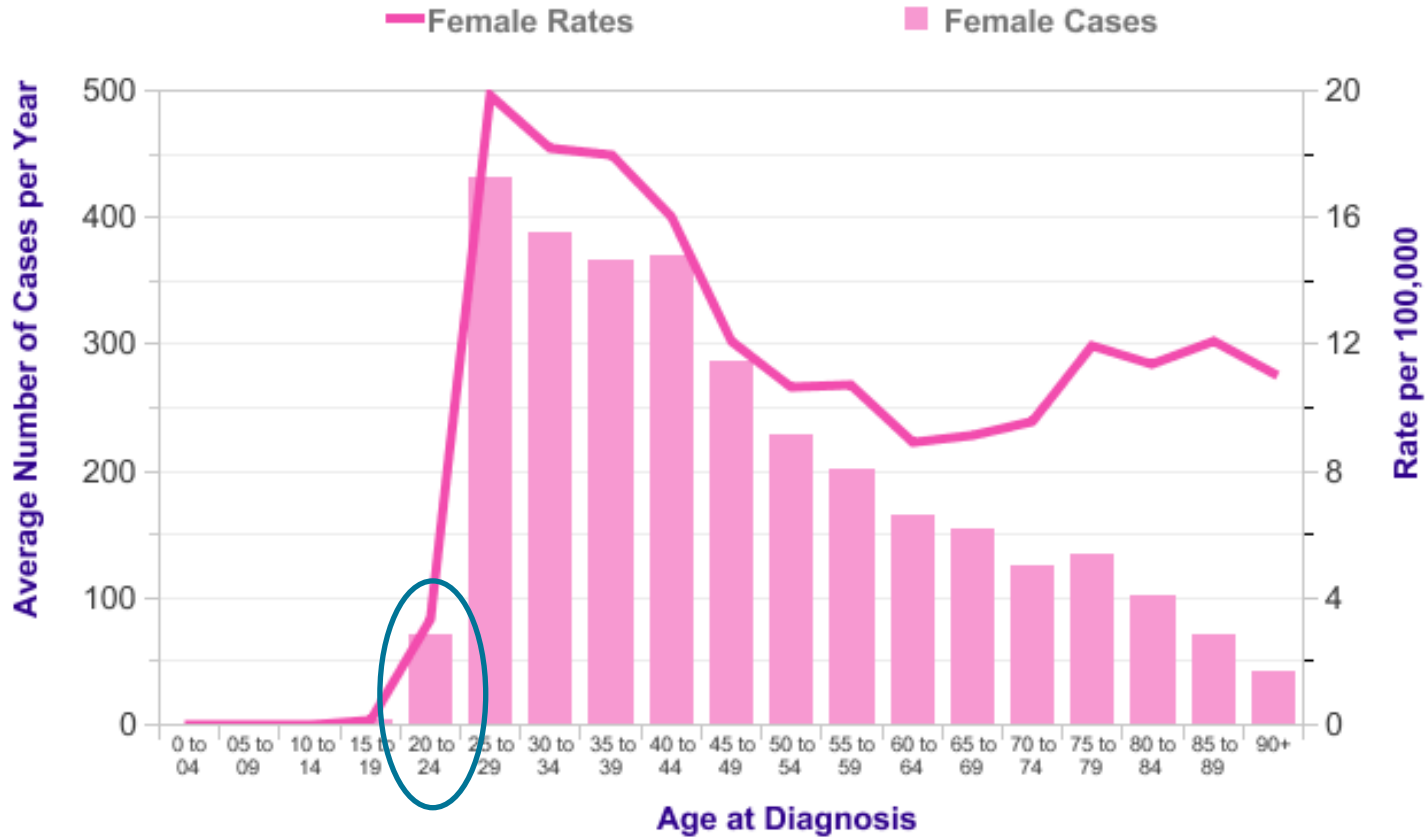


Cervical cancer incidence

- Cervical cancer accounts for less than 1% of all new cases in the UK (2013).
- In females in the UK, cervical cancer is the 12th most common cancer, with around 3,200 cases diagnosed in 2013.
- More than half (52%) of cervical cancer cases in the UK each year are diagnosed in females aged under 45 (2011-2013).
- Since the late 1970s, cervical cancer incidence rates in females have decreased by more than two-fifths (44%) in Great Britain
- Over the last decade, cervical cancer incidence rates in females have remained stable in the UK.
- Cervical cancer in England is more common in females living in the most deprived areas
- The UK incidence rate is 12th lowest in Europe.



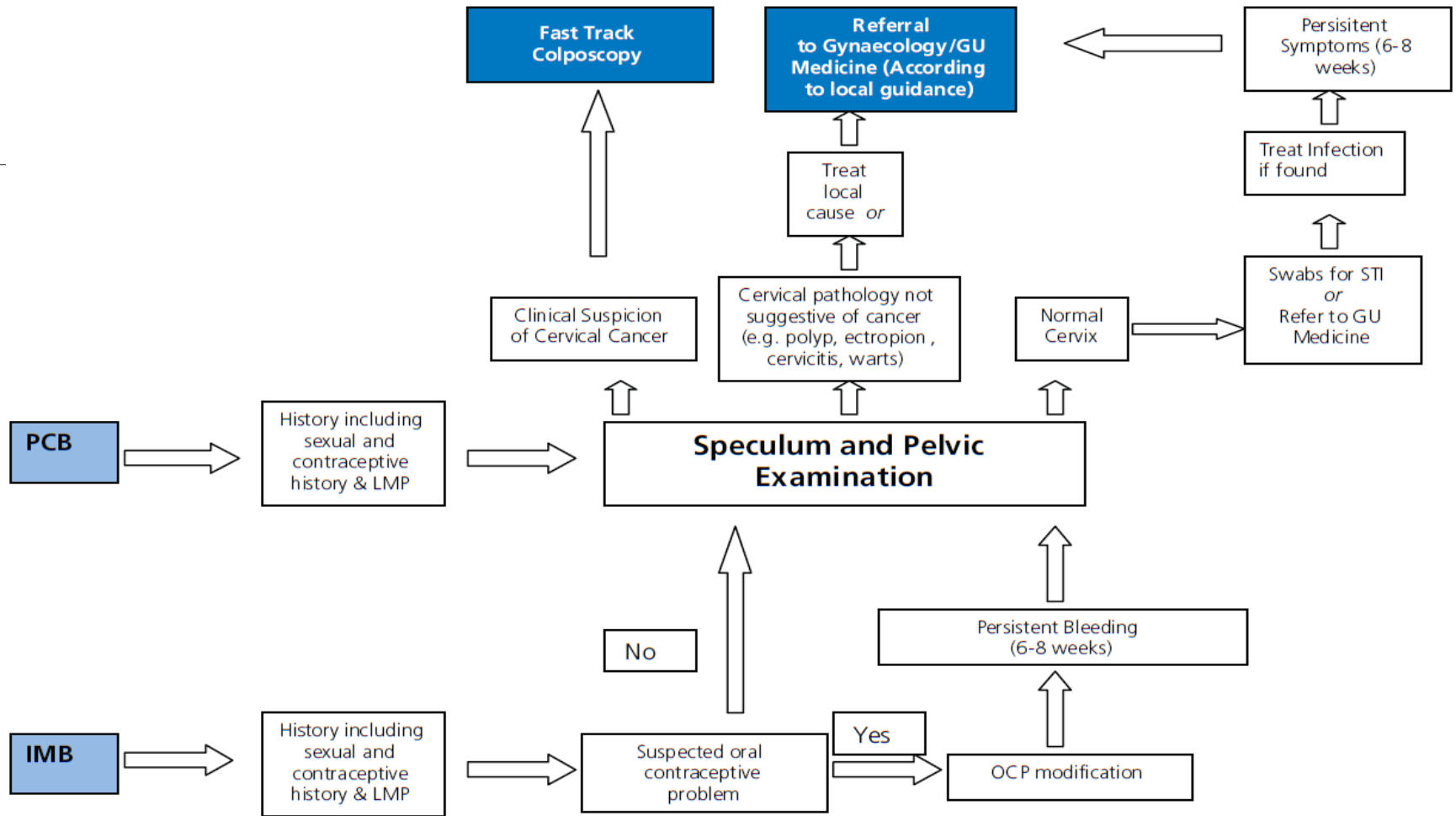
Incidence by age



Clinical Practice Guidance for the Assessment of Young Women aged 20-24 with Abnormal Vaginal Bleeding

- PCB is reported by around 1 in 600 women aged 20-24 per year.
- IMB is more common, possibly 0.5-1% each year.
- There are around 1.5m women aged 20-24 in England and it could, therefore, be estimated that 7,500 – 15,000 women per year will report abnormal vaginal bleeding.
- PMB/ICB in this age group should be investigated with speculum examination either in primary care or at a GUM clinic
- If the cervix looks normal, the recommended action will be a pregnancy test and testing for cervical infection





PCB – post coital bleeding
 MB – intermenstrual bleeding
 LMP – last menstrual period

OCP – oral contraceptive pill
 GU Medicine – Genitourinary medicine
 STI – Sexually transmitted infection



A 23 yo woman presents with a 4 month history of irregular PV bleeding. What is the most important next step?

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Staging of cervical cancer

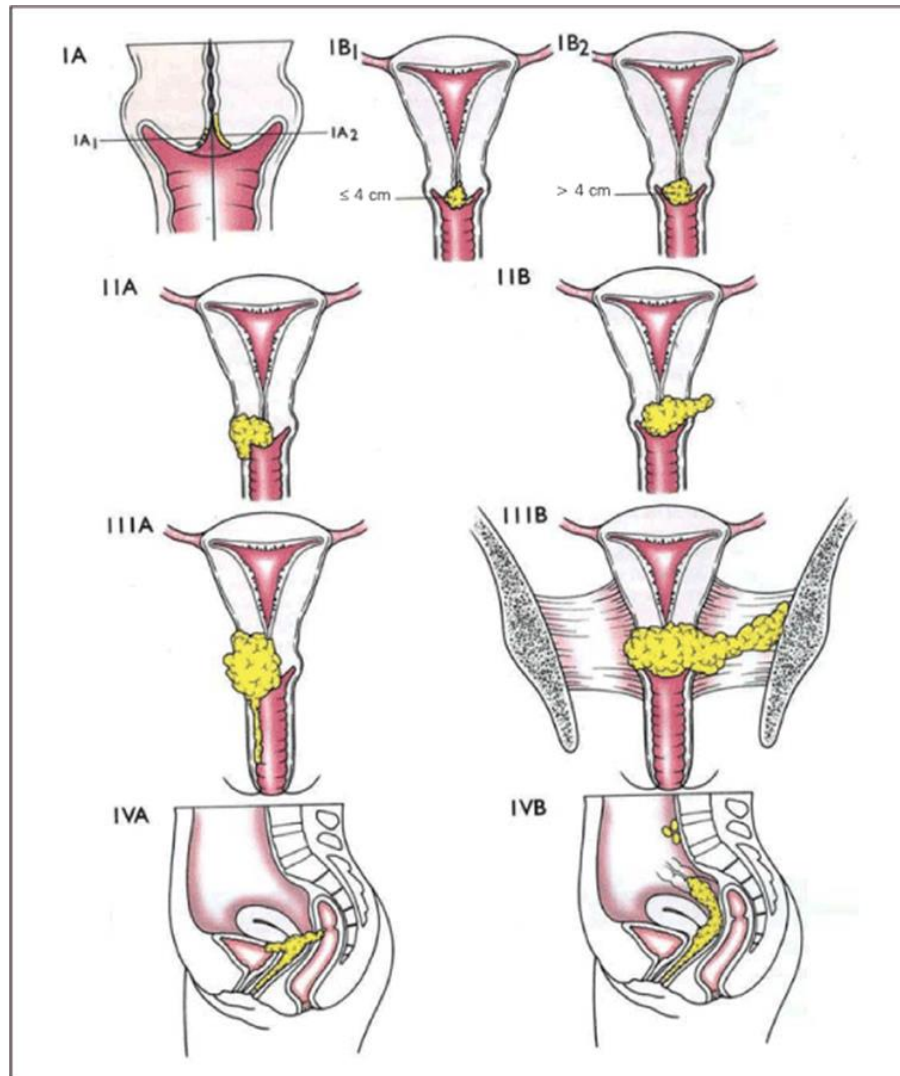


Figure 1. Staging of uterine cervix carcinoma according to FIGO⁽³⁾.



Management

- 1A: TAH/ trachelectomy + LN staging
- 1B/ IIA: surgery and RT equiv outcomes
- >IIB : (chemo)RT



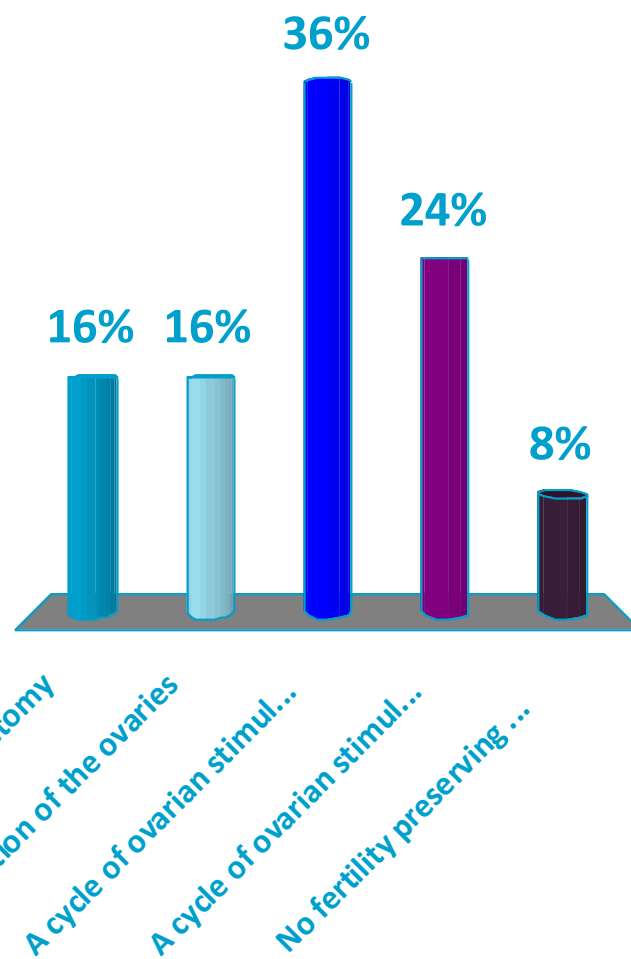
Case study

3

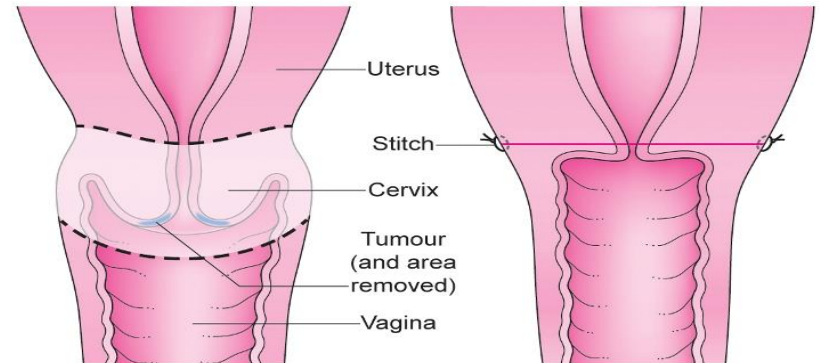


For a patient with stage 2B cervical cancer, fertility can be most effectively preserved by performing:

- A. A radical trachelectomy
- B. Transposition of the ovaries
- C. A cycle of ovarian stimulation, oocyte harvesting and embryo cryopreservation for future surrogacy
- D. A cycle of ovarian stimulation and oocyte cryopreservation for future reimplantation
- E. No fertility preserving measures are appropriate



Trachelectomy



– Indications:

- Lesion size of 2 cm or smaller
- FIGO stage 1A1 with presence of vascular space invasion or FIGO stage 1A2 and 1B1
- No involvement of the upper endocervical canal as determined with MRI
- No lymph node metastasis

– Outcomes:

- **Fertility:** 15% may still require assisted fertility. Cervical stenosis may affect fertility. Generally advised to wait 6-12 months post trachelectomy before conceiving. RMH series 123 pts, 63 attempted pregnancy, 55 pregnancies in 26 women, 28 live births in 19 women.
- **Obstetric:** risk of preterm labour due to cervical insufficiency, PROM. 4%-25% incidence of preterm <31 weeks. Miscarriage rates same as normal population.
- **Gynaecological:** dysmenorrhoea, irregular menstruation, chronic candidiasis, cerclage suture problems



Ovarian transposition

- Can be performed for patients likely to need radiotherapy to prevent early menopause
- Due to extended radiotherapy fields when treating cervix cancer, the transposition must be to outside the pelvis, often best under diaphragm
- Outcome data is difficult to interpret
 - In some series 65% ovarian preservation post RT
 - In others less than 25% successful



Oocyte/ ovary harvesting and surrogacy

- Hyperstimulation and oocyte harvesting can occur before commencing radiotherapy
 - Laparoscopic vs vaginal harvesting
 - Delay to commencing oncological treatment
 - Preference for embryo cryopreservation
 - Oocyte cryopreservation 5-10% pregnancy rate
- Alternatively ovarian tissue can be cryopreserved
 - Experimental
 - No pregnancies to date



Funding of fertility preservation

- Determined by clinical commissioning groups thus disparity across postcodes
- Ensure patients are aware that they may be liable for costs
- Insurers also do not fund all options



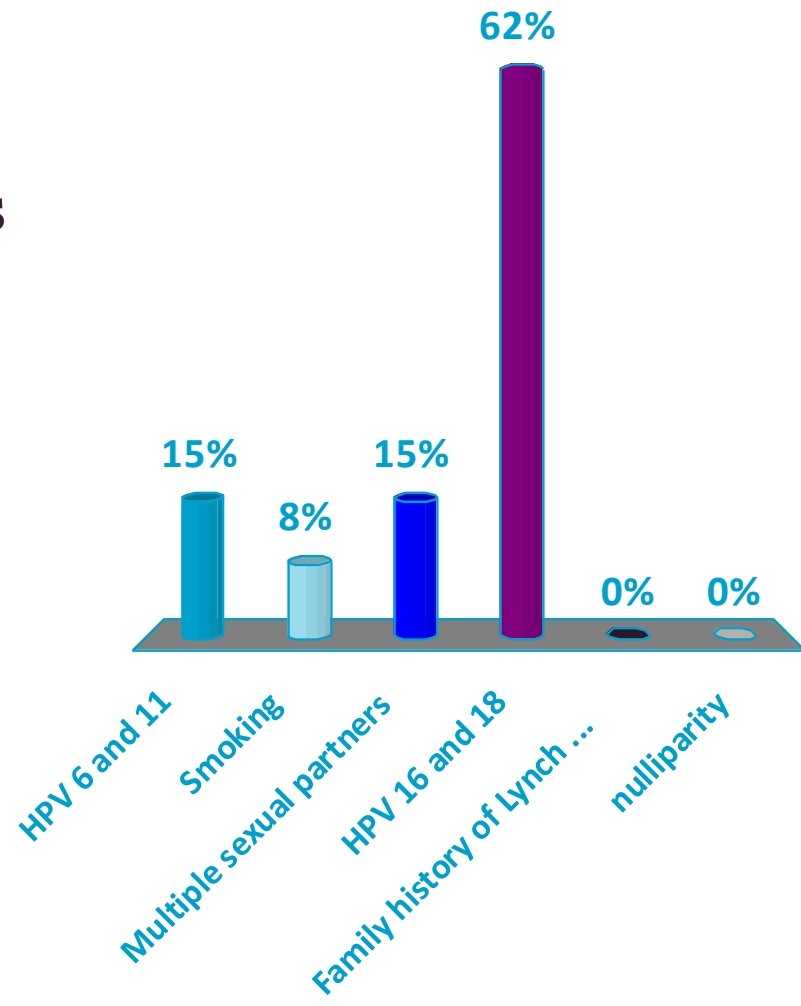
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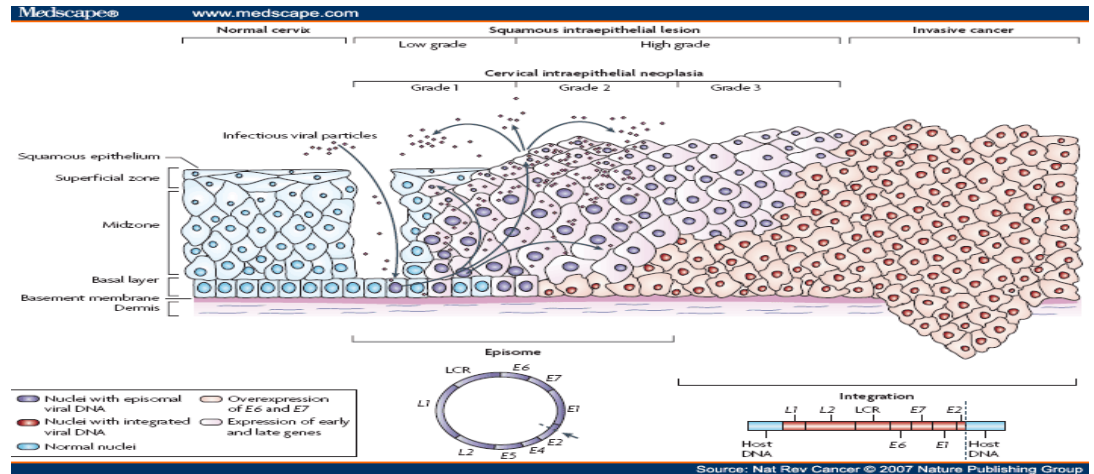


Which of the following are implicated in the aetiology of 70% of all cervical cancer?

- A. HPV 6 and 11
- B. Smoking
- C. Multiple sexual partners
- D. HPV 16 and 18
- E. Family history of Lynch syndrome
- F. nulliparity



HPV and cervical cancer



- >100 types of HPV, of which at least 13 are cancer-causing (high risk type).
- HPV is mainly transmitted through sexual contact and most people are infected with HPV shortly after the onset of sexual activity.
- Cervical cancer is caused by sexually acquired infection with certain types of HPV.
- Two HPV types (16 and 18) cause 70% of cervical cancers and precancerous cervical lesions.
- There is also evidence linking HPV with cancers of the anus, vulva, vagina and penis.
- The current vaccine programme includes 6,11,16,and 18



HPV - the often asked questions from patients

- If HPV is so why common, why do only some people get cancer?
- If I have had an HPV related cancer, is there an increased risk of me getting another?
- If I am re-exposed to HPV will my cancer come back?
- I am scared of having sexual intercourse again in case I get HPV, what can I do to prevent it ?
- Should I have the HPV vaccine after my cancer treatment is complete?



HPV related questions

- If HPV is so why common, why do only some people get cancer?
 - 50% will test HPV positive at any time
 - Most will clear the infection in time (months)
 - Others will develop early cell changes that would be detected through screening
 - Women who smoke or who are immunosuppressed are at increased risk of persisting infection



HPV related questions

- If I have had an HPV related cancer, is there an increased risk of me getting another?
 - There is data emerging that women treated for early cervical changes have an increased risk of a second HPV related cancer
 - This is difficult to quantify from many cancer registries



HPV related questions

- If I am re-exposed to HPV will my cancer come back?
 - Usually immunity to the strain of HPV causing the previous abnormality will have developed thus reinfection is unlikely to provoke new changes
 - There is data to show that HPV persistence after surgery is associated with an increased risk of recurrence, this is not proven for chemoradiotherapy
 - There is no data to show that infection with a different strain would carry an increased risk of transformation



HPV related questions

- I am scared of having sexual intercourse again in case I get HPV, what can I do to prevent it ?
 - Don't smoke
 - Keep healthy to maintain an active immune system
 - Practise safe sex (although condoms will not prevent HPV transmission)



HPV related questions

- Should I have the HPV vaccine after my cancer treatment is complete?
 - There is no evidence to suggest that vaccine against other strains will reduce either recurrence or prevent second HPV related cancers
 - Vaccine is not available on NHS in UK beyond age 18
 - The vaccine does not work against established infection



Cervical cancer survivorship

- Treatment related morbidity
 - Bladder - urinary frequency, urgency, dysuria, detrusor instability, haematuria, ulceration and the potential for perforation and fistula formation
 - Bowel - tenesmus, urgency, either diarrhoea or constipation, anal sphincter dysfunction, mucus discharge, bleeding, stricture, ulceration and fistula formation.
 - Refer for specialist assessment and treatment



Cervical cancer survivorship

- Early menopause
 - HRT reduces post-menopausal symptoms and long term post-radiation rectal, bladder and vaginal complications
 - There is no evidence that HRT increases risk cancer recurrence
 - HRT is recommended for women who have lost ovarian function as a result of treatment for cervical cancer.eg tibolone initially



Cervical cancer survivorship

- Sexual morbidity
 - loss of libido, change in sexual activity and decreased orgasm
 - Up to 65% of women experience one or more of these problems due to vaginal dryness, vaginal bleeding, stenosis, dyspareunia, atrophic vaginitis and pain
 - Vaginal dilation is effective
 - Vaginal oestrogens also helpful



Cervical cancer survivorship

- Psychological and psychosocial distress
 - Most common up to 3 months from end of treatment
 - Individuals at greater risk –
 - Younger
 - Single, separated, divorced or widowed, living alone
 - Those under the age of 21 years
 - Economic adversity
 - Lack of social support, perceived poor social support
 - Poor marital or family functioning
 - History of psychiatric problems
 - Cumulative stressful life events
 - History of alcohol or other substance abuse



Cervical cancer survivorship

- Psychological and psychosocial distress
 - Disease related factor of greater risk –
 - At the time of diagnosis and recurrence
 - During advanced stage of the disease
 - Poorer prognosis
 - More treatment side effects
 - Greater functional impairment and disease burden
 - Experiencing lymphoedema
 - Experiencing chronic pain
 - Fatigue



Summary

- Cervical cancer is rare but has important implications for young women
- Symptoms can mimic benign and other gynaecological cancer
- Most patients will survive their cancer but often with longer term physical and psychological consequences
- There are many unanswered questions around ongoing risk of HPV infection and vaccination



References and resources

- <http://www.sign.ac.uk/guidelines/fulltext/99/section3.html>
- <https://www.nice.org.uk/guidance/ng12>
- www.jostrust.org.uk
- http://www.londoncanceralliance.nhs.uk/media/75982/LCA_GynaecologyOncologyGuidelines2014.pdf

