Cervical cancer screening and treatment among HIV+ women in Cambodia: Feasible and high yielding

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Background

- HIV-infected women have a higher risk of cervical intraepithelial neoplasia (CIN) and cervical cancer than the general population.
- Cervical cancer screening is not routinely available in Cambodia.
- Cervical cancer is the most common malignancy in women and a national screening program is in its early development, in Cambodia.
Many research projects have shown that it is possible to implement organized cervical cancer prevention programs in low-resource settings. The integration of such prevention programs into HIV services has not been documented.
Objective of screening program

- To assess *feasibility* of offering cervical cancer screening for female patients attending two OI/ART clinics under routine programme conditions.
A referral system was set up between each OI/ART clinic and a near-by reproductive health clinic.

Women were counseled on the relevance of cervical cancer screening in the OI/ART clinic.

Women accepting screening were referred to the reproductive health clinic where PAP smears were done.
Referral of patients with abnormal PAP smears (for biopsy and treatment) was organized by the OI/ART clinic.

All services were offered free of charge for patients and supports for the whole process were provided.
Results (pap screening)

200 women registered for screening

7 lost to follow up

193 underwent PAP or VIA or ECC with biopsy

128 normal PAP
9 ASCUS

56 eligible for biopsy*
Results (biopsy)

56 eligible for biopsy*

- 7 lost to follow up
- 3 refused biopsy
- 1 not referred for biopsy
- 2 referred for treatment without biopsy†
- 1 died

42 underwent biopsy

- 8 no CIN or CIS

34 CIN or CIS:
- 11 CIN 1
- 9 CIN 2
- 10 CIN 3
- 4 cervical cancer
Results (treatment up-take)

34 CIN or CIS:
   11 CIN 1
   9  CIN 2
   10  CIN 3
   4  cervical cancer

1 refused treatment

35 treated (33 + 2 †)
   19 cryotherapy
   16 hysterectomy
Summery RESULTS

Among the first 200 women screened:
- Median age : 35 years
- Number on ART : 150

Yield:
- Number with abnormal PAP smear: 56/193 (29%)
- Number with pre-cancerous lesion or cervical cancer: 34/193 (17%)

Uptake of services:
- Biopsy acceptance: 42/56 (75%)
- Treatment uptake: 33/34 (97%)
- Loss to follow-up during screening process: 14/200 (7%)
Lessons learned (1/2)

- A high yield was obtained in offering cervical cancer screening in HIV+ women.
- Screening process involved several consultations: a minimum of two, if Pap test was negative, up to four visits if abnormal cytology was detected.
- Delay in the transport of specimens and reporting the results: average of three weeks.
Lessons learned (2/2)

- The program was resource-demanding and represented a burden for the women as it involved referral to Phnom Penh of patients for biopsy and cryotherapy treatment

- Need for referral for biopsy *hinders* uptake of services

- Pathology examinations are not widely available in the country and not quality assured.
Conclusion

- Because of these constrains we concluded that a “one-stop-service” or “single visit approach” might be more feasible in Cambodia.
- This approach is also recommended by the MoH guidelines 2008.
- However there is no enough evidence that this approach is efficient and safe for HIV+ women.
Recommendation

To further investigate a “one-stop service” with a point-of-care “minimal package” of VIA screening + cryotherapy treatment for HIV-positive women.
Thanks