Chapter II

12

CERVIX UTERI

ICD-10 C53

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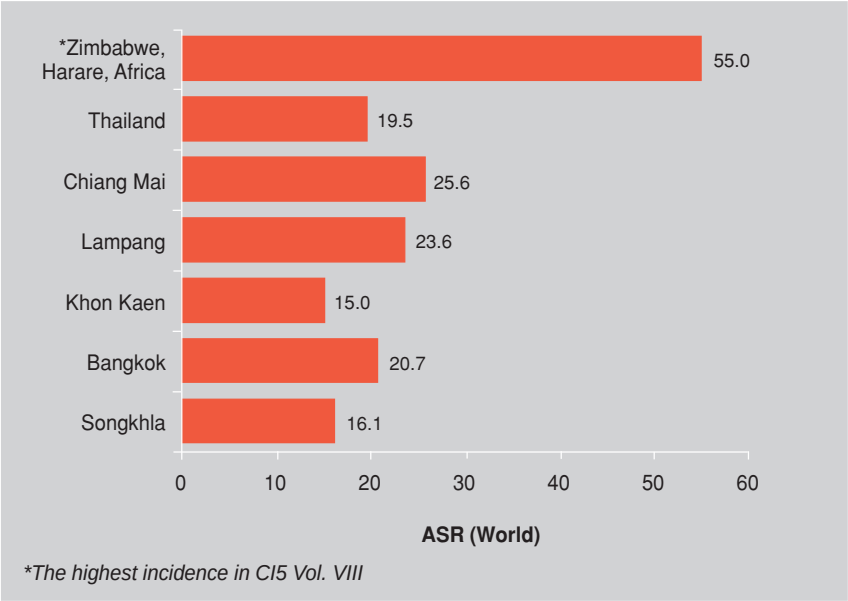
Cancer of the cervix uteri is still the most common cancer among Thai women in 1995-1997 with the age-standardized incidence rate (ASR) 19.5 for Thailand. When compared the incidence in different regions, the highest incidence is in Chiang Mai (ASR = 25.6) followed by Lampang (ASR = 23.6), Bangkok (ASR = 20.7), Songkhla (ASR = 16.1), and Khon Kaen (ASR = 15.0) (Figure 2.12.1).

The age-specific incidence curves (Figure 2.12.2) show that the disease can be diagnosed as early as the age of 20 years old and gradually increase to the peak at the age of 45-50 years then plateau to the old ages.

The data from four registries collected from 1998-2000, reveals the highest incidence in Chiang

Figure 2.12.1 *Cervix cancer in different regions, 1995-1997*



**The highest incidence in CI5 Vol. VIII*

Figure 2.12.2 *Age-specific incidence rates of cervix cancer, 1995-1997*

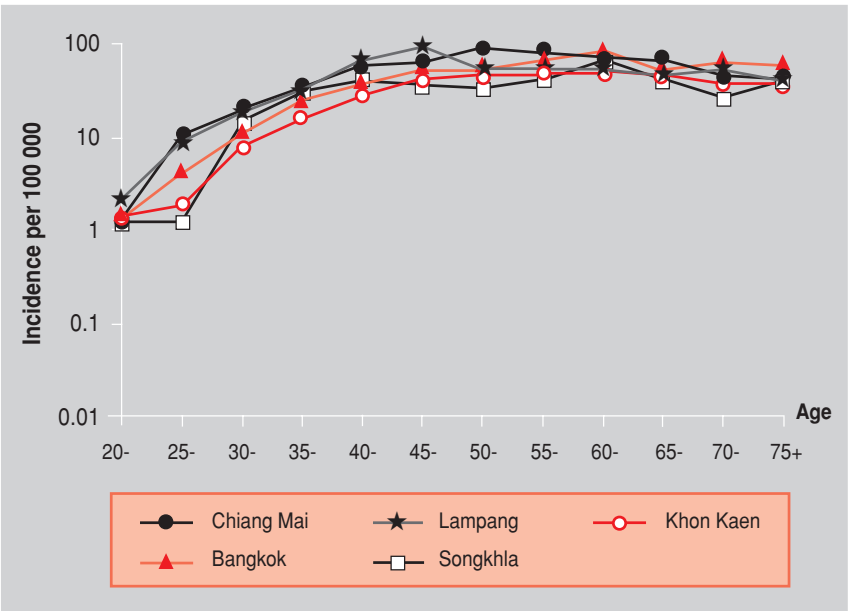


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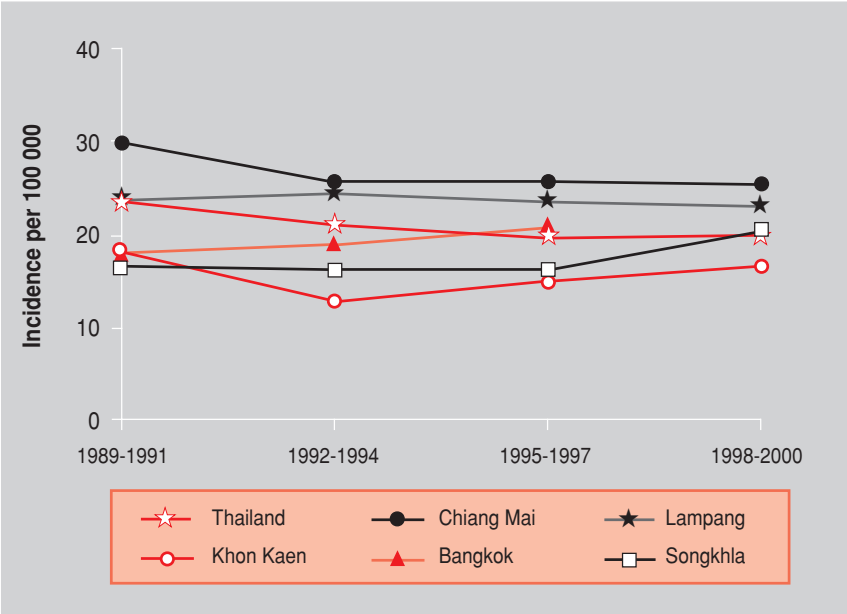
Figure 2.12.3 *Trend in incidence of cervix cancer*



Mai (ASR = 25.6) followed by Lampang (ASR = 23.6). Songkhla (20.1) and Khon Kaen (ASR = 15.0). The pattern of age-specific incidence rates in the four registries is the same as the period of 1995-1997 (Figure 2.12.3).

From the early years of population-based cancer registration in Thailand in 1988 (Vatanasapt *et al.*, 1993; Deerasamee *et al.*, 1999) the incidence rates of cervical cancer are minimally declined in some registries and increased in others.

The primary cause of cervical cancer is a sexually transmitted infection by human papillomavirus (HPV) (Bosch *et al.*, 1995). The different types of HPV infection are classified as higher-risk (e.g. 16, 18, 31 and 35) or lower-risk (e.g. 6 and 11).

HPV infection is common among young reproductive women, it can be regressed to become undetectable, stable, or progress to low-grade, high-grade cervical dysplasia or invasive cancer. The direct precursor of cervical cancer is high-grade dysplasia which progresses to invasive cervical cancer over a period of up to 10 years.

The policy of cervical cancer prevention worldwide has focused on screening women at risk of the disease using Pap smear and early treating precancerous lesions. Pap smear programs or cytological screening programs have resulted in reducing incidence and mortality of cervical cancer in some developed countries especially those who have higher screening quality and coverage. In Thailand there is no national screening program at present, so the incidence of cervical cancer is still high.