

# Multidisciplinary Therapeutic Approach In Cervical Cancer Patients

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## Abstract

Three hundred eleven patients were diagnosed histological as a cervix neoplasm in Vryheid District Hospital, Zululand Region, Kwazulu Natal Province from October 2004 until January 2008; one hundred ninety three patients were treated and followed up, 43 under multidisciplinary therapeutic approach and 150 with conventional modalities of treatments. One hundred eighteen patients weren't properly treated and followed up, due to non treatment compliance and absenteeism to Primary Health Care and Hospital institutions. The Hysterectomies were necessary to be done in 58 patients from 193 total operated. The clinical evolution on the treated patients showed that the multidisciplinary approach was more effective than other isolated modalities of treatment. The level of recovering from their diseases on our 43 patients into the Natural and Bioenergetics Protocols was much better than others as well as the number of post operative and adjuvant complications were less. During the studied period 4 patients died from 43 into the Natural & Bioenergetics Protocols and 47 deaths were reported of 150 patients treated with conventional therapeutic modalities. The proper control, follow up and treatment of the patients affected by cervix neoplasm remains as a big challenge into the Health Department

## INTRODUCTION

Cervical cancer is usually the result of a virus infection: the human papillomavirus (HPV), a very common virus affecting the cells of the cervix. It is generally sexual transmitted through sexual intercourse. Some type of the virus can cause genital warts and other types can cause cervical cancer. It is usually clears up once the immune system has got rid of the virus. In some women the virus remains present for a number of years and in few of these women the cervical cancer will develop if it is left untreated

A woman is at greater risk for cervical cancer if:

- She has had an abnormal pap smear.
- She or her sexual partner has had a virus genital warts infection.
- She has had many sexual partners or began sexual activity before age 18.
- She does not use condoms with new partners.
- She had previous genital or vaginal cancer.
- Her sexual partner's previous partner had or has cervical cancer or abnormal cervical cells.

- Her sexual partner has or had cancer of the penis.
- She smokes
- Her immune defenses are low, such as after organ transplants, or if she is under treatment with immunosuppressive drugs, or if she has AIDS.
- Her mother took the hormone DES (diethylstilbestrol) when she was pregnant with her.

The study, in The Journal of Alternative and Complementary Medicine (Vol. 8, No. 4: 477-485), is the first to look at what might predict whether cancer patients will use complementary and alternative treatments, why, and how much they spend.

Cancer is a class of diseases or disorders characterized by uncontrolled division of cells and the ability of these cells to invade other tissues, either by direct growth into adjacent tissue through invasion or by implantation into distant sites by metastasis. Metastasis is defined as the stage in which cancer cells are transported through the bloodstream or lymphatic system. Cancer may affect people at all ages, but risk tends to increase with age, due to the fact that DNA

damage becomes more apparent in aging DNA. It is one of the principal causes of death in developed countries. [1, 2, 3]

The population in the rural areas of our District DC 26 is familiar to use herbal medications and some alternative therapeutic procedures. The authors learn every day with the patients some interesting and important believes about the traditional medicine. Our purpose was, is and will be to increase the quality of life of cancer patients, using Natural and Bioenergetics tools as a complementary, additional, palliative actions and recommendations among the general cancer therapeutic tools, it isn't our aim to substitute or challenge the conventional well establish cancer therapies.

The potential utility of an ideal tumor marker covers a broad array of clinical problems, such as screening, diagnosis, prognosis, assessment of therapeutic efficacy, and detection of residual or recurrent disease. A successful screening test for the detection of cancer must have a high sensitivity for early lesions, so as to detect disease in asymptomatic patients with small curable tumor burdens. In that situation, early diagnosis by tumor marker screening may translate into therapeutic cure.

South Africa has among others, an important health problem as a country, between 1993 and 1995, an average of 3387 new cases of cancer of the cervix was reported. By contrast, 1,497 deaths from cancer of the cervix were reported for 1994 by the Statistic South Africa (SSA). The crude incidence rate was 17/100 000 and the ASIR 22/100 000. Cancer of the cervix is the most common cancer in women (Lifetime Risk = 1 in 41). Important population differences exist: in black females the LR was 1 in 34, whereas in whites 1 in 93, about a threefold difference. In Asian and colored females the LR was about 1 in 50. The National Cancer Registry highlighted that a reduction in the incidence of cancer of cervix had been recorded.

### **METHODOLOGICAL DESIGN**

Our study is a multidisciplinary multi centre research, in developing. The research involved: Zululand –Ulundi District 26/-Oncologist Department from Durban and PMB complex hospitals/-Traditional and Natural Medicine Collaborators.

From October 2004 to January 2008, 311 patients were diagnosed histological as a cervix neoplasm in Vryheid District Hospital, Zululand – Ulundi District, 43 of them accepted to be included into the Natural and Bioenergetics protocols associated with surgical and/ or adjuvant therapies.

The abovementioned patients are also followed by tumors markers determinations. During the analyzed period one hundred ninety three patients affected by cervix cancer presented : necrotic septic or/ and ulcerated lesions; all of them were operated and treated in coordination with tertiary health units, the patients' treatment were combined on the patients into the Protocol with natural & bioenergetics tool. Unfortunately some of the patients came in advanced cancer stages or / and default from oncologic treatment Protocols. The relevant pamphlets of health education and promotion are systematically distributed to the patients affected by cervix cancer.

As a cornerstone of our working epidemiology philosophy on the rural areas, Vryheid Hospital team promote and encourage the Pap smears for being essential to detecting precancerous lesions as well as early stages of cervical cancer. The regular use of Pap smears as a screening test has prevented millions of cases of cervical cancer and has saved a similar number of lives. Despite their value, they are not always 100% accurate. Up to 2% of women with normal Pap smear results actually have high-grade cervical dysplasia at the time of evaluation. In some rare cases, Pap smears may produce "false positive" results, meaning that a healthy woman may be falsely diagnosed with cervical dysplasia. Despite these errors, Pap smears are the most effective and reliable method of identifying cervical dysplasia.

It is important for our scientific activity that one of the co authors, Dr. Shezi is an experienced South African doctor; Zulu speaker and well known into the rural communities belong to Vryheid district. He actively was involved on the patients' interviews for getting consents, in translating the protocols from English to Zulu languages as well as in following up the ambulatory patients together the team coordinator in rural areas at Boyana Community.

### **RESULTS AND DISCUSSION**

The most important risk factor in the development of cervical cancer is infection with a high-risk strain of human papillomavirus. The virus cancer link works by triggering alterations in the cells of the cervix, which can lead to the development of cervical intraepithelial neoplasia, which can lead to cancer. Women who have many sexual partners (or who have sex with men or women who had many partners) have a greater risk; Vryheid Hospital Cancer Register is an example of the high incidence and prevalence of uterine diseases, from 469 patients registered at January 31 2008, 311 were histological diagnosed as a cervix neoplasm.

**Figure 1**

Table 1: cervix neoplasm Vryheid Hospital October 2004- January 2008

PATHOLOGICAL TYPES	PATIENTS
squamous cell carcinoma	134
adenocarcinoma	14
adenosquamous carcinoma	2
small cell carcinoma	2
choriocarcinoma	1
CIN 2/3	158
TOTAL	311

Source: Vryheid Hospital Cancer Register

**PATHOLOGIC TYPES**

Cervical intraepithelial neoplasia, the precursor to cervical cancer, is often diagnosed on examination of cervical biopsies by a pathologist. Histological subtypes of invasive cervical carcinoma include the following:

- squamous cell carcinoma (about 80-85%)
- adenocarcinoma
- adenosquamous carcinoma
- small cell carcinoma
- neuroendocrine carcinoma

Non-carcinoma malignancies which can rarely occur in the cervix include

- melanoma
- lymphoma

Note that the FIGO stage does not incorporate lymph node involvement in contrast to the TNM staging for most other cancers.

For cases treated surgically, information obtained from the pathologist can be used in assigning a separate pathologic stage but is not to replace the original clinical stage.

For premalignant dysplastic changes, the CIN (cervical intraepithelial neoplasia) grading is used.

Cervical cancer is staged by the International Federation of Gynecology and Obstetrics (FIGO) staging system, which is based on clinical examination, rather than surgical findings. It allows only the following diagnostic tests to be used in determining the stage: palpation, inspection, colposcopy, endocervical curettage, hysteroscopy, cystoscopy, proctoscopy, intravenous urography, and X-ray examination

of the lungs and skeleton, and cervical conization.

The TNM staging system for cervical cancer is analogous to the FIGO stage.

**Figure 2**

- Stage 0 - full-thickness involvement of the epithelium without invasion into the stroma (carcinoma in situ)
- Stage I - limited to the cervix
  - IA - diagnosed only by microscopy; no visible lesions
    - IA1 - stromal invasion less than 3 mm in depth and 7 mm or less in horizontal spread
    - IA2 - stromal invasion between 3 and 5 mm with horizontal spread of 7 mm or less
  - IB - visible lesion or a microscopic lesion with more than 5 mm of depth or horizontal spread of more than 7 mm
    - IB1 - visible lesion 4 cm or less in greatest dimension
    - IB2 - visible lesion more than 4 cm
- Stage II - invades beyond cervix
  - IIA - without parametrial invasion, but involve upper 2/3 of vagina
  - IIB - with parametrial invasion
- Stage III - extends to pelvic wall or lower third of the vagina
  - IIIA - involves lower third of vagina
  - IIIB - extends to pelvic wall and/or causes hydronephrosis or non-functioning kidney
- IVA - invades mucosa of bladder or rectum and/or extends beyond true pelvis
- IVB - distant metastasis

Vryheid Hospital Uterine and Cervix Cancer Prevention Protocol encourages the women to increase Soya beans products, pineapple, to take a healthy sexual life, to use herbal sits baths and vaginal douches, as well as to be treated early if they suffer from vaginal discharging, it is advisable overemphasize the importance of the Pap smear. [4, 5, 6, 7, 8]

Vryheid Hospital team highly recommended the use of hyperthermia hypericum perforatum vaginal herbal douches in the treatment of chronic cervix ulceration, vaginal discharging and post radiation and chemotherapies complications.

A paraneoplastic syndrome is a disease or symptom that is the consequence of the presence of cancer in the body, but is

not due to the local presence of cancer cells. These phenomena are mediated by humoral factors (by hormones or cytokines) excreted by tumor cells or by an immune response against the tumor. Paraneoplastic syndromes are typical among middle aged to older patients and they most commonly present with cancers of the lung, breast, ovaries or lymphatic system (a lymphoma).[9] Sometimes the symptoms of paraneoplastic syndromes show even before the diagnosis of a malignancy.

**Figure 3**

Table 2 paraneoplastic syndrome in Vryheid Hospital cervical cancer patients 2004- 2008

Syndrome class	Syndrome evidence	Number of patients
Endocrine	Hypercalcemia	11
Neurological	Paraneoplastic cerebellar degeneration	2
Mucocutaneous	Acanthosis nigricans	17
Hematological	polycythemia	21
	Non bacterial thrombotic endocarditis	3
Others	Membranous glomerulonephritis	14
Total		68

SOURCES: VRYHEID HOSPITAL PATIENTS’ CLINICAL FILES, PMB & DURBAN HOSPITAL COMPLEX.

Paraneoplastic syndromes can be divided into 4 main categories [Table 2]: Endocrine, Neurological, Mucocutaneous and Hematological paraneoplastic syndromes, as well as others that may not fit into any of the above categories. On table 2 the main clinical manifestation of paraneoplastic syndromes was the polycythemia in 21 cases, it was grossly evidential in previous chronic anemic patients. Acanthosis nigricans, Membranous glomerulonephritis and Hypercalcemia with 17, 14 and 11 patients respectively were significant health problems on the studied patients. Only three patients from 311 studied developed clinical features of endocarditis, [treated in tertiary institutions]. Unlike some scientific reports, [10, 11, 12] from 68 patients who developed paraneoplastic syndrome in our series, only two were diagnosis clinically as cerebellar degeneration. Treatment options include therapies to eliminate the underlying cancer such as chemotherapy, radiation and surgery, and vitamin therapy. The therapeutic use of herbal medication such berries, garlic and water grass associated with ozone therapy have reported benefits in these patients. Majority of the studied patients developed urinary sepsis during their disease progress; the indication of drinking Cranberry juice helped them in preventing and recovering from common bladder infections.

The use of honey [13, 14, 15], associated with Magnesium Trisilicate or/and Ulsanic is on the authors modest experience a powerful tool in treating the mucosa radiations therapy ulcers, post adjuvant therapy gastro esophagus inflammations and irritable colonic syndrome.

Vryheid Hospital team is focusing its health action substantially in preventing issues. One hundred ninety three patients affected by cervix cancer, followed oncologic protocols steps or affected by necrotic septic ulcerated lesions, uncontrollable vaginal discharging, fistulas and intractable aches were operated and treated in coordination with tertiary health units combined with natural & bioenergetics protocols. It is important to explain, that the promptitude of diagnosis and treatment coordination between Primary Health Care System and Hospital Units granted a proper result on the wellbeing and quality of life of the operated patients.

**Figure 4**

Table 3 operated patients for presenting complicated cervix cancer

SURGICAL TECHNIQUE	NUMBER OF PATIENTS
Radical Hysterectomy	31
Total Hysterectomy	18
Hysterectomy + divert colostomy or urinary track divert	9
Cervix surgery *	135
TOTAL	193

\*Laser therapy; cryocauterization; Loop electrosurgical excision (LEEP); cervical conization

SOURCES: OPERATED THEATRE BOOKS, VRYHEID HOSPITAL CANCER REGISTER

Radical Hysterectomy performed in 31 patients was the leading intra abdominal major surgical procedure due to inguinal –pelvic lymphatic involvement, followed by Total Abdominal Hysterectomy[TAH] performed in 18 patients; nine patients needed TAH and additional divert colostomy [5] and urinary track divert [4] . The patients who underwent different therapeutics cervical surgery have had a proper evolution, [of course combined with oncologic protocols]. It is regrettable and very sad that 118 patients histological diagnosed as a cervix neoplasm weren’t properly treated and followed up, due to non treatment compliance and absenteeism to Primary Health Care and Hospital institutions.

The following up of 123 patients affected by cervix neoplasm with tumor markers as far as Hospital financial possibilities could guarantee together of clinical examination avoiding some complications or recurrent.

The authors use commonly acupunctural nerve block, digital puncture and surgical nerve infiltration in getting pain relieve on the patients associated with bioenergetics procedures; the patients recognize their acceptance of the abovementioned approach.

The previous experience is now extended as a patient's requests to others diseases beyond the cancer, like back pains, chest traumatic injuries, nerve entrapment, etc

Aloe preparations, herbal douches, honey, asparlagus, garlic preparations, zeolita and sugar are the cornerstones on the symptomatic treatment of ulcerations, fistulas, and mucosa disorders associated with cancer or / and adjuvant therapies.

The anemia associated or no with electrolytes imbalance is commonly seen in cancer patient pre and post adjuvant treatment therapy [16, 17]

The pain control as well as treatment of anemia and electrolytes imbalance plays a crucial role in recovering from cancer diseases or complication of adjuvant therapy. [18, 19]

Among others, the problem of suffering from severe side effects of adjuvant treatment complicates the management and quality of life of cancer patients.

The palliation of the adjuvant complications is one of the authors' objectives from beginning. The water therapeutic protocol promises to be a strong helper in preventing and treating these adjuvant complications. [20, 21, 22, 23]

Table 4 morbidity and mortality Vryheid Hospital cervix cancer 2004-2008

SOURCES: PATIENTS CLINICAL FILES, OPERATED THEATRE BOOKS, VRYHEID HOSPITAL CANCER REGISTER, PRIMARY HEALTH CARE CONTROL

The clinical evolution on the treated patients showed that the multidisciplinary approach was more effective than other isolated modalities of treatment. The level of recovering from their diseases on our 43 patients into the Natural and Bioenergetics Protocols was much better than others as well as the number of post operative and adjuvant complications were less. During the studied period 4 patients died from 43

into the Natural & Bioenergetics Protocols and 47 deaths were reported of 150 patients treated with conventional therapeutic modalities One hundred eighteen patients were unable to follow up and recorded their morbidity and mortality.

### **CONCLUSIONS AND RECOMMENDATIONS**

- The proper control, follow up and treatment of the patients affected by cervix neoplasm remains as a big challenge into the Health Department.
- Three hundred eleven patients were histological diagnosed as cervix neoplasia, but only 193 were controlled and treated into Health structures.
- The tumor marker follow up in 123 patients could guarantee together of clinical examination avoiding some complications or recurrent.
- From 68 patients that developed paraneoplastic syndromes , the hematological manifestations were recorded on 24, polycythemia [21] and non bacterial thrombotic endocarditis [3]
- The overall mortality was 51 deaths in 193 patients from October 2004 until January 2008.
- The Hysterectomies were necessary to be done in 58 patients from 193 total operated
- Aloe preparations, herbal douches, honey, asparlagus, garlic preparations, zeolita and sugar are the cornerstones on the symptomatic treatment of ulcerations, fistulas, and mucosa disorders associated with cancer or / and adjuvant therapies
- The clinical evolution on the treated patients showed that the multidisciplinary approach was more effective than other isolated modalities of treatment. The level of recovering from their diseases on our 43 patients into the Natural and Bioenergetics Protocols was much better than others as well as the number of post operative and adjuvant complications were less.

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