

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/medical-industry-feature/an-overview-of-the-epidemiology-of-cervical-cancer/12786/>

ReachMD

www.reachmd.com
info@reachmd.com
(866) 423-7849

An Overview of the Epidemiology of Cervical Cancer

Announcer:

You're listening to a ReachMD medical industry feature, titled "An Overview of the Epidemiology of Cervical Cancer."

This presentation has been created and paid for by Merck. The information in this presentation is intended for health care professionals in the United States, its territories, and Puerto Rico.

Dr. Monk:

Hello, I'm Dr. Bradley Monk, and I am a gynecologic oncologist and Medical Director of Gynecologic Oncology at Arizona Oncology here in Phoenix. I am also the Professor of Gynecologic Oncology at Creighton University in the University of Arizona.

Today I'm joined by Dr. Leslie Randall, Professor and Director of Gynecologic Oncology at Virginia Commonwealth University. She will help us review the epidemiology of cervical cancer, and on behalf of Merck, I'd like to welcome you and thank you for your participation. I'm looking forward to an interesting discussion.

Dr. Randall:

Thanks Brad. I'm happy to be here.

Dr. Monk:

Let's take a look at the topics we will be covering today. First, we will briefly go over the epidemiology of cervical cancer. Then we will take a closer look at factors that increase the risk for cervical cancer, and patient subgroups that are disproportionately affected by the disease. And finally, we are going to briefly review the signs and symptoms of cervical cancer and the risk of recurrence depending on the stage of initial diagnosis.

Okay, let's jump right in. Leslie, can you start us off with some key facts on the epidemiology of cervical cancer? How common is cervical cancer?

Dr. Randall:

Despite the steady decrease in cervical cancer incidence and mortality rates in the United States in the last 20 years, in 2021 there will still be an estimated 14,480 new cases in the United States alone.^{1,2}

Overall the number of new cases and deaths caused by the disease remain high in certain states, especially in the South.¹⁻³

Dr. Monk:

It's interesting, the incidence still remains high.

Can you review some of the factors that increase the risk for cervical cancer?

Dr. Randall:

Sure Brad. HPV infection is by far the most common risk factor for cervical cancer.⁴

Other risk factors include sexual history, smoking, a weakened immune system such as in patients with HIV, chlamydia infection, long-term use of oral contraceptives, young age at first pregnancy, having multiple full-term pregnancies, and low socioeconomic status.⁴

Dr. Monk:

Got it. You mentioned a couple of different factors here. Can you elaborate a bit on the characteristics of patients with increased risk for cervical cancer? Are there any particular populations that are disproportionately affected?

Dr. Randall:

Yes, those are very good questions.

Cervical cancer is most often diagnosed in women between the ages of 35 and 44.¹

And has increased incidence in Hispanic and Black women.^{2,5}

There are primary and secondary prevention methods that allow for early detection and are very important, as most cases can be curable if detected early enough and managed effectively.⁶

Many women with cervical cancer continue to present with advanced disease at diagnosis.²

Dr. Monk:

Speaking of diagnosis, what are the signs and symptoms that would lead you to suspect cervical cancer?

Dr. Randall:

Well, there are a few things to look out for. The most common signs and symptoms are abnormal vaginal bleeding such as spotting or light bleeding between periods, menstrual bleeding that is heavier and/or lasts longer than usual, and bleeding after intercourse, unusual vaginal discharge, pain during intercourse, bleeding after menopause, and persistent pelvic pain.⁷

While patients with early-stage disease may not show symptoms, as the disease progresses these symptoms may appear. With more advanced disease, the symptoms may be more severe.⁷

Dr. Monk:

Okay. So what is the most common stage at diagnosis?

Dr. Randall:

Well an estimated 52% of patients with cervical cancer in the US have regional or distant metastases at diagnosis.²

Dr. Monk:

Is this in line with the patients you see in your practice?

Dr. Randall:

Yes, that is about right. I would also add that since cervical cancer may not always present with noticeable symptoms at the early stages, it can take a while for patients to be diagnosed in the absence of regular screenings. This is why we still see many patients with locally advanced or metastatic disease at diagnosis, and as you know, the treatment options for those patients can be limited.^{2,7-8}

Dr. Monk:

Thank you. One more thing I wanted to ask you about was about the risk of recurrence. Can you comment a bit about what the risk factors are that increase the risk of recurrence and how we should be aware of those?

Dr. Randall:

Of course. As you might expect, the rates of relapse depend on the stage of disease at diagnosis and range from 11% to 22% for early disease, specifically FIGO stage IB-IIA, and from 28% to 64% for advanced disease, defined as FIGO stage IIB-IVA.⁹

I should also mention that, per a 2017 update from the Society of Gynecologic Oncology (SGO), more than three-fourths of recurrences typically occur within the first 2 to 3 years after the initial treatment.¹⁰

As for risk factors, stage at diagnosis, such as tumor size, nodal status, and the presence of lympho-vascular space involvement have all been identified as factors that influence the risk for recurrence.⁹

Dr. Monk:

Great. Before I let you go can I ask you to comment a bit on treatment options for patients who do experience a recurrence?

Dr. Randall:

Sure. Treatment for recurrent disease in particular will also depend on the primary therapy used and the location of the recurrence.¹⁰

Dr. Monk:

Thank you, Leslie. This was a great discussion.

Dr. Randall:

My pleasure, it was very nice being here with you.

Announcer: _

This program was brought to you by Merck & Co., Inc., and is intended for health care professionals in the United States, its territories, and Puerto Rico. If you missed any part of this discussion, visit reachmd.com/industryfeature. This is ReachMD. Be part of the knowledge.

References:

1. American Cancer Society. Key Statistics for Cervical Cancer. Last revised January 12, 2021. Accessed January 20, 2021. <https://www.cancer.org/cancer/cervical-cancer/about/key-statistics.html>
2. National Cancer Institute (SEER). Cancer Stat Facts - Cervical Cancer. Accessed April 15, 2021. <https://seer.cancer.gov/statfacts/html/cervix.html>
3. American Cancer Society. Cervix at a Glance. Accessed April 21, 2021. <https://cancerstatisticscenter.cancer.org/#/cancer-site/Cervix>
4. American Cancer Society. Risk Factors for Cervical Cancer. Last revised January 3, 2020. Accessed September 23, 2021. <https://www.cancer.org/cancer/cervical-cancer/causes-risks-prevention/risk-factors.html>
5. Pratte MA et al. *Health Equity*. 2018;2(1):30–36.
6. Cervical Cancer. World Health Organization. Accessed November 4, 2020. https://www.who.int/health-topics/cervical-cancer#tab=tab_1
7. American Cancer Society. Signs and Symptoms of Cervical Cancer. Last revised January 3, 2020. Accessed May 7, 2020. <https://www.cancer.org/cancer/cervical-cancer/detection-diagnosis-staging/signs-symptoms.html>
8. American Cancer Society. Key Statistics for Cervical Cancer. Last revised January 12, 2021. Accessed January 20, 2021. <https://www.cancer.org/cancer/cervical-cancer/about/key-statistics.html>
9. de Foucher T et al. *J Clin Med*. 2020;9(11):3646.
10. Salani R et al. *Gynecol Oncol*. 2017;146(1):3–10.