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Factors influencing the time of the treatment for locally advanced cervical cancer

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Abstract

Cervical cancer is the second most common cancer in women. In Morocco, it is the second leading cause of cancer death in the female population, usually due to late diagnosis.

It is a pathology for which the diagnostic means are nowadays developed, ranging from early detection to the demonstration of infra-clinical lesions, which has clearly improved the prognosis in developed countries.This work aims to identify the factors influencing the time between the first symptom, the time to diagnosis and the end of treatment for locally advanced cervical cancer in our daily practice

A retrospective study of 675 files of patients with locally advanced cervical cancer treated in the radiotherapy department of CHU Hassan II in Fez. A questionnaire was developed and duly completed using patient records. Thus, the average consultation time of 184.8 days with spontaneous and provoked menometrorrhagia as the reason for consultation in 87.40% of cases. The mean time to diagnosis was 14.6 days, the mean time to start treatment was 48 days, and the overall mean time was 319.2 days. Regarding the factors identified to justify the long diagnostic delay, the interview revealed the lack of financial means 40.5%, the distance from health structures in 30%, the comorbidities 10%, the inadequacy of treatment load 3% and diagnostic errors 2%. Regarding these factors taken individually, Patients who lived in remote areas and Subjects with comorbidities whose general condition was altered consulted later with ($p = 0.039$), ($p = 0.027$).

The speed of treatment is an important dimension for patients with cervical cancer. Efforts remain to be made to improve access to care in our context.

Keywords: Cervical cancer; Delay factors; Locally advanced; Time of treatment.

1. Introduction

Cervical cancer is the second most common cancer in women, with almost 493,000 new cases estimated in 2002 and more than 500,000 in 2005 (8.9). In Morocco it is the second cause of cancer mortality in the female population generally because of late diagnosis. It affects 2,000 new cases each year, according to the Lalla Salma Cancer Control Association (ALSC) [3]. Its prognosis is closely related to the stage at which the diagnosis is made. It is a pathology whose diagnostic means are now developed, ranging from early detection to the detection of infra-clinical lesions, which has significantly improved the prognosis in developed countries. In Morocco the diagnosis of cervical cancer is made in stage II and III in 75.6% of cases [5]. This work we present aims to identify the factors influencing the time between the first symptom, the time of diagnosis and the end of treatment of cervical cancer locally advanced in our daily practice.

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2. Material and methods

Retrospective study of 675 patients with locally advanced cervical cancer treated in the radiotherapy department of CHU Hassan II of Fez. To carry out this work, we developed a questionnaire containing the various variables required for our study. The questionnaires were properly completed using patient records from 2013 to 2015.

The consultation delay was defined as the period between the patient's first signs and the consultation date, the diagnosis delay was the period between the first consultation and histological confirmation, The overall average delay was defined as the period between the first symptom and the end of treatment. We researched the circumstances of discovery of these menometrorrhagic cancers, leukocytes, pelvic pain, revealing metastases. Potential factors influencing diagnostic delay were analyzed: patient-related factors: age, comorbidities and socio-economic level. Health system-related factors included health coverage, diagnostic errors and other factors such as place of residence.

The diagnostic errors represented all patients with a high presumption of cervical cancer, who had no histological examination but had been treated for more than six months for a pathology other than cervical cancer (genital infections, uterine fibroids). Clinical and biological data are collected, coded, entered on Microsoft office Excel 2010, and analyzed using SPSS software.

3. Results

The study involved 675 patients with cervical cancer. The population in this region is characterized by a young age, with a median age of 52.7 years, and extremes ranging from 31 to 82 years. The average consultation time of 184.8 days with as reason for consultation spontaneous and induced menometrorragies in 87.40%: pelvic pain 37.03%, genital infections 11.85%, and tumors immediately metastatic in 4.4%. The average time to diagnosis was 14.6 days, The average time to start treatment was 48 days. The total average time to treatment with CBI followed by vaginal utero brachytherapy was 71.8 days. Finally, the overall average delay was 319.2 days. (Table 1)

Table 1 Delays between the first symptom and the end of cervical cancer treatment at CHU Hassan II in days

Delays	**Moyenne (days)**	
Global	first symptom-end of treatment	319.2
Consultation	first symptom-first consultation	184.8
Diagnosis	first Consultation- histological confirmation	14.6
Start of treatment	Diagnosis- Start of treatment	48
Treatment	Total processing time	71.8

The clinical-pathological study showed that the diagnosis of cervical cancer is late, indeed the average size of tumors is 4.5 cm with 75% of cases that have parametric involvement with vaginal extension stage II and III of FIGO. The predominant histological type of tumours is squamous cell carcinoma in 90% of cases, followed by adenocarcinoma (5%).

Table 2 Factors identified to explain the delayed management of cervical cancer at CHU Hassan II

Identified Factors of Delayed Management	**percentage**	**P**
Low socio-economic level	40,5%	p = 0.51
Remote place of residence	30%	p = 0.039
The comorbidities	10%	p = 0.027
Lack of adequate management	3%	p = 0.63
Diagnostic errors	2%	p = 0.52

Regarding the factors identified to justify the long diagnostic delay, the interview highlighted the lack of financial means 40.5%, the remoteness of the health structures in 30%, the comorbidities 10%, and the lack of therapeutic load 3% and diagnostic errors 2%. For these individual factors, patients living in remote areas and those with comorbidities with altered general conditions consulted later with (p=0.039), (p=0.027) respectively. (Table 2).

4. Discussion

The late diagnosis of cervical cancer remains a topical issue in our training. In our series, as in most publications, especially African ones, the consultation period was particularly long (more than six months). The reasons for the late diagnosis were multiple and dominated by financial problems. Also, geographical and economic access to care units [1,2].

Support is also allocated at several levels Difficult adherence to care plan, poor adherence or discontinuation of treatment due to induced radio or chemo toxicities, patients lost sight [3, 4].

The natural history of cervical cancer shows that it is a general locoregional disease. The longer the consultation period, the greater the metastatic risk and poor survival, hence the benefit of systematic early CVF screening. [5] Spontaneous and unorganized screening in France reduced the incidence of cervical cancer by 3.5% per year between 1982 and 1992, reducing the incidence of cervical cancer from 3% to 7% of female cancers [1-6].

Morocco, through the Ministry of Health and the Lalla Salma Association, is currently promoting a policy to combat this scourge, early detection through the organisation of companions in this direction, especially in remote areas where access to care facilities is limited [1-4].

However, no other incriminating factor, taken individually, affects the long diagnostic delay. It was especially the combination of all these factors that contributed to the late diagnosis in our patients. Clinically speaking, the interview in our series showed that less than 10% of patients consulted the first symptom. In addition, less than 2% achieved CVF after the first sexual intercourse and none benefited from a vaccine against HPV which represent important acts of prevention [7].

5. Conclusion

The discovery of cervical cancer at a late stage is a public health problem, the identification of causes of delay makes it possible to conduct a strategy to optimize the management circuit including early detection: which goes first through information, education and the fight against poverty.

Compliance with ethical standards

Acknowledgments

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Disclosure of conflict of interest

The authors do not have any conflict of interest.

Statement of informed consent

All study participants gave their informed consent.

References

[1] Belglaiaa E, MouginC.Cervical cancer: state of play and prevention in Morocco. BullCancer (2019), https://doi.org/10.1016/j.bulcan.2019.08.020

[2] Ferlay J, Bray Fet al. GLOBOCAN 2002: Cancer incidence, Mortality and Prevalence worldwide. IARC CancerBase No.5 version 2.0 Lyon: IARC Press, ed. 2004.

[3] Curado MP, Edwards B et al. Cancer Incidence in Five Continents Vol. IX. IARC Scientific publications No.160. Lyon, 2007

[4] Tazi MA, Benjaafar N, Er-Raki A. Registre des cancers de Rabat Incidence des cancers à Rabat, année 2005. Google Scholar

[5] Gueddari M. Early diagnosis of breast and cervical cancers. Ministry of Health, Directorate of Epidemiology and Disease Control, Rabat 2001.

[6] Camatte S, Morice P et al. Incidence and mortality of cervical cancer in France. What relationship to screening. In: BlancB. Paris: Springer; 2005. p. 35-45

[7] Monsonego J, Cox T et al. EUROGIN Expert's Consensus ConferenceReport Innovations in cervical cancer prevention. Gynecol Oncol. 2006; 103: 1-24