



THE UNIVERSITY
of NORTH CAROLINA
at CHAPEL HILL

Tackling inequities in access to cancer prevention, early detection & treatment by rural women: Case of Cervical Cancer

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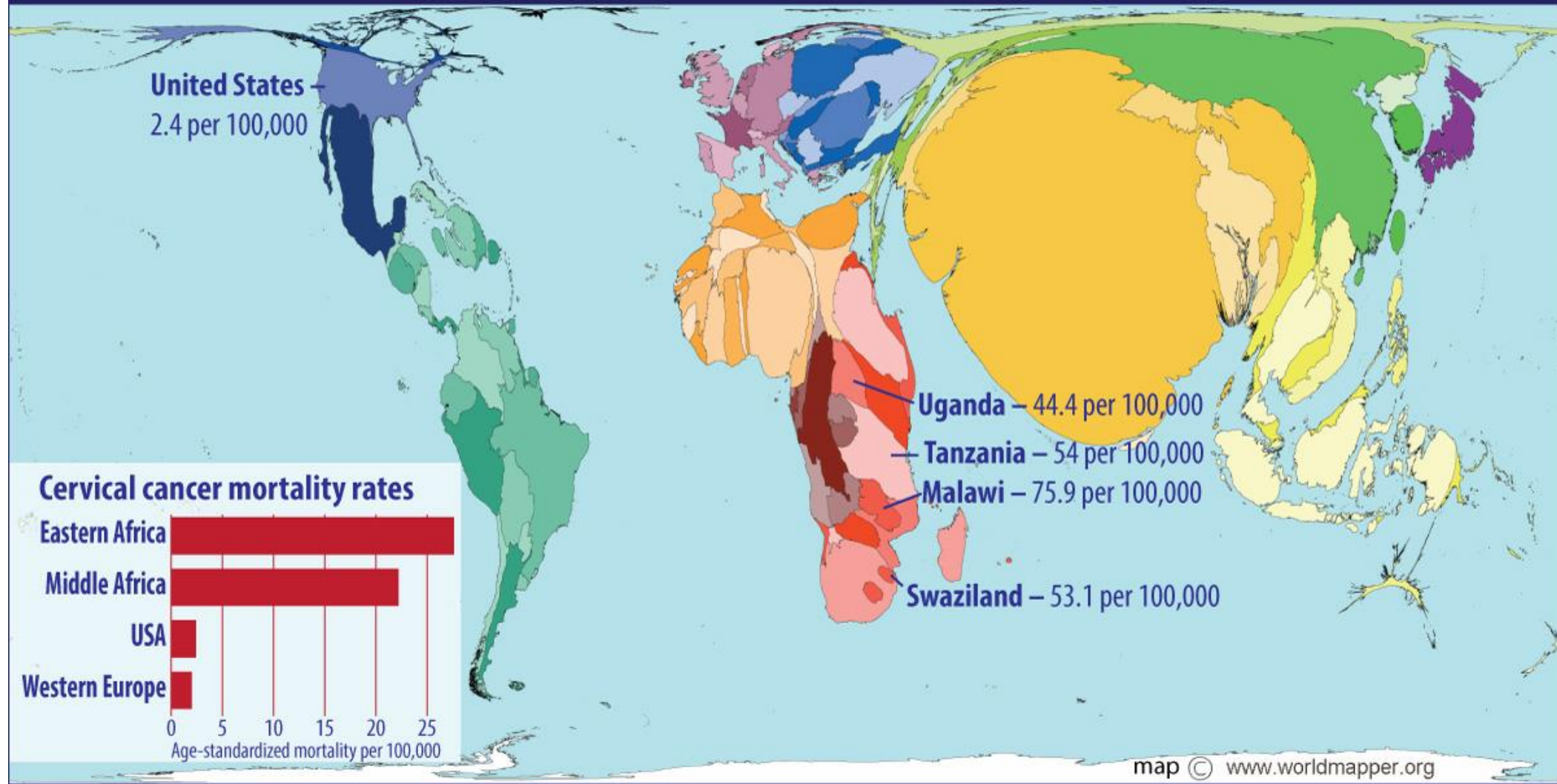
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WHO Seminar, Feb 24th 2022

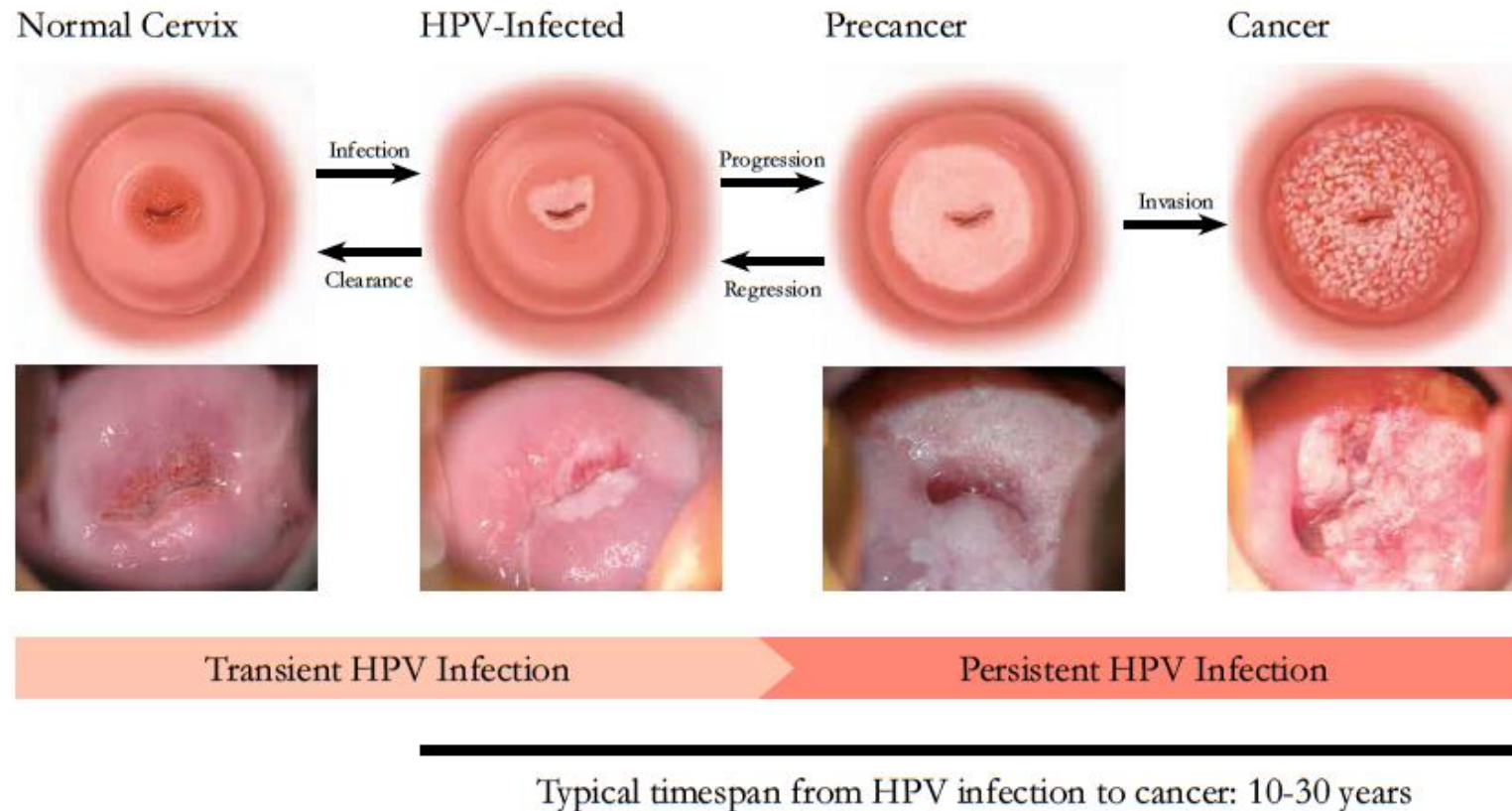
No disclosures

Cervical cancer – disparities in mortality from a preventable disease

(Map shows countries sized by number of cervical cancer deaths. Numbers represent age-standardized mortality rates.)



The Development of Cervical Cancer



- Preventable
- Primary & secondary prevention
- 570,000 cases annually, 90% in LMICs
- Rural women bear highest burden

2018: WHO Call for Cervical Cancer Elimination

THE ARCHITECTURE TO ELIMINATE CERVICAL CANCER:

VISION: A world without cervical cancer

THRESHOLD: All countries to reach < 4 cases 100,000 women-years

2030 CONTROL TARGETS

90%

of girls fully vaccinated
with HPV vaccine by 15
years of age

70%

of women screened with an
high precision test at 35
and 45 years of age

90%

of women identified with
cervical disease receive
treatment and care

SDG 2030: Target 3.4 – 30% reduction in mortality from cervical cancer

The 2030 targets and elimination threshold are subject to revision depending on the outcomes of the modeling and the WHO approval process

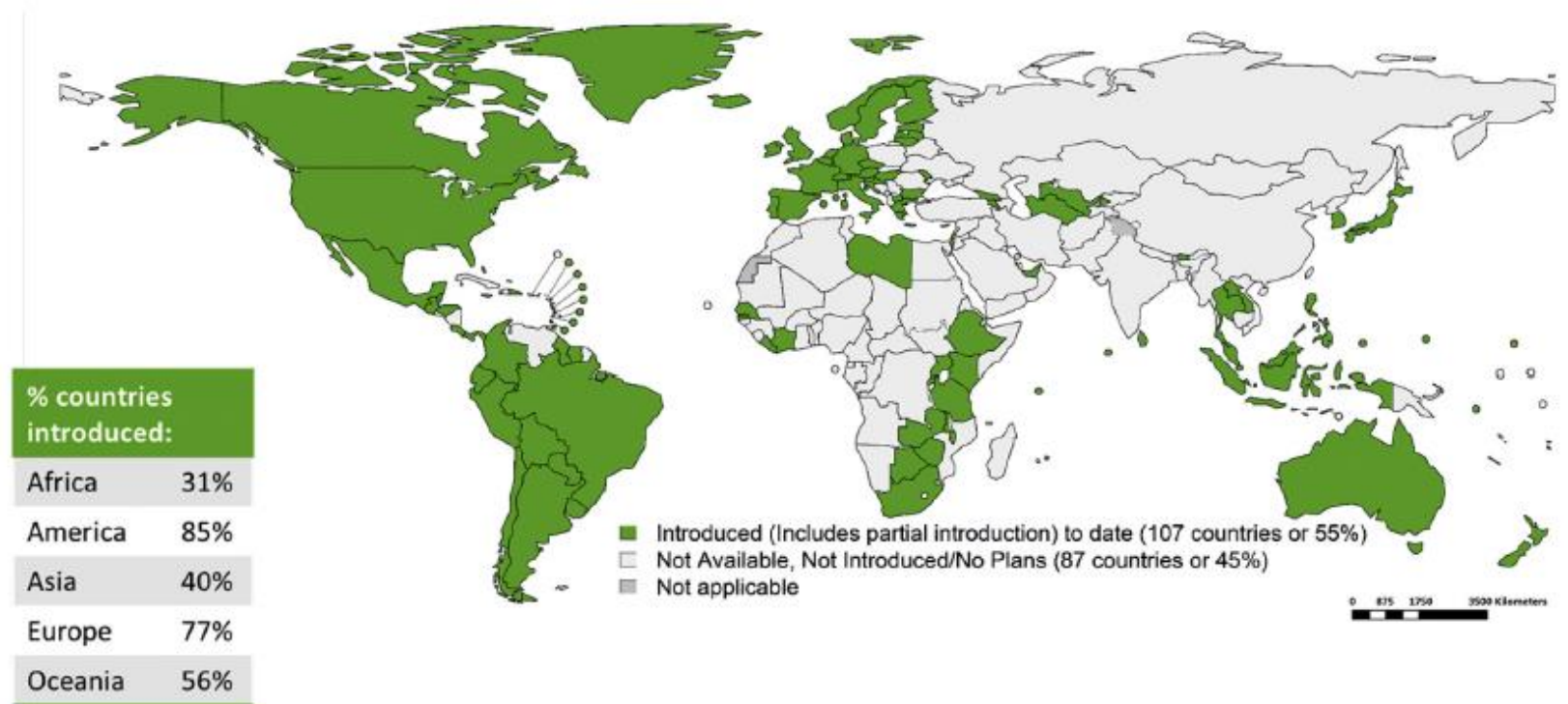


Dr Tedros Adhanom Ghebreyesus
WHO Director - General

Tools:

- HPV vaccine
- POC HPV tests, self-sampling
- Same-day treatment of precancer

Primary Prevention: HPV Vaccination



- 2020: Only 31% of countries in SSA had national HPV vaccination programs
- School-based programs impacted by Covid-19 pandemic, vaccine supplies
- New evidence for 1-dose, increase access

Secondary Prevention: Screening and treatment of cervical precancer



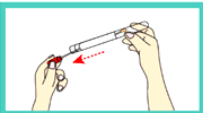
- Unlike high-income countries, services offered by non-physicians
- Screen & treat: Fewer visits, couple screening with same-day treatment
- Move screening & treatment from hospitals/tertiary centers and closer to rural communities

HPV Self-Collection for Screening



- HPV test endorsed by WHO as first-line
- Ideal for self-sampling
- Community or home-based screening
- Point of care tests: Same day results
- Accurate – multiple studies
- Acceptable
- Cost-effective

HOW TO TAKE YOUR OWN HPV TEST



STEP ONE

- Lower your underwear
- Twist the red cap and pull out the swab
- Look at the swab and note the red mark closest to the soft tip



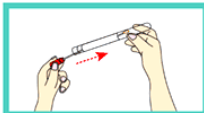
STEP TWO

- Get in a comfortable position
- Insert the swab into your vagina, aiming to insert up to the red mark



STEP THREE

- Rotate the swab gently 1 - 3 times
- Then remove the swab
- It should not hurt



STEP FOUR

- Remove the swab and place it back in the tube
- Return the tube to your doctor or nurse
- If you have any questions, ask your doctor or nurse

HPV Self-Collection: highly acceptable

- Jeronimo et al (2017) - women prefer self-collection
- 20,461 women enrolled in study

	Nicaragua	Hyderabad	Uganda	Delhi	Total
% of women who provided vaginal sample	86.8	80.7	99.5	99.4	91.3

Community-based HPV screening



- Increased access vs facility-based care
- Use of HPV self-sampling
- Cost-effective: part of multi-disease campaign
- Linkage to treatment: immediate vs facility-based

Treatment of precancerous lesions: Use of portable devices



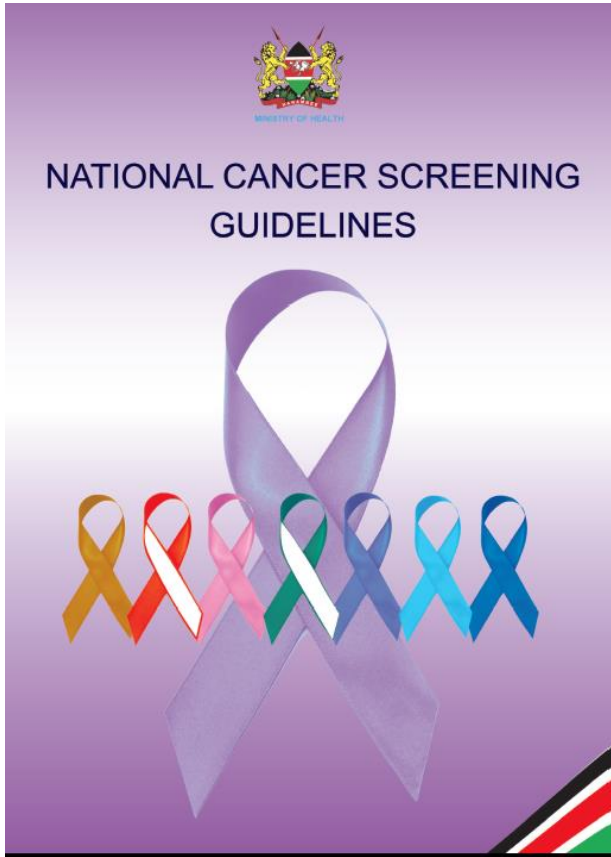
Thermocoagulator

- ✓ Low-cost
- ✓ Portable
- ✓ Lightweight
- ✓ Battery-powered
- ✓ Cervical ablation
- ✓ Autoclaveable probes in 16mm flat or pointed tip
- ✓ No wires or cables required to connect probe to device
- ✓ No external power supply required during surgery
- ✓ Automated procedure timing with visual indicators - no watch or clock required



WHO, 2019

Access: Moving from policy to practice



- Many LMICs endorsed WHO Elimination agenda
- Ensure high coverage of screening & treatment in rural areas – still mostly focused in urban areas
- Digital innovations can bridge gaps
- Address health workforce shortages in remote clinics
- Linkage to tertiary care key
- Advocacy and accountability



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