

**Community care and Management of Longer-term Conditions
(LCHS7003)**

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Component 2:- Individual Presentation

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Definition

Cervical cancer arises from abnormal growth of cells in the cervix, typically caused by persistent infection with high-risk human papillomavirus (HPV), most notably types 16 and 18. Early stages often show no symptoms, but progression can cause abnormal vaginal bleeding, pelvic pain, pain during intercourse, and advanced signs like weight loss or leg swelling.

Symptoms:

Early: Often asymptomatic

Later: Abnormal vaginal bleeding (including after sex), pelvic pain, pain during sex, vaginal discharge

Advanced: Appetite loss, weight loss, fatigue, back/leg pain, swelling, heavy bleeding, and more severe complications.

(Causes):

Main cause: Persistent HPV infection (99% of cases)

Other risk factors: Smoking, immunosuppression, long-term contraceptive use, early sexual activity, multiple sexual partners, genetic predisposition.

Prevalence in the UK and Worldwide

UK: Around 3,300 new cases annually, accounting for ~1% of all new cancers in women, with highest incidence in women aged 30-34. Mortality is about 890 deaths per year.

Worldwide: Cervical cancer remains a significant public health issue, especially in low-resource settings. The global WHO target for elimination is an incidence rate below 4 per 100,000 women.

Economic and Social Burden

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UK annual socioeconomic burden: Estimated at £691 million, mostly from productivity loss and informal care (85%). Only 8% of burden falls on direct healthcare costs.

The majority of this burden is preventable through vaccination and screening programmes.

Families face substantial financial and emotional stress due to premature mortality and care demands.

Diagnosis and Initial Assessment

- ▶ **Referral within 24 hours to rapid assessment clinic for suspicious cases.**
- ▶ **Assessments: Full history, bimanual and speculum examination, visualisation of cervix ± colposcopy, directed punch or loop biopsy for diagnosis.**
- ▶ **Imaging: MRI pelvis for local spread, CT chest/abdomen/pelvis; other tests as needed.**
- ▶ **Multidisciplinary review at Cancer Centre for all confirmed cases.**

Management (UK Guidance & Models)

NHS Cervical Screening Programme and National HPV Vaccination Programme are core models for prevention, early detection, and improved outcomes.

Management guided by multidisciplinary teams (MDTs) as per local Trust protocols.

Entry into clinical trials considered for all cases.

Follow-up is coordinated regionally.

Treatment Options in the UK

Treatment Modality	Description
Surgery	Can range from minor procedures to radical hysterectomy genesiscare
Radiotherapy	External and/or internal beams to target cancer cells genesiscare
Chemotherapy	Cytotoxic drugs to destroy cancer cells genesiscare
Chemoradiotherapy	Combined radiotherapy and chemotherapy (standard for many cases) genesiscare
Holistic Support	Exercise, counselling, acupuncture, and complementary therapies integrated into care genesiscare

Comorbidities

~26% of cervical cancer patients have significant comorbidities, which markedly increase risk of mortality and complications.

Common comorbidities include sepsis, renal failure, heart disease, hypertension, and pain issues.

Prevention

Nearly all cases are preventable via:

HPV vaccination (offered by NHS to school-aged children)

Routine cervical screening (smear tests)

Early treatment of pre-cancerous lesions

Safe sex practices (condom use) and smoking cessation.

National programmes are key to reducing cervical cancer rates.

Co-productive Care: Skills, Values, Behaviours

Core skills: Person- centered communication, shared decision-making, and holistic assessment.

Values: Respect for individual autonomy, compassion, empowerment, and inclusion of family/carers.

Behaviours: Active listening, cultural sensitivity, transparency, and advocacy for patients and carers.

Co-production means involving patients in care planning, ensuring interventions align with their needs and goals.

Recommendations: Personalised Care and Self-Management

Comprehensive personalised care involves six evidence-based components:

Shared Decision-Making: Treatment and follow-up plans made in collaboration with patients.

Personalised Care Planning: Tailored care objectives and support based on individual risk, preferences, and resources.

Support for Self-Management: Education, symptom tracking, and access to digital health tools.

Social Prescribing and Community Support: Linking with local support groups, mental health services, and peer networks.

Patient Choice: Clear information on all available treatment options, including trials and integrative therapies.

Integrated Care: Coordinated between oncology, primary care, and allied professionals, ensuring seamless transitions

References

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