

# CERVICAL CANCER SCREENING

## ANALYSIS OF SCREENING MODALITIES IN A PRIVATE SET UP

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### Why this Matters?

- Cervical Cancer accounts for 80 % of genital malignancies
- India contributes to approximately 25% of that burden
- Easily preventable, but there is a lack of awareness
- Long premalignant stage, hence ideal to screen and treat.

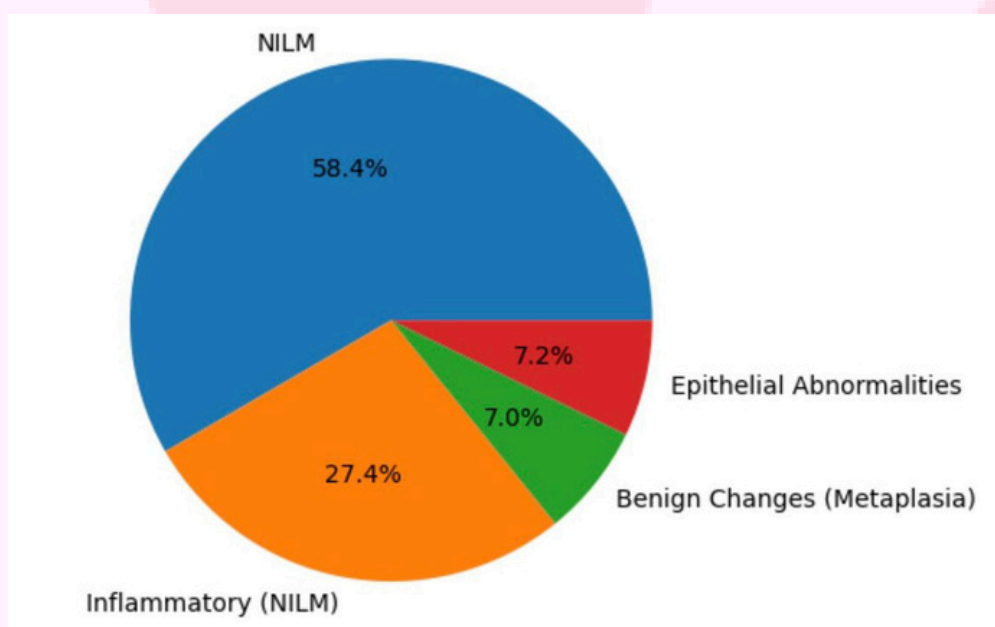
### Materials and Methods

- Retrospective study - 430 women over a period of 2 years.
- LBC was taken in all. VIA was done in 388 women using 5% freshly prepared acetic acid for 1 minute. Cervix was visualized with the help of a magnifying lens with an LED bulb.
- The results were noted as positive or negative and tabulated.
- HPV was done in 105 (affording) patients.
- The only exclusion criteria were those patients with bleeding PV, pregnant women and those unwilling.

## RESULTS

### DISCUSSION

#### LBC RESULTS- CLINICALLY GROUPED



- Maximum screening done in 35-45 age , followed by 45-60 year old age group.
- Maximum cytology abnormalities were between 45-60 yrs age group.
- HPV positivity was noticed in women above 40 yrs.

### CONCLUSION

- The importance of counselling stands unmatched.
- No single best modality is perfect yet for screening.
- Co-testing is more useful than any single method

#### SCREENING COMPARISON

CYTOLOGY	7.2%
VIA	6.4%
HPV	4.76%

**THANK YOU**