



**Organización
Panamericana
de la Salud**

*Oficina Regional de la
Organización Mundial de la Salud*



Healthy Caribbean 2012 Rallying for Action on NCDs

Regional Strategy and Plan of Action for Cervical Cancer

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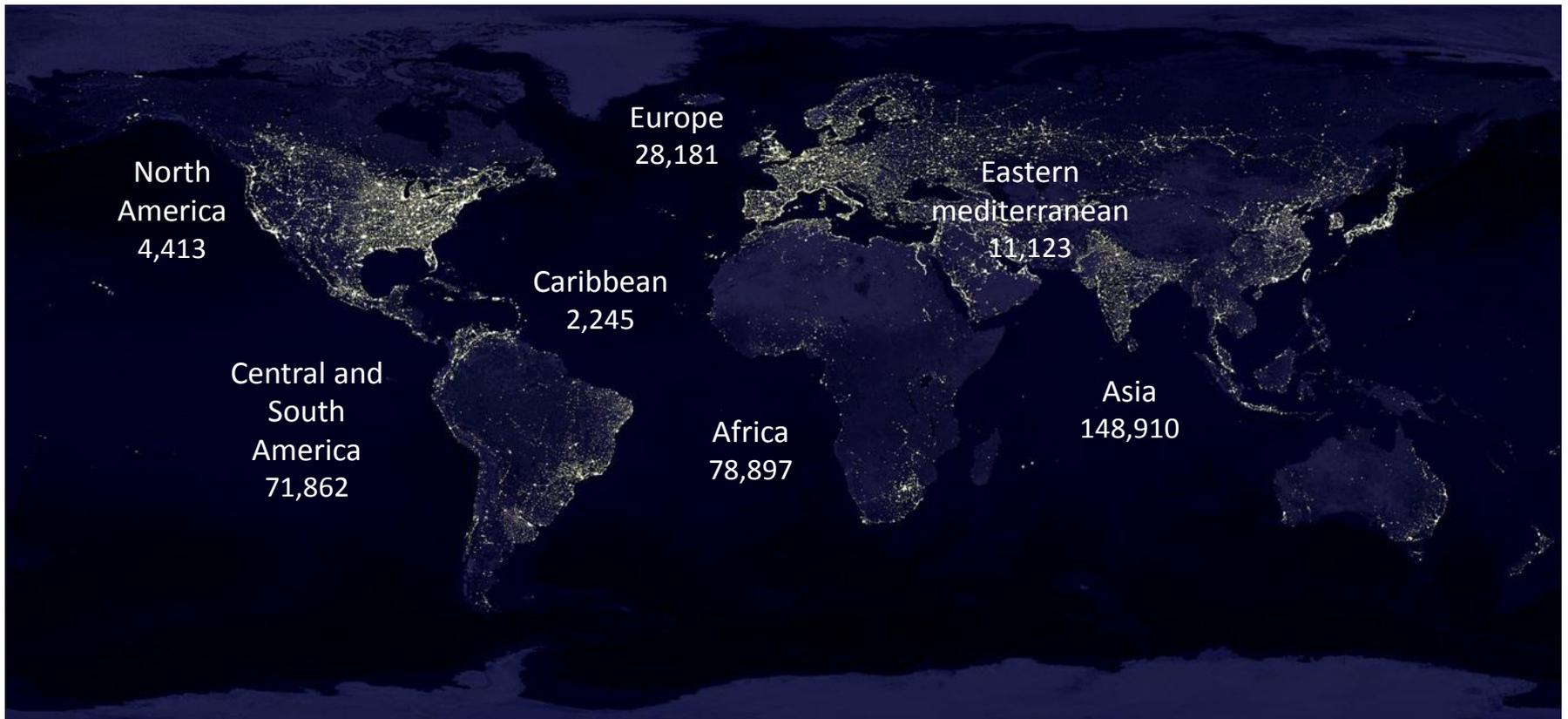
CONTENTS



- Background (Challenges)
- Cervical Cancer Screening Strategies
- PAHO's Regional Strategy and Plan of Action
- Opportunities

CERVICAL CANCER: THE CHALLENGE

Invasive cervical cancer affects an estimated 530,000 additional women worldwide each year and leads to more than 275,000 deaths annually



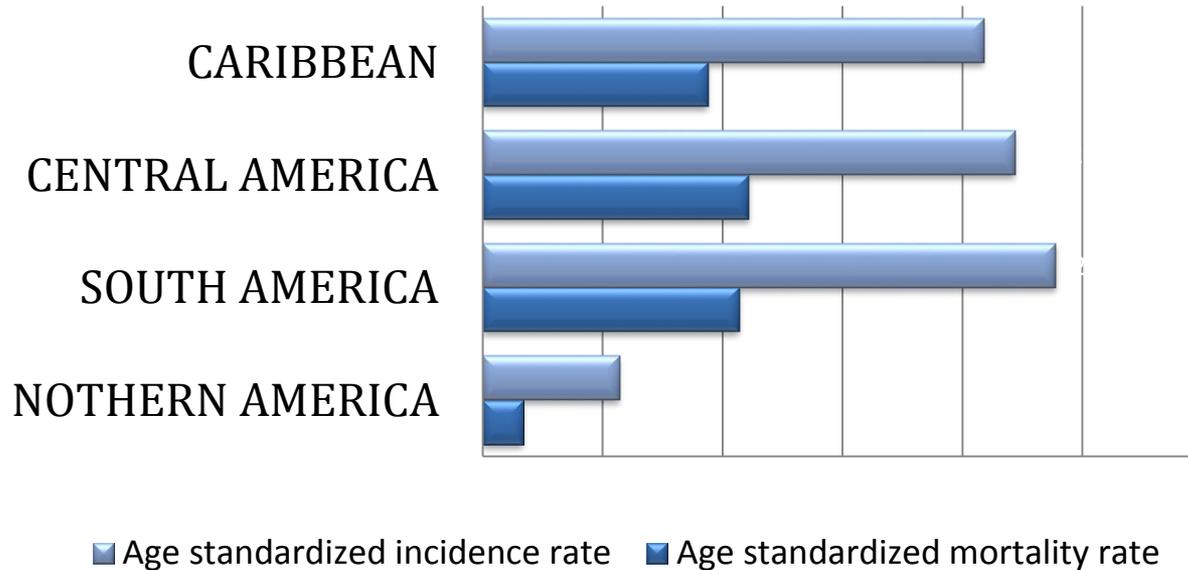
About **88%** of these deaths occur in developing countries

CERVICAL CANCER: THE CHALLENGE

IN THE REGION OF THE AMERICAS...

80,000
new cases

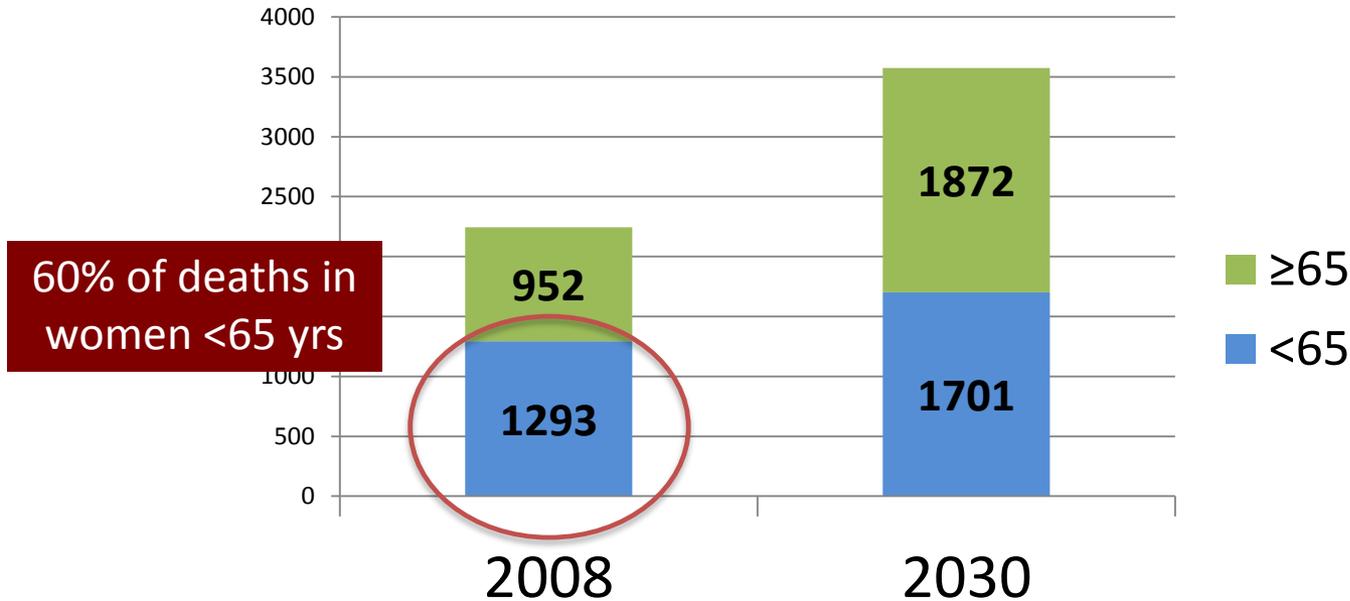
36,000
deaths



Cervical cancer highlights the existing **inequities** in **wealth**, **gender** and **access** to **health services**

CERVICAL CANCER: THE CHALLENGE

CERVICAL CANCER DEATHS IN THE CARIBBEAN

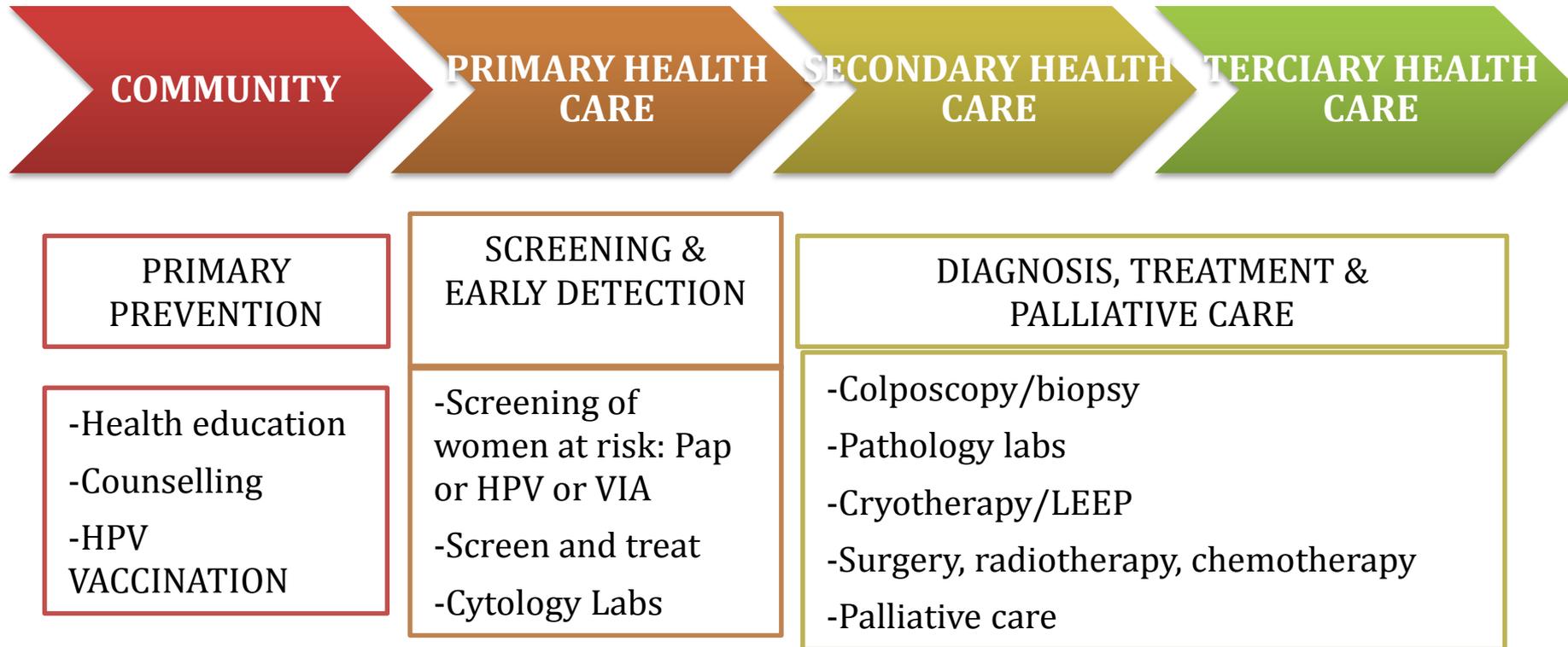


Cervical cancer affects women during their **most productive years**

If current trends continue, cervical cancer deaths in the Caribbean are projected to **increase to over 3,500 in 2030**

COMPREHENSIVE CERVICAL CANCER PROGRAMS:

THE OPPORTUNITY



ORGANIZED PROGRAM

Information system/Call-recall/Monitoring-Evaluation

CERVICAL CANCER SCREENING

Screening is a way of secondary prevention and consists on the early identification and treatment of precancerous lesions.



1

CYTOLOGY

2

VIA

3

HPV DNA
Testing

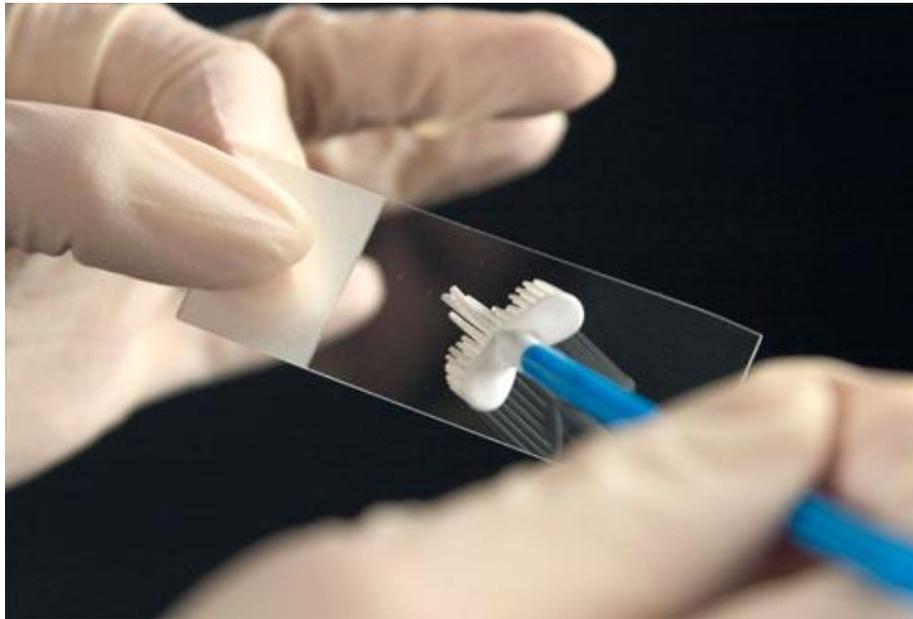
Regardless of the test used, the **key** to an effective program is to reach the largest proportion of women at risk (**high coverage**) with **quality screening** and adequate and timely **follow up** and treatment.

VIA: Visual Inspection with Acetic Acid

1

CERVICAL CANCER SCREENING CYTOLOGY , CERVICAL SMEAR OR PAP SMEAR

A sample of cells is taken from the transformation zone of the cervix, spread on a slide, and examined under the microscope to look for precancerous changes.



Results in developed countries have been impressive, with incidence and mortality reductions of 80% in Canada, the USA and some Nordic countries, and 50-60% in other European countries.

1

CYTOLOGY , CERVICAL SMEAR OR PAP SMEAR

Barriers to the succes of cytology-based programs in low-resource settings:

Test limitations

- It is a **subjective** test based on the interpretation of morphologic alterations present in cervical cancer.
- **Low sensitivity** compensated by repeated testing. Pooled **sensitivity and specificity of 55.2% and 96.7%**, respectively in a 2008 meta-analysis (*Arbyn et al. Obstet Gynecol 2008;111:167-77*).

Equipment and personnel requirements

- Cytology based screening programs require **highly trained personnel, well equipped labs, transport of specimens, and an effective system for collecting information and following up patients**, and therefore are difficult to mount and sustain in low resource settings.

Multiple visits approach

- The **need for follow-up medical appointments** to present the results and manage any abnormalities can negatively affect treatment rates.

NEW TECHNOLOGIES FOR CERVICAL CANCER SCREENING

VISUAL INSPECTION WITH ACETIC ACID (VIA)



Visual inspection of the cervix with the naked eye after application of 3-5% diluted acetic acid. When acetic acid is applied to abnormal cervical tissue it temporarily turns white (acetowhite) allowing the provider to make an immediate assessment

ACETOWHITE AREAS ARE CONSIDERED INDICATIVE OF PRECANCEROUS LESIONS

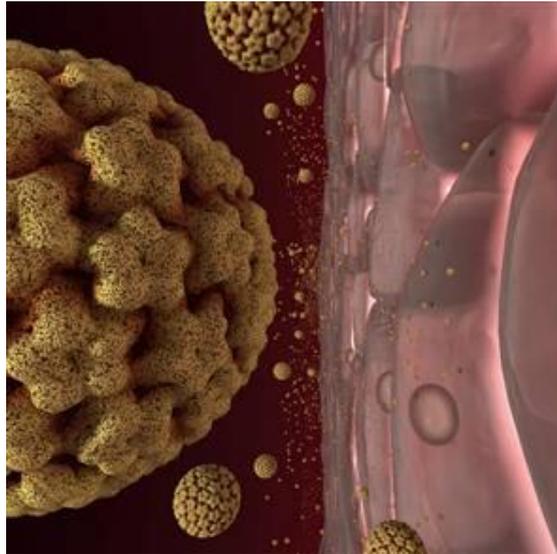
NEW TECHNOLOGIES FOR CERVICAL CANCER SCREENING

VISUAL INSPECTION WITH ACETIC ACID (VIA)

ADVANTAGES	LIMITATIONS
<ul style="list-style-type: none">• Simple, widely feasible and affordable.• Minimal infrastructural requirements.• It can be provided by a wide range of health professionals.• Similar of better sensitivity is as good as or better than the Pap smear.• Results are immediately available, allowing treatment with cryotherapy (“SCREEN AND TREAT”) during a single visit and thus reducing loss to patient follow-up.	<ul style="list-style-type: none">• Visual inspection is subjective and needs supervision for quality control.• It might not work as well in postmenopausal women because the transformation zone recedes into the cervical canal at menopause.

NEW TECHNOLOGIES FOR CERVICAL CANCER SCREENING

HPV DNA TESTING



A sample of cells is collected from the cervix or vagina using a small brush or swab and sent to laboratory for processing

DETECTION OF DNA FROM HIGH-RISK HPV TYPES

HPV DNA TESTING

- **Samples** can be collected by a trained provider or, in the case of vaginal sampling, by the woman herself.
- It is **not as subjective** as VIA and cytology.
- It can identify women who already have cervical disease in addition to those who are at increased risk for developing it.
- More “upstream” in the carcinogenic process, thus enabling for **longer safety margin for screening**.
- **Higher sensitivity** than Pap smear but somewhat **lower specificity**: estimated pool *sensitivity and specificity of 90% and 86.5%, respectively* in a systematic review and meta-analysis including 25 studies.
- **More effective** among women aged **30 years or older**, because of the greater likelihood that a positive result at that age signals a persistent HPV infection that could progress to cancer.

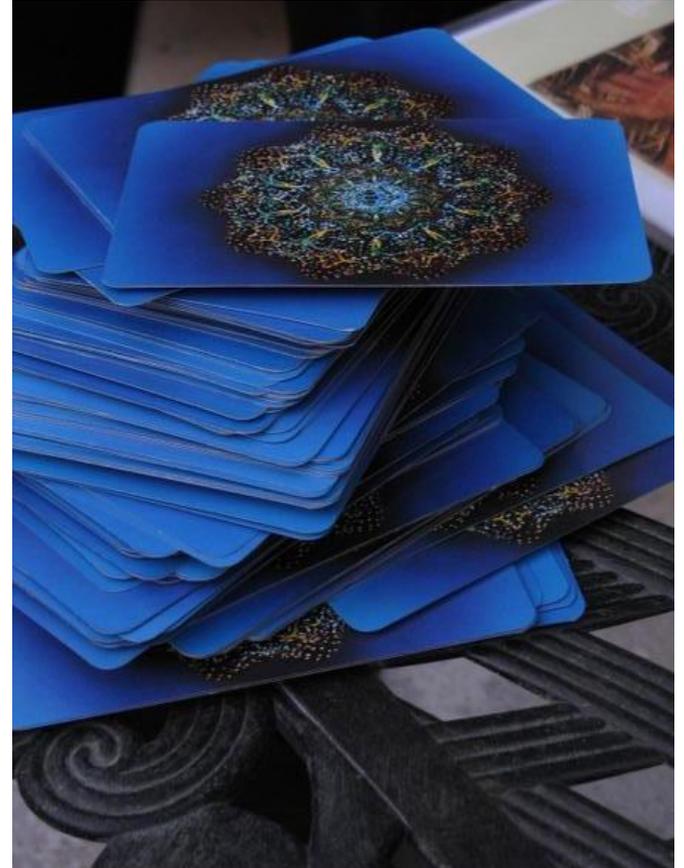
HPV DNA TESTING

Limitations

- It is expensive , requiring laboratory facilities, special equipment, and trained personnel.
- It takes six to eight hours for results and requires follow-up visits for results and treatment.

*Care*HPV TEST

- Specifically developed for use in low-resource settings
- It will detect 14 high risk types
- Results available in 2-2 .5 hours



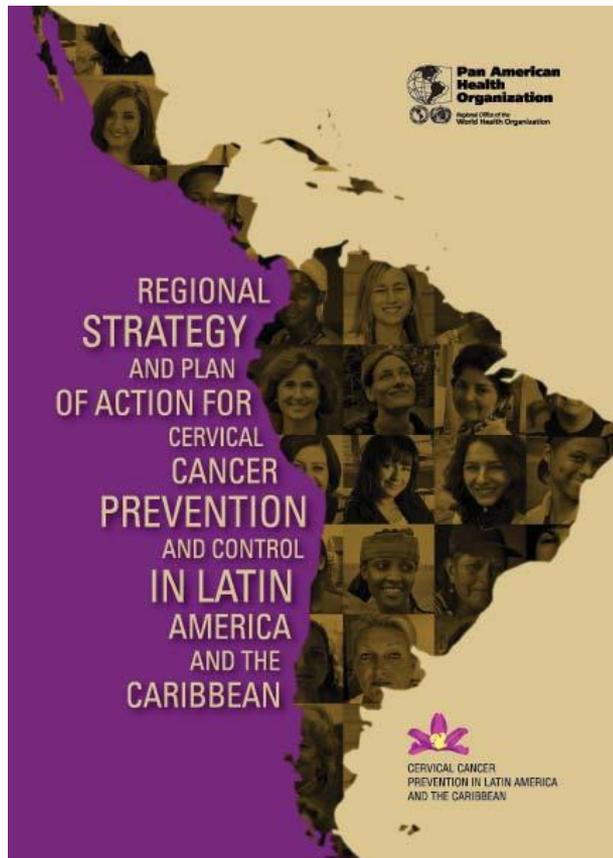
PAHO'S RESPONSE

REGIONAL STRATEGY AND PLAN OF ACTION FOR CERVICAL CANCER PREVENTION AND CONTROL

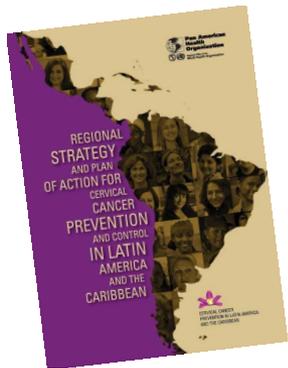


...was developed by PAHO and endorsed by the Ministers of Health of the Americas during the 2008 Directing Council...

REGIONAL STRATEGY AND PLAN OF ACTION FOR CERVICAL CANCER PREVENTION AND CONTROL



1. Conduct a situation assessment
2. Intensify information, education and counseling
3. Fortify screening and pre-cancer treatment programs
4. Establish or strengthen information systems and cancer registries
5. Improve access and quality of cancer treatment and of palliative care
6. Generate evidence to facilitate decision making regarding HPV vaccine introduction
7. Advocate for equitable access and affordable comprehensive cervical cancer prevention



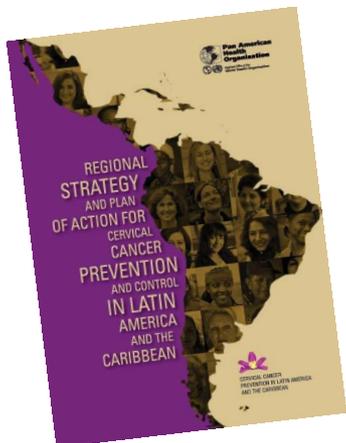
REGIONAL STRATEGY AND PLAN OF ACTION FOR CERVICAL CANCER PREVENTION AND CONTROL

In settings with **sufficient resources** to sustain quality Pap test screening and guarantee timely and appropriate follow up for women screened positive, strengthen screening programs by :

Improving the quality of screening tests, and consider introducing HPV DNA testing

Increasing the screening coverage of women in the at risk age group (>30 years)

Increasing the proportion of timely and appropriate follow up care for women with abnormal screening test results



REGIONAL STRATEGY AND PLAN OF ACTION FOR CERVICAL CANCER PREVENTION AND CONTROL

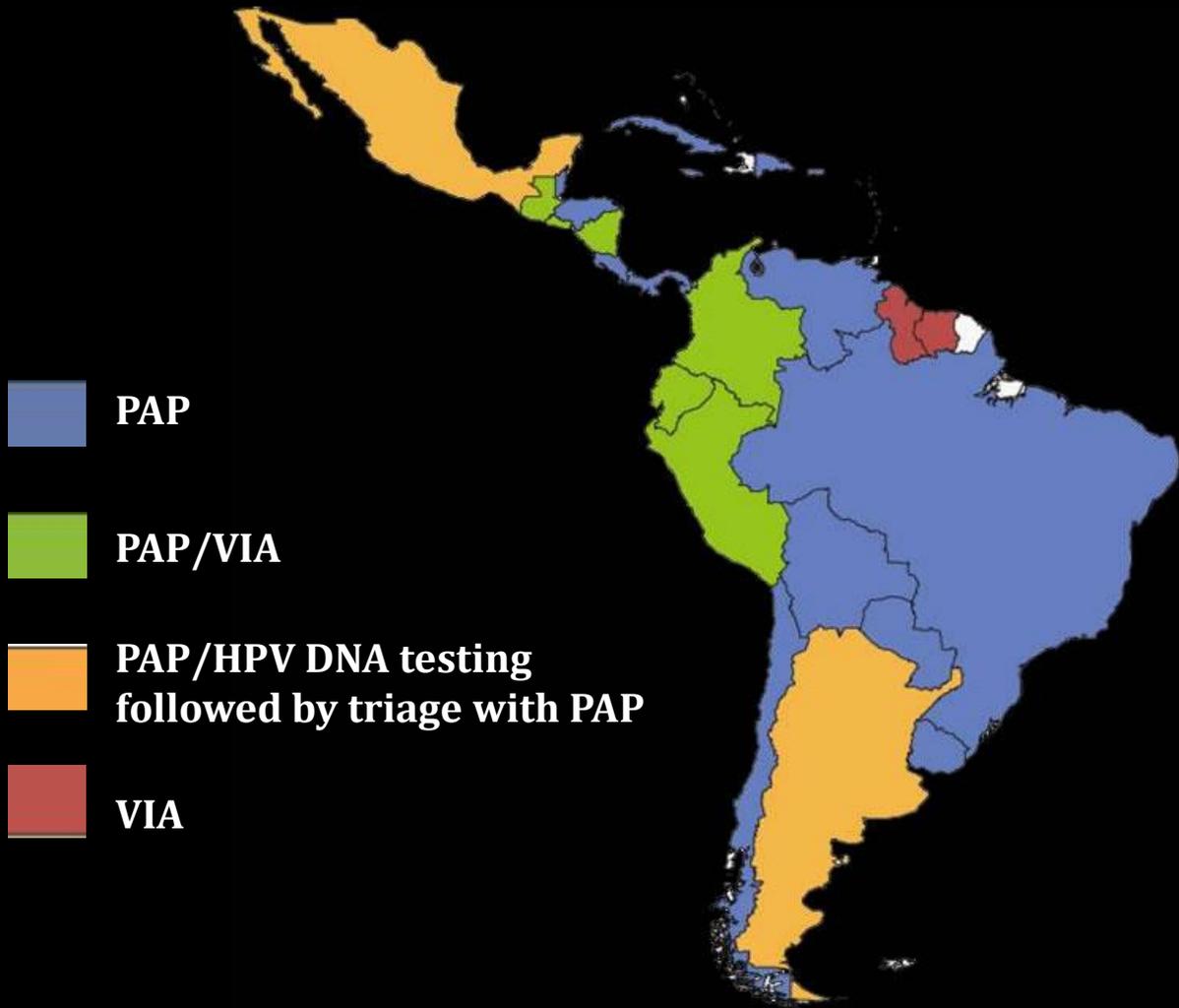
In settings where **resources are not sufficient** to sustain quality Pap test screening and where there are high rates of women who do not have access to timely and appropriate follow-up care :

Consider incorporating a single visit screen and treatment approach

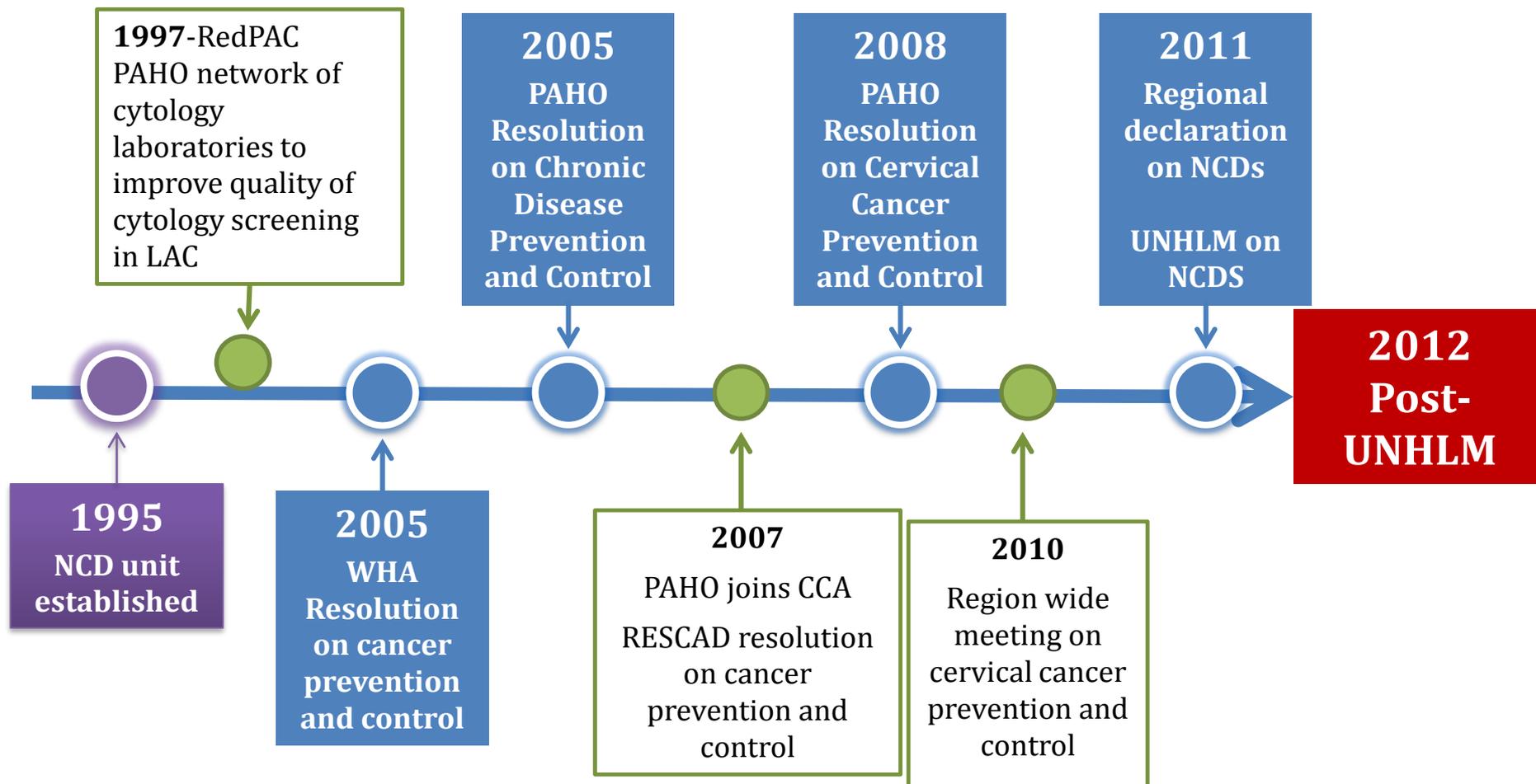
This involves screening women with VIA followed by immediate treatment of precancerous lesions with cryotherapy

This approach can be easily carried out from primary health care services or through outreach campaigns

IMPLEMENTATION OF THE REGIONAL STRATEGY



LANDMARKS IN CANCER PREVENTION AND CONTROL IN THE AMERICAS



ACHIEVEMENTS:

Higher level political commitment for NCDs



CARMEN network, CARMEN Policy Observatory and CARMEN subregional meetings

Preparation of the Member States in the lead up to the UNHLM on NCDs

- Regional Consultation, Mexico
- Policy Observatory Meeting, Trinidad & Tobago
- Andean CARMEN Subregional Meeting

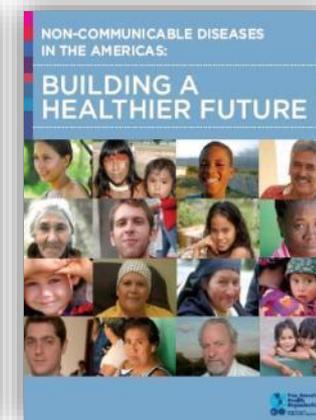
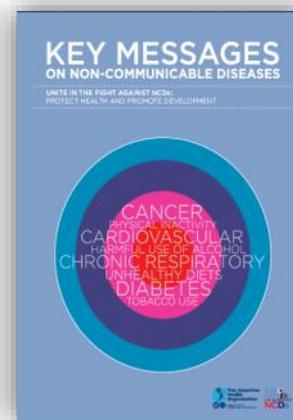
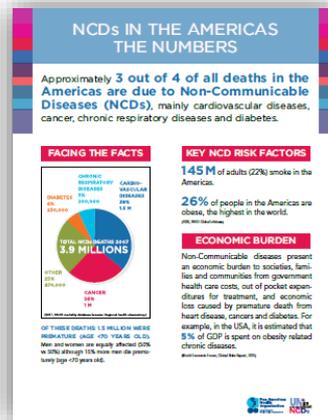
High-level of commitment to address NCDs by leaders as a result of the UNHLM

High participation from the region: 8 heads of states and government as well as 24 countries out of 36

Political declaration on the Prevention and Control of NCDs approved



ACHIEVEMENTS: New communications products



RAISED AWARENESS ON NCDs THROUGH STRATEGIC COMMUNICATIONS

- Media coverage of the UNHLM and PAHO's side events by more than 95 media companies.
- Blog set up with multiple authors for participants to share knowledge and information in the run-up to the UN High-Level Meeting (UNHLM) and increased of +21.3% on **facebook**, +26.3% on **twitter** followers and +54.2% in **Blog** visits.
- Wellness week** in 12 countries in LAC
- Videos** on successful stories of NCDs projects in the countries
- Celebration of World Cancer day activities
- “Get the Message Campaign”**: Over 500,000 SMS of support in 4 months

ACHIEVEMENTS: Strengthened surveillance of NCDs and its risk factors



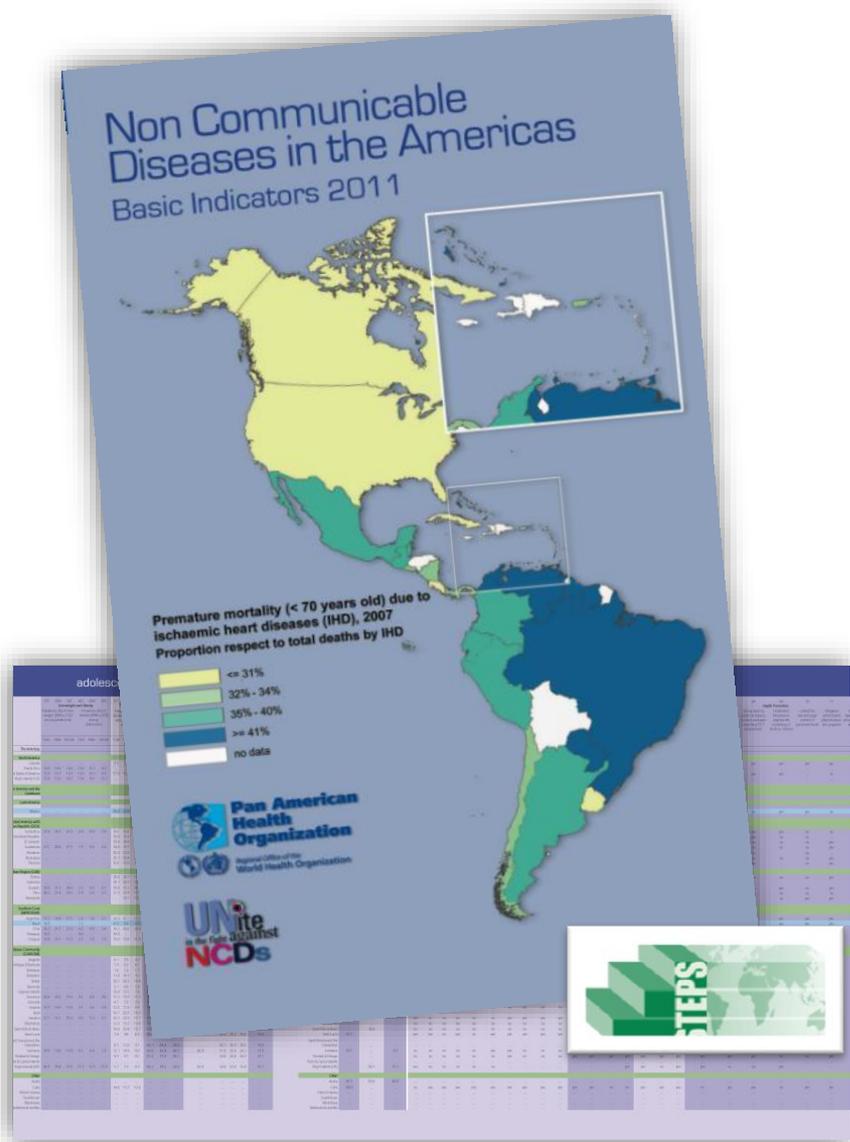
NCD IN THE AMERICAS BASIC INDICATORS 2011

Approval for the establishment of the MERCOSUR and Caribbean framework surveillance system

2010 NCD National Capacity Survey conducted in 32 countries

COSTA RICA: STEPS Survey

National surveillance system for chronic diseases and their risk factors. The first report included a cluster sample of 103 centers and 4,200 people from a target population of 113,000 inhabitants across the country. The surveillance system is expected to produce data every 4 years.



ACHIEVEMENTS: Guides, norms & practical “hands-on” tools



Practical “hands-on” tools

- **CERVIVAC model** in collaboration with the ProVac Initiative to evaluate strategies for cervical cancer screening and HPV vaccination
- **Chronic Care Passport**, a patient held card containing a care plan, healthy lifestyle advice, a healthy meal personalized plan and preventive measures including the Global Cardiovascular Risk assessment.
- **AIEPI modules: Early detection of childhood cancers, Childhood obesity & diabetes**



Guides and norms developed, translated and disseminated to support disease management at the country level

ACHIEVEMENTS: DISEASE MANAGEMENT

Knowledge transfer and exchange of experiences



UNite
in the fight against
NCDs



Review and dissemination of scientific evidence and best practices in the region

NEW TECHNOLOGIES FOR CERVICAL CANCER PREVENTION AND CONTROL, PANAMA, 2010

VIA AND CRYOTHERAPY FOR CERVICAL CANCER PREVENTION, GUATEMALA, 2011

PALLIATIVE CARE WORKSHOP FOR CENTRAL AMERICA AND DOMINICAN REPUBLIC, HONDURAS, 2011

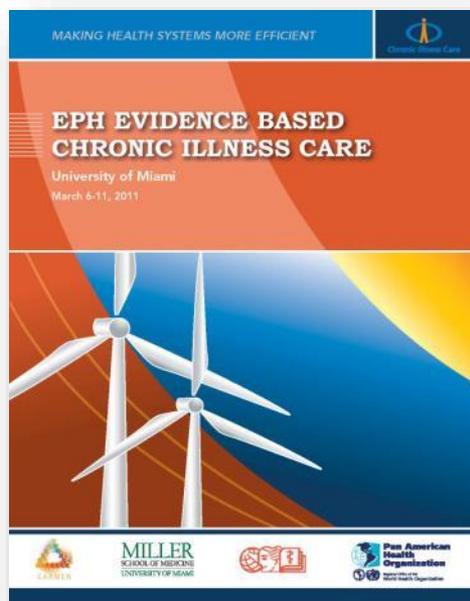
CANCER REGISTRY MEETINGS: BRAZIL 2009, ECUADOR 2010, CHILE 2011

CERVIVAC REGIONAL WORKSHOP, COLOMBIA, 2011

CHRONIC CARE MODEL LEARNING SESSIONS TO IMPROVE QUALITY OF CARE

ACHIEVEMENTS: DISEASE MANAGEMENT

Training and capacity building



CARMEN School

•EPH Evidence Based Chronic Illness Care

Stronger capacity to address NCDs through a multi-stakeholder approach developed

29 participants from 25 countries of the Americas

•Policy analysis & development course

1st Virtual Course "Management of Palliative Care Program"

48 students from different provinces of Panama 165 hours with over 115 hours of networking and 50 face work hours

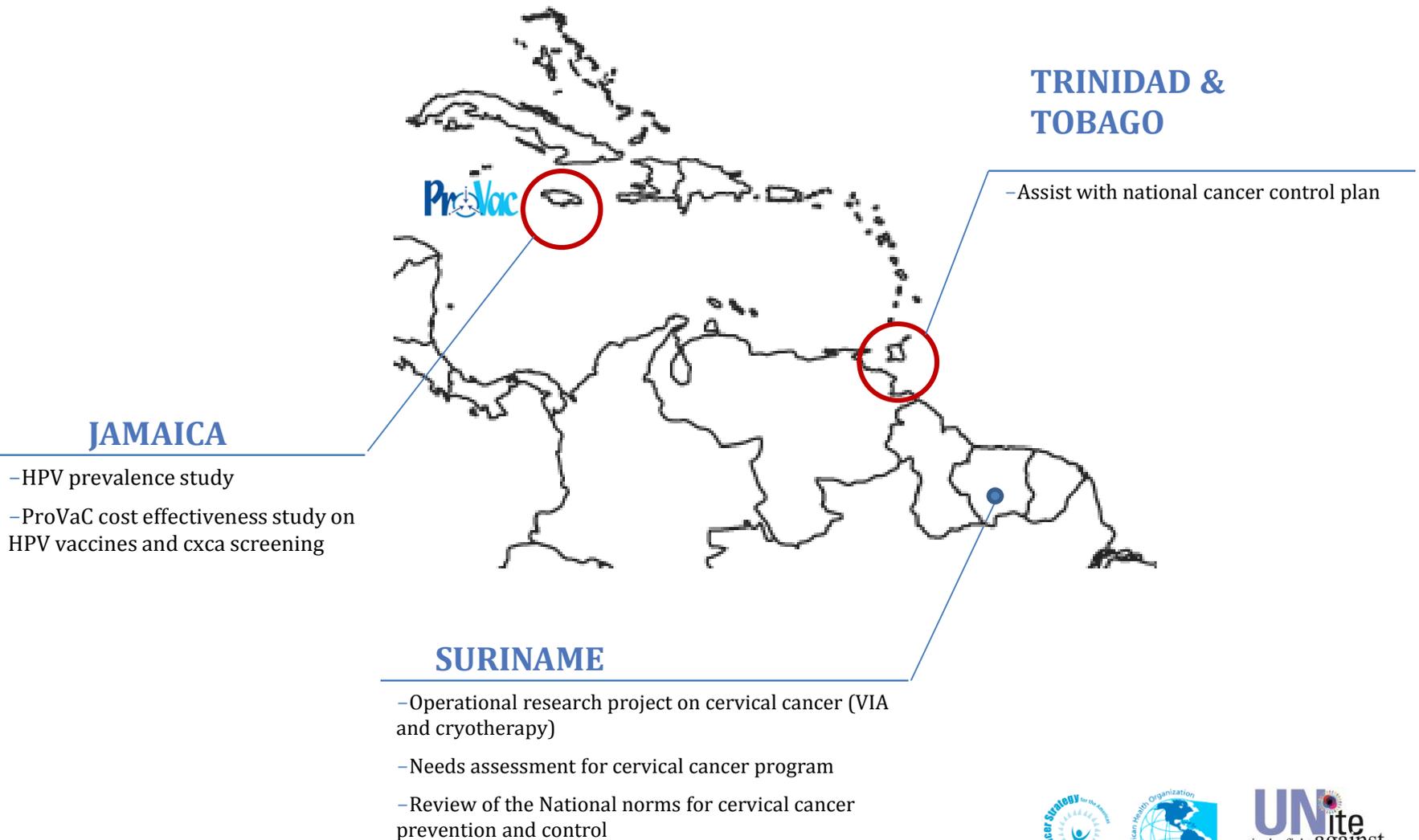
Radiology and mamography courses

- Virtual course on oncologic radiology for RESSCAD countries
- National course on Digital Radiology in Guatemala
- Mamography training for radiotechnicians and radiologists



CARIBBEAN

Caribbean cervical cancer initiative:
Guidelines, program assessment, cytology training



CENTRAL AMERICA

Central America Subregional Plan for Cancer Prevention and Control Pediatric cancer: guideline and professional development through AHOPCA

GUATEMALA

- Cervical cancer program strengthening
- Radiotherapy services evaluation
- Mammography training

HONDURAS

- Assist with national cancer control plan
- Cervical cancer program strengthening
- Cancer registry and HIS strengthening
- Radiotherapy services evaluation
- Mammography training
- Palliative Care

DOMINICAN REPUBLIC



Assist with national cancer control plan

NICARAGUA

- Assist National Cancer Plan
- Cervical cancer program strengthening
- ProVac cost-effectiveness study on HPV vaccines and cxca screening to begin in 2012

PANAMA

- Assist with development of national cancer control plan and palliative care national plan
- Mammography training
- Radiotherapy services evaluation

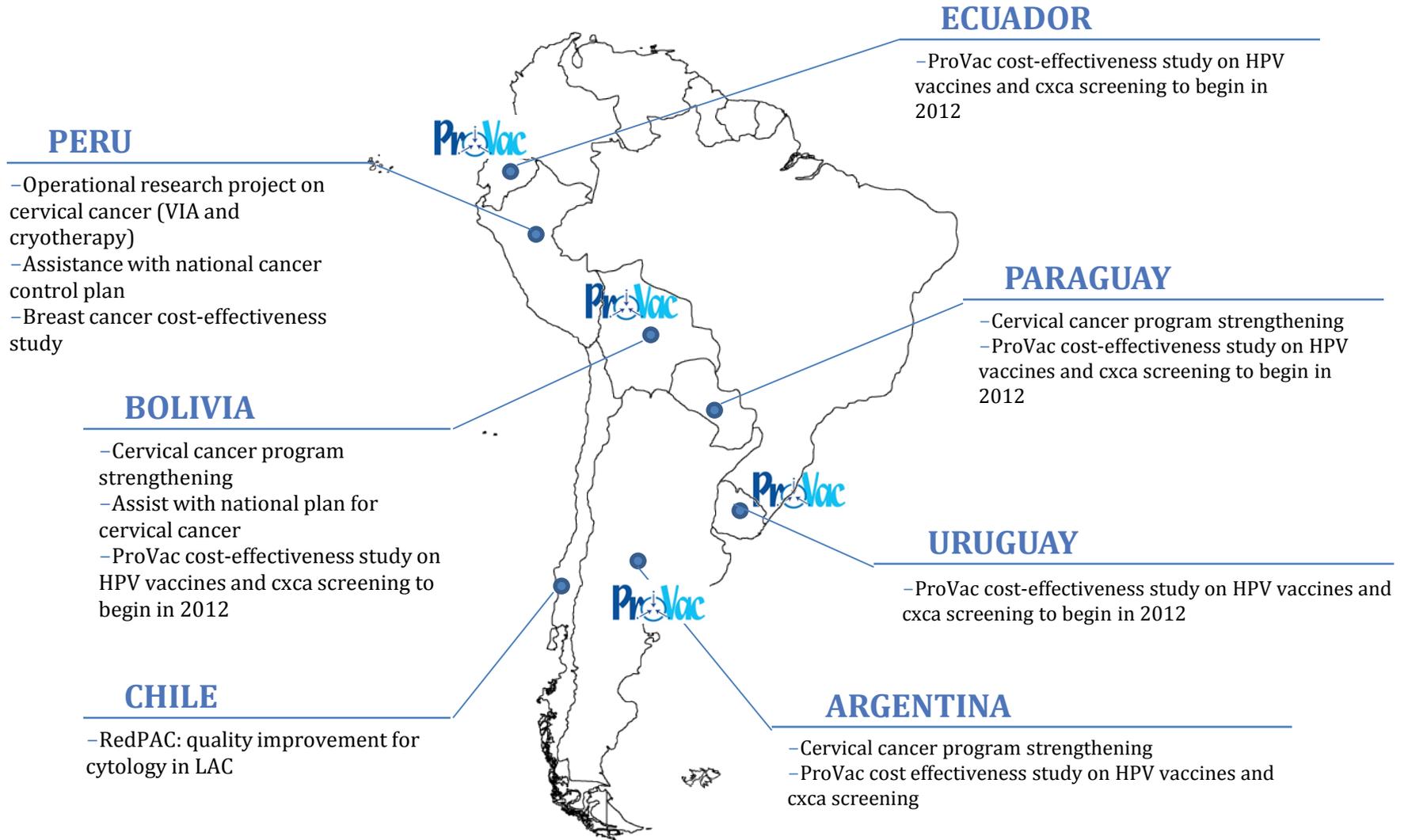
EL SALVADOR

- Operational research project on VIA and cryotherapy
- Radiotherapy services evaluation
- Mammography training

COSTA RICA

- Radiotherapy services evaluation
- ProVac cost-effectiveness study on HPV vaccines and cxca screening to begin in 2012

SOUTH AMERICA



KEY MESSAGES

- **Evidence and tools are available to improve effectiveness of cervical cancer programs.**
- **A comprehensive, integrated approach to cervical cancer prevention and control is essential (best utilization of existing programs at PHC)**
- **Organized screening programs designed and managed at the central level to reach most women at risk are preferable to opportunistic screening.**
- **Regardless of the test used, the key to an effective program is to reach the largest proportion of women at risk (high coverage) with quality screening and adequate and timely follow up and treatment.**
- **Advocacy for public education through multisectoral approach is important.**

Multisectoral Approach as a Key to conquer

