

CERVICAL CANCER 2023 NEWSLETTER



The burden of cervical cancer?

Cervical cancer is the leading cause of cancer deaths in Zimbabwean women. It affects mainly young to middle-aged women in the 20-60 year age group.

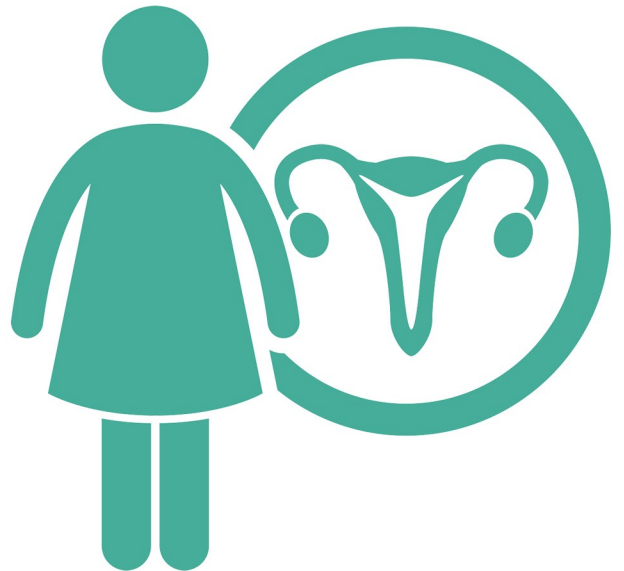
Women unfortunately present with advanced Stage 3 or 4 disease which in most cases is not curable. Late presentation of disease is mainly due to lack of awareness, fear, stigma and lack of finances to undergo screening and fear of not having money for treatment.

Symptoms of Cervical Cancer.

The symptoms of cervical cancer include; abnormal vaginal bleeding which could be inter-menstrual, post-menopausal, post-coital (after sexual contact) or contact bleeding.

One can also present with abnormal vaginal discharge and in some cases pain or discomfort during sexual intercourse, pelvic and/or back pain. In the more advanced cases, one can experience swelling of the legs and difficulty in passing urine and/or stools. If one has any of these symptoms is important to seek medical attention from the nearest health facility.

Written by Dr Tsikai





Screening for Cervical Cancer

Screening refers to testing for disease before patients develop symptoms in order to detect the cancer early. The options for screening include VIAC (visual inspection with Acetic acid) and Pap smear tests that are available for women from the age of 21 years onwards. Women can also get HPV (Human Papilloma Virus) DNA testing to help assess their risk of developing cervical cancer. It is recommended that these tests are done regularly (usually annually, or less often as directed by a medical professional).

Treatment for Cervical Cancer

The treatment depends on the stage of diagnosis. For early stages 1 and 2, patients can undergo hysterectomy which is surgery done to remove the uterus. Radiotherapy which is the use of high energy X-rays to treat cancer is also a form of treatment for the early stages of cervical cancer. It can also be used for the more advanced stages 3 and 4.

Chemotherapy is also used for the locally advanced stages, and for metastatic disease that has spread to other parts of the body. The success of treatment depends on the stage of the disease, with patients with earlier stages 1 and 2 having higher chances of cure, compared to the more advanced stages 3 and 4. Palliative care is offered to patients with advanced disease in order to reduce the burden of disease and improve quality of life.

Written by Dr Tskal

Facts & Myths

There's a lot of misinformation about cervical cancer and Pap tests, so we're breaking down some of the myths and giving you the real facts instead.

Myth: Cervical cancer cannot be prevented.

Fact: Cervical cancer can be prevented. Screening can find abnormal cells on your cervix before they become cancer. If these changes are found and treated early, cervical cancer can be prevented. Most cervical cancers are caused by human papillomavirus (HPV). There is a vaccine that protects against types of HPV that cause most cervical cancers. For more information about the HPV vaccine, visit [HealthLink BC](#) or [ImmunizeBC](#).

Myth: The cause of cervical cancer is unknown.

Fact: Most cervical cancers are caused by a common virus called HPV which is easily spread through sexual contact, including intimate touching, oral, vaginal, and anal sex. 3 out of 4 sexually active people will get HPV at some point in their lives – often without knowing it.

Myth: If you have HPV, you will develop cervical cancer.

Fact: There are more than 100 types of HPV – some types are high risk for cervical cancer, while others are not. Usually, the body's immune system clears the virus by itself within 2 years. However, for some, the HPV does not clear from the body, and over time, it can cause abnormal cell changes in the cervix that you cannot see or feel. These abnormal cells can develop into cervical cancer if they are not found and treated early enough.

Myth: You are more likely to get cervical cancer if you have had multiple sexual partners.

Fact: You can develop cervical cancer even if you have only had one partner. No one can pinpoint exactly why one person may develop cervical cancer and another may not.

Myth: Cervical cancer only occurs in less developed countries.

Fact: Cervical cancer affects people in all countries, developed or not. Cervical cancer is more common in less developed countries because there are no organized cervical cancer screening programs. Since the introduction of BC Cancer Cervix Screening in the early '60s – the first in the world – the province has successfully reduced cervical cancer rates by 70%.

Myth: I need an annual Pap test to screen for cervical cancer.

Fact: Annual screening is not recommended for those at average risk. Screening too often can result in more false-positives which can cause undue stress/anxiety and unnecessary follow-up procedures.

Myth: I'm too old to be screened for cervical cancer.

Fact: Cervical cancer screening can stop at age 69 if your results have always been normal. Ask your doctor or health care provider if you should still be tested.

Myth: I've received the HPV vaccine, so I don't need Pap tests.

Fact: Regular Pap tests are still necessary for those who have had the HPV vaccine. The vaccine protects against some types of HPV, but not all. You should still screen regularly for cervical cancer if:

- You've been through menopause;
- You've ever been sexually active, even if you are not sexually active right now;
- You've had the HPV vaccine;
- You're in a same-sex relationship; or,
- You're a transgender individual with a cervix.

Myth: Cervical cancer screening tests for all gynecologic cancers.

Fact: Cervical cancer screening does not test for all gynecologic cancers. The only cancer it tests for is cervical cancer. The test does not screen for other gynecologic cancers such as ovarian cancer and fallopian cancer. Contact your health care provider if you have questions about gynecologic cancers not screened by the Pap test.

Myths and Facts

<http://www.bccancer.bc.ca/screening/cervix/cervix-health/facts-myths>

Source: BC Cancer



My Survivorship Journey

Cathrine

My name is Cathrine am 45yrs old and a widow. I was diagnosed with cervical cancer in 2018 when I was 40 . what made me go to the hospital is because I was experiencing abnormal flows I would put on a pad daily thus I decided to visit a gynaecologist who did biopsy and results confirmed cervical cancer.me being a civil servant I could not afford private hosp treatment so gyna referred me to Parirenyatwa hospital.february 2019 I started treatment at Pari I had 6cycles chermotherapy .28 radiotherapy and 3 brachytherapy..it wasn't easy it was very expensive especially to a mere widowed civil servant.today am 4 yrs old aft treatment am very fit and back to work

Busisiwe

My name is Busisiwe Moyo and I am a cervical cancer survivor. My journey began in the second half of 2016 when I developed some of the symptoms that are typical of cervical cancer. However, I did not suspect that I had the disease. I suffered mainly from lower back pain that radiated to the pelvis, heavy menstrual flows and extreme fatigue. In December I felt unwell and decided to seek medical attention. I was diagnosed with Stage 1 cervical cancer in January 2017. I had hysterectomy later that month. I also had to undergo six cycles of chemotherapy concurrently with 28 days of radiotherapy and brachytherapy. Unfortunately, I had withdrawn from my medical aid scheme in May 2016. Therefore, I had to mobilise funds to cater for all medical costs and commenced treatment in June 2017.

The treatment phase was not easy, but I managed well since I started chemotherapy and radiotherapy when I was relatively in good health. I had healed from the surgery and was not experiencing any physical pain. I was happy that I had sort for medical attention before the disease had progressed. What came to my attention during this period was the limited interaction of patients among themselves and with those who were in the post treatment phase. I personally longed to talk to someone who had walked the road before me. Most of us patients were journeying as individuals save for our medical teams and family members. This resulted in the formation of Hope4thecervix Cancer Support Group when I joined hands with fellow sisters who were walking along the same road as I was.

Susan

Imagine moving around with someone holding a firearm to your head. Imagine trying not to pay attention to the threat but the constant fear that the trigger will be pulled keeps nagging.

This is how remission feels like. For me, It hasn't been only a milestone to be celebrated, but also the beginning of new life challenges. Mental Health issues took their toll me as I struggled with depression precipitated by how my mind adjusted to what I physically went through during my battle against cervical cancer. I projected my fears and frustrations on paper or keyboard when I felt that no human could understand me.

On a positive note, I found a new normal and a new happy place . Showing my support for 'the brave' has given me satisfaction that I have been able to make their situation better. Support group events hosted by Cancer Care Network of Zimbabwe and Well Woman Clinic have helped me look at myself with a much more optimistic mindset. As my faith in God continues to grow, I keep telling myself that the journey was chosen for me.

CHAMPIONS OF THE MONTH



Thank you for being a great support towards raising
Cervical Cancer awareness this month



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