

## Mild cervical dysplasia often reverts to normal

Deborah Josefson, *San Francisco*

Cervical smears which are mildly to moderately dysplastic are more likely to revert to normal than to progress to cancer, according to a new study (*Journal of the National Cancer Institute* 1999;91:252-8).

Women with findings classed as mildly dysplastic are often referred for immediate colposcopy and biopsy. This latest research may lead to less rigorous follow up tests for women whose cervical smears are only mildly dysplastic.

University of Toronto researchers led by Phillipa Holowaty reviewed the records of 17946 women who were diagnosed with mild, moderate, or severe cervical dysplasia between 1970 and 1980. Progression to

cervical cancer was determined by correlating the smears to cases of cervical cancer listed in the Ontario Cancer Registry. Follow up was continued through 1989.

The authors found that cases of mild or moderate dysplasia were more likely to regress than to progress. For women diagnosed with mild dysplasia the risk of progression to severe dysplasia or worse was only 1% per year.

The majority of untreated cases of mild dysplasia returned to normal within two years, although 29% were still present at two years or had progressed. Most cases of moderate dysplasia also spontaneously reverted to normal, but the risk of progression from moderate dysplasia was 16% within two years and 25% within five years.

The relative risk of progression to cancer was 2.5 for moderate dysplasia and 4.2 for severe dysplasia compared with mild dysplasia. Moreover, most of the excess risk of cervical cancer associated with severe or moderate dysplasia occurred

within two years of the initial dysplastic smear.

The researchers concluded that their data support a less invasive initial surveillance strategy for mild dysplasia, and that women with mildly dysplastic findings should have a repeat smear six months later rather than undergoing an immediate colposcopic examination with biopsy.

They also suggest that the "moderate" category may have prognostic significance and provide a clinically useful distinction.

Currently, both moderate and severe dysplasia, also known as cervical intraepithelial neoplasia grades II and III, are classed as high grade squamous intraepithelial lesions and treated similarly, with colposcopy and biopsy.

In an editorial accompanying the article, Cathy Critchlow and Nancy Kiviat, of the University of Washington School of Medicine, noted that it was unclear whether the "moderate" category was a true entity or represented severe and mild cases that were difficult to classify. □

## Testicular cancer increases in Ontario

David Spurgeon, *Quebec*

The incidence of testicular cancer in the Canadian province of Ontario increased by almost 60% between 1964 and 1996, with the greatest increase being among men aged 15 to 29, according to new data (*Canadian Medical Association Journal* 1999;160:201-5).

Researchers from the US Centers for Disease Control and Prevention in Atlanta, Georgia, and from Cancer Care Ontario, Toronto, have reported that 5156 cases of testicular germ cell cancer were diagnosed in Ontario residents aged 15-59 between the years 1964 and 1996. About half (2802) were seminomas (mean age at diagnosis 36 years), and the rest were other testicular tumours (mean age at diagnosis 29 years).

The overall incidence of testicular germ cell cancer rose during the 32 years in question from 4.01/100 000 Ontario residents aged 15-59 to 6.39/100 000. This equated with an average annual increase in incidence of about 2%. The study also showed that after a long period of sustained increase, the incidence of testicular tumours which were not seminomas in the youngest age group (aged 15-29) began to decline in the early 1990s.

Data in the study were extracted from the Ontario Cancer Registry, which includes all newly diagnosed cancers since 1964 among the population of Ontario, which in 1996 numbered 11.25 million. The registry, maintained by Cancer Care Ontario, receives hospital discharge records, pathology reports, and death certificates that mention cancer, plus reports from regional cancer centres and the Princess Margaret Hospital, Toronto.

Three possible reasons are suggested for the increase: variations in intrauterine hormone levels, environmental contaminants such as dichlorodiphenyl-trichloroethane (DDT), and increased testicular temperatures resulting from a more sedentary lifestyle. □

## UN study reports Asian economic crisis has hit women's health

James Ciment, *New York*

A report issued by the United Nations Population Fund last week reported that the economic crisis that struck South East Asia beginning in late 1997 has had a disproportionate effect on girls and women.

According to the report, *Southeast Asian Populations in Crisis*, reproductive health care, education, and employment have continued to be affected by the ongoing slump in the region's economy. Women and girls have been particularly hard hit because economic retrenchment has affected industries which predominantly employ women including electronics, textiles, and clothing.

The report warned that many governments in the region had cut back on spending for health care and education for females. Programmes affected include those for AIDS and sexually transmitted diseases, birth control, and prenatal and neonatal care. Thailand, for example, has reduced its budget for AIDS programmes by 25%

and has reduced other health-care spending by 5%. The report's authors are concerned that recent gains in AIDS prevention in the region could be largely set back by these cuts.

The report points out that cuts in healthcare budgets have occurred at a time when personal finances are lean.

In particular, cuts in reproductive health services for adolescents have hit at a time when

school drop out rates—due to shrinking family budgets—are rising as a result of unemployment is also rising due to reductions in factory work. This, said the report, may lead to more teenage pregnancies.

In Indonesia, the report noted, many unemployed women are turning to the sex industry to make money. This is likely to lead to an increase in sexually transmitted diseases just as healthcare budgets are being cut back and AIDS programmes and sexually transmitted disease programmes are being shut down.

The report's authors have called for a more detailed study of the problem. □



The health of girls in Asia has been seriously hit by the economic crisis