Cervical Cancer Advocacy Workshop
for Caribbean Cancer Societies and Foundations

Cervical Cancer: an overview
PAHO Regional Strategy and Plan of Action
for Cancer Prevention and Control

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PRESENTATION OVERVIEW

CERVICAL CANCER EPIDEMIOLOGY IN LAC

WHY SUCH A HIGH BURDEN OF DISEASE?

OPPORTUNITIES FOR PREVENTION

PAHO´s CURRENT WORK
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 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.
CERVICAL CANCER MORTALITY

AGE-STANDARDIZED MORTALITY RATES
per 100,000 women/year

source: IARC, Globocan 2002
CERVICAL CANCER MORTALITY

AGE-STANDARDIZED MORTALITY RATES
per 100,000 women/year

source: IARC, Globocan 2002

Caribbean: 16
Central America: 15
South America: 12.9
Northern America: 2.3

source: IARC, Globocan 2002
# Cervical Cancer in the Caribbean

Age-standardized rate (per 100,000 women/year)

<table>
<thead>
<tr>
<th>Country</th>
<th>Incidence</th>
<th>Mortality</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No Cases</td>
<td>ASR</td>
</tr>
<tr>
<td>Haiti</td>
<td>2774</td>
<td>64.7</td>
</tr>
<tr>
<td>Jamaica</td>
<td>383</td>
<td>31.2</td>
</tr>
<tr>
<td>Trinidad &amp; Tobago</td>
<td>186</td>
<td>27.1</td>
</tr>
<tr>
<td>Barbados</td>
<td>46</td>
<td>24.9</td>
</tr>
<tr>
<td>Bahamas</td>
<td>25</td>
<td>16.7</td>
</tr>
<tr>
<td>Puerto Rico</td>
<td>223</td>
<td>8.8</td>
</tr>
</tbody>
</table>

*Source: IARC, Globocan 2002*
HPV Prevalence in Selected Countries

(%) AMONG WOMEN WITH NORMAL CYTOLOGY

- Honduras: 36.8%
- Trinidad & Tobago: 35.4%
- Guatemala: 33.2%
- Costa Rica: 30.2%
- Argentina: 20.1%
- Paraguay: 19.8%
- Colombia: 15.9%
- Brasil: 14.1%
- USA: 13.3%
- Chile: 11.2%
- Belize: 10.1%
- Canada: 9.9%
- Mexico: 9.4%
- Perú: 7.5%

HPV GENOTYPES IN LAC

MOST FREQUENT HPV TYPES (%) AMONG WOMEN WITH CERVICAL CANCER

## HPV Prevalence (% in the Caribbean)

<table>
<thead>
<tr>
<th>CytoLOGY RESULT</th>
<th>Cuba</th>
<th>Jamaica</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Normal</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. tested</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>HPV Prev</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Low-grade Lesions</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. tested</td>
<td>-</td>
<td>248</td>
</tr>
<tr>
<td>HPV Prev</td>
<td>-</td>
<td>61%</td>
</tr>
<tr>
<td><strong>High-grade Lesions</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. tested</td>
<td>66</td>
<td></td>
</tr>
<tr>
<td>HPV Prev</td>
<td></td>
<td>80%</td>
</tr>
<tr>
<td><strong>Cervical Cancer</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. tested</td>
<td>45</td>
<td></td>
</tr>
<tr>
<td>HPV Prev</td>
<td></td>
<td>98%</td>
</tr>
</tbody>
</table>

CERVICAL CANCER IN LATIN AMERICAN AND THE CARIBBEAN

CERVICAL CANCER EPIDEMIOLOGY IN LAC

WHY SUCH A HIGH BURDEN OF DISEASE?

OPPORTUNITIES FOR PREVENTION

PAHO´s CURRENT WORK
REASONS FOR BURDEN INEQUITIES
Why such a difference in cervical cancer between LAC and developed countries?

PROGRAM ORGANIZATION

SCREENING TECHNOLOGY

FACTORS ASSOCIATED WITH WOMEN
OPPORTUNITIES TO IMPROVE CERVICAL CANCER PREVENTION PROGRAMS

HPV VACCINES

NEW SCREENING TESTS
HPV DNA Tests,
VIA (Visual inspection with acetic acid)

SCREEN & TREAT APPROACH
VIA followed by cryotherapy treatment
Routine HPV vaccine in national immunization programs, if:

- cervical cancer prevention is a priority
- it is feasible
- sustainable financing can be secured
- cost-effectiveness is considered

Priority Population
- girls aged 9-13 years

Catch up strategy
- adolescent and young women (eg 14-26), if feasible and cost-effective
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

- PAP
- PAP/VIA
- PAP/HPV DNA testing followed by triage with PAP
- VIA
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.
Thank you