

Advanced Cervical Dysplasia Beyond Physiopathology: CIN-3 Diagnosis and LEEP in the Context of Women's Psychosocial and Sexual Wellbeing

Mulvaney, Kelly – University of Chicago

Objectives

In medical research and public health, attention to cervical cancer prevention focuses on expanding primary prevention via HPV vaccination and optimizing secondary prevention via improved diagnostic categories and screening tools. The experiences of the many women diagnosed with and treated for advanced cervical intraepithelial neoplasia (CIN) in the course of secondary prevention are generally overlooked. Moreover, existing (mostly questionnaire-based) research inquiring into connections between psychosocial stress and advanced dysplasia shows mixed results, while there is indication that histories of sexual violence may correlate with higher risk for an advanced dysplasia diagnosis. This medical-anthropological study examines the CIN-3 diagnosis and its treatment with cervical conization and LEEP as an event in the broader context of women's psychosocial and sexual lives. It asks: How is the advanced dysplasia diagnosis and its treatment experienced by affected women? How might a woman's psychosocial and sexual development be significant for the advanced dysplasia diagnosis? And how might cervical cancer screening and prevention be improved in light of these two questions?

Methods

The empirical core of the research consists of long-form, ethnographic interviews with women who recently underwent LEEP (n=35), as well as with a control group of women with no gynecological pathology (n=18). The interviews are analyzed using grounded theory as well as tools from linguistic, medical, and cultural anthropology. In addition, the study is informed by ethnographic participant-observation in clinical courses and research conferences in colposcopy and cervical pathology, psychosomatic gynecology, gynecological oncology, and psychoneuroimmunology, and by interviews with medical professionals in these fields. The research has been conducted in Germany, where mandatory public health insurance minimizes the role of lacking access to healthcare services among possible social factors of disease. Presenting this research at the NASPOG conference aims not only at disseminating early results, but also at receiving expert feedback that can be incorporated in further analysis.

Results

Please note: Analysis is still underway, but results and first interpretations will be available by the NASPOG meeting in March. At present, preliminary analysis indicates three results: 1) For most women, the advanced dysplasia diagnosis is a significant psychosocial event, sometimes leading to distress that interferes with everyday life, and not infrequently resulting in a major life decision (e.g., job change, reduced working hours, even relocation or marriage). 2) Most women report that the diagnosis is especially burdensome due to lack of knowledge about HPV and cervical dysplasia, and that they consider themselves to be under-informed about the diagnosis even after treatment. Unanswered questions frequently relate to how to care for oneself and for sexual partners. 3) Thus far, all interviewees diagnosed with CIN-3 reported one or more of the following: a) a significant loss (death of a loved one) in the period preceding the diagnosis; b) a history of exceptionally distressful or abusive romantic relationship; or c) childhood emotional neglect.

Conclusions

Preliminary conclusions for gynecological and healthcare professionals include: 1) Patient-doctor relationships in the context of cervical cancer screening and prevention may be improved by increased awareness among medical professionals of the psychosocial burden of an advanced dysplasia diagnosis. Some women may benefit from talking with a hospital social worker or psycho-oncologist to process the diagnosis. 2) There is a need for increased and improved public education and messaging about HPV and cervical dysplasia. 3) There may be a connection between psychosocial and psychosexual distress and the development of advanced cervical dysplasia. Further research in this area is merited.

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Disclosures

None