



CLINICAL AND SOCIO-DEMOGRAPHIC PROFILE OF CERVICAL PATIENTS VISITING TO OUR HOSPITAL

Medical Science

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ABSTRACT

Background: Cancer of the cervix is the most common genital tract malignancy in the female and is a major public health problem in the developing countries. Though the incidence of cervical cancer is decreasing in the developed countries and even in cities of India, the situation among the rural population is still gloomy. Study of the socio-demographic and clinical profile of patients is the first step in planning control measures and treatment facilities.

Material and methods: The data of 70 patients treated at the radiotherapy department of Govt. Cancer Hospital, Aurangabad were retrospectively analysed. The demographical profile patients were evaluated for clinical symptoms, clinical stage, pathology, age, residential address, marital status, education, occupation status, treatment history, stage, tumor histology, and presence of comorbid conditions.

Result: Majority of the patients were in the age group of 45–54 (45.7%), followed by 55–64 (40%). Most of the patients were illiterate (74.2%). About 88.5% of patients were found to be resident of rural part of Marathwada region while only 08 patients were from urban region. Majority of the patients were diagnosed with Stage III (42.8%) or II (37.1%) disease. Nearly 97% of patients had squamous cell carcinoma. Stage of disease was found to be significantly ($P < 0.05$) associated with age and educational status.

Conclusion: This study highlights certain important baseline characteristics of cervical cancer patients. This basic information on profile of patients can help plan and optimum utilization of hospital services, especially in resource-poor countries like India.

KEYWORDS

Cervical cancer, socio-demographic, clinical profile.

INTRODUCTION

Cervical cancer is the fourth most common cancer in women worldwide with >85% of cervical cancer deaths occurring in less-developed regions of the world. Each year, more than half a million women are diagnosed with cervical cancer and the disease results in over 300 000 deaths worldwide (1).

India, the second most populous country of the world bears more than one fourth of the world's burden of cervical cancer (2). Cervical cancer prevention and screening programmes have been successfully implemented in the developed countries, resulting in a decreasing trend both in incidence and mortality. However, in developing or less developed countries, over 80% of women with cervical cancer continue to be diagnosed at an advanced stage, which is significantly associated with poor prognosis (3).

It is now well recognized that cervical cancer is more common among women living in poor conditions, with low-income levels and lack of education. There are abundant studies on risk factors related with cervical cancer. In addition to human papillomavirus, there are various risk factors associated with cervical cancer such as early age at marriage, early age at first sexual intercourse, more number of sexual partners, high parity, and smoking (4, 5, 6, 7). In India, huge section of the population is from below poverty line who are neither aware nor have accesses to cervical cancer screening, diagnosis, and treatment facilities. The present study was planned to study the socio-demographic and clinical profile of cervical cancer patients visiting a Government Cancer Hospital, Aurangabad in Marathwada region in the state of Maharashtra.

MATERIAL AND METHODS:

This retrospective analysis was done at Government Cancer Hospital, Aurangabad which is the state cancer institute in Maharashtra. This hospital is run under a Govt. of Maharashtra and provides state of art cancer treatment at an affordable cost to the cancer patients mainly of Marathwada region (Aurangabad, Parbhani, Jalna, Nanded, Beed, Hingoli district etc) and neighbouring regions of Jalgaon, Nashik, Dhule etc. A total of 70 patients were treated at the radiotherapy department of Government Cancer Hospital, Aurangabad were

included in this study. The socio-demographic and clinical details obtained from the patients were age, residential address, marital status, education, occupation status, treatment history, stage, tumor histology, and presence of comorbid conditions. The patients were evaluated for their demographic, clinical and therapeutic profile. Parameters studied were age, the general condition, background (rural or urban), clinical signs, clinical stage of the disease, histology etc. The results were statistically analysed using percentage, mean and median. Statistical analysis of the study was not compared to the other studies discussed as it is a hospital based assay, so probably the findings cannot be generalized and other studies were population based.

RESULT:

A total of 70 cervical cancer patients were included in this study. (Table 1) portrays the socio-demographic profile of cervical cancer patients. Majority of the patients were in the age group of 45–54 (45.7%), followed by 55–64 (40%) and only 7 patients (9.9%) were below the age of 45. Most of the patients were illiterate (74.2%) and only 18 patients were literate. Nearly 80% of patients were married, 17.1% were widows, and only 2 (2.8%) patient reported herself unmarried. Majority of the patients were homemakers (82.8%) and only 2 women (2.8%) reported to be employed in some job. Place of residence was categorized into two categories: urban and rural. All those who were residing in urban region for more than 1 year were considered as resident of urban region. About 88.5% of patients were found to be resident of rural part of Marathwada region while only 08 patients were from urban region. Out of total patients 17% had already taken some kind of cancer treatment before coming to this centre [Table 1].

Table no.1: Socio-demographic profile of cervical cancer patients

Sr. no	Socio-demographic factors	No. of patients (%)
1.	Age group(years)	
	<35	02(2.8)
	35-44	05(7.1)
	45-54	32(45.7)
	55-64	28(40)
	64 and above	03(4.2)
2.	Education level	
	Illiterate	52(74.2)
	literate	18(25.7)

3.	Marital status Married Widow Others(unmarried, divorcee)	56(80) 12(17.1) 02(2.8)
4.	Occupation Housewife Service Others(daily wage laborers, maids etc)	58(82.8) 02(2.8) 10(14.2)
5.	Place of residence Urban Rural	08(11.4) 62(88.5)
6.	Treatment history Prior treatment No Prior treatment	12(17.1) 58(82.8)

Clinical stage of disease, tumor histology and major comorbid conditions were considered to describe the clinical profile of patients. Stage-wise distribution of cervical cancer patients shows that a very small percentage of patients (14.2%) were diagnosed at early stage. Majority of the patients were diagnosed with Stage III (42.8%) or II (37.1%) disease. Nearly 97% of patients had squamous cell carcinoma. History of hypertension, diabetes, heart disease, AIDS (HIV+ve), hepatitis (HBsAg+ve) was considered as the presence of comorbidity. About 31% of patients had one or more comorbid conditions, of which HIV (14.28%) was the leading cause of comorbidity followed by HbsAg (8.5%) (Table no.2).

Table no.2: Clinical profile of cervical cancer patients

Sr.no	Clinical factors	No. of patients (%)
1.	Stage Stage I Stage II Stage III Stage IV	10(14.2) 26(37.1) 30(42.8) 04(5.7)
2.	Histology Squamous Adeno	68(97.1) 02(2.8)
3.	Comorbid condition Hypertension Diabetes Heart disease HIV HbsAg No Comorbid condition	05(7.1) 02(2.8) 00(00) 10(14.28) 06(8.5) 45(64.28)

We tried to analyse if there is any association between stage of disease and socio-demographic factors such as age and level of education. Stage of disease was found to be significantly ($P < 0.05$) associated with both age and educational status [Table 3] and [Table 4].

Table no.3: Comparison of age with respect to stage

Sr.no	stage	Median age(years)	Range (years)	P value
1.	I	46	42	0.001
2.	II	52	48	
3.	III	54	52	
4.	IV	58	56	
5.	All stage	52	60	

Table no.4: Association between stage and education

Sr.no	stage	illiterate	literate	total	P value
1	I	08	02	10	0.03
2	II	20	06	26	
3	III	22	08	30	
4	IV	02	02	04	
5	All stage	52	18	70	

DISCUSSION

In contrast to developed countries, cervical cancer is a major public health problem in India. In developed countries, screening programs have shown a marked decline in the incidence of cervical cancer (8, 9). However, the same not feasible in low-resource settings of our country where a high risk of cervical cancer is experienced. Therefore, a substantial part for cancer control is through early diagnosis and treatment of disease in tertiary cancer care institutes. To plan future control and treatment activities, correct data on patient's socio-demographic profile and clinical presentation are very essential.

This study was conducted to assess various characteristics of patients with carcinoma cervix. The patients were grouped age wise; majority of them belonged to 45–54-year followed by 55–59-year age groups. The median age of cervical cancer patients in our study was 54 years. The average age of patients in our study was found to be slightly higher than average reported by other researchers in Western literature (10). This older age indicates a relative lack of awareness and non-availability of screening facilities for about cervical cancer in our country (11). Our study also found a significant difference in median age of patients when patients were categorized as per stage, i.e., median age of patients with higher stage disease was found to significantly higher than patients with lower stage disease. This finding has been also reported by Flores-Luna et al (10). Late diagnosis of cervical cancer can be the likely explanation of higher median age of patients with advanced stage disease. Further, it is also likely that the findings reflect differences in awareness of cervical cancer symptoms in older women.

In our study, 14.2% cases had early stage disease (Stage I) and 48% patients had presented with advanced stage disease (Stage III and IV). Histologically, majority (97.10%) of our patients had squamous cell carcinoma which is similar to results obtained by many other researchers (12, 13).

CONCLUSION

We have described only socio-demographic profile of cervical cancer patients visiting to our hospital. In India, there are very few studies describing profile of cancer patients visiting health-care facilities. This basic information on profile of patients can help to plan and ensure efficient utilization of hospital services in developing countries like India.

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