








General Opinions and Attitudes of Obstetricians and Gynecologists About The Management of Cervical Preinvasive Lesions

Servikal Preinvaziv Lezyonların Yönetimi Hakkında Kadın Hastalıkları ve Doğum Uzmanlarının Genel Görüş ve Tutumları

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ÖZET

Amaç: Serviks kanseri taraması, servikal preinvaziv lezyonların yönetimi ve HPV aşılması ile ilgili kadın hastalıkları ve doğum uzmanlarının günlük pratikleri ile ilgili genel görüş ve davranışlarını tespit etmek.

Metod: 10 sorudan oluşan bir anket aracılığı ile Kadın hastalıkları ve doğum uzmanlarının bu konulardaki uygulamaları tespit edildi. Yine aynı program aracılığıyla bu cevaplar grafik haline getirildi.

Bulgular: Katılımcıların %30,85'i servikal prekanseröz lezyonların kadın hastalıkları ve doğum uzmanları tarafından yönetilebileceğini düşünüyordu. Bu tür tedavilerin jinekolojik onkoloji uzmanları tarafından yapılması gerektiğini düşünenlerin oranı %32,98'di. Bu konuda eğitilmiş olan herkes tarafından yapılabileceğini düşünenlerin oranı ise %36,17 idi. HPV aşısı hakkında çok farklı uygulamaların olduğu gözlemlendi. Katılımcıların %2,1'i HPV aşısının yaptırılmasını önermediğini belirtti.

Sonuç: Servikal lezyonların yönetimi, serviks kanseri taraması ve HPV aşılı ile ilgili daha fazla meslek içi eğitim yapılmasının gerekli olduğu sonucuna varıldı. Aynı şekilde T.C Sağlık Bakanlığı serviks kanseri tarama programının, Kadın hastalıkları ve doğum uzmanlarına daha iyi tanıtılması gerektiği sonucuna varıldı.

Anahtar Kelimeler: Kadın hastalıkları ve doğum uzmanları, jinekolojik onkoloji, servikal preinvaziv lezyonlar, serviks kanseri taraması, HPV aşılı

ABSTRACT

Aim: To determine the general views and behaviors of gynecologists and obstetricians about the daily practices of cervical cancer screening, management of cervical preinvasive lesions and HPV vaccination.

Method: The practices of gynecology and obstetrics specialists on these issues were determined through a questionnaire consisting of 10 questions. Again, these answers were graphed through the same program.

Results: 30.85% of the participants thought that cervical precancerous lesions could be managed by obstetricians and gynecologists. The rate of those who thought that such treatments should be performed by gynecological oncology specialists was 32.98%. The rate of those who think that it can be performed by anyone who is educated in this subject was 36.17%. It has been observed that there are many different applications for the HPV vaccine. 2.1% of the participants stated that they do not recommend HPV vaccination.

Conclusion: It was concluded that more on-the-job training on the management of cervical lesions, cervical cancer screening and HPV vaccines is necessary. Likewise, it was concluded that the Cervical Cancer screening program of the Ministry of Health of the Republic of Turkey should be better introduced to gynecologists and obstetricians.

Key words: Gynecologists and obstetricians, gynecologic oncology, cervical preinvasive lesions, cervical cancer screening, HPV vaccination.

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INTRODUCTION

According to the Global Cancer Observatory (GLOBOCAN) 2020 data, 604,127 women were diagnosed with cervical cancer in 2020 all over the world. This number constituted 3.1% of all female cancers (1). Risk-Based Management Consensus Guidelines for Abnormal Cervical Cancer Screening Tests and Cancer Precursors was released in 2019 by the American Society for Colposcopy and Cervical Pathology (ASCCP) (2). The main difference between the 2019 guidance and previous versions is the shift from algorithms based primarily on test results to primarily "risk-based" guidelines (2). According to these guidelines, HPV-based tests should be used to estimate a patient's risk of developing a cervical preinvasive lesion and/or cervical cancer. This can be either HPV DNA testing alone or co-testing, that is, HPV DNA testing and cytology together. The risk of developing a CIN3+ (Cervical Intraepithelial Neoplasia) lesion in a patient depends on the type of HPV present and the duration of the resulting infection (3, 4).

Having access to a patient's current findings and medical history allows for risk-based care that is tailored to each individual's needs. Precancerous lesion treatment history and current test results are used to calculate a patient's risk of having or developing a CIN 3+ lesion. Risk-based criterion are used in management suggestions (5). It has been decided to include the new test methods developed and approved in the 2019 ASCCP guideline without waiting for a new guideline to be published. Likewise, since the number of people vaccinated with HPV and reaching the age of 25 is increasing day by day, it has been decided to update the threshold values determined for the risk of developing a CIN3+ lesion (2). Colposcopy practice should follow the guidelines detailed in the ASCCP Colposcopy Standards (6). The principal approach for finding precancerous changes in the cervix that need further investigation is colposcopy with targeted biopsy.

In Turkey, 2532 women were diagnosed with cervical cancer in 2020 (1). Cervical cancer screening program national standards have been determined by the Cancer Department of the Ministry of Health of the Republic of Turkey (7). Considering the country's infrastructure and possibilities as a screening method according to this program, the ideal method is screening with the HPV test or Pap-smear test to be applied every five years. The relationship between HPV DNA and cervical cancer has now been proven, and the presence of HPV DNA has been shown in 99.9% of patients with cervical cancer. If the HPV test is negative; The probability of developing cervical cancer in the following five years is very low. Regarding the target population and screening frequency, given the country's conditions, the achievable target is population-based screening for women starting at age 30 and ending at age 65 (30 and 65 years will be

included). The population to be screened should be defined based on individuals registered with family physicians. HPV or Pap-smear test is repeated every five years with invitation methods to be developed. Screening should be discontinued in women aged 65 years with the last two negative HPV or Pap-smear tests (7).

According to the recommendations of the United States Advisory Committee on Immunization Practices (ACIP), the HPV vaccination should be administered routinely to both men and women who are in the following age ranges) (8-12):

1. The recommended age for routine HPV immunization is 11 to 12 years old. It can be utilized beginning at the age of nine.

2. It is advised that adolescents and adults between the ages of 13 and 26 who have not received a previous vaccination or have not finished the immunization series receive the catch-up vaccine.

3. Adults aged 27 and older are not advised for routine immunization; according to the ACIP, the choice to vaccinate should be determined on an individual basis. The likelihood of past exposure to HPV vaccine strains rises with age; hence, the population benefit and cost-effectiveness of HPV vaccination in older individuals increase with age. (13).

In this study, it was aimed whether there is a consensus among the daily practice of obstetricians and gynecologists on the management of cervical preinvasive lesions. As a result of the study, it was aimed to reach a high standard in the treatment quality of patients in the treatment of cervical preinvasive lesion as a primary outcome. It is aimed to prevent the progression of cervical preinvasive lesions to cervical cancer as a secondary outcome.

MATERIALS AND METHODS

Our study used an online survey editing platform called Survey Monkey. The questionnaire consisting of 10 questions, which was organized through this platform, was delivered to gynecologists and obstetricians working throughout Turkey through social media groups. Since the survey was conducted in electronic environment, validation study could not be conducted for the number of participants. Therefore, the sample size does not represent all obstetricians and gynecologists working in Turkey. While preparing the survey questions, the question technique of a similar study was taken as an example(14). The contents of the questions were prepared by a team of gynecological oncology surgeons who are experts in their field. Thus, it was tried to learn the general attitudes and behaviors of gynecologists and obstetricians working in various health institutions regarding cervical pathologies, cervical cancer screening methods, colposcopy and HPV vaccines. The answers received from the people who participated in the survey were also graphed using the Survey

Monkey platform.

The IBM-Statistical Package for Social Sciences (IBM-SPSS Inc., Chicago, IL, USA) 22.0 program was used to analyze the data. Categorical variables were expressed as numbers and percentages. Pearson Chi-Square Test was used to compare categorical variables. Statistical significance level was accepted as $p < 0.05$.

RESULTS

94 obstetricians and gynecologists participated in the questionnaire used in this study (Figure 1,2). The answers given to the questions asked in the survey and the proportions

Q1 How many years have you been working as a gynecologist and obstetrician?

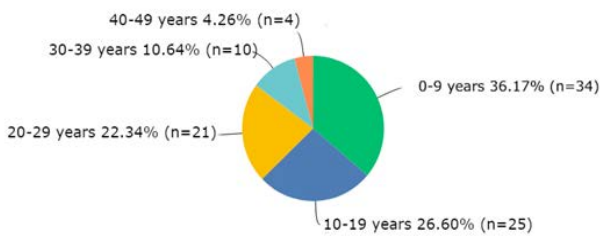


Figure 1. The participants' years of work as gynecologists and obstetricians.

Q2 What type of healthcare facility do you work in?

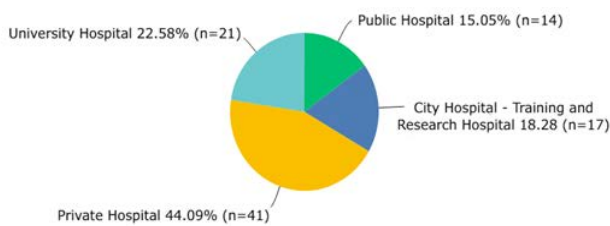


Figure 2. Distribution of the institutions where the participants work

Q3 Which method do you use in cervical pathology screening in daily practice?

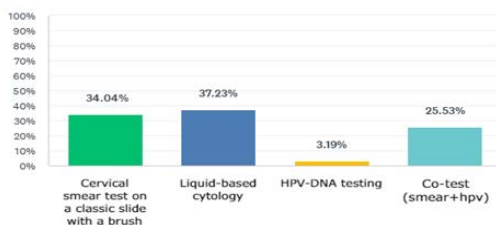


Figure 3. Distribution of methods used by participants in cervical pathology screening

Q4 Do you use the ASCCP (American Society for Colposcopy and Cervical Pathology) management guide when evaluating cervical smear screening and HPV DNA test results?

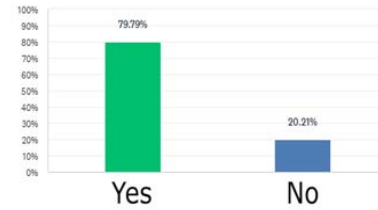


Figure 4. Rates of respondents using the ASCCP management guide.

of these answers are as follows: (Figure 3-7) While 81.91% of the participants did not have colposcopy training, 18.09% had colposcopy training. While 56.4% (n=53) of the participants performed colposcopy and cervical biopsy, 43.6% (n=41) did not. While 30.85% (n=29) of the participants thought that the management of cervical preinvasive lesions could be done

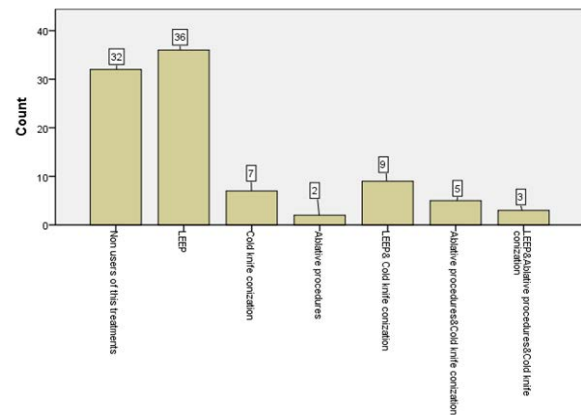
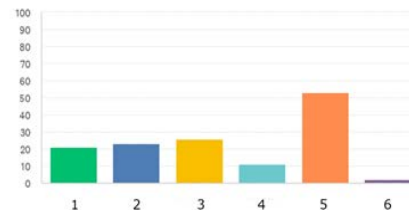


Figure 5. Methods used by participants in the treatment of cervical preinvasive lesions

Q9 Your general behavior regarding HPV vaccines is compatible with which of the following?



- 1) I recommend that girls between the ages of 9-15 get vaccinated.
- 2) I recommend it to girls and boys between the ages of 9-15.
- 3) I recommend women between the ages of 16-45 to have HPV DNA test negative.
- 4) I recommend it to patients with positive HPV DNA test or diagnosed with cervical preinvasive lesion.
- 5) I recommend it to anyone who wants to have the vaccine, except pregnant women.
- 6) I do not recommend the HPV vaccine to my patients.

Figure 6. General behavior of participants regarding HPV vaccines.

Q10 Which of the following is compatible with your daily practice in cervical pathology screening?

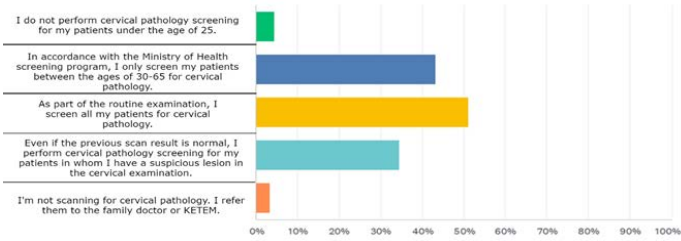


Figure 7. Participants' daily practice of cervical pathology screening.

by obstetricians and gynecologists, 32.98% (n=31) thought that such treatments should be performed by gynecological oncology surgeons. 36.17% of the participants thought that it could be done by anyone who is educated and experienced in this field.

DISCUSSION

In the third question, in which we aimed to learn the methods used by the participants in cervical pathology screening, 34.4% of the participants stated that they used conventional cytology and 37.3% stated that they used liquid-based cytology. A total of 67.7% of the participants screen only with cytology and do not use a test for the presence of HPV DNA. The total rate of using only HPV DNA testing and co-testing is 33.3%. This rate was found to be 81.0% in a similar study and is not compatible with our study (15). This difference can be explained by the fact that the gynecologists and obstetricians participating in the other study work in two developed cities in the west of Turkey.

In the 7th question, which questioned which method was used in the treatment of cervical preinvasive lesions, the participants answered that they used more than one treatment method. Accordingly, the loop electrosurgical excision procedure [LEEP] method was the most frequently used treatment method with a rate of 56.38%. This was followed by the cold knife conization method with a rate of 20.21%. It is unclear whether the three excisional methods (cold blade, LEEP, laser) yield similar results. In a systematic review of 23 randomized trials of excisional procedures for CIN, rates of bleeding or recurrence of CIN were similar between the three techniques (16). The thermal artifact was greater with laser compared with LEEP (odds ratio [OR] 2.8, 95% CI 1.6-5.1). By contrast, in a 2022 network meta-analysis including over 19,000 patients with CIN from 71 randomized and observational studies, patients treated with LEEP (the most commonly used technique) compared with cold knife cone or

laser conization had lower rates of treatment failure (OR 0.6, 95% CI 0.5-0.8 and OR 0.6, 95% CI 0.4-0.8, respectively) (17).

Participants' approaches to HPV vaccines were tried to be learned through Question 9. When the answers given by the participants to this question are examined, it is seen that 2 participants do not recommend HPV vaccines, which is 2.1% of the total number of participants. Although this rate seems low, it is thought-provoking for the obstetrics and gynecology community to think negatively about a very important issue such as the HPV vaccine. The HPV vaccination is an efficient method for avoiding cervical diseases, such as intraepithelial neoplasia of the cervix (CIN2 or 3) and adenocarcinoma in situ of the cervix. (18). In addition, the wide variety of answers about who will receive the vaccine shows that there is a lack of information and confusion among gynecologists and obstetricians on this subject.

The participant group, whose working period as a gynecologist and obstetrician is between 0-9 years, thinks differently from other participant groups about who will manage cervical preinvasive lesions (p=0.019). In this group, the opinion that such lesions should be managed by gynecological oncology surgeons was more prevalent. This situation can be explained by the fact that the first post-graduate examination in the field of obstetrics and gynecology was held in Turkey in 2011 and the number of gynecological oncology specialists is increasing in the country.

CONCLUSION

It is understood that there is no consensus in practice among obstetricians and gynecologists regarding the management of cervical preinvasive lesions, screening methods and HPV vaccines. It was concluded that further studies in this area are necessary to investigate the effects of this situation on the quality of treatment received by patients.

Etik Kurul: Ethics committee approval was received for this study from the Necmettin Erbakan University Meram Medical Faculty Pharmaceutical and Non-Medical Device Studies Ethical Committee (Date:2022/07/01, decision no: 2022/3869)

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