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We, at the “Doctors for Afghanistan” appreciate Dr. Farzana Wali Jebran and her team’s hard work and wonderful services for the Afghan Nation. Dr. Farzana Wali Jebran thanks for sharing the article with us. Regards, Naser Oria

Overview of Cervical Cancer Screening among Afghan women seeking health care at Cure International Hospital

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Abstract

Objectives:

To review the results of cervical Pap smears among Afghan women, and to review the possibility of practical application of standard ASCCP guidelines on these clients.

Methods:

This was a retrospective case series observational, descriptive study of 180 patients' files, who were seeking care in Cure hospital's OPD clinic of OBGYN department, between 1.1.2015 to 1.1.2016.

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Results:

Among 180 patients who had Pap smear screening 130(72.2%) had normal results, 50(27.7%) had abnormal results. Of the abnormal reports, 32patients (64%) had LSIL, 10 patients (20%) had ASC-US, 8patients (16%) had HSIL, 1patient (2%) had carcinoma in situ after biopsy and ASC-H was not reported. Among 50 abnormal results, 18 patients (36%) had the appropriate follow up and 32 patients (64 %) had inappropriate follow up. Hysterectomy was done for 8(16%) patients.

Conclusion:

Cervical cancer screening decreased the incidence of and mortality related to cervical cancer. In our study only 1patient (0.5%) from180 patients, had cervical cancer screening according to the standard guidelines for routine screening and 179(99.4%) had their pap smear as part of workup for other gynecologic problems. It was identified that 18 patients (36%) had appropriate follow up according ASCCP guidelines and the remainder 32(64%) patients were not followed properly. So we can conclude that Afghan women need more education about their screening and the government and NGOs have to consider programs for the introduction of screening and make it more practical for the women to follow properly.

Key words: cervical cancer screening, Pap smear, ASC-US, ASC-H, LSIL, HSIL, Carcinoma in situ, ASCCP guidelines

Overview of Cervical Cancer Screening among Afghan women seeking health care at cure International Hospital

Introduction: The two main types of cervical cancer are: squamous cell carcinoma and adenocarcinoma. The first one is more common than adenocarcinoma. Screening is helpful to identify the precursors and early-stage disease. Identification and treatment of both prevent the progress to the advanced stages of cervical cancer.

Pap test is the screening test for cervical cancer. The incidence and mortality of cervical cancer have decreased in many developed countries that adopted screening programs for cervical cancer.

Objectives: To review the results of cervical Pap smears and the rate of abnormal results among Afghan women who were seeking care at Cure Hospital OBGYN department, and to review the level of practical application of the standard ACSSP guidelines on these clients.

Methods: This was a retrospective case series descriptive study of 180 patients' files, who were seeking health care at Cure International Hospital OPD clinic of OBGYN department between 1.1.2015 to 1.1.2016. These patients had conventional Pap smears in our OPD clinic and after the review of the results of the pap smears results the appropriate management plan according to the

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American Society for Colposcopy and Cervical Pathology(ASCCP) guidelines was explained for the patients by the OBGYN doctors, HPV testing was not available at Cure Hospital. The files of the patients were used as a source of information and the information from these files were entered in the data base and by the use of SPSS program the data was analyzed.

Results: Among 180 patients who had Pap smear screening, 130(72.2%) had normal results, 50(27.7%) had abnormal results. Of the 50 abnormal reports, 32 (64%) patients had LSIL, 10 (20%) patients had ASC-US, 8 (16%) patients had HSIL, 1 patient (2%) had carcinoma in situ after biopsy during the workup for follow-up and ASC-H was not reported. Among 50 (27.7%) abnormal results, 18 patients (36%) had the appropriate follow up and 32 patients (64 %) had inappropriate follow up. Hysterectomy was done for 8(16%) patients. For 2 patients of HSIL and 6 patients with LSIL with other GYN problems.

Of the 10 patients of ASC-US (100%) ,6patients(60%) had no documentation for appropriate follow up ,2patients(20%) had more frequent follow up (Repeat Pap test after 6 months) ,just 2patients (20%) had appropriate follow up according to standard guidelines(ASCCP guidelines)and their Pap smear repeated after 1 year . Of the 32patients with the report of LSIL , 9(28.1%) patients had follow up according to standard guidelines: 3 of them had colposcopy followed by biopsy(9.37%) and 6 patients(18.7%) for whom colposcopy and biopsy was offered after counseling they chose hysterectomy because they could not do follow up and meanwhile they had other gynecologic reasons (e.g. 1 patient had AUB,2 had cervical mass , 2 had chronic pelvic pain, and 1 patient didn't accept follow up and chose hysterectomy), 23patients(71.8%) had no appropriate follow up :18(56.25%) had no follow up at all and 5 patients (15.6%) had inappropriate follow up. Of the 8(16%) patients who had HSIL(100%), 4(50%) cases received appropriate management : 2 cases(25%) who required treatment and had completed their childbearing chose hysterectomy, 2 other(25%) had colposcopy followed by biopsy and 4cases (50%) had no follow up with us. Of 50 abnormal reports 40 patients (80%) required colposcopy followed by biopsy, 8 patients chose hysterectomy, just for 10patients (31.25%) colposcopy was performed and the other 22 cases (68.75%) did not have colposcopy. The reason could be the lack of interest and information of the people to follow programs, the low economic status of them or the fact that just one gynecologist performs colposcopy at Cure Hospital. From the 10 patients for whom colposcopy was performed, 1 patient (20%) was diagnosed as carcinoma in situ and was sent to oncologist.

Conclusion: Cervical cancer screening decreased the incidence of and mortality related to cervical cancer. In our study only 1patient (0.5%) from180 patients, had cervical cancer screening according to the standard guidelines for routine screenings and 179(99.4%) had their pap smear as part of workup for other gynecologic problems. It was identified that18 patients (36%) had appropriate follow up and the remainder32patients (64%) were not followed properly. So we can conclude that Afghan women need more education about their screening and the government and NGOs have to consider programs for introduction of cervical screening and make it more practical for the women and physicians to follow properly.

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Our study's weakness was the short interval of the time for follow up of the patients according to the ASCCP guidelines, because one year was not enough to follow up to the end result.

Key words: cervical cancer screening, Pap smear, AS-CUS, ASC-H, LSIL, HSIL, Carcinoma in situ, ASCCP guidelines

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