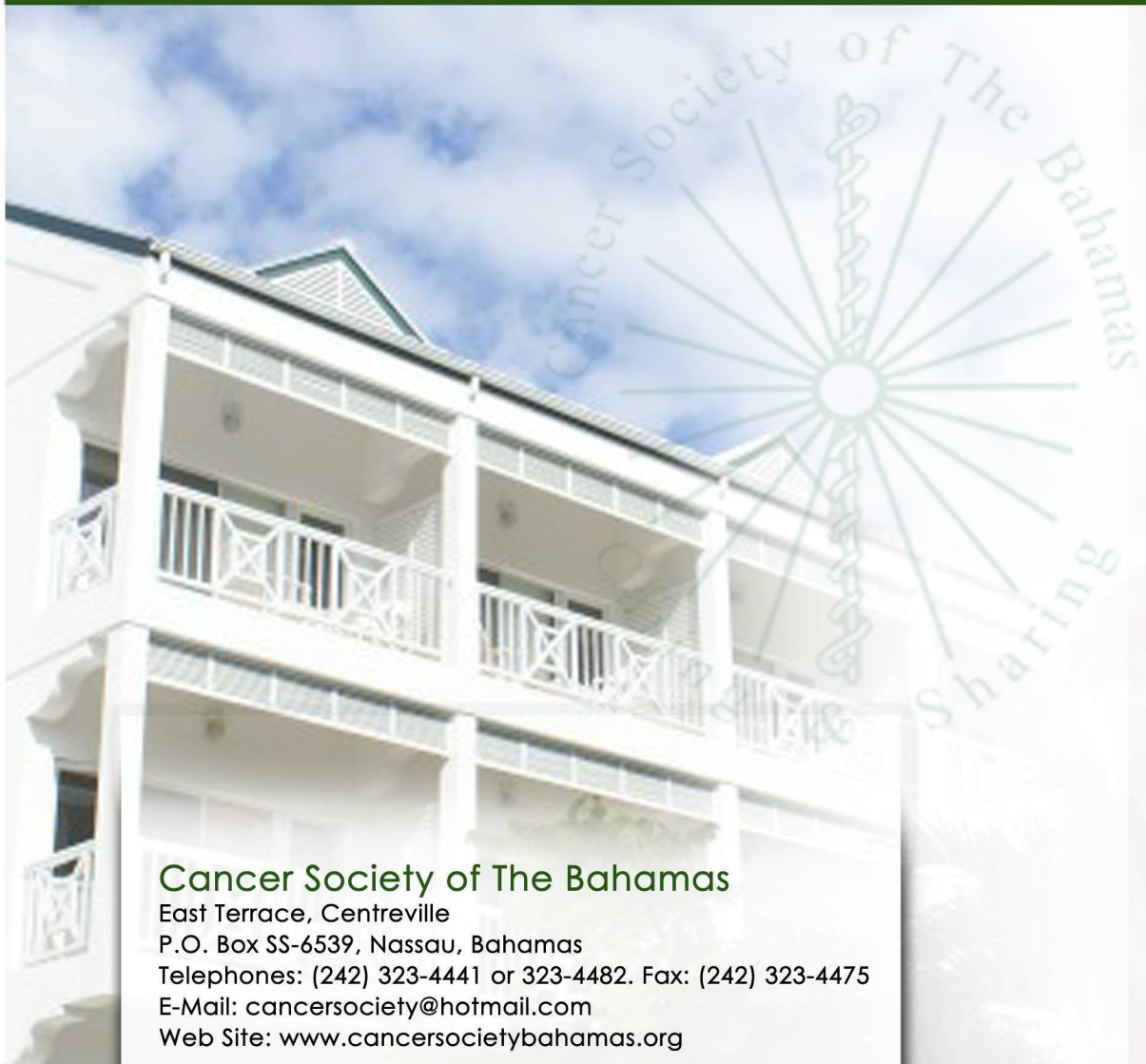




JUST FOR US WOMEN
A GUIDE TO OUR
CERVICAL HEALTH



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Caring & Sharing

THE CANCER SOCIETY OF THE BAHAMAS

Your Award Winning CSOB: "2000 Clarence H. Moore Award" & the "1988 Silver Jubilee Award"



Let's Talk About **CERVICAL HEALTH**



JUST FOR US WOMEN

A GUIDE TO OUR **CERVICAL HEALTH**



ACKNOWLEDGEMENTS

Editor's Note: The flower that is pictured throughout this booklet is the beautiful "Confederate Rose" or "Turncoat". This flower blooms throughout the year; it opens at dawn each day, snow white, as the day progresses, it changes colour, gradually moving to a delicate, blush pink at mid-morning to a deep, brilliant fuchsia pink by sunset. God created it, like the female, beautiful in all its stages of growth.

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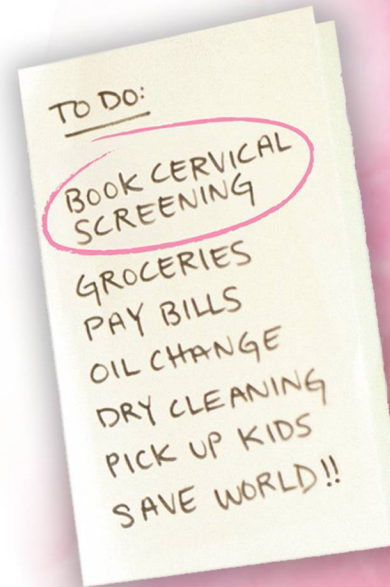
THE NATIONAL SCREENING PROGRAMME

This programme, introduced in phases, was implemented to provide screening for Family Island residents in the area of the three (3) most commonly diagnosed cancers. The first phase, targeting women only, was introduced in 1990 as a Five-Year Family Island Pap Smear and Breast Screening Campaign, by the CSOB in partnership with the Ministry of Health (MOH). In 1993, screening for Prostate Cancer was added, affording males the opportunity to be screened, on an annual basis, in their own community.



Under this programme, every month, health professionals (doctors, nurses and/or lab technicians) and CSOB volunteers, give up their weekends and travel to a different Family Island and, in collaboration with the local clinic staff and CSOB Family Island Branches (where established), hold free screening clinics throughout our archipelago. The dates and times of the specific clinic is always aired, in advance, on our National Radio - ZNS.

All adults males and females, in the various Family Island communities are strongly encouraged to attend these screening clinics, and be examined regularly, every year. These screenings are a vital means of de-tecting any changes, early. Early detection is the best protection against cancer – any cancer.



CERVICAL CANCER

Can be prevented.

Have you had yours yet?

Let's face it, Life is hectic.

So it's sometimes hard to make time for the important things in life. Regular cervical screening reduces your risk of developing cervical cancer. Now that IS something to make time for.

For more details, speak with someone at your branch of the CSOB. Find out when the FREE Pap smear tests are coming to your area.

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MYTH #1: "Doc I don't need to be tested. I've given 'everything' up; I gave it all up to Jesus"
 FACT: Once you have been sexually active, the risk for developing cervical cancer may persist for a number of years after your last sexual act. Continue to follow the screening guidelines of your health care provider.

MYTH #2: "I had my operation, everything gone, you don't have to check down there any more"
 FACT: Continued screening is still recommended even after an operation, to detect and treat any possible recurrences early.

MYTH #3: "Doc that was my last baby so this is the last time that you will need to check me out"
 FACT: Even after childbearing is over, regular screening should continue. Lack of regular screening can result in cervical cancer going undetected and undiagnosed.

MYTH #4: "Doc my husband says you don't have to check me out, he say you can take my blood to see if I have cancer, that's what his doctor does"
 FACT: Although some cancers can be screened and monitored by means of blood test, there is no readily available blood test to screen for cervical cancer. The Pap smear is the best screening tool for this disease. Even after receiving the HPV vaccine, women will still need to be regularly screened.

WHAT WE (MOTHERS) SHOULD TELL OUR DAUGHTERS OUR GRAND-DAUGHTERS, SISTERS, NEICES AND FRIENDS – ABOUT CERVICAL CANCER

"No woman, no matter what age she is, has to suffer or die from cervical cancer today. Girl, this is the one cancer that is truly preventable. Cancer starts as an abnormal change in the cell of our body, and if not detected and treated early; over time, this change can progress to cancer. By having regular, annual check-ups, your doctor will be able to see if such a change is happening inside your cervix. If it is, your doctor will be able to treat it right away - even before it has a chance to change into cancer.

You will have to take time, every year, to see about yourself - to go and be examined. You are special. You need to take special care of yourself. You know, don't you, that I have my test each and every year? You have to now start planning for yours every year too. I usually do mine the week before my birthday - so I won't forget - you should pick a date and time that would work for you each year. Remember, I love you and want you to have a long, healthy and happy life - and that means **NO CERVICAL CANCER!**"

GUIDELINES FOR GOOD CERVICAL HEALTH

MAINTAINING A HEALTHY LIFESTYLE

This means living a balanced life of work, home, leisure, relaxation and play by:

1. Eating a variety of healthy foods, most of the time
2. Exercising daily, for at least half-an-hour
3. Taking time, each day, for quiet devotions/meditation
4. Getting adequate sleep (6 – 8 hours each night), in a dark quiet room
5. Taking time to “play” – have fun, laugh a little.
6. Safe sex practices e.g., one partner only, if not, always wear a condom during sex.



- We should be examined by our doctor every year
- We will need “booster” vaccines every 10 years, and a flu vaccine every year
- We should talk to our doctor about getting one of the HPV vaccines
- If we become ill with a cold or the flu, we are to stay at home, and not go to work, school, church, or out with friends.

YOUR GUIDE TO CERVICAL HEALTH

When was the last time you considered your cervix? If you've had children, it was probably when you were in labour. During those long, painful hours, you tracked every centimeter of dilation as if your cervix was a clock ticking off time until you could push. Maybe you thought about your cervix when you had your last Pap smear. After all, that's the point of a Pap smear - to check on the health of your cervix.

Otherwise, our cervixes are just not something we tend to think about much. A 2007 National Women's Health Resource Center survey of 1,000 women, found that while many women appear to be knowledgeable about some aspect of their cervix, just 20 percent felt they were well informed about this part of their anatomy. Only half knew that the cervix physically supports the organs above it - the uterus, fallopian tubes, and ovaries; while less than half knew it prevented bacteria from travelling into the uterus and fallopian tubes, possibly played a role in sexual function and pleasure, secreted mucus to nourish sperm and protected the uterus from sexually transmitted infections.

Whether you're muddled about cervical health and everything associated with it, or you've connected most of the dots and feel fairly up-to-date, this guide is for you.

By the time you finish reading your Guide to Cervical Health, you will be an “expert” on the importance of your cervix to your overall reproductive, gynaecologic and sexual health. Most importantly, you'll know how to make sure your cervix remains healthy.

WHAT IS THE "CERVIX"?

The cervix is the lower third portion of the Uterus (the "womb" or "baby's nest"); it forms the neck of the uterus and opens into the vagina (our "front passage"). The narrow opening of the cervix is called the "Os". The cervix plays an important role in our female Reproductive System.

The cervical os allows our menstrual blood to flow from our uterus through our vagina each month. Sperm (the male cell), must also travel through our cervix to reach the uterus and the ovum (the female cell). During pregnancy, the cervical os closes to keep the developing foetus (baby) safely in the uterus until time for birth. During labour, our cervix dilates, or widens, to allow the passage of the foetus from our uterus through our vagina, and out of our body.

ANATOMY OF THE CERVIX

The cervix is approximately two inches (2") long and it is tubular in shape.

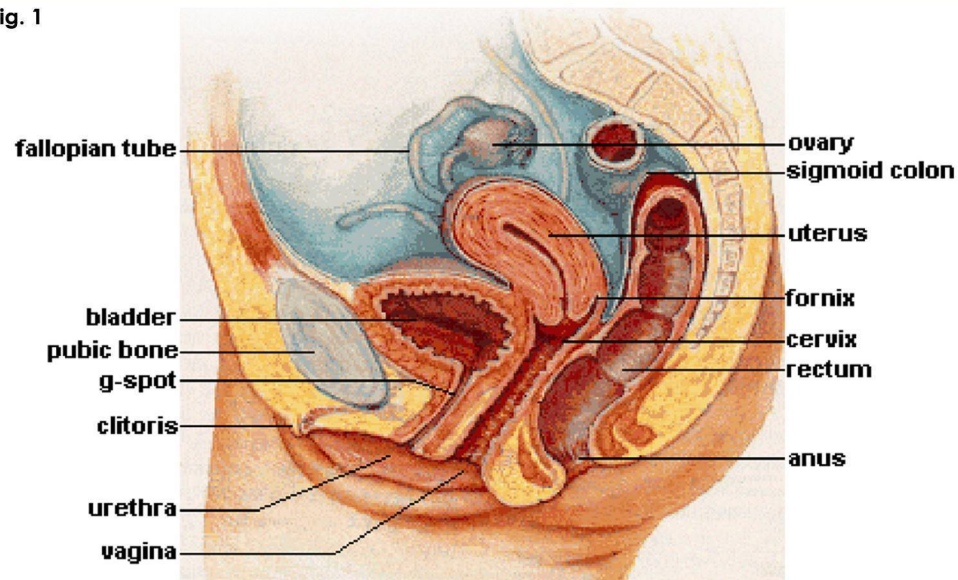
Endo-Cervical Canal - The potential space in the centre of the tube of tissue that is our cervix.

Ecto-Cervix - The lower part of our cervix that protrudes into our vagina.

Internal Os - The part of our cervix that is closest to the body of our uterus.

External Os - The opening of our ecto-cervix.

Fig. 1



THE TREATMENT OF CERVICAL CANCER

2. RADIATION THERAPY

This is cancer therapy using high-energy x-rays, or other types of radiation to kill cancer cells, or to stop them from growing. There are two (2) types of radiation therapy:

2.1 External Radiation Therapy: In this process, an external machine directs radiation at the cancer cells inside our cervix

2.2 Internal Radiation Therapy: In this procedure, radio-active substance that may be sealed in needles, wires or catheters, is placed into, or near to the cancer. The method used will depend on the type and the stage of the cancer being treated.

3. CHEMOTHERAPY

This is cancer treatment where drugs are used to stop the growth of cancer cells – either by killing the cells, or by stopping them from dividing. When the drugs are taken by mouth, or injected into a vein or muscle, they enter our bloodstream and can reach cancer cells throughout our body – this is called *Systemic Chemotherapy*.

When chemotherapy drugs are placed directly into an organ, into a body cavity such as the abdomen, or into the Cerebro-Spinal Fluid, the drugs affect cancer cells in those specific areas – this is called *Regional Chemotherapy*. The way the chemotherapy is given, depends on the type and the stage of the cancer.

TREATMENT OF INVASIVE CERVICAL CANCER

Option 1: Surgery

This is very effective in patients with Stage I and II cancer. Radical hysterectomy is the procedure of choice for overt cancer. When surgery is being performed, the ovaries are usually spared so that they can continue to manufacture oestrogen. Potential complications of surgery include: Haemorrhaging, damage to the nerves that go to the bladder, and formation of fistula.

Option 2: Radiation

This treatment is reserved for poor surgical candidates or women with advanced disease. Problems associated with radiation include: Infertility, radiation cystitis and fibrosis. Radiation is usually ineffective in patients with recurrent cervical cancer.

PROGNOSIS

In patients with CIS and cancer limited to the cervix, the outlook is excellent. The cure rate is between 90-100%. In patients with advanced cervical cancer, that is, the cancer is no longer contained in the cervix, but has spread to other organs and lymph glands; the outlook is not as good. The cure rate is between 25-50%.

THE TREATMENT OF CERVICAL CANCER

Certain factors affect our prognosis (chance of recovery), and our treatment options. Our prognosis would depend on:

- Our age and general health
- The presence or absence of HPV in our body
- The stage of our cancer – whether it was localized in the neck of our cervix; involved our entire cervix; involved our lymph nodes or other places in our body
- The type of cervical cancer we presented with
- The size of our cancer (tumour)

There Are Three (3) Standard Types Of Treatment For Cervical Cancer

1. Surgery

2. Radiation Therapy

3. Chemotherapy

1. Surgery

1.1 Conization: This procedure is used for early stage or pre-invasive disease; here a cone-shaped piece of cervical tissue is surgically removed. The procedure is used both as a diagnostic tool and as a method of treatment and is also referred to as a "Cone Biopsy"

1.2 Total Hysterectomy: This involves the surgical removal of the uterus and cervix. The organs can be removed through the vagina (Vaginal Hysterectomy); or abdominally (Laparoscopic Hysterectomy)

1.3 Radical Hysterectomy: This operation involves the removal of the uterus, cervix, upper part of the vagina, along with the ligaments and tissues that closely surround these organs. The ovaries, fallopian tubes and/or nearby lymph nodes may also be removed during the surgery

1.4 Pelvic Exenteration: In this operation, in addition to the cervix, vagina, and uterus and nearby lymph nodes; the lower part of the colon, rectum and bladder are also removed

1.5 Cryosurgery: This procedure is only used for pre-invasive disease. Here the abnormal tissue is frozen and destroyed using a special instrument. This treatment is called "Cryotherapy"

1.6 Laser Surgery: In this procedure, a narrow focused beam of light is used, in the same manner as a knife, to make bloodless cuts in order to remove the tumour

1.7 Loop Electrosurgical Excision Procedure (LEEP): In this procedure, cancerous or abnormal tissue is removed using a thin wire loop through which electric current passes.

THE CONCERN

Transformation Zone: The area adjacent to the border of the endo-cervix and ecto-cervix is known as the "transformation zone", it is also called "TZ" for short. This is the area of our cervix where Cervical Dysplasia commonly occurs. The TZ is often discussed during a Colposcopy examination (an examination of our vagina and the neck of our womb).

The cervix is covered by the **Epithelium** which is made of a thin layer of cells. Epithelial cells are either **Squamous** or **Columnar** (also called Glandular cells). Squamous cells are flat and scaly, while the columnar cells are, as the name indicates, column-like. Regular, annual Pap smears, detect early changes to our cervical cells which may lead to cervical cancer. Fortunately, the majority of abnormal Pap smears are mainly due to inflammation or infection.

THE CONCERN

- Cervical cancer is the second leading cause of cancer deaths in us Bahamian females
- This is also cause for concern in Latin America and the Caribbean
- In our region, every year 72,000 women are diagnosed and 33,000 die due to cervical cancer
- This translates into an economic loss in productivity of approximately US\$ 3.3 billion each year
- It is estimated that the incidence will increase 75 percent by the year 2025 to 126,000 new cases a year
- In The Bahamas, as well as in the Region, many cases go undiagnosed, misdiagnosed and/or unreported
- Cervical cancer is diagnosed at an earlier age, and often at a more advanced stage in us Bahamian women than in our North American counterparts. This late and more serious diagnosis, greatly compromises the potential for a good outcome for all such affected women.

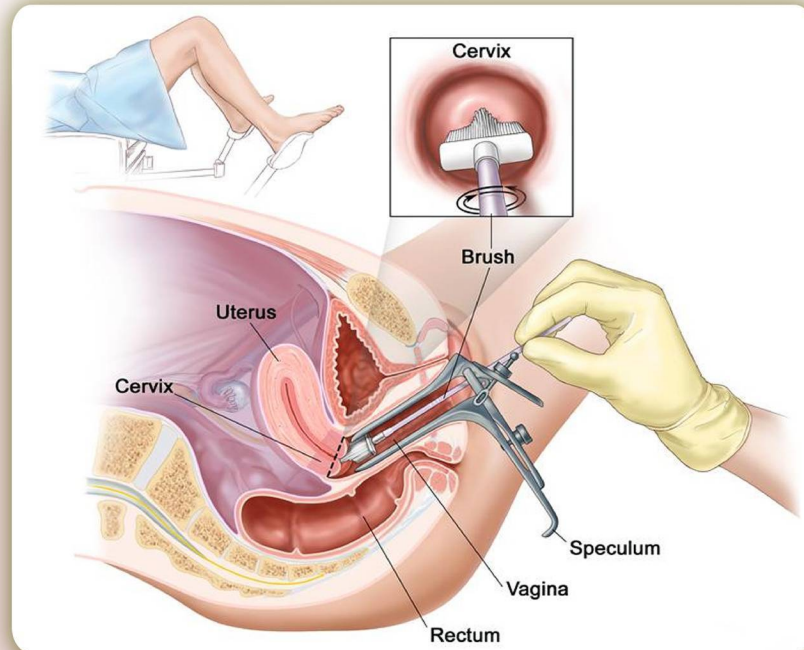
THE GOOD NEWS

1. Primary Prevention: Here the focus is on preventing the cells from becoming abnormal. The HPV Vaccine is most effective in this regard. There are two HPV vaccines on the market. Both are effective in preventing cervical cancer and dysplasia. Three (3) doses, over a six (6) month period are needed to ensure protection. These vaccines lower the risk of cervical dysplasia up to 80 percent. While the vaccines were initially only (FDA) approved for young females 9 – 26 years, they have now been approved for older females.

THE GOOD NEWS

2. Secondary Prevention: Here, the focus is on early detection and treatment of the pre-invasive disease. That is, treating abnormalities detected on routine Pap smear.

- By being screened on a regular basis, every year, we protect our health, and **WE CAN** effectively help to prevent cervical cancer and thereby change the statistics.
- Cancer of the cervix **IS** preventable.
- Regular Pap smears and Colposcopy exams **WILL** detect any changes in our epithelial cells.
- The majority of abnormal Pap smears are due to inflammation or infection and not to cancer.
- Early Mutation in the epithelial cell will alert our Doctor if any changes are taking place. He (she) will be able to treat this before the mutation progresses to cancer.
- Early detection in this case, **CAN effectively prevent** the development of cancer.



Cross Section of the Female Reproductive System

WHAT DOES OUR RESULTS MEAN?

POSSIBLE RESULTS FROM OUR BIOPSY OR ENDOCERVICAL CURETTAGE

When a Pap smear is abnormal, Colposcopy may be requested. This procedure involves the visualization of our genitalia, including our cervix, with microscopy after application of a special stain. Areas that stain abnormal are biopsied and sent to the laboratory for testing. Depending on the result, further treatment would be recommended.

Treatment may take the form of an ablative procedure (such as cryotherapy or laser ablation), for mild dysplasia. For severe dysplasia, an excisional (such as LEEP, cone biopsy, laser guided cone biopsy) may be done.

Possible Result	What Our Health Care Provider May Recommend
Tissue appears normal	Our health care provider may not need to do any further testing or treatment right away, but may recommend a repeat Pap test, or HPV test, in 6-12 months.
Tissue shows only mild changes (low-grade)	Our biopsy may have removed all abnormal tissue. We may or may not need further treatment—even if some abnormal tissue remains. Our health care provider may not need to do any further testing or treatment right away, but may recommend a repeat Pap test or HPV test in 6-12 months.
Results are unclear	Our doctor may do more tests, such as conization .
Severe (high-grade) changes are found	We will need treatment to remove more tissue. Our doctor may perform LEEP, cryotherapy, laser therapy, or conization.
Invasive cancer cells are found	Our doctor will do more tests to find out the stage (extent) of the cancer. Our treatment will depend on: <ul style="list-style-type: none"> • The stage of the cancer • Our age • Whether we may want to become pregnant in the future • Our general health • Other factors

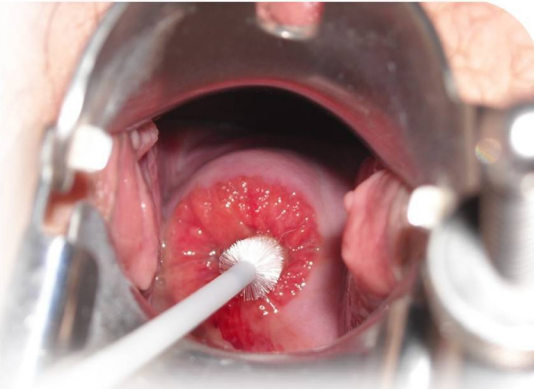
THE GOOD NEWS

We should do everything we can to ensure good results from our annual tests. For example:

- We should not douche, insert a tampon, have sexual intercourse, or bathe in a tub (take a shower) within 24 hours before our appointment/examination;
- We should not schedule our test during our menstrual period;
- We should tell our Doctor if we are using birth control, or if we are pregnant, &
- We should empty our bladder (and rectum) before going to our Doctor's office.

WHAT TO EXPECT AT ANNUAL CHECK-UP

At the office we will be asked to take off all our clothes. We will be weighed, and our blood-pressure will be measured by the Nurse. We will be required to lie on our back, with our feet in stirrups. A Speculum (an instrument that opens the vagina, and allows the Doctor to examine our cervix) will be inserted to keep the vaginal canal open. This should not cause any pain, only mild discomfort. This discomfort will lessen, depending on how well we are able to relax. Our Doctor will remove a sample of cells with a small spatula. He/she will either place this sample in a tube with a preservative, or on a slide, then send the sample to a Laboratory for testing. The results should be ready in two (2) weeks.



CERVICAL CANCER IN THE BAHAMAS								
ISLAND	1 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70 +	Morbidity	Mortality
Abaco	1		1	2			4	3
Acklins								
Andros		1	1		2	1	5	
Berry Islands			1		1		2	
Bimini								
Cat Island	1	1					2	
Crooked Island								
Eleuthera		2	3		1	1	7	1
Exuma			1			1	2	1
Grand Bahama	1	2	3	2	2		10	3
Inagua								
Mayaguana								
New Providence	8	17	46	8	8	18	122	50
Ragged Island				1	1		1	
San Salvador			1				1	1
Total	11	23	57	15	15	21	157	59

WHAT DOES OUR RESULTS MEAN?

OBESITY AND CANCER

Most of us women, who are diagnosed with cervical cancer, tend to have one or more identifiable factor(s) that increase our risk for the disease. **Please note** that while it is uncommon, it is not impossible for us to develop cervical cancer without any risk factors being present. Some risk factors can be changed, such as diet, smoking and oral contraceptives; while some cannot be changed, such as age and race.

1. AGE: Most cases of cervical cancer are found in women who are younger than 50 years. However, the risk of cervical cancer does not completely disappear as we age. Almost 20 percent of women with cervical cancer are diagnosed at age 65 years and older. Additionally, the death rate from cervical cancer is higher in women who are older than 55 years.

2. RACE: The American Cancer Society (ACS) has estimated that Black Americans are twice as likely to die of cervical cancer as the (U.S.) national average. The ACS also estimates that the death rate among Hispanic and American Indian women from cervical cancer, is also significantly higher than average. Researchers believe that these population groups, combined with low socio-economic factors, result in fewer women in these groups having regular Pap smears. It is therefore not surprising that in The Bahamas, with a predominately Black, young population, a significant number of whom are in the lower socio-economic status, we experience a higher than average death rate from cervical cancer.

3. SEXUAL HISTORY: Women who become sexually active at an early age (younger than 16), are at higher risk of developing cervical cancer. Also, women with multiple sex partners are at higher risk for cervical cancer. As a result of individual sexual history, some women are at greater risk of contracting the **Human Papillomavirus (HPV)**, a **Sexually Transmitted Disease (STD)** than those who delay their Sexual activity until marriage, and who restrict this activity to one partner. Unlike most STDs, HPV cannot be prevented by using a condom or other birth control methods. Certain strains of HPV increase our cervical cancer risk.

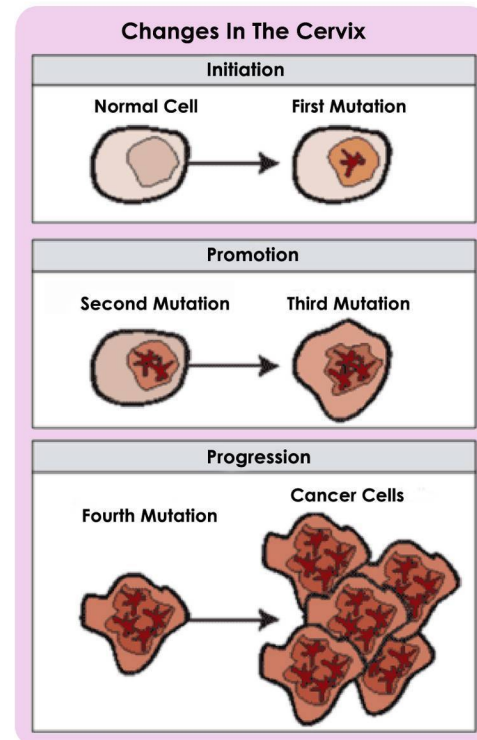
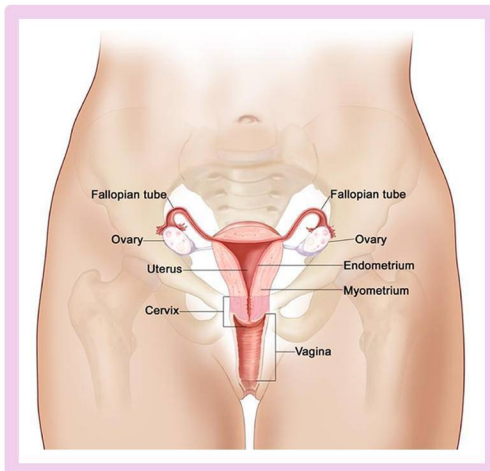
4. HPV: A common STD that affects both males and females. There are over 80 different strains of HPV, and most do not pose any health risks. However, Strains HPV-16, HPV-18, HPV-31 and HPV-45 are the most common high risk strains, and they may cause cellular changes that could progress to cervical cancer if not detected and treated. Women who have abnormal Pap smear results may be tested specifically for HPV.

RISK FACTORS FOR CERVICAL CANCER

5. THE HUMAN IMMUNODEFICIENCY VIRUS (HIV): This viral infection causes AIDS, and also increases our risk for cervical cancer. This happens because HIV damages our body's immune system, thus making it easier for us to contract HPV, and more difficult to clear it from our body. Persistent HPV infection is associated with cervical dysplasia and cervical cancer.

6. DIET & WEIGHT: The types of food, and the quantities, that we eat have a direct impact on our health, and increase our risk of developing cervical cancer. For example, women whose diet is low in fruits and vegetables may be placing themselves at greater risk for developing this disease. Additionally, women who are obese are at greater risk for developing cervical and breast cancers.

7. Smoking: Smoking alters our immune response and also contains cancer causing agents. As a result, women who smoke are more likely to develop cervical cancer.



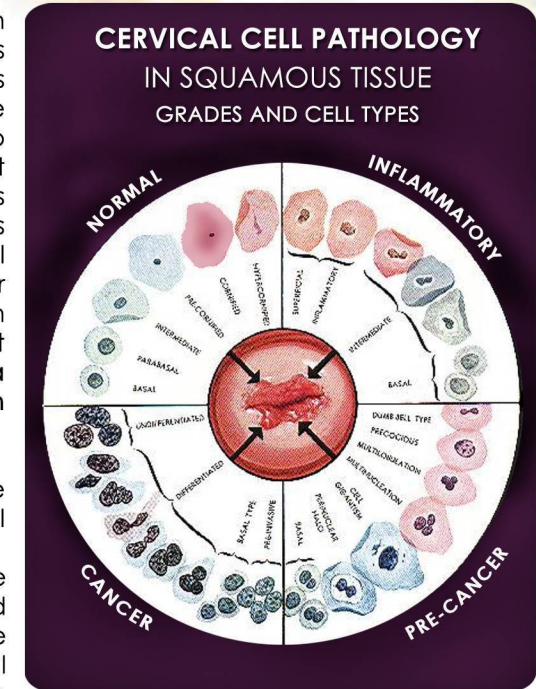
8. ORAL CONTRACEPTIVES: According to the National Cancer Institute (NCI), there is some scientific evidence that links the long-term use (more than five years) of oral contraceptives with higher risk for developing cervical cancer. More recent research however, has shown that infection with HPV is the single most important cause.

SIGNS & SYMPTOMS OF CERVICAL CANCER

There are often no signs or symptoms in the early stages of the disease. This is why it is so very important for **ALL** of us Bahamian women, from the time we are sexually active, to have a Pap smear test **EVERY** year to detect pre-cancerous, or early cancerous cervical cells. The following symptoms may be associated with cervical cancer and should be reported to our doctor for further investigation, as soon as possible. It must be noted that these symptoms can also indicate a number of conditions other than cervical cancer.

The following symptoms may be related to more advanced cervical cancer:

- **Abnormal Vaginal Bleeding** - Is the most commonly experienced symptom of cervical cancer. We should be alert for post-coital bleeding (bleeding associated with sexual intercourse); bleeding after douching; heavy periods; heavy spotting between periods, or an additional period within our normal monthly cycle. Any heavy, sudden onset of abnormal vaginal bleeding should be reported to our doctor/health care provider as soon as possible.
- **Unusual Vaginal Discharge** - Excluding bleeding.
- **Pelvic Pain** - Persistent pelvic pain that is unrelated to another condition, for example, menstruation or physical exertion, can be a symptom of cervical cancer.
- **Pain During Sexual Intercourse**



WHY DO WE NEED AN ANNUAL PAP SMEAR TEST?

This test is necessary because it can detect cervical cancer early. It can also detect changes in the cervical cells even before they become cancerous. Sadly, many of us women who are diagnosed with cervical cancer have never had a Pap smear test. Also, many women who are diagnosed with cervical cancer had not had a Pap smear test in over five (5) years.