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New guidelines for cervical cancer prevention and control



**World Health
Organization**

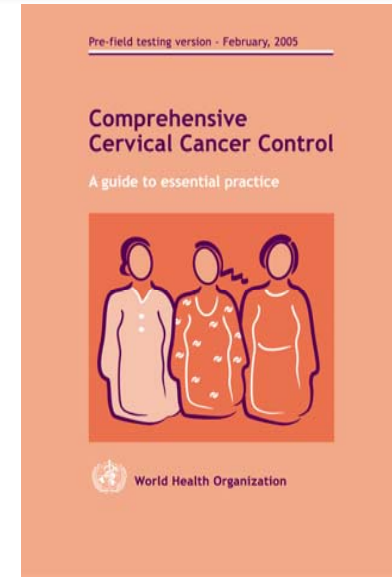
**PAHO Women's Cancer Initiative
Washington DC, 5-7 February, 2013**



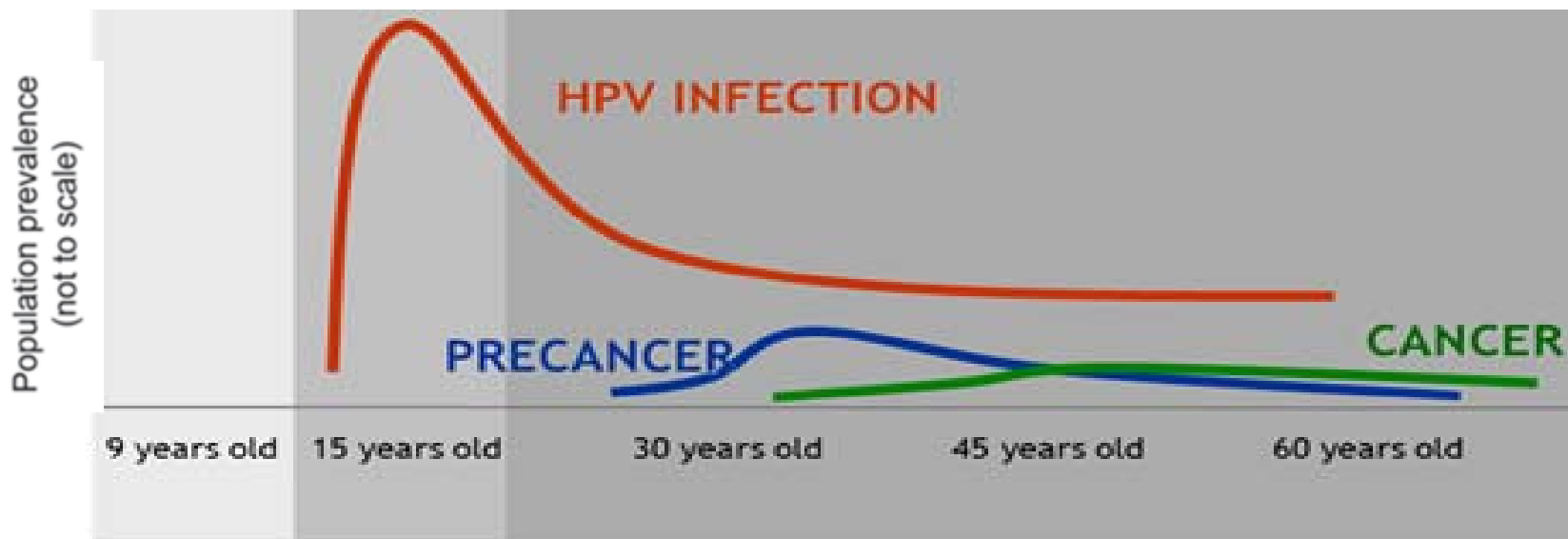
**World Health
Organization**

WHO Mandate to Develop Norms and Guidelines

- WHO Member States rely on WHO for expertise and guidance with respect to cervical cancer control through the development of international norms and guidelines and promoting their implementation
- The Guidelines Review Committee (GRC) was established in 2007 to ensure that WHO guidelines are developed in ways consistent with best practice
- The second edition of the guidelines are comprehensively updated to take account of developments in screening, diagnosis, and treatment of cervical cancer



Comprehensive approach: Programmatic interventions over the life course to prevent HPV infection and cervical cancer



PRIMARY PREVENTION



Girls 9-13 years

- HPV vaccination

From 10 years old and onward

Health education and services, for example:

- Sexual health education tailored to the age group
- Providing contraceptive counseling and services including condoms
- Prevent tobacco use and support cessation*

SECONDARY PREVENTION



Women > 30 years of age Screening and treatment

- “screen and treat” with low cost technology VIA followed by cryotherapy
- HPV testing for high risk HPV types (e.g. types 16, 18 and others)

TERTIARY PREVENTION



All women as needed

Treatment of invasive cancer at any age

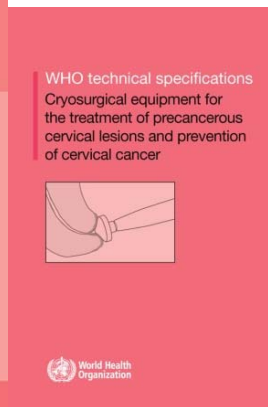
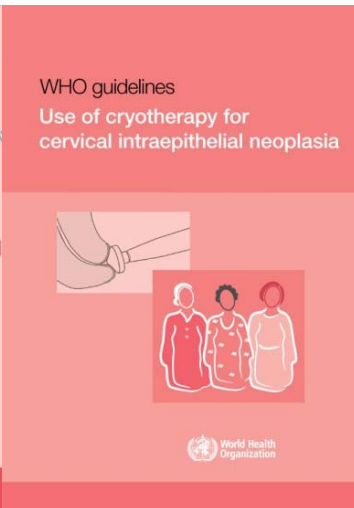
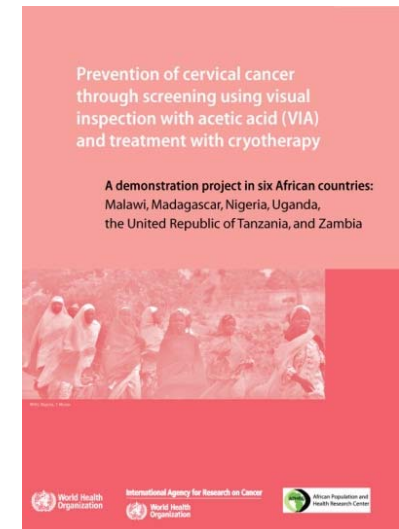
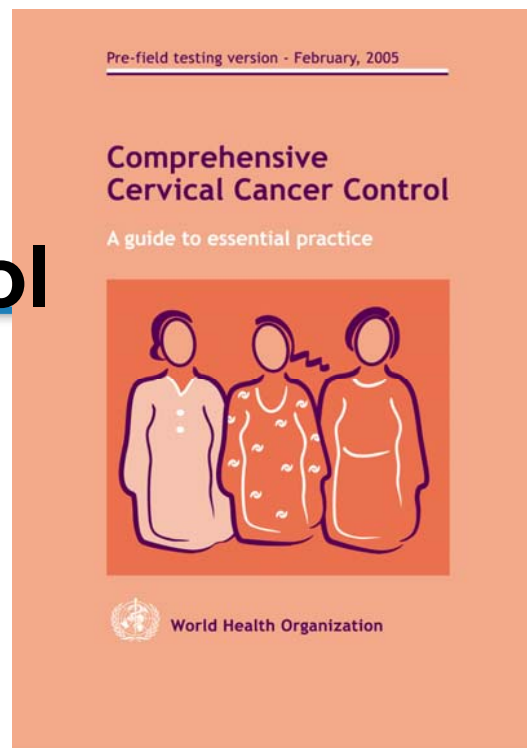
- Ablative surgery
- Radiotherapy
- Chemotherapy



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WHO standards for cervical cancer prevention and control

[http://www.who.int/
reproductivehealth/en/](http://www.who.int/reproductivehealth/en/)





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Scaling-up services for cervical cancer prevention and control in low income countries is achievable



Eric Lucas/IARC

23 August 2012 - A demonstration project led by WHO in six African countries in collaboration with the Ministries of Health and the International Agency for Research on Cancer showed the feasibility of integrating visual inspection with acetic acid followed by cryotherapy as a "see and treat" approach to prevent and control cervical cancer in primary health care and reproductive health services. As a result each country involved has presented and started to implement a budgeted plan to scale-up these services nationwide.

— A demonstration project in six African countries: Malawi, Madagascar, Nigeria, Uganda, the United Republic of Tanzania, and Zambia

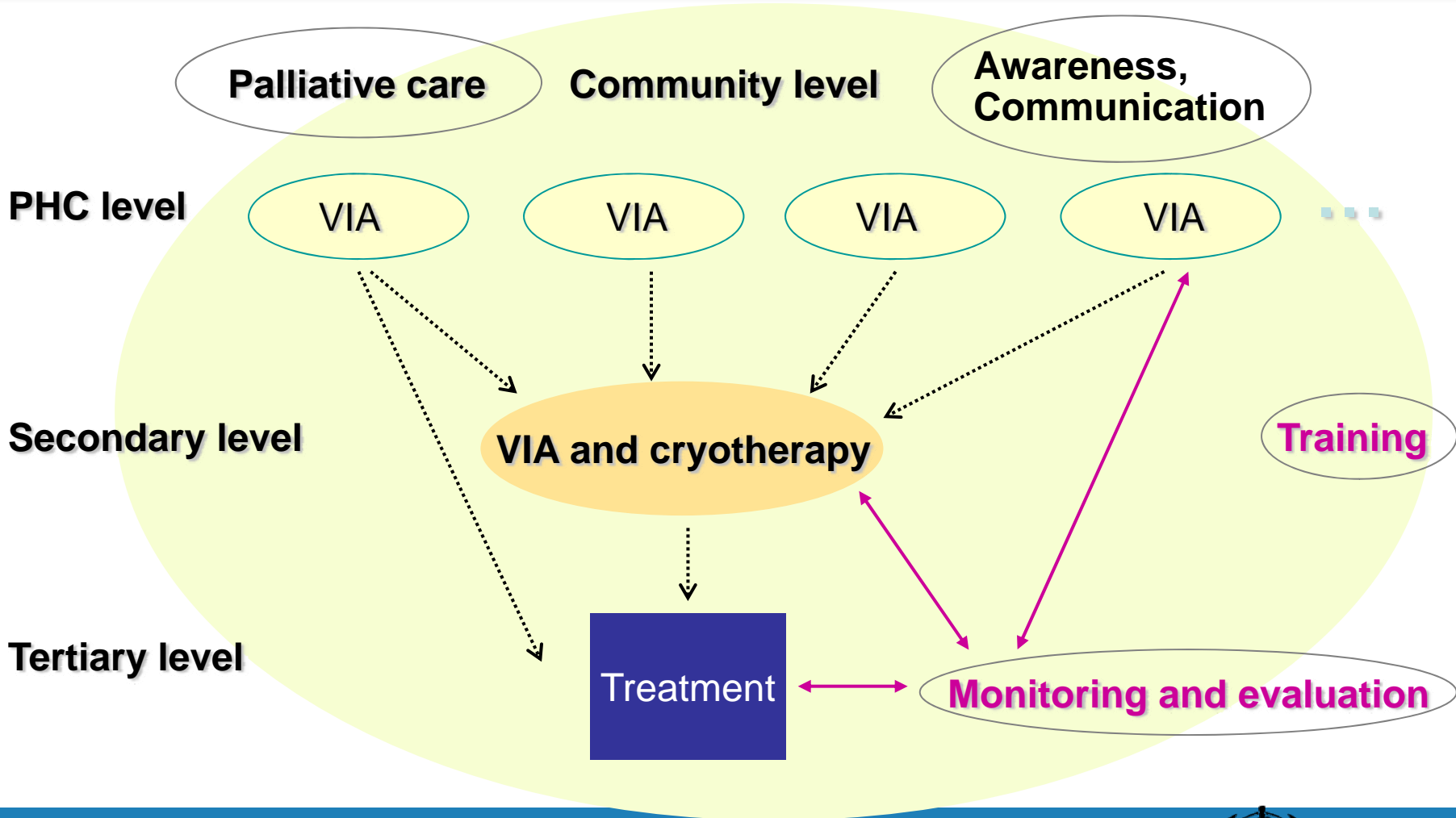
Scaling-up services for cervical cancer prevention and control in low income countries is

WHO renews commitment to family planning at groundbreaking summit

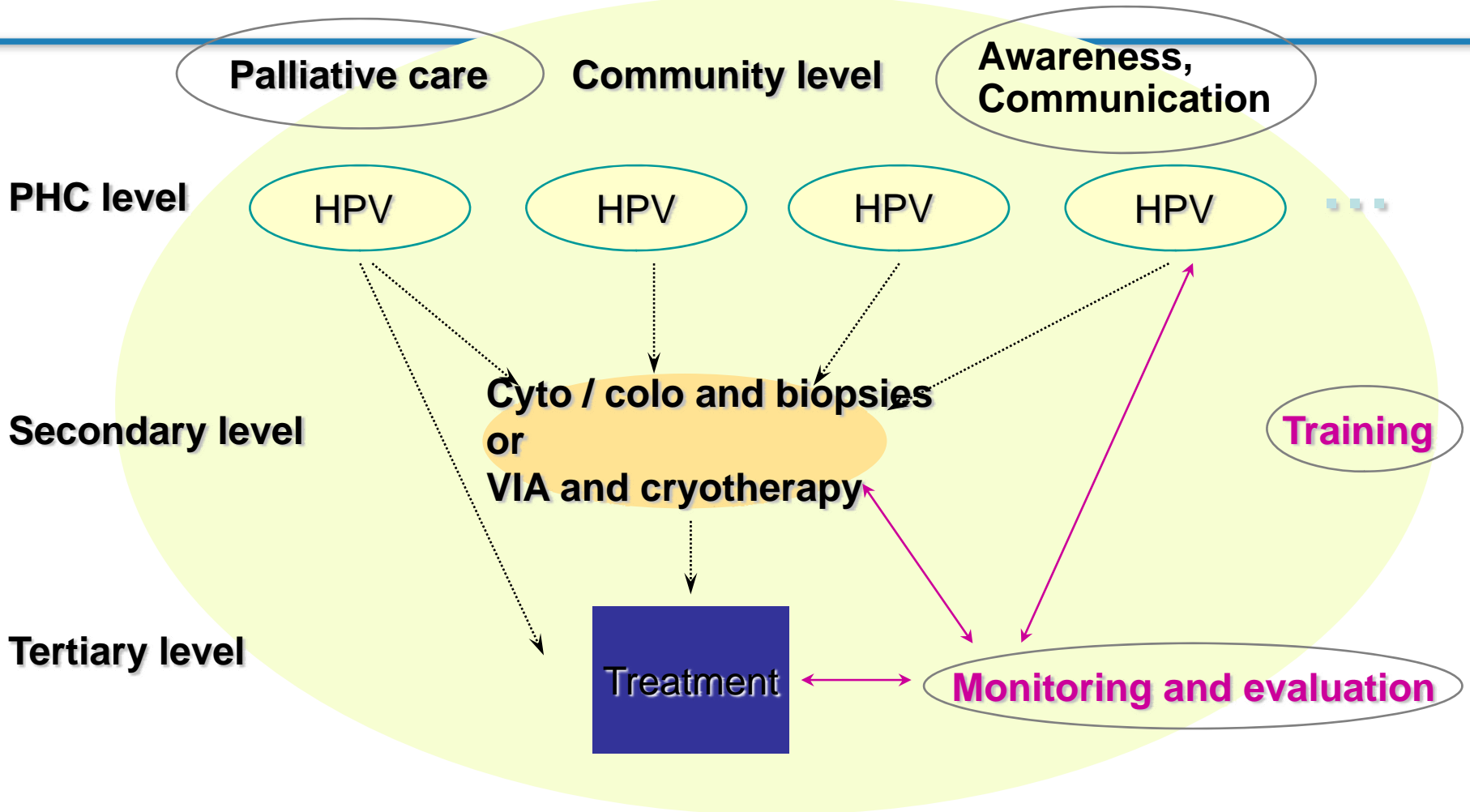
WHO issues new guidance on safe abortion care

Maternal mortality dropping but still unacceptably high - new estimates

Strengthening Cervical Cancer Prevention Programme - Operational framework



Strengthening Cervical Cancer Prevention Programme – New algorithm?



Technical specifications for cryotherapy equipment

Technical specification for cryotherapy equipment

This manual addresses key issues that will ensure the procurement and effective use of quality assured cryotherapy equipment to support the early management of precancerous cervical lesions as part of a comprehensive cervical cancer prevention programme.

Contents:

- Technical Basis Paper. Cryotherapy equipment for the treatment of pre-cancerous cervical lesions
- Generic Specification. Cryotherapy equipment for the treatment of pre-cancerous cervical lesions
- Advice and guidance. gas supplies for cryotherapy treatment of precancerous cervical lesions
- Recommendations for handling gas cylinders
- Procurement guidance.

WHO technical specifications
Cryosurgical equipment for
the treatment of precancerous
cervical lesions and prevention
of cervical cancer



WHO guidelines
Use of cryotherapy for
cervical intraepithelial neoplasia



QA/QC for VIA-cryotherapy based programmes

Companion guides to (C4GEP)

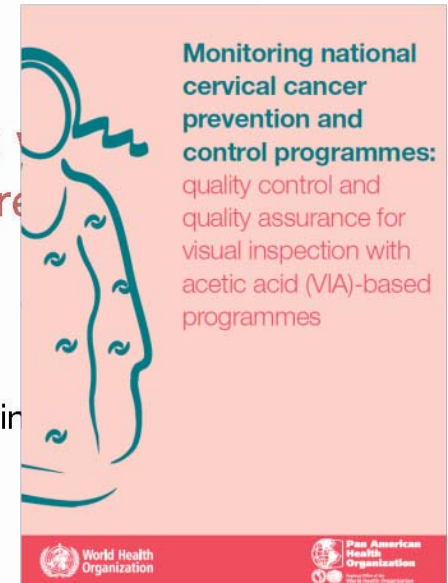
Quality control and quality assurance for visual inspection with acetic acid (VIA) and for cryotherapy for cervical cancer prevention and control

Intended primarily for programme managers and other stakeholders working in health programmes for cervical cancer prevention and control.

Purpose

This guide focuses on quality control and quality assurance for VIA and cryotherapy, given that both have been extensively evaluated through cross-sectional studies, prospective randomized trials and demonstration programmes.

The recommendations provided in this document need to be adapted to national policies, health systems, needs, language and culture.



Cervical cancer indicators

Performance indicators

Screening rate of the target population (women aged 30–49 years): Percentage of women aged 30–49 years who have been screened for the first time with VIA in the previous 12-month period.

Positivity rate: Percentage of screened women aged 30–49 years with a positive VIA test result in the previous 12-month period.

Treatment rate: Percentage of VIA-positive women receiving treatment in the previous 12-month period.

Result indicator

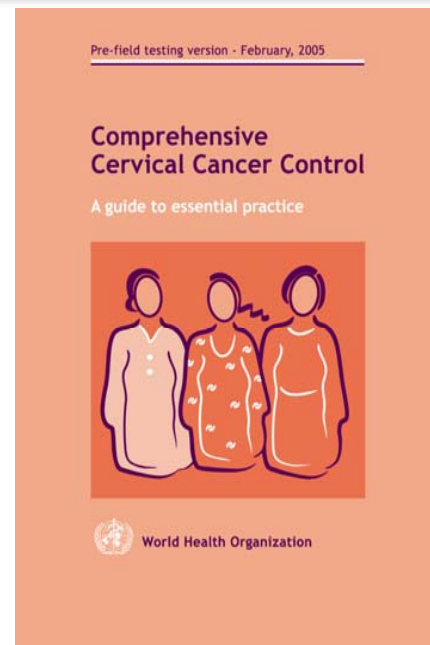
Coverage rate indicator: Percentage of women aged 30–49 years who have been screened with VIA or another screening test at least once between the ages of 30 and 49 years.

Impact indicator

Cervical cancer age-specific incidence.

Purpose of the update

- Health education to be expanded
- HPV vaccines to be included
- New data on use of screening tests and algorithms
- New data on HIV and cervical cancer:
 - Natural history of HPV infection in HIV+ women
 - Age of first screening
 - Frequency of screening tests
 - Management of positive screening tests in HIV positive women (cryotherapy, LEEP) and follow-up, also safety issues
- HIV screening in women undergoing cervical cancer screening – how to incorporate?



Screen and Treat



Pre-field testing version - February, 2005

Comprehensive Cervical Cancer Control

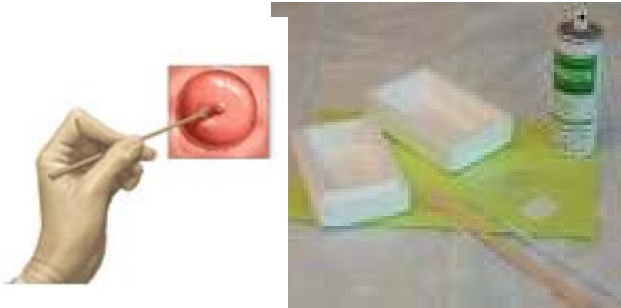
A guide to essential practice



World Health Organization

Which screening test for which population and where?

Conventional pap smear



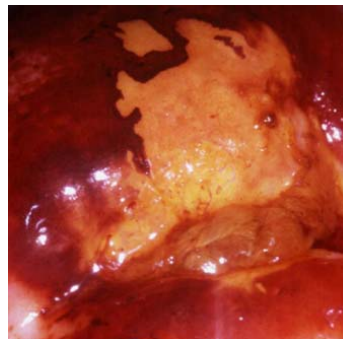
HPV DNA test



Visual inspection with acetic acid (VIA)



Visual inspection with Lugol's iodine (VILI)



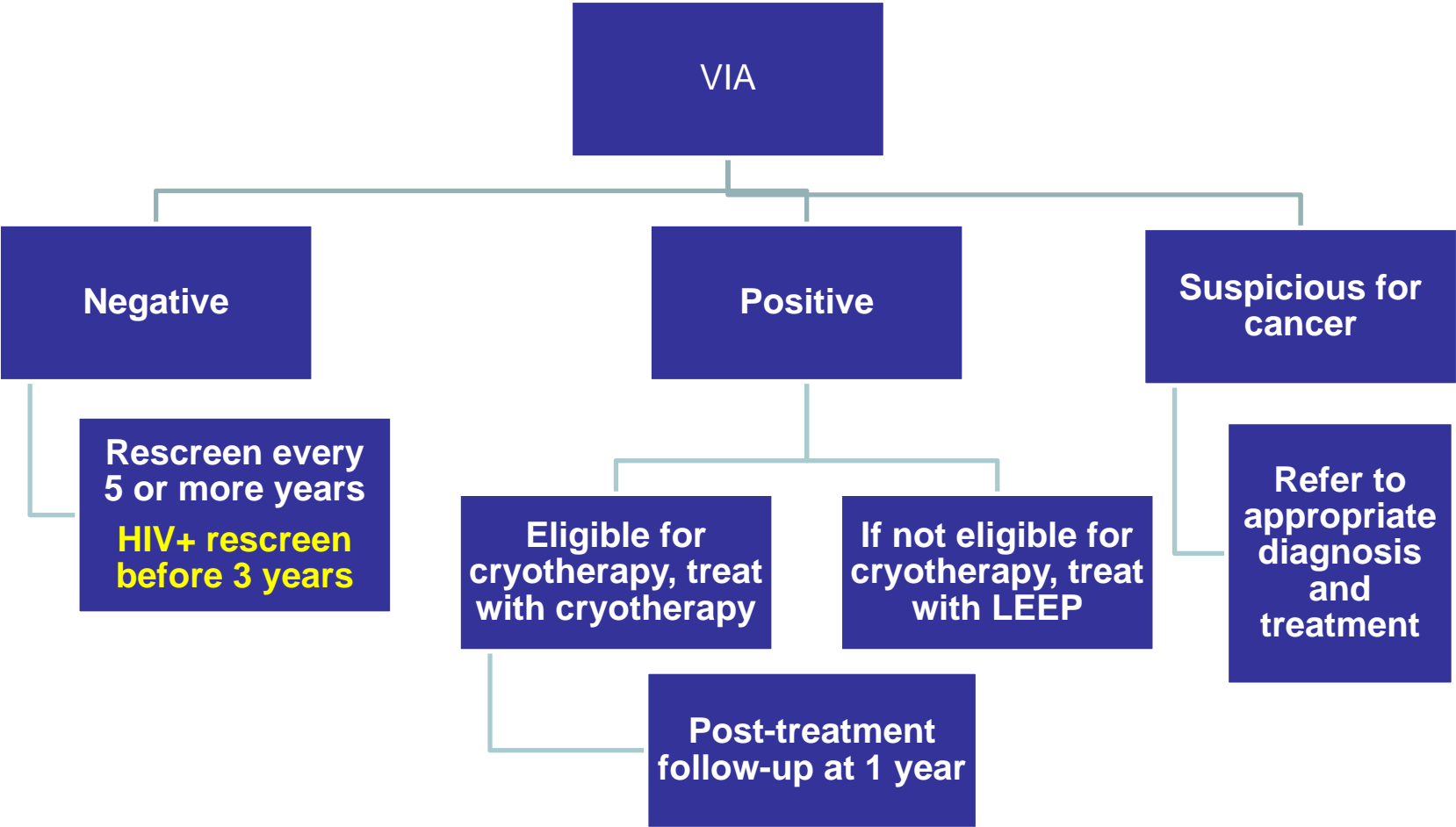
HPV rapid DNA test



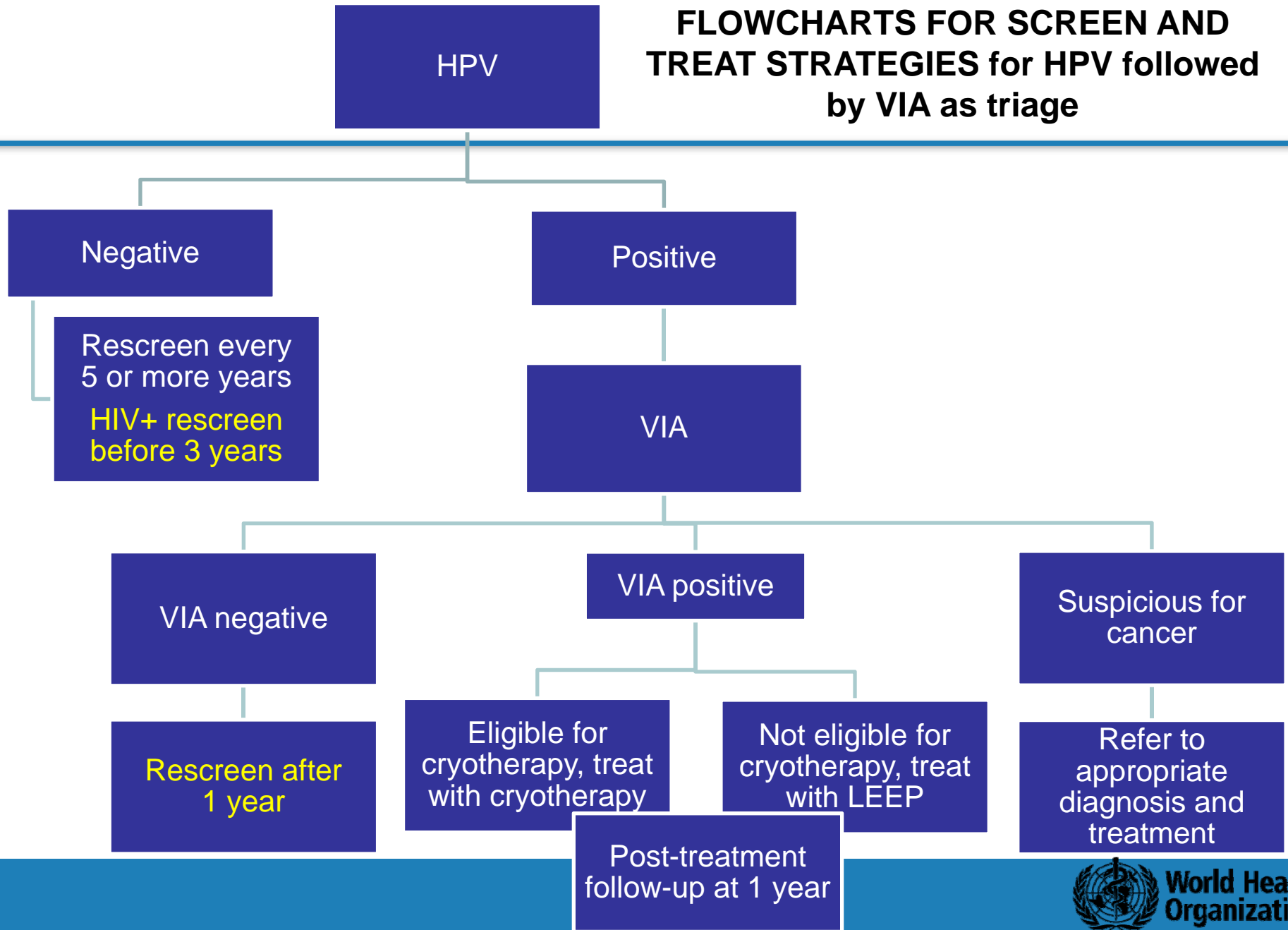
Characteristics of screening tests for secondary prevention

Characteristics	Conventional cytology	HPV DNA tests	Visual inspection tests	
			VIA	VILI
Sensitivity	47-62%	82-100%	67-79%	78-98%
Specificity (for high-grade lesions and invasive cancer)	60-95%	75-96%	49-86%	73-91%
Comments	Assessed over the last 50 years in a wide range of settings in developed and developing countries	Assessed over the last decade in many settings in developed and relatively few in developing countries	Assessed over the last decade in many settings in developing countries	Assessed by IARC over the last four years in India and 3 countries in Africa. Need further evaluation for reproducibility
Number of visits required for screening and treatment	2 or more visits	2 or more visits	Can be used in single-visit or 'see and treat' approach where outpatient treatment is available	

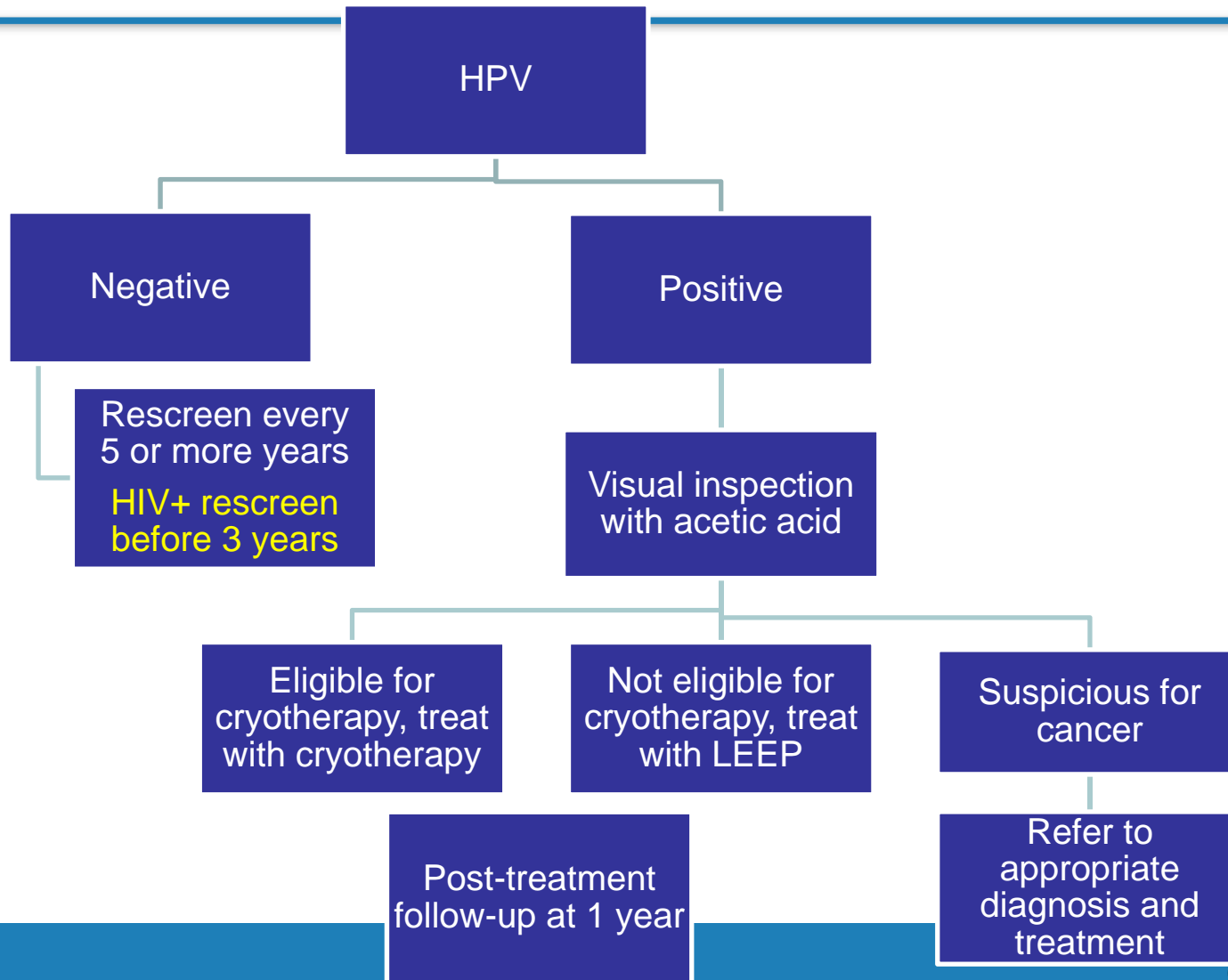
FLOWCHARTS FOR SCREEN AND TREAT STRATEGIES WITH VIA



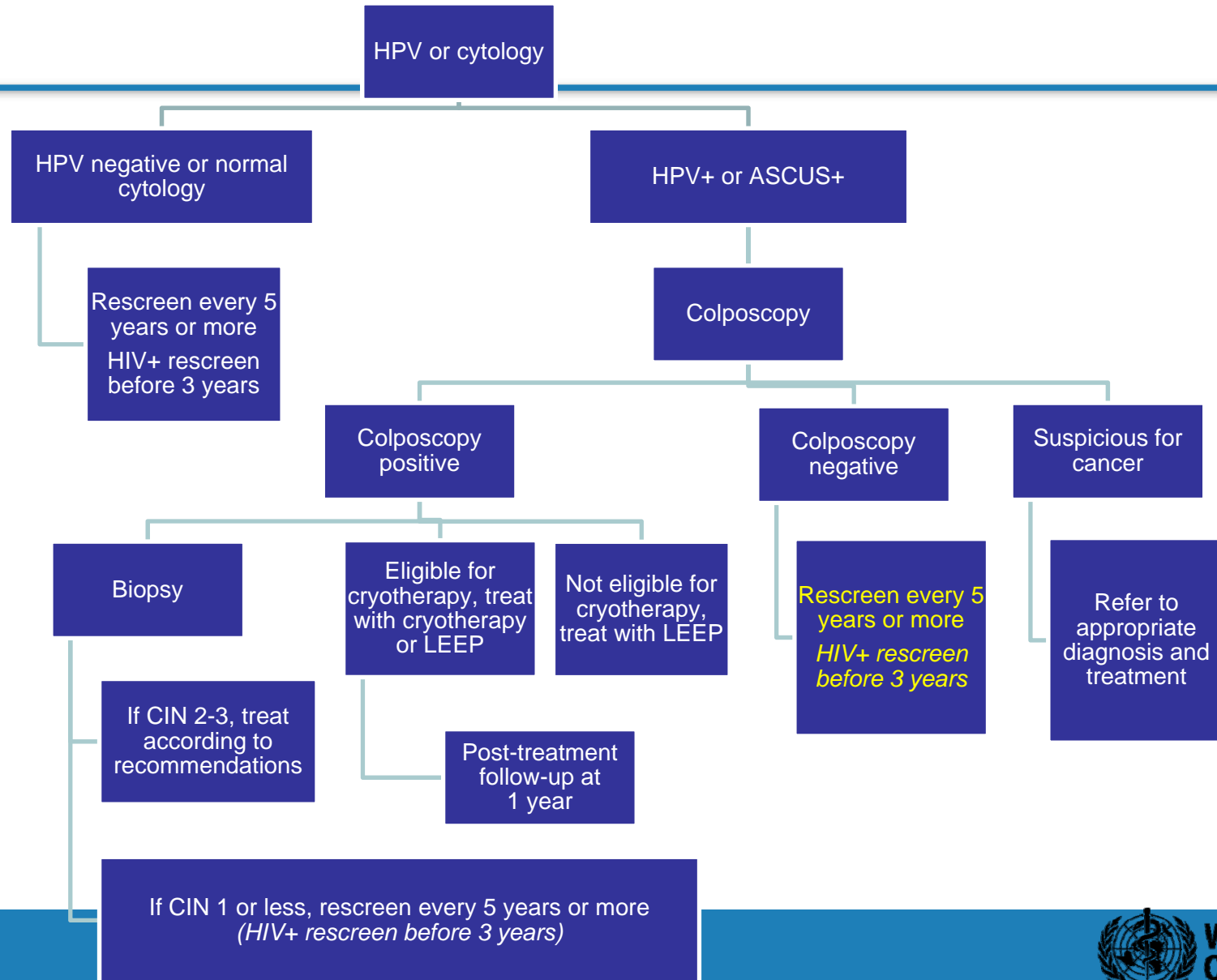
FLOWCHARTS FOR SCREEN AND TREAT STRATEGIES for HPV followed by VIA as triage



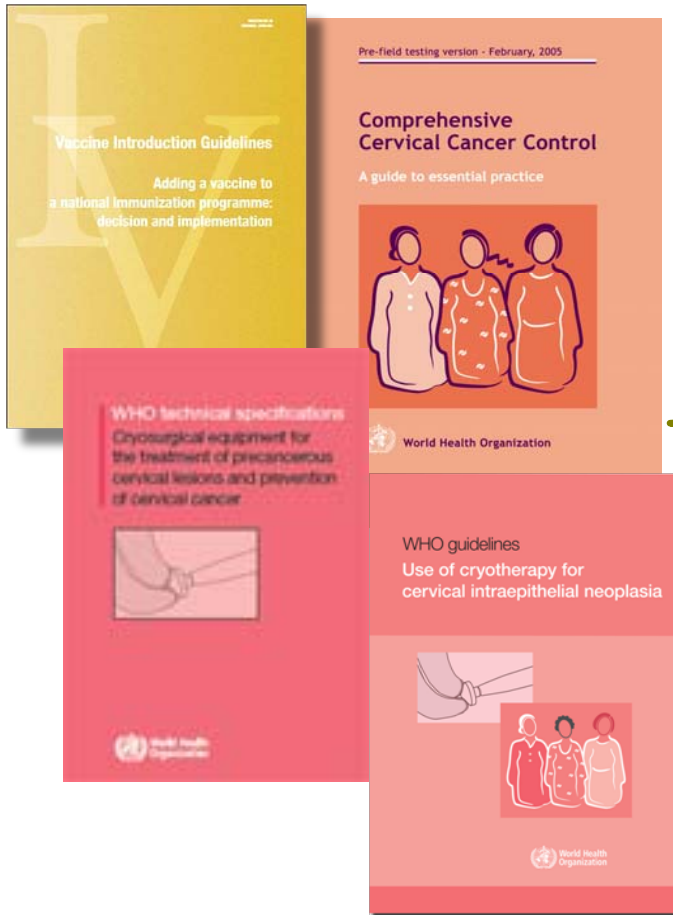
FLOWCHARTS FOR SCREEN AND TREAT STRATEGIES WITH HPV alone – VIA used to determine eligibility for cryotherapy



FLOWCHARTS FOR SCREEN AND TREAT STRATEGIES WITH HPV or cytology followed by colposcopy with or without biopsy



The issue



Overcoming the transfer and application of knowledge gap



To take evidence into practice

Scope of IR/OR

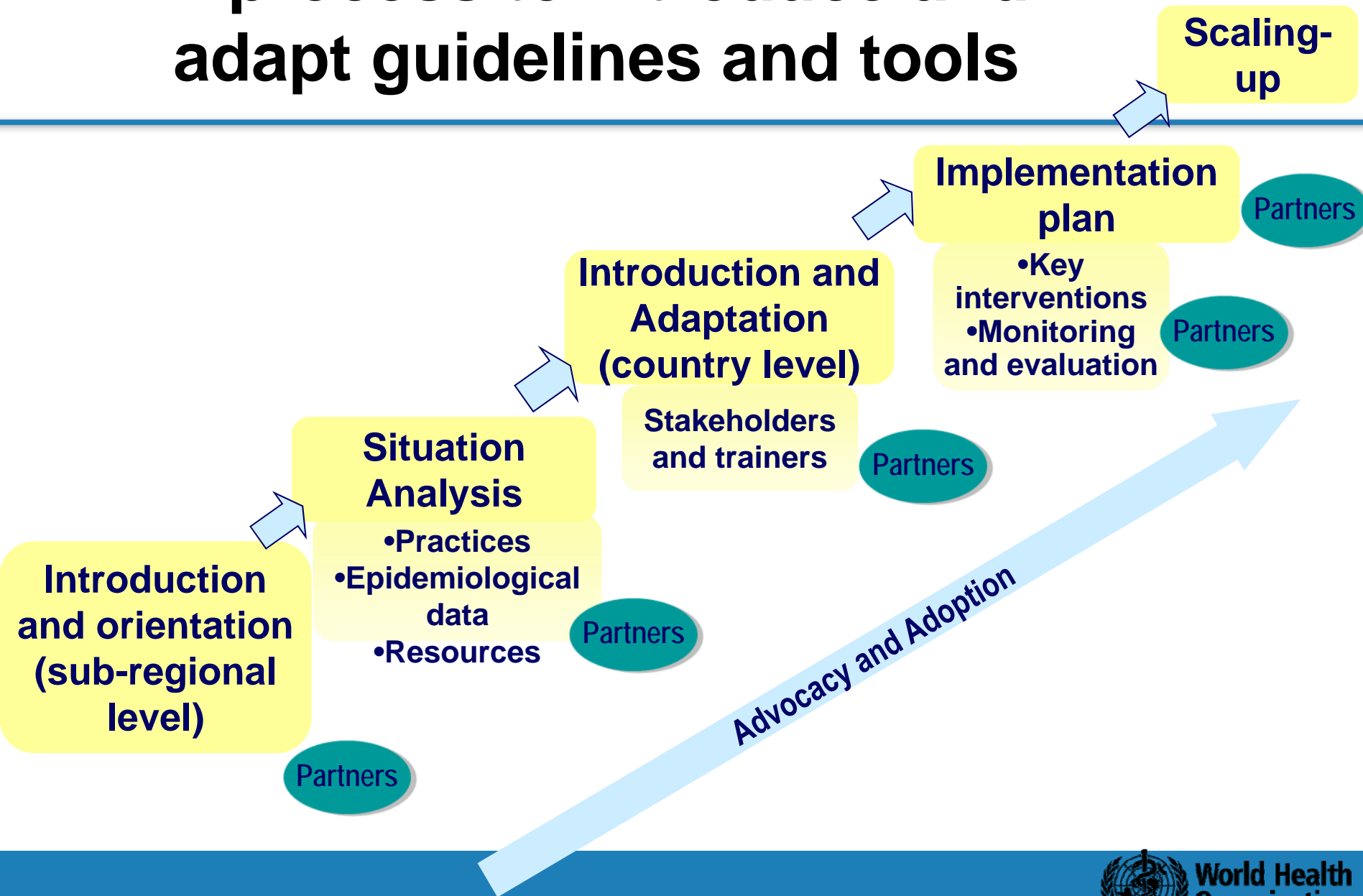
Any research producing practically usable knowledge (evidence, findings, information, etc) which can improve programme implementation (e.g., effectiveness, efficiency, quality, access, scale-up, sustainability) regardless of the type of research (design, methodology, approach) falls within the boundaries of operational research

Jane Kengeya-Kayondo

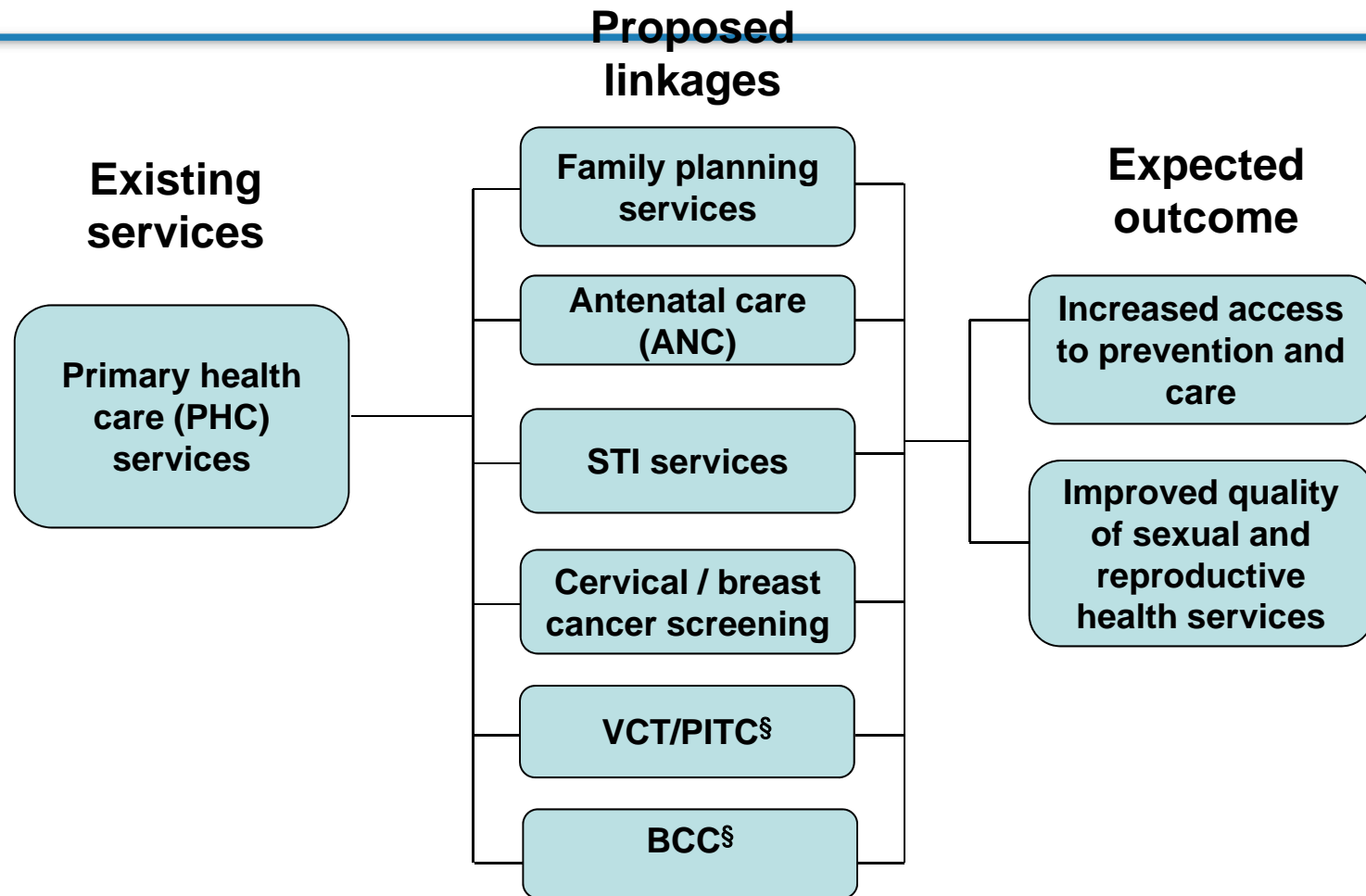
IR/OR Can Accomplish the Following:

- Identify and solve programme problems in a timely manner
- Help policy-makers and programme managers make evidence-based programme decisions
- Improve programme quality and performance using scientifically valid methods
- Help programme managers and staff understand how their programmes work

A process to introduce and adapt guidelines and tools



Example of programmatic linkages: sexual and reproductive health services



§voluntary counselling and testing (VCT);
provider-initiated testing and counselling (PITC);
behaviour change communication (BCC):

