Population-Based Cervical Cancer Screening Using HPV Testing: Successes and Lessons Learned from Central America

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Track 1 – Stemming the Tide: Innovations in Prevention and Screening

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PATH’s Ongoing Initiative in Central America: Strengthen Government Screening Systems with HPV Testing

**Objective:** Help ministries of health rapidly introduce and scale up HPV testing to strengthen public cervical cancer screening and treatment programs.

<table>
<thead>
<tr>
<th>Population in Millions</th>
<th>2014 Existing Screening Methods</th>
<th>Projected HPV Tests in 2016</th>
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<tbody>
<tr>
<td><strong>PATH’s Ongoing Initiative in Central America: Strengthen Government Screening Systems with HPV Testing</strong></td>
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Planning Phase: Five Key Areas

1. Updating national guidelines; key partners (UICC, PAHO, and others)
2. Procurement, supply, storage, and distribution systems
3. Community outreach strategies
4. Personnel capacity for screening, treatment, and laboratory procedures
5. Health information systems
Self-Sampling: A Key Strategy for Rapid Scale-Up

1. Unplug the phial and make sure no liquid comes out.
2. Place the phial on a flat surface, making sure it doesn’t roll away.
3. Pull out the collection cap.
4. Gently and with care, place the cap on the surface of the sample in the phial.
5. Once you have finished, repeat 3-4 more times.
6. Once you have finished, throw away the collection cap.
7. With care, twist the cap on the phial.
8. Bring the phial to the medical facility within 24 hours.
Self-Sampling Highly Accepted
Now Primary Screening Modality for HPV Testing in Guatemala and Nicaragua

<table>
<thead>
<tr>
<th>Country</th>
<th>Women screened with HPV testing</th>
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<tbody>
<tr>
<td></td>
<td>Self-collected sample</td>
</tr>
<tr>
<td>Nicaragua</td>
<td>87%</td>
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<tr>
<td>Guatemala</td>
<td>81%</td>
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Honduras is starting self-sampling in pilot sites.
## Additional Successes to Date

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<th>Success</th>
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<tr>
<td>Over 100,000 women screened</td>
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<td>Updated national screening and treatment guidelines</td>
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<td>Over 1,300 personnel trained in HPV testing and triage</td>
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<td>6 functional labs per country</td>
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<td>HPV positivity rate as expected at 13.5%</td>
</tr>
</tbody>
</table>

Photos (left to right): PATH/Xiomara Celeste Gonzalez; Secretaria de Salud de Honduras; PATH/Claudia Camel; PATH/Xiomara Celeste Gonzalez; PATH/Rose Slavkovsky. 
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Common Challenges Include Health Information Systems, Follow-Up, and Treatment

- Health information systems limited; key indicators lacking
- Limited capacity for follow-up and treatment
- Gas-dependent treatment options
- Competing health system priorities

Photos (left to right): Basic Health International; PATH/Mike Wang; PATH/Xiomara Celeste Gonzalez; PATH.
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Rapid Scale Up of HPV Testing in LMIC Government Health Systems is Possible

- Self-sampling is a key strategy for overcoming system barriers, supports rapid implementation
- Government leadership and ownership of activities is critical
- Health care providers must be adaptable and willing to address challenges as they arise
- International organizations can and should support and catalyze scale-up efforts

LMIC (low- and middle-income countries)
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Thank You

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www.path.org
worldcancercongress.org