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Survey on Gynecological Cancers



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ABSTRACT

Gynecological cancer is the most common problems in India. Gynecological cancers are among the most common cancers in women. Cancer is a disease where cells grow and spread without control. We wished to evaluate the information about gynecological cancer, A questionnaires developed to evaluate the information about gynecological cancer on 19-21 age of pharmacy students. Also, this questionnaire consulted with gynecologist. All participants completed a questionnaires, which asked clinical questions designed to assist in the information of gynecologist cancer. We collected this data and introduce in the form of graph.



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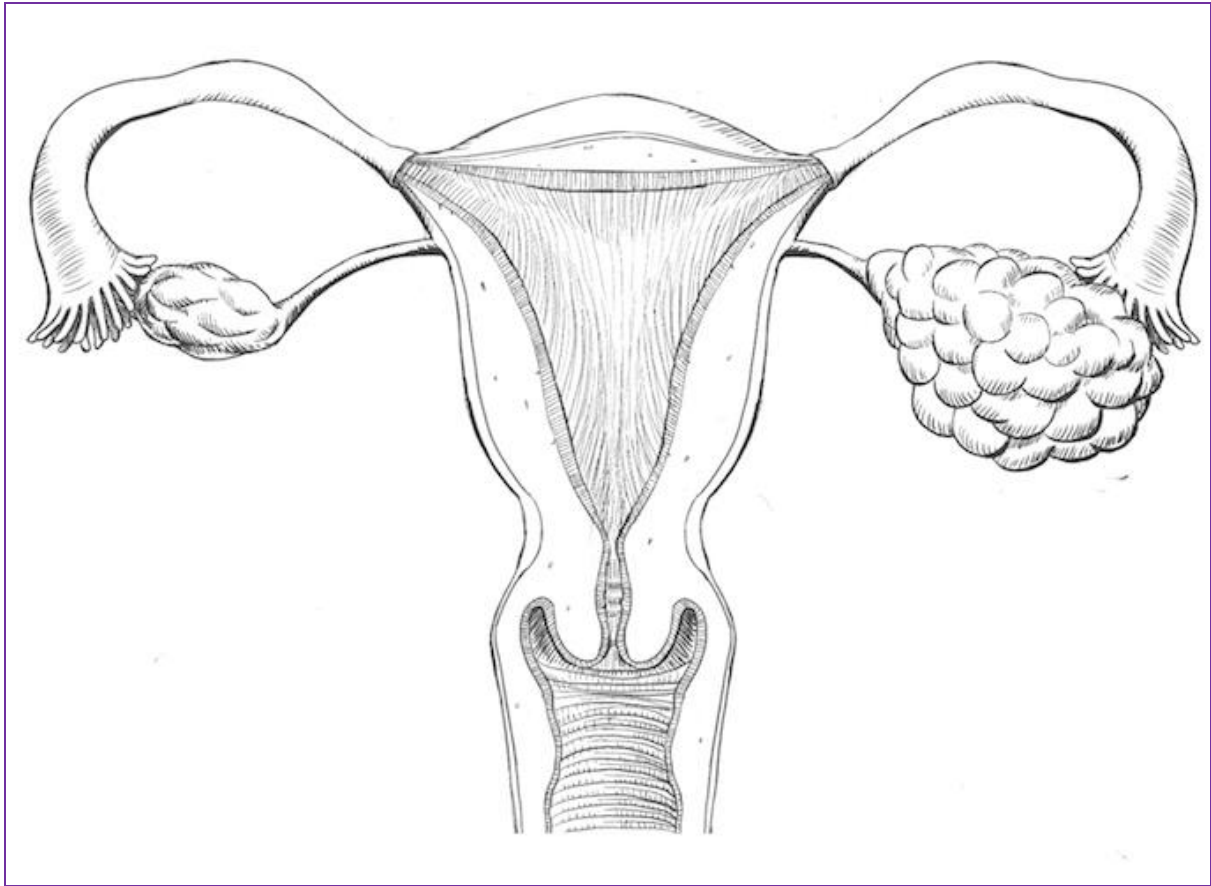
INTRODUCTION:

Women's health is now a major social concern, especially in developing nations. Gynecological infections and concerns with women's hygiene are becoming more and more prevalent. Only a less aggressive approach to employment and education, high rates of illiteracy, and a rise in poverty are to responsible for this. In poor nations like India, improving women's health is really quite challenging. However, because medical technology is still evolving in India, it might be challenging to spot gynaecological issues that affect female patients. Gynecological cancers were predicted to have cause 20% of the 8.2 million cancer deaths among women globally in 2012 and 14.1 million estimated new cases of cancer, according to the International Agency for Research on Cancer's global comprehensive cancer data. Only in India do women develop cancer more frequently than males, with cervix uteri, breast, corpus uteri, and ovaries accounting for roughly 50–60% of cases. As one of the top 10 leading causes of death in India, cancer has grown to be a significant public health issue with over 800,000 new cases reported annually. Gynecological cancers have become more prevalent in India, where they accounted for 30% of all female cancers¹.

Healthcare disparities, according to the National Cancer Institute, are inequalities in a disease's incidence, prevalence, and mortality as well as the adverse health conditions that they are associated with that are present among particular population groups. Disparities still exist ten years after the Institute of Medicine (IOM) published Unequal Treatment, which identified the underlying factors behind health inequalities in the United States (US). The burden of stroke incidence, death, prevention, and treatment is different for Blacks and Whites, as shown by a case study from internal medicine. According to the surgical literature, Blacks have a higher likelihood of having a limb amputated and being put on dialysis than Whites, but they have a lower likelihood of having a kidney transplant².

Types of gynecological cancers:

There are five types of cancer are as follows:



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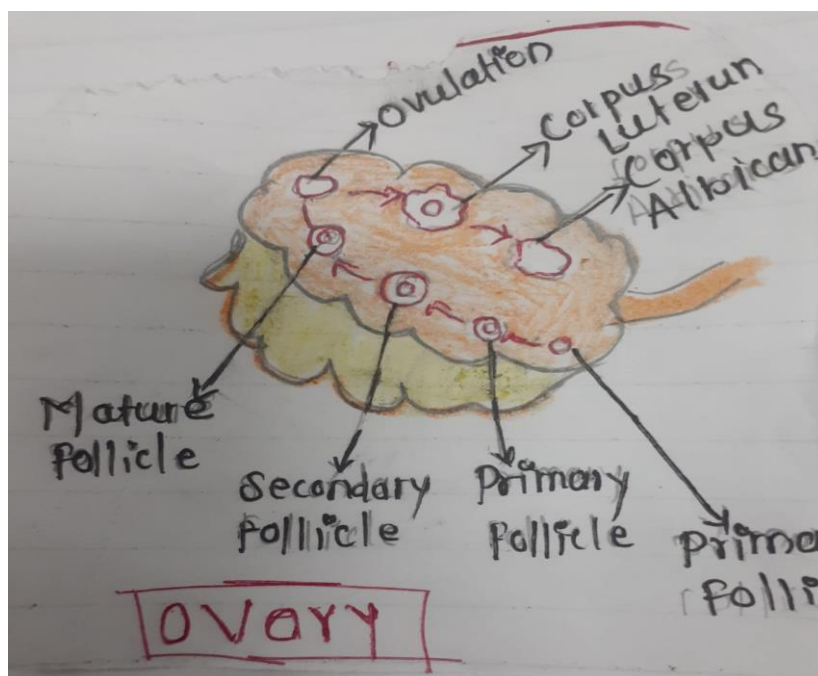
- 1) Ovarian cancer
- 2) Cervical cancer
- 3) vulvar cancer
- 4) Vaginal cancer
- 5) Endometrial cancer

Ovarian cancer:

SIGNS AND SYMPTOMS:

- fatigue (extreme tiredness)
- Upset stomach.
- Back pain.
- Pain during sex.

- Constipation.
- Changes in a woman's period, such as heavier bleeding than normal or irregular bleeding.
- Abdominal (belly) swelling with weight loss.



The female reproductive system contains ovaries, which are in charge of generating ova, or eggs. Moreover, progesterone and estrogen, which are reproductive hormones. When aberrant cells in the ovary start to multiply uncontrollably and form a tumor, ovarian cancer is the result. Metastatic ovarian cancer refers to a condition where the tumor has grown and has the potential to spread to other body areas. Most ovarian cysts are benign cysts, meaning they are not malignant. However, in some instances, it can lead to cancer, and an ovarian cyst is a buildup of fluid or air that appears in or near the ovary. Of all gynecological cancers, ovarian cancer has the worst prognosis. Because ovarian cancer symptoms are usually nonspecific, it is frequently not diagnosed until it is already advanced, making it difficult to treat on a curative basis. Nearly 45% of ovarian cancer patients survive for at least five years. India has a population of one billion people, and diseases are its biggest burden. There aren't many cancer treatment facilities that provide appropriate care. General gynecologists typically treat ovarian malignancies in the beginning³.

How can you prevent ovarian cancer naturally?

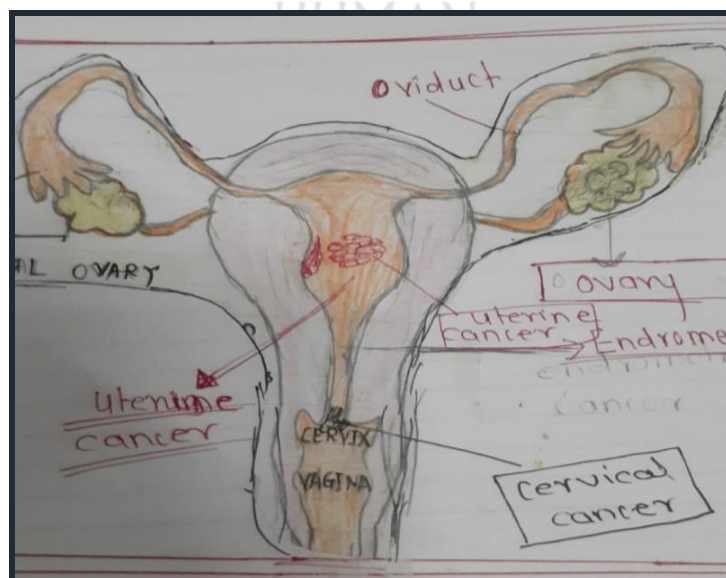
Exercise and Diet

The risk of ovarian cancer decreases by following a weekly exercise routine and a balanced diet. Your risk can be reduced by up to 20% by working out for 30 minutes each day. Combining specific foods with an active lifestyle and a healthy diet can help lower your risk.

Cervical cancer:

SIGNS AND SYMPTOMS:

- Blood spots or light bleeding between or following periods.
- Menstrual bleeding that is longer and heavier than usual.
- Bleeding after intercourse, douching, or a pelvic examination.
- Increased vaginal discharge.
- Pain during sexual intercourse.
- Bleeding after menopause.



Nearly 530,000 new cases and 275,000 deaths from cervical cancer are reported each year, making it the second-most frequent cancer in women worldwide. Since the 1970s, there has been a continuous decrease in the incidence and mortality of the disease among US women thanks to the extensive deployment of efficient cervical cancer screening programmes.

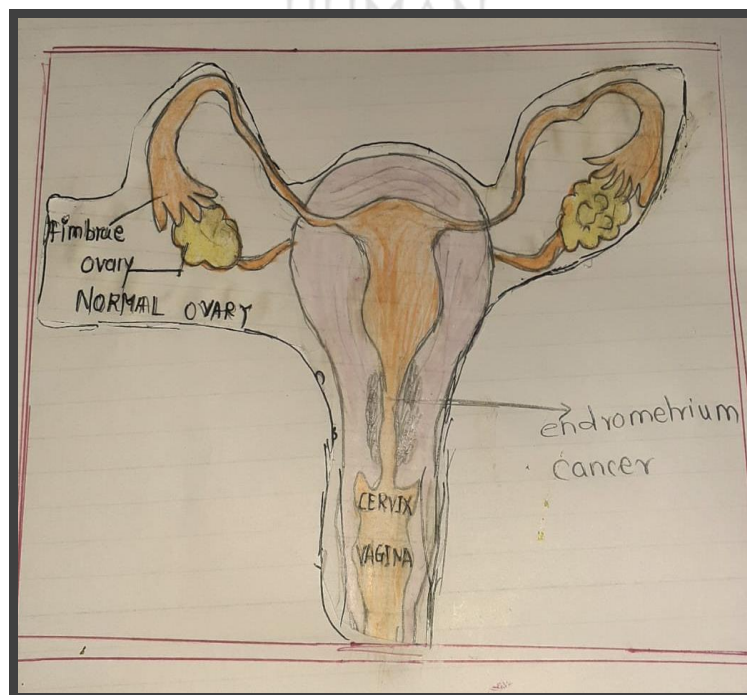
However, recent years have seen a start of a leveling off of these declines. Between 2005 and 2009, both the incidence and mortality of cervical cancer in women under the age of 50 remained steady. Despite earlier advancements, it is anticipated that 12,340 American women will receive a cervical cancer diagnosis in 2013, and 4030 will pass away from the condition. Although the prevalence of cervical cancer has decreased over time for all US women, there are still wide inequalities. The age-adjusted incidence of cervical cancer determined by the SEER database between 2005 and 2009 was 8.0/100,000 for White women against 9.8/100,000 for Black women. White women experience a mortality rate of 2.2, while Black women experience a mortality rate of 4.3 (per 100,000 women).

The distribution of cervical cancer in the US also varies significantly. shows the estimated racial and ethnic incidence rates of cervical cancer in the US from 1995 to 2004 by count⁴.

Prevention:

The primary risk factor for cervical cancer is infection with the human papillomavirus (HPV). More than 150 related viruses make up the HPV family. Some of them can lead to papillomas, a form of development better known as warts.

Endometrial cancer:



With over 9000 and 61,000 women diagnosed in the UK and the USA, respectively, each year, endometrial cancer (EC) is the fourth most common disease affecting women and the most prevalent kind of gynecological cancer in the industrialized world. Over the previous two decades, the incidence has increased by more than 50%. With 5-year survival rates of 95% and 14% for women diagnosed in stages I and IV, respectively, disease-specific survival is strongly stage dependent. As a result, uterine cancer diagnosis should be completed quickly; in fact, early detection is thought to be more advantageous for uterine cancer than for the majority of other malignancies. A number of additional symptoms and indicators can potentially signal the condition, while postmenopausal bleeding (PMB) is the traditional "red flag symptom."

Risk Factors and Epidemiology:

Age is a key factor in EC, with diagnoses occurring in 75% of women over the age of 55. Early menarche, a late menopause, null parity, using tamoxifen, and polycystic ovarian syndrome are additional risk factors. Most occurrences are accidental, although 10% are caused by hereditary disorders like Lynch Syndrome.

The majority of risk factors for sporadic EC act by raising estrogen exposure without also raising progesterone levels. On the other hand, the combination oral contraceptive pill lowers the risk of EC since it limits exposure to unopposed estrogen. Excess body weight is the most significant modifiable risk factor for EC. Over a third of ECs in the UK are caused by obesity, which is more strongly linked to this malignancy than any other. The growth in obesity over the past few decades certainly explains the rise in endometrial cancer incidence along with longer life expectancies. Increased peripheral transfer of androgens to estrogen in adipose tissue is the main cause of this connection.

Symptoms and Signs:

Unexplained vaginal bleeding more than a year following menopausal amenorrhea, the typical red flag symptom of postmenopausal bleeding, is seen in up to 90% of presentations in secondary care, and EC is present in 4% of patients who report with postmenopausal bleeding in primary care. In light of this, an immediate referral need to be taken into account for all patients showing this symptom. Although the causes of these delays are poorly understood, around one-third of UK women who see their GP with postmenopausal bleeding are not transferred directly⁵.

The following protective factors decrease the risk of endometrial cancer:

- Pregnancy and breast-feeding. Estrogen levels are lower during pregnancy and when breast-feeding.
- Hormonal contraceptives.
- Weight loss.
- Physical activity.

Vaginal cancer:

Only 1% to 2% of all cancers of the female reproductive system are primary vaginal cancers. Unique organ with various tissue types and planes is the vagina. From the cervix to the vulva, it is a fibromuscular tube that is 7 to 10 cm long. It is located anterior to the rectum and between the urethra and bladder. The three divisions of the organ are significant for identifying lymphatic drainage and tumor localization. The urethra is anterior to the bottom portion, below the level of the bladder base. The upper third is near the level of the vaginal fornices, whereas the middle portion is close to the bladder base. According to the position of the cervix, the vaginal fornices are referred to as anterior, posterior, and lateral. Similar histologic cell types from the cervix and vulva surround the vagina's margins, though. The vagina can be affected by many disorders that affect the vulva or cervix.

Stages;

- Vaginal cancer is staged similarly to cervical cancer by the Federation Internationale de Gynecology et d'Obstetrique (FIGO) in 2009; Clinical staging is carried out using common investigative modalities, including imaging techniques and procedures like proctoscopy and cystoscopy.
- Stage I is limited to the vaginal mucosa;
- Stage II is involvement of the subvaginal tissue;
- Stage III is extending to the pelvic sidewall;
- Stage IVA is spread to nearby organs; Stage IVB is dissemination to distant organs.⁶

Sign and symptoms:

Main symptoms of vaginal cancer

- Bleeding from the vagina after the menopause.
- Bleeding after sex or pain during sex.
- Smelly or bloodstained vaginal discharge.
- Bleeding between periods.
- An itch in your vagina that will not go away.
- pain when you pee, or needing to pee a lot.

Prevention:

Vaginal cancer prevention

- ✿ Get an annual pelvic exam. This is the best way to check your overall reproductive health.
- ✿ Get the HPV vaccine. This will help prevent infection with high-risk strains of HPV.
- ✿ Practice safe sex.
- ✿ Quit smoking.

Vulvar cancer:

Vulvar cancers pose a significant threat to gynecologic health, especially in light of their rising prevalence during the past few decades. Other neoplasms may be present, including basal cell carcinoma and Paget disease of the vulva, however squamous cell carcinoma and melanoma are the most prevalent subtypes. Since many vulvar tumours are originally misdiagnosed as inflammatory disorders, the prognosis is deteriorated and diagnosis is delayed. For proper diagnosis and treatment, dermatologists must be knowledgeable about the distinctive symptoms of each type of cancer. Here, we examine the distinctive epidemiologic and clinical traits of each major vulvar cancer, as well as their individual prognoses and suggested approaches to care.

Sign and symptoms:

Vulvar cancer symptoms and signs can include the following: persistent itching.

- Tenderness and suffering.
- Bleeding other than during a period.
- Skin alterations, such as thickening or colour changes.
- A lump, lumps resembling warts, or an open sore (ulcer)

Prevention:

By avoiding specific risk factors and getting pre-cancerous disorders treated before they progress to invasive malignancy, the risk of vulvar cancer can be reduced. While following these recommendations won't guarantee that all vulvar cancers will be avoided, they can significantly lower your risk of getting the disease.

Avoid HPV infection

. A risk factor for vulvar cancer is human papillomavirus (HPV) infection. HPV infections in women tend to occur at younger ages and are less frequent in women over 30. It's unclear why this is the case.

Get vaccinated

There are vaccines available that offer defence against specific HPV infections. All of them provide defence against HPV subtypes 16 and 18. Some HPV subtypes, such as some that result in vaginal and anal warts, can also offer protection against infections with other subtypes.

Don't smoke

Another strategy to reduce the risk of vulvar cancer is to quit smoking. A variety of other malignancies, including those of the lungs, mouth, throat, bladder, kidneys, and several other organs, are also less common in women who don't smoke.

Get regular pelvic checkups

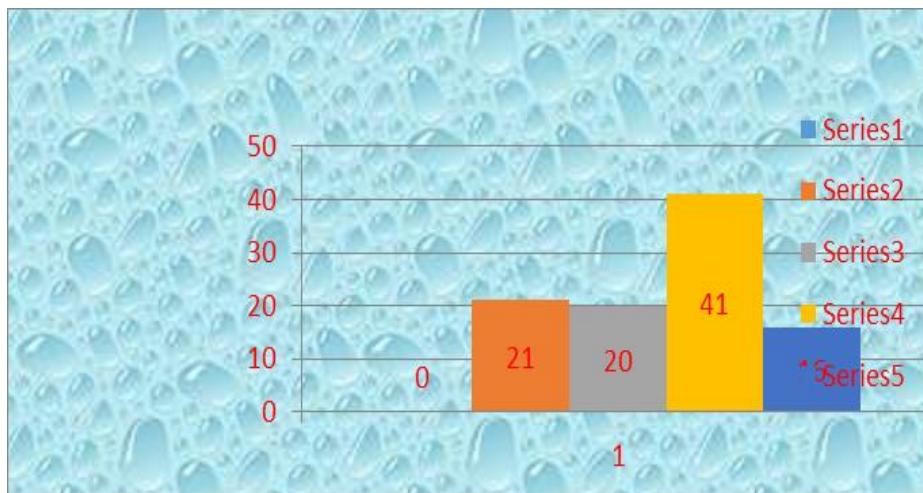
Regular gynecologic examinations can detect pre-cancerous vulvar diseases that are not causing any symptoms. Additionally, it's crucial to visit your doctor if any issues arise in between appointments. Pre-cancer of the vulvar region may cause symptoms including vulvar itching, rashes, moles, or lumps that persist; these should be investigated. Treatment of vulvar intraepithelial neoplasia (VIN) may help prevent invasive squamous cell vulvar cancer if it is discovered. Additionally, eliminating atypical moles can help prevent some vulvar cancer.

Self-exam of the vulva

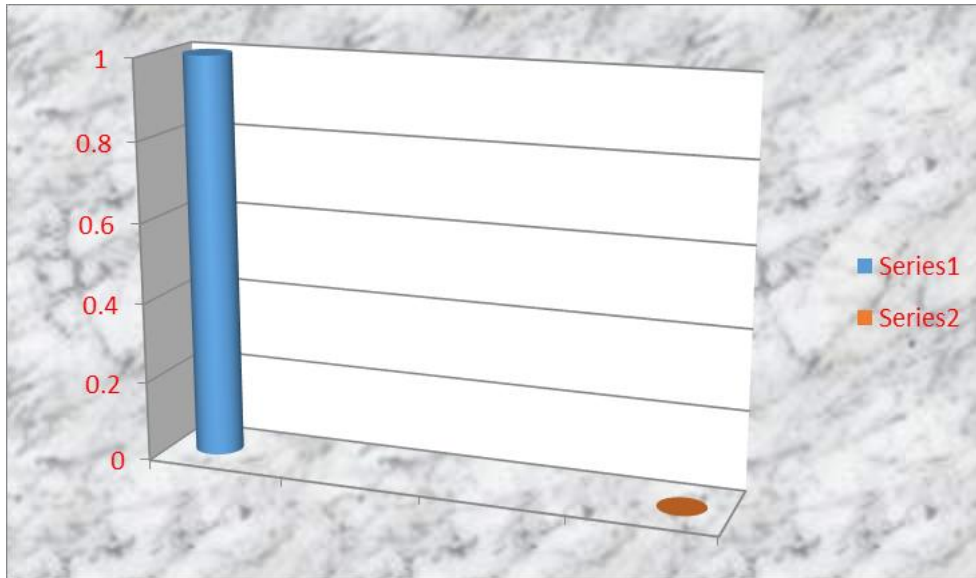
The best strategy to detect VIN and vulvar cancer for the majority of women is to undergo a yearly well-woman exam and to report any signs and symptoms to their healthcare physician. You might also want to periodically inspect your vulva to check for any vulvar cancer indications if you have a higher chance of developing the disease. Self-examination is what this means. Some women opt to look in the mirror once a month to check themselves out. By doing so, you will be able to see any alterations to the vulva's skin⁷.

❖ **Survey data:**

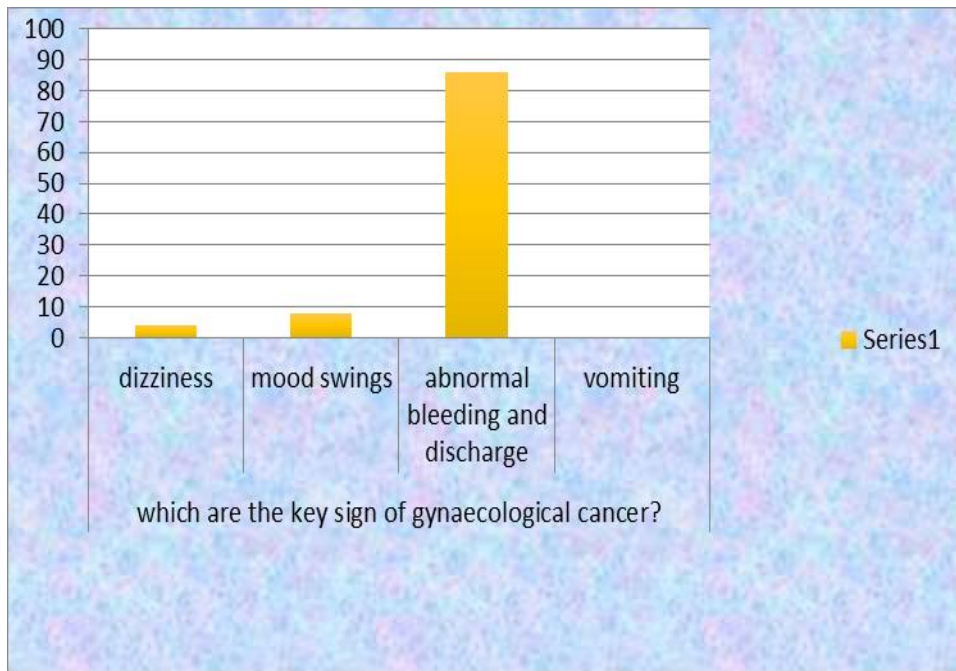
question:	options	students
1)what age is reproductive age?	19 to30	21
	20 to 45	20
	15 to 49	41
	17 to 40	16



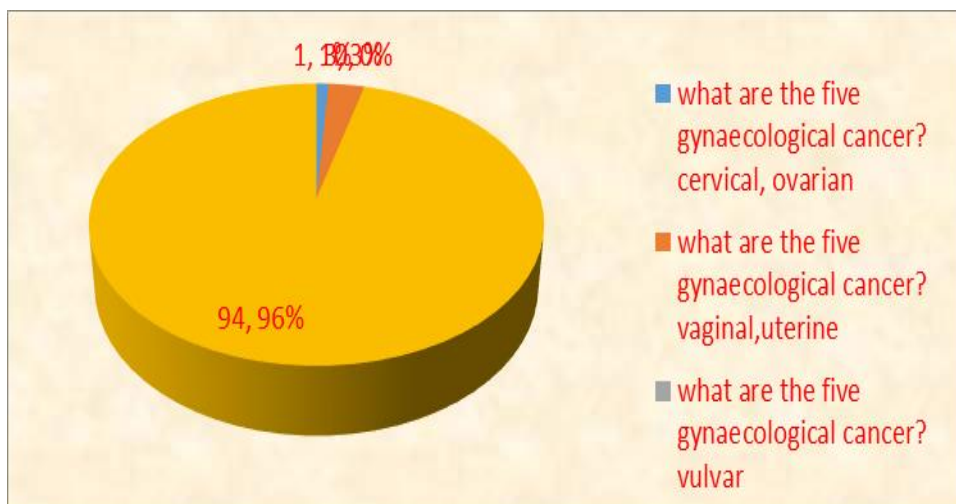
2) what do you use during your periods?	napkin	0
	sanitary pads	97
	menstrual cup	0
	cloths	3



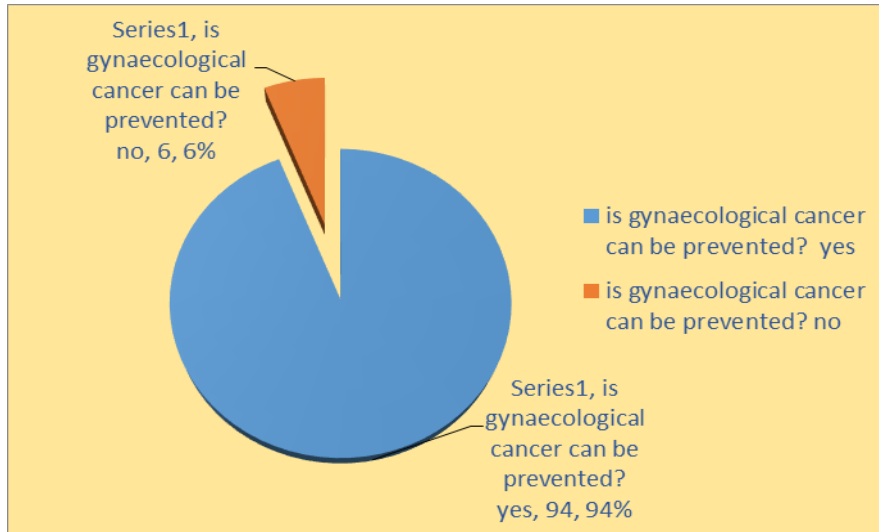
3) which are the key sign of gynaecological cancer?	Dizziness	4
	mood swings	8
	abnormal bleeding and discharge	86
	Vomiting	0



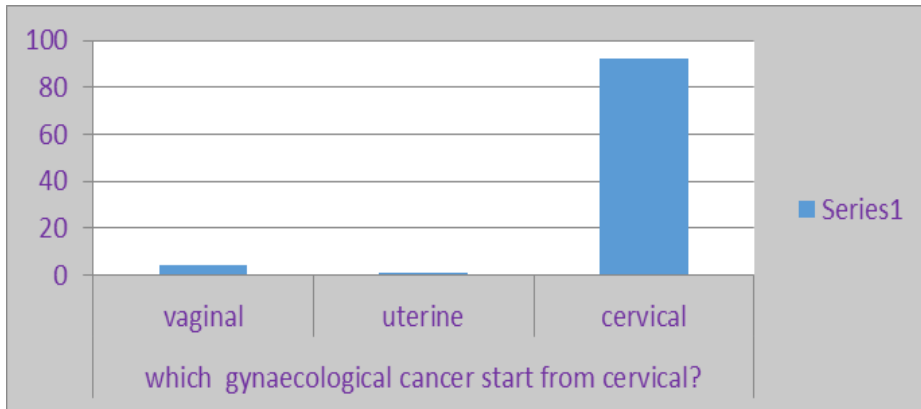
4) what are the five gynaecological cancer?	cervical, ovarian	1
	vaginal,uterine	3
	Vulvar	0
	All	94



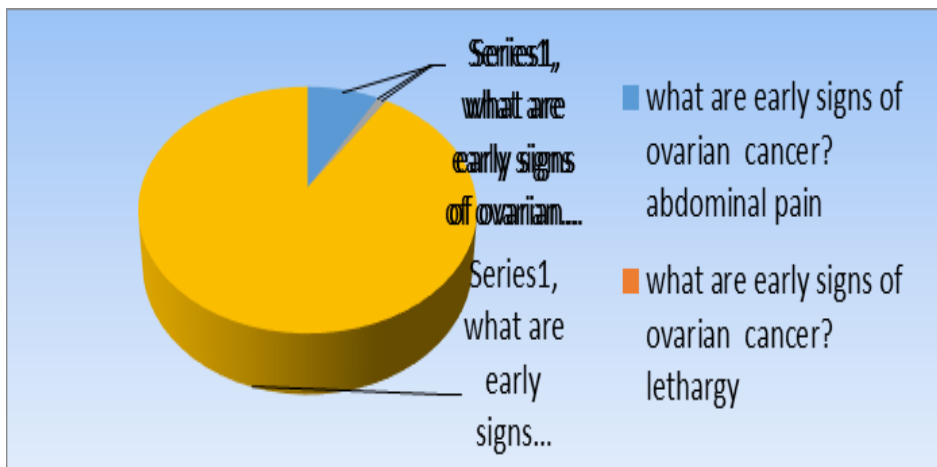
5) is gynaecological cancer can be prevented?	Yes	94
	No	6



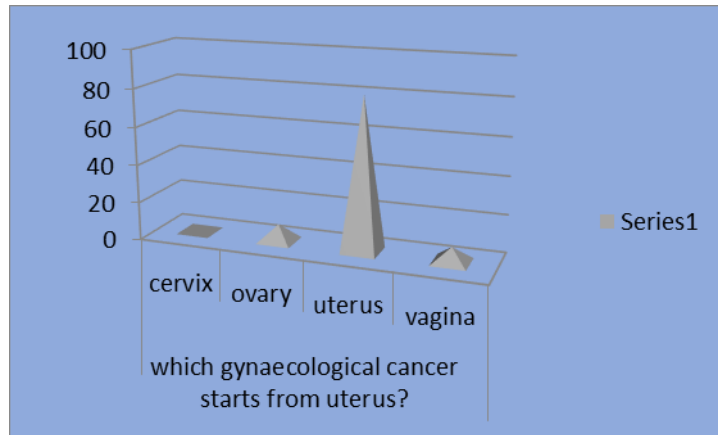
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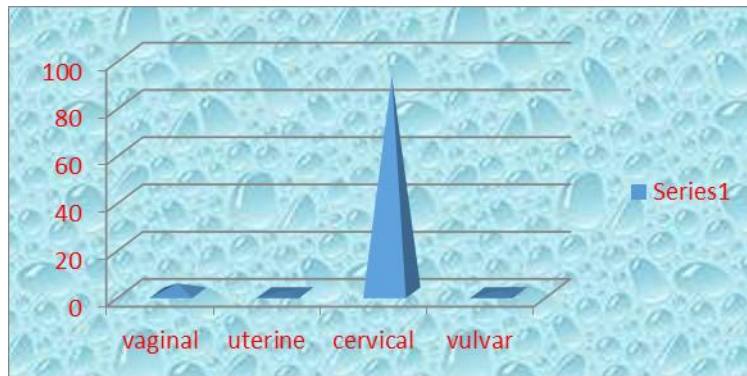
7)



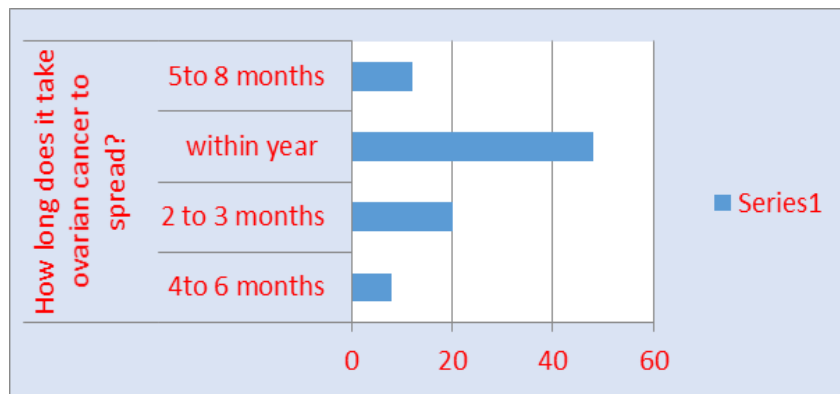
8) Which cancer starts from uterus?



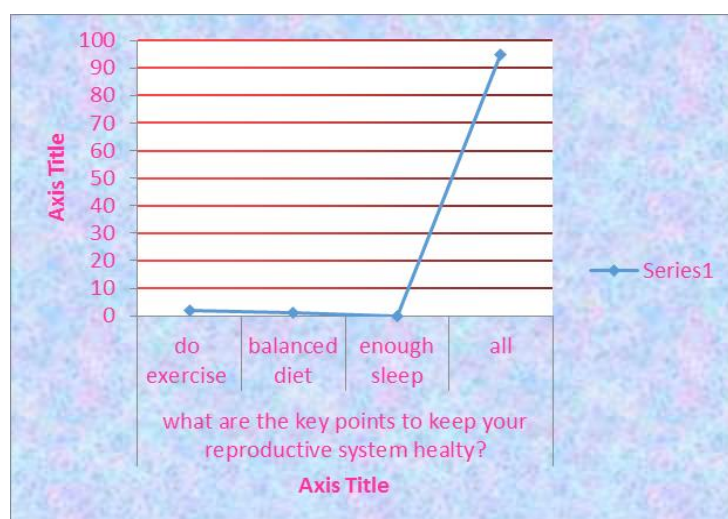
9) Which cancer starts from cervix?



10)



11)



CONCLUSION:

- ❖ It is concluded that, the gynecological cancers are very common problems in India nowadays.
- ❖ Gynecological cancers are spreads in women's reproductive organ such as ovary, vagina, uterus, cervix.
- ❖ We did survey on gynecological cancer and we found that many girls are not aware of gynecological cancer.

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