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HYATT SAUJANA SUBANG HOTEL, PETALING JAYA
THE OPENING OF THE XIV ASIAN AND OCEANIC PRE-CONGRESS
WORKSHOP ON CERVICAL NEOPLASIA-DIAGNOSIS AND MANAGEMENT
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Distinguished guests;
Ladies and gentlemen.

It is a pleasure for me to be given this opportunity to officiate the opening of the XIV Asian Oceanic Pre-Congress Workshop on Cervical Neoplasia. I am happy to note that Malaysia has been given the honour to host this important workshop. I wish to bid all the foreign delegates a warm welcome to Malaysia and hope they will have a memorable time.

2. I am glad to note that eminent gynaecological oncologists, pathologists and radiotherapists from different parts of the world are taking part in this workshop. I hope all delegates will exchange their experiences and expertise and learn from this workshop the latest methods and technologies in dealing with cervical neoplasia so that the incidence of this disease will decrease in this part of the world, particularly. Ladies and Gentlemen,

3. Studies have shown that genital cancer is the second most common cancer in woman after breast cancer. In this part of the world, especially, cervical cancer is the most common, unlike in the developed countries where ovarian cancer is more common. Therefore, it is important, in the context of modern day living that more people in this part of the world be aware of this disease so that preventive steps can be taken. Indeed prevention of this large number of premature disease among women should be a top priority, especially since it has been proven that effective cervical cytology screening programmes can result in a reduction in mortality.

4. Early detection of the pre-clinical stage of cervical cancer by screening is possible. Every detection of the disease not only makes treatment relatively inexpensive but almost always successful and could lead to a marked decline in the number of women who develop fatal invasive cancer. 5. Although a screening programme for the early detection and management of cervical cancer has been implemented in Malaysia for sometime generally, there is a need to review the status of the screening programme. Efforts must be made not only to strengthen the programmes but also to ensure better co-ordination of screening activities so that the whole programme could be restructured into a single national programme on Cancer Prevention Control. This would ensure better utilisation of resources.

6. Current incidences and rates of late presentation of cervical cancer are at levels that require intervention, especially in primary prevention and early detection.

Approximately 1100 new cases of cervical cancer are reported every year throughout Malaysia.

7. This is quite to be expected given the rapid process of social change and modernisation in most developing countries. Consistent with these changes is the changing pattern of the disease where more women in the younger age group are now more susceptible to this dreadful disease. Cervical cancer used to be a disease of the premenopausal and post menopausal women but it is now a disease of the midthirties and early forties. It is equally disconcerting that there is an increasing number of women of the younger age group now found to have sexually transmitted diseases that are strongly linked with the aetiology of cervical cancer.

8. The only common factor to be associated with the risk of cervical cancer is sexual intercourse. It is therefore imperative that all women who are sexually active be screened as early as possible, since they are potentially at risk. This would mean that about 50 percent of women in Malaysia are at risk to this disease.

9. In Malaysia screening for cervical cancer was instituted in 1969 in a few selected areas. In 1981 after the intergration of family planning activities into the Maternal Child Health (MCH) Services, papsmear screening was incorporated into the Family Health Programme of the Ministry of Health with the objective of extending the papsmear services to obtain a wider coverage. Hence, since 1981, cytodiagnosis using the papsmear has been implemented nationwide through the MCH Services for all women who fall within the target group for screening. In addition, examination of the cervix by colposcopy for women with abnormal cervical cytology has also been implemented in General and District Hospitals which have gynaecologists. Ladies and gentlemen,

10. Cervical cytology is only part of the complete system that is required for control of cervical cancer. It serves only to identify cases needing appropriate follow up and treatment and is of no value without adequate, integrated, diagnosis and treatment services (such as colposcopy, gynaecological pathology, gynaecological surgery and radiation therapy) to deal with patients found to have abnormal smears. These facilities must be adequate to absorb the expected demand for diagnosis and treatment.

11. It should be emphasised that cervical cytology is a public health programme aimed at detecting cervical pre-cancer in the population at risks in its early asymptomatic form when it can be successfully treated, thus reducing mortality and morbidity due to this disease. Patients must be examined and appropriately investigated individually as indicated by their symptoms, no matter what the status of the cervical screening test.

12. Since cervical cancer inflicts a heavy burden on society, a screening programme can help reduce this burden. However, such a programme should be cost effective. This means that there has to be high productivity and accuracy at the screening laboratory so as to keep costs down. These requirements are best met by large, non-

profit making centralised facilities with high volumes of work, computerised recordkeeping, and well-organised professional supervision and quality control. It would be beneficial if screening programmes could be integrated into the existing primary health care services.

13. While it may take several years before the beneficial results of a screening programme can be seen, it is quite possible that the number of new cases of cervical cancer will actually seem to increase during the first phase, as additional new cases are found that would previously have remained undiagnosed. It is essential that those responsible for funding and operating such a programme understand and accept these facts and prepare to make a long term, say between 5 to 10 years financial commitment, since the programme's usefulness may not be that apparent, immediately.

14. In view of the above considerations, I would like to see a more co-ordinated programme at the national level. Whilst this programme may lay down broad policies and principles, a separate national programme on the various types of cancer needs to be developed, e.g. National Control Programme for Cervical Cancer. The areas of importance to be incorporated in the existing national programme are:

- a) Selection of the most appropriate screening method;
- b) Target population;
- c) Frequency of screening;
- d) others.

15. As emphasised earlier, it is important that all women above the age of 20 who are sexually active to have a 3 yearly smear done till the age of 65. Women in the high risk group need to be screened more frequently, that is, at least once a year.

16. Every gynaecologist must be trained and pay special attention to all aspects of the prevention of this dreadful disease in their clinical practice.

17. Greater efforts should be made to step up the awareness campaign. The media, the Health Education, the NGOs all must play a part in creating awareness among the public, particularly women in the high risk group.

Ladies and gentlemen,

18. I thank you again for inviting me to officiate the opening of this workshop. This subject is something close to my heart - not only because I am a woman but more so because I am a doctor. I congratulate the members of the organising committee for organising this workshop.

19. It now gives me very great pleasure to declare this workshop open.