Healthy Caribbean 2012
Rallying for Action on NCDs

Regional Strategy and Plan of Action for Cervical Cancer

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• Background (Challenges)
• Cervical Cancer Screening Strategies
• PAHO’s Regional Strategy and Plan of Action
• Opportunities
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 highlights the existing inequities in wealth, gender and access to health services.
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

COMMUNITY
- PRIMARY PREVENTION
  - Health education
  - Counselling
  - HPV VACCINATION

PRIMARY HEALTH CARE
- SCREENING & EARLY DETECTION
  - Screening of women at risk: Pap or HPV or VIA
  - Screen and treat
  - Cytology Labs

SECONDARY HEALTH CARE
- DIAGNOSIS, TREATMENT & PALLIATIVE CARE
  - Colposcopy/biopsy
  - Pathology labs
  - Cryotherapy/LEEP
  - Surgery, radiotherapy, chemotherapy
  - Palliative care

TERCIARY HEALTH CARE

ORGANIZED PROGRAM
Information system/Call-recall/Monitoring-Evaluation
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.

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

VIA: Visual Inspection with Acetic Acid
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.
Barriers to the success 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.
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)

<table>
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<tr>
<th>Advantages</th>
<th>Limitations</th>
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| - 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. | - 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.

CareHPV 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...
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
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.
LANDMARKS IN CANCER PREVENTION AND CONTROL IN THE AMERICAS

1995 - NCD unit established

1997 - RedPAC: PAHO network of cytology laboratories to improve quality of cytology screening in LAC

2005 - PAHO Resolution on Chronic Disease Prevention and Control

2007 - PAHO Resolution on Cervical Cancer Prevention and Control

2008 - PAHO Resolution on Cervical Cancer Prevention and Control

2010 - Region wide meeting on cervical cancer prevention and control

2011 - Regional declaration on NCDs

2012 - UNHLM on NCDs
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

- Media coverage of the UNHLM and PAHOs 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

RAISED AWARENESS ON NCDs THROUGH STRATEGIC COMMUNICATIONS
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

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

JAMAICA
- HPV prevalence study
- ProVaC cost effectiveness study on HPV vaccines and cxca screening

SURINAME
- Operational research project on cervical cancer (VIA and cryotherapy)
- Needs assessment for cervical cancer program
- Review of the National norms for cervical cancer prevention and control

TRINIDAD & TOBAGO
- Assist with national cancer control plan
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

**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

**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
- Cervical cancer program strengthening
- ProVac cost-effectiveness study on HPV vaccines and cxca screening to begin in 2012

ARGENTINA
- Cervical cancer program strengthening
- ProVac cost-effectiveness study on HPV vaccines and cxca screening

BOLIVIA
- Cervical cancer program strengthening
- Assist with national plan for cervical cancer
- ProVac cost-effectiveness study on HPV vaccines and cxca screening to begin in 2012

CHILE
- RedPAC: quality improvement for cytology in LAC

ECUADOR
- ProVac cost-effectiveness study on HPV vaccines and cxca screening to begin in 2012

PARAGUAY
- Cervical cancer program strengthening
- ProVac cost-effectiveness study on HPV vaccines and cxca screening to begin in 2012

PERU
- Operational research project on cervical cancer (VIA and cryotherapy)
- Assistance with national cancer control plan
- Breast cancer cost-effectiveness study

URUGUAY
- ProVac cost-effectiveness study on HPV vaccines and cxca screening to begin in 2012
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 Partnership