BRIEF DESCRIPTION

- Cervical cancer is a form of cancer that develops in the cells of the cervix, which links the uterus to the vagina.

STATISTICS

- In the past, cervical cancer was the leading cause of cancer mortality in women in the United States. However, the incidence of instances of cervical cancer and fatalities from cervical cancer have declined dramatically over the last 40 years. This decrease is partly due to more women obtaining regular Pap tests, which can detect cervical precancer before it progresses to cancer.

PREDISPOSING FACTORS

Risk factors for cervical cancer include:

Several sexual partners. The more sexual partners you have — and the more sexual partners your partner has — the more likely you are to get HPV.

Sexual activity in early life. Having intercourse at a young age raises your risk of HPV.

Other sexually transmitted infections (STIs). Other STIs, such as chlamydia, gonorrhea, syphilis, and HIV/AIDS, enhance your chances of contracting HPV.

Immune system deficiency. If your immune system is impaired by another health issue and you have HPV, you may be more likely to develop cervical cancer.

Smoking. Smoking is related to squamous cell cervical cancer.

Miscarriage prevention medication exposure. If your mother used the medication diethylstilbestrol (DES) while pregnant in the 1950s, you may be at a higher risk of developing clear cell adenocarcinoma, a kind of cervical cancer.

ETIOLOGY

- It is more common in women over the age of 30. Cervical cancer is caused by a long-term infection with particular forms of human papillomavirus (HPV). HPV is a common virus that is spread from person to person through intercourse. At least half of all sexually active people will have HPV at some point in their life, although only a small percentage of women will develop cervical cancer through non-sexual means.

NURSING PROCESS

Because a patient with cancer may have many health difficulties and problems over the course of the disease, you may need to implement several nursing care plans. The following items may be included in a nursing care plan, but are not limited to:

Risk for Infection

- People with cancer may have a higher risk of infection because of changes in the immune system that control their body's defense systems. Assessing risks for infection should be a priority among immunocompromised patients.

Intervention: would be health teaching about proper hand washing and demonstrating proper techniques to patients and their significant others. Advise the patient not to go in crowded places.

Alteration in Nutrition: Less than body requirements

- With limited access to food, patients can sometimes feel not to eat anymore and would eat less because of the fear of aggravating the cancer.

Intervention: would be health teaching about food nutrition and advising to avoid foods such as processed meat, sugary, and salty foods. Grilled foods, baked meats and foods have lots of preservatives like pickles.

CLINICAL MANIFESTATION

Early cervical cancer rarely produces symptoms. (+) symptoms- unnoticed: thin, watery vaginal discharge often noticed after intercourse or douching

Advanced (+) symptoms: discharge, irregular bleeding, or pain or bleeding after sexual intercourse	- Vaginal discharge gradually increases, becomes watery then dark and foul smelling from necrosis and infection
	- For Bleeding which occurs at irregular intervals between periods (metrorrhagia) or after menopause, may be slight (just enough to spot the undergarments) and occurs usually after mild trauma or pressure
As it **progresses**, bleeding may persist and increase. Leg pain, dysuria, rectal bleeding, and edema of the extremities	- Invades tissue outside the cervix, including lymph glands anterior to the sacrum. Fundus may also be involved with invasive cervical cancer
	- Often produces extreme emaciation, anemia with fever (due to secondary infection and abscesses in the ulcerating mass) and fistula formation.

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SURGICAL MANAGEMENT

SURGICAL MANAGEMENT OF CERVICAL CANCER	There are a variety of surgical treatments for cervical cancer. Factors such as the type of cervical cancer, age, and whether or not you want to have children in the future will all influence which option the doctor will prescribe. It will also depend on whether or not the cancer has spread and how far it has spread. This is described as the "stage" by doctors
Pre-cancers of the cervix can be treated with three procedures:	
Cryosurgery	- Liquid nitrogen is used to freeze the abnormal cancer cells on your cervix. A very cold metal probe is put directly on the cervix. The cancerous cells are then killed by freezing. For a few weeks after cryosurgery, you may have a watery brown discharge.

SURGICAL MANAGEMENT (cont)

Laser Ablation	- A focused laser beam is directed through the vaginal canal to evaporate (burn-off) abnormal cells. It can be more uncomfortable and painful than cryosurgery.
	- It is used to treat intraepithelial neoplasia of the cervical mucosa (CIN). This is something that can be done in a doctor's office or a clinic usually reserved for stage 0 cervical cancer.
Conization	- This is usually recommended before chemotherapy or radiation therapy. This procedure is the most preferred for patients who want to have kids in the future.
	- A cone-shaped piece of tissue is removed from the cervix by the doctor. The transformation zone, where cervical pre-malignancies and cancers are most prone to begin, is among the tissue removed in the cone.
Procedures to treat invasive cervical cancer are:	* Hysterectomy (simple or radical)

SURGICAL MANAGEMENT (cont)

	* Trachelectomy
Simple Hysterectomy	-The uterus (both the body and the cervix) is removed during a basic hysterectomy, but the structures around the uterus are not removed. Your other reproductive organs — your ovaries and fallopian tubes are also untouched. The lymph nodes in the vaginal and pelvic regions are not removed.
	-General anesthesia is used for all of these operations.
	Possible complications such as infertility, bleeding, infection, or damage to the urinary or intestinal systems such as the bladder or colon.
Hysterectomy in different ways:	**Abdominal hysterectomy**: The uterus is removed through a surgical incision in the front of the abdomen.
	Vaginal hysterectomy: The uterus is removed through the vagina.

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SURGICAL MANAGEMENT (cont)

	Laparoscopic hysterectomy: The uterus is removed using laparoscopy.
	Robotic-assisted surgery: laparoscopy is done with special tools attached to robotic arms that are controlled by the doctor to help perform precise surgery
Radical Hysterectomy	- The uterus, as well as the tissues adjacent to it (the parametria and uterosacral ligaments), the cervix, and the top part (approximately 1 inch) of the vagina near to the cervix, are removed during this procedure.
	Possible side effects: infertility, problems emptying the bladder after this operation, and may need a catheter for a time, bleeding, infection, or damage to the urinary and intestinal systems such as the bladder or colon, lymphedema(leg swelling).

SURGICAL MANAGEMENT (cont)

Trachelectomy	- Women can be treated without losing their capacity to have children thanks to a radical trachelectomy. The procedure is performed through the vaginal canal or the abdomen.
	- Your cervix and the top part of your vagina are removed, but your uterus is left intact. Doctors suture or band the area where your cervix used to be, using a permanent "purse-string" stitch. Your uterus is accessible through this hole.
	- The chances of your cancer returning after this operation are quite slim. According to studies, women have a higher risk of miscarriage after this operation

SURGICAL MANAGEMENT (cont)

Pelvic Exenteration	- If cervical cancer has spread to these organs after radiation therapy, the uterus, vagina, lower intestine, rectum, or bladder may be removed. Exenteration is a procedure that is rarely suggested. It's most commonly used for those whose cancer has returned following radiation therapy.
	-If a portion of your bladder or colon must be removed, a new route devised for you to eliminate waste. It's possible that you'll need a catheter. Alternatively, they may connect a plastic bag to the front of your abdomen to catch urine or feces, known as colostomy. The doctor can also use your skin, tissue from your intestines, or muscle or skin grafts to build a new vagina if it was removed.
	-Pelvic exenteration recovery can take up to 6 months.

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ASSESSMENT DIAGNOTICS METHOD

1. Screening	- help detect cervical cancer and precancerous cells that one day may develop into cervical cancer
A. Pap Smear/Test	- takes sample cells from your cervix, which are then examined in a lab for abnormalities
B. HPV DNA Test	- testing cells collected from the cervix for infection with any of the types of HPV that are most likely to lead to cervical cancer
2. Diagnosis	- If cervical cancer is suspected, your doctor is likely to start with a thorough examination of your cervix.
	- special magnifying instrument (colposcope) is used to check for abnormal cells
A. Punch biopsy	- involves using a sharp tool to pinch off small samples of cervical tissue.
B. Endocervical curettage	- uses a small, spoon-shaped instrument (curet) or a thin brush to scrape a tissue sample from the cervix.
C. Electrical wire loop	- uses a thin, low-voltage electrified wire to obtain a small tissue sample. Generally this is done under local anesthesia in the office.

ASSESSMENT DIAGNOTICS METHOD (cont)

D. Cone biopsy (conization)	- procedure that allows your doctor to obtain deeper layers of cervical cells for laboratory testing. A cone biopsy may be done in a hospital under general anesthesia.
3.Staging	- If your doctor determines that you have cervical cancer, you'll have further tests to determine the extent (stage) of your cancer. Your cancer's stage is a key factor in deciding on your treatment
A. Imaging Tests	- Tests such as X-ray, CT, MRI and positron emission tomography (PET) help your doctor determine whether your cancer has spread beyond your cervix.
B. Visual Examination	- of your bladder and rectum - may use special scopes to see inside your bladder and rectum.

PHARMACOLOGIC TREATMENT

Chemotherapy Drugs:

Topotecan (Hycamtin) - against persistent, metastatic and recurrent cancer of the uterine cervix	**Dosage and route:** 0.75 mg/m² IV infused over 30 min on Days 1,2, & 3 (with cisplatin 50 mg/m² on Day 1); repeat at 21-day cycles

PHARMACOLOGIC TREATMENT (cont)

Cisplatin (Platinol) + Gemcitabine (Gemzar) - Cisplatin is the single most active cytotoxic agent in the treatment of patients with recurrent or metastatic squamous cell cancer of the cervix	**Dosage and route:** given weekly during radiation; given into a vein (IV) before the radiation appointment
Paclitaxel (Taxol) + Cisplatin (Platinol) - given to shrink tumors and decrease symptoms from cervical cancer	**Dosage and route:** - Paclitaxel intravenous (I.V.) infusion given over 3 hours on Day 1 - Cisplatin I.V. infusion given over one hour on Day 1 OR - Paclitaxel continuous I.V. infusion given over 24 hours on Day 1, ending on Day 2 - Cisplatin I.V. infusion given over one hour on Day 2
Carboplatin - comparable results to cisplatin in concurrent chemo-radiation for locally advanced cervical cancer.	**Dosage and Route:** administer by intravenous (IV) infusion over 30 to 60 minutes
Gemcitabine (Gemzar) - is used to stop tumor cells from dividing so they stop growing or die	
Drugs Approved to Treat Cervical Cancer	**Avastin (Bevacizumab)** - works by interfering with the blood vessels that help cancerous cells to develop

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PHARMACOLOGIC TREATMENT (cont)

Keytruda (Pembrolizumab) - used when cervical cancer continues to progress either during or after chemotherapy

MEDICAL MANAGEMENT

Cervical cancer is treated in several ways. It depends on the kind of cervical cancer and how far it has spread. Treatments include surgery, chemotherapy, and radiation therapy.

SURGERY	- Doctors remove cancer tissue in an operation.
CHEMOT-HERAPY	- Using special medicines to shrink or kill the cancer. The drugs can be pills you take or medicines given in your veins, or sometimes both.
RADIATION	Using high-energy rays (similar to X-rays) to kill the cancer.

Clinical trials also use new treatment options to see if they are safe and effective. Patients have the option to participate in taking the experimental treatment for their disease.

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