Analysis of Cervical Cancer Among Contracepting Women at Siriraj Reproductive Health Research Center, WHO CC: A Ten-Year Review

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Context: Cervical cancer has been the leading cause of cancer death among women in Thailand. There are many factors that have been said to cause the change of the cervical cells, such as tear of the cervix during delivery, having sexual intercourse at young age, infection, hormonal use. Use of hormonal contraceptive methods, IUD are said to have relationship with the occurrence of cervical cancer to some extent, such as adoption of the hormonal methods at the age less than 17 years. However, there is still a controversy. Siriraj Reproductive Health Research Center, Siriraj Hospital has serviced women with a cafeteria of contraceptive methods; and Pap smear has been offered to each contracepting woman. This aims to look at contracepting women who have their Pap smear screening. It also investigates the extent of change a woman may have on their Pap smear screening and the proportion of women who develop cervical cytological change during contraceptive use.

Method: This is a descriptive study to review the 10 year service data during 1994-2003 at Siriraj Reproductive Health Research Center and WHO CC at Siriraj, Department of Obstetrics and Gynaecology, Faculty of Medicine Siriraj Hospital, Mahidol University. Total number of clients at Siriraj Family clinic was 139,882 cases. Women who come for a family planning service at this premises are provided with cervical cytological screening annually. 30-35% of the serviced women have been tested for their Pap smear annually. Women's record of contraceptive use and Pap smear screening are reviewed. Descriptive statistics was used to show percentage of contracepting women whose results were either normal or abnormal.

Results: In 10-year review 0.37% (146 cases) of women developed abnormal cervical cytology. Of these, 4 were adenocarcinoma and 14 revealed squamous cell carcinoma. In IUDs users abnormal results constituted 0.34% (47); of these 4 were squamous cell carcinoma and 3 were adenocarcinoma. In COCs users 0.22% (4) of women had abnormal results; 1 was squamous cell carcinoma. In injectable users 0.37% (27) of women had abnormal results; 2 were squamous cell carcinoma. Among Implants users 0.50% (25) of women developed abnormal results; only 1 case was squamous cell carcinoma. In female-St cases 0.59% (28) of clients had abnormal results; 3 were squamous cell carcinoma and 1 was adenocarcinoma. And in condom users 0.55% (1) of women was CIN I; no case developed cervical carcinoma. The 10-year-average result of cervical cancer was 0.046%.

Conclusions: The ten year review of the data at Siriraj Reproductive Health Research Center, Siriraj Hospital revealed that cervical cancer among contracepting women was low. Due to some limitations of the data collected, it may not be clearly say that whether or not the occurrence of cervical cancer among the current users of contraceptive methods originated from the methods women were using. Most women started use of a contraceptive method when they were older than 17 years of age and most of them already had at least one child while using the method. Their risk to develop cervical cancer is thus considered low. It can be concluded that the occurrence of cervical cancer among contracepting women during 1994-2003 is low, 0.020-0.084%, and that this number is lower than the average number of the national rate, 20.9/100 000 women.

Keywords: Contraceptive methods, Contracepting women, Cervical cancer

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