

The hospital after  
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Introduction: Cervical Cancer(CC) ranks as the second most common cancer in the world among females(Marie-Helene Mayrand et al 2007) with about 80% occurring in the developing countries.(GM CLiford et al, 2003) mostly affecting women in their middle age and beyond.(Marc Arbyn et al 2008). Considering their geographic distribution countries like Asia, Latin America, and Sub-Saharan Africa have recorded the highest risk for Cervical cancer. (Binh H Lang 2004). Where as countries like N. America and N. Europe have decreased considerably.(A. Palmo et al2000). The difference in their incidence can be due to their geographic differences in population prevalence of Human Papilloma Virus (HPV) and other co- factors like smoking, oral contraceptives, multiple pregnancies, increased number of sexual partners, and also screening programs have substantially reduced the incidence and mortality rates in developed countries but most women in the developing countries do not have well defined approach for adequate screening programmes. (Rengaswamy senkarnarayan et al 2009)HPV vaccine attempts for an encouraging choice for reducing the disease catastrophe in the developing world but, the cost of vaccine is too high for economically weaker section of the society especially the rural poor(pavani Sowjanya 2005, Sue J Goldie 2005)India ranks the highest number of cervical cancer cases with 134 000 and deaths reporting to be about 73 000 which is one quarter of the global cancer burden. The age standardized incidence rate (ASIR) was lowest in Australia and New Zealand with 5. 0/100 000 where as the highest burden was found in eastern Africa with 34. 5/100 000, South Central Asia 24. 5/100 000, South America 24. 1/100 000 respectively. (M. Arbyn et al 2011)Methods: The study conducted was a retrospective cohort study for a period of eleven years from2001 to 2011 from a tertiary cancer <https://assignbuster.com/the-hospital-after-obtaining-institutional-ethical-clearance-health-and-social-care-essay/>

care hospital from North Karnataka in South India. Case files for the collection of data were obtained from the hospital after obtaining Institutional Ethical Clearance. A total of 3344 patients had visited the tertiary cancer care hospital and their data regarding age, family history, socio-demography status, rural and urban and food habits were collected on a preformed Performa and the data was systematically tabulated using SPSS version..... for statistical analysis. Results: A total of 3344 cases reported to tertiary cancer care hospital during the year 2001 to 2011, cervical cancer ranked as the top most cancer with a percentage of 41. 22% followed by breast cancer accounting for 16. 07% and Esophagus cancer with 12. 37% respectively. The average age of the patient being 45 (SD 11. 06) and the median age was 50. The youngest being 20 years and the oldest being 90 years. Maximum number of patients i. e., 1030 (30. 80%) were in the age group of 40-49 years followed by 936 (22. 99%) patients in the age group of 50- 59 years. According to their habitat most of the patients came from rural area 2252 (67. 34%) when compared to their urban1089 (32. 56%) counter parts. When religion was considered 97. 66% were Hindus, 2. 03%were Muslims and 0. 26% were Christians. Most of the patients belonged to lower socio-economic status and a majority of them being home makers. Their hemoglobin level was considered and Mild anemia were seen in 34. 54% (10-11. 5g/dl), with moderate anemia 43. 19 %( 7-9. 9g/dl) severe anemia 9. 08 %(< 7g/dl) and normal Hb level 13. 54% (12. 3-15. 3g/dl). Food habits were considered with 51% being non-vegetarian and 49% being vegetarian. Discussion: The aim of this retrospective cohort study was to analyze the epidemiology of CC at the tertiary cancer care hospital in North Karnataka in South India from the year 2001 to 2011 and also the failure of <https://assignbuster.com/the-hospital-after-obtaining-institutional-ethical-clearance-health-and-social-care-essay/>

screening strategies and vaccine. The highest prevalence of HPV infection is seen in women in the age group of 20 to 24 years old (jani silva 2011) but, according to our study the highest is seen in the age group of 40-49 years with a percentage of 30.80%. The mean age for CC in our study was 50.14 (SD= 11.06) years but the mean age reported elsewhere in the country was 45 years (indranell mitra 2009). Median age of 50 years was seen among our registers. Incidence of CC has slowly declined among the urban population but, it is high among the rural population which can be attributed to non availability of infrastructure, screening programmers' and follow up of individual patient's (sankar 2003, pavani 2005) have led to increased incidence of CC when compared to their urban counterparts. Most of the patients attending the tertiary cancer care hospital are from rural population, hence large number of CC are from rural areas. The factors contributing to this is increased number of sexual partners, poverty and low socio-economic status and also poor genital hygiene among the rural population.

(Franchesie2003, urmi sen, senkarnarayan 2002). When the religious groups were considered Hindus were of 32669 (97.66%), Muslims were 68 (2.03%), and Christians were 9 (0.2%) respectively. The Factors contributing to the increased number among Hindus is due to decreased socio-demographic status, improper hygiene, multiple sexual partners and increased use of barrier contraceptives among Hindus may have led to the increased number.

(M Narayan Swamy 2012) India having a population with varied diet CC records high in rural India may be due to lack of dietary nutrients like carotenoids, vegetables and fruits and less in vitamin intake like vitamin C and vitamin E.(sinha R 2003). Considering the hematological factors anemia

is a major factor to be considered for the survival of patients and it has <https://assignbuster.com/the-hospital-after-obtaining-institutional-ethical-clearance-health-and-social-care-essay/>

shown that decreased survival rate has been found in some cancers including cancer of the cervix, has led to low hemoglobin level, decreased level in their prognosis, slow to respond to any therapeutic regimes and poor quality of life along with these bleeding is a major symptom with heavy loss of blood which is a major factor contributing to severe anemia among cervical patients. (review 2001, simeon perrira 2003, H. Z. W. grotto 2008 myrna 2005) According to our data 271 (9.08%) had severe anemia (7.0g/dl), 1288 were moderately anemic (7.0g-9.9g/dl), mild anemia were seen in 1030 i. e; 34.54% with 10-11.9g/dl and normal Hb levels 12.3-15.3g/dl were seen in 393 (13.17%). Not much studies has been undertaken considering the anthropometric factors like height, weight and body mass index but it has been observed that the association of obesity among white women and their decreased screening has been explored (obesity research – Christina 2005). Other habits like chewing pan with decreased body weight and fewer intakes of nutritional foods may have led to the increased risk of cervical cancer. (BJC 2003, T. Rajkumar et al; Pan chewing & diet in CC in Chennai). In conclusion this epidemiological study throws some light to the incidence of CC in this region and also the most likely risk factors involved. In our study it has been observed the mean age in CC is much higher when compared to other parts of the country. The reason may be not organizing screening programs, awareness and availability of vaccination programs has to be undertaken but the cost involved in vaccination and also regular screening has to be done at the grass root level reaching especially the rural masses.