

Partnerships to expand cervical cancer screening options in Bolivia

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CDC-PAHO collaboration in cancer:

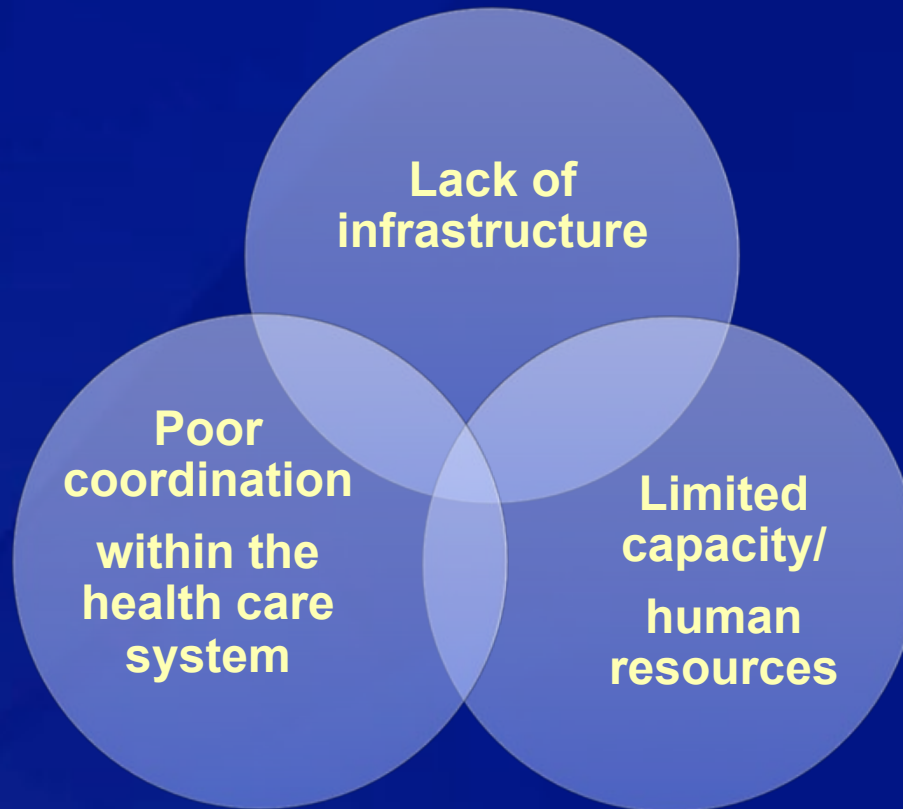
- 2009: CDC Meeting with PAHO officials and representatives from 4 LAC to learn about programmatic needs. CDC Representatives from:
 - Cancer
 - Global Immunizations
 - STD
- 2009: Site visit — Bolivia identifies increased capacity for colposcopy, LEEP, VIA, and cryotherapy as key areas of assistance

Bolivia- Background

- ❑ Largest indigenous population (62%)
- ❑ Bolivia has the second highest incidence and mortality rates from cervical cancer in LAC.
 - Age Standardized incidence rate: 36.4/100,000
 - Age standardized mortality rate: 16.7/100,000
- ❑ Pap test is free, but coverage is low (12%)
- ❑ Less than 20% of eligible women receive treatment for precancerous lesions



Bolivia's Cytology-based Model is Ineffective



Alternative technologies: VIA and Cryotherapy

□ VIA

- Application of vinegar to the cervix to identify abnormal areas through visual examination.
- Simple, more affordable.
- Provides immediate results, allowing for a “screen-and-treat” strategy.
- Can be provided by non-physicians.

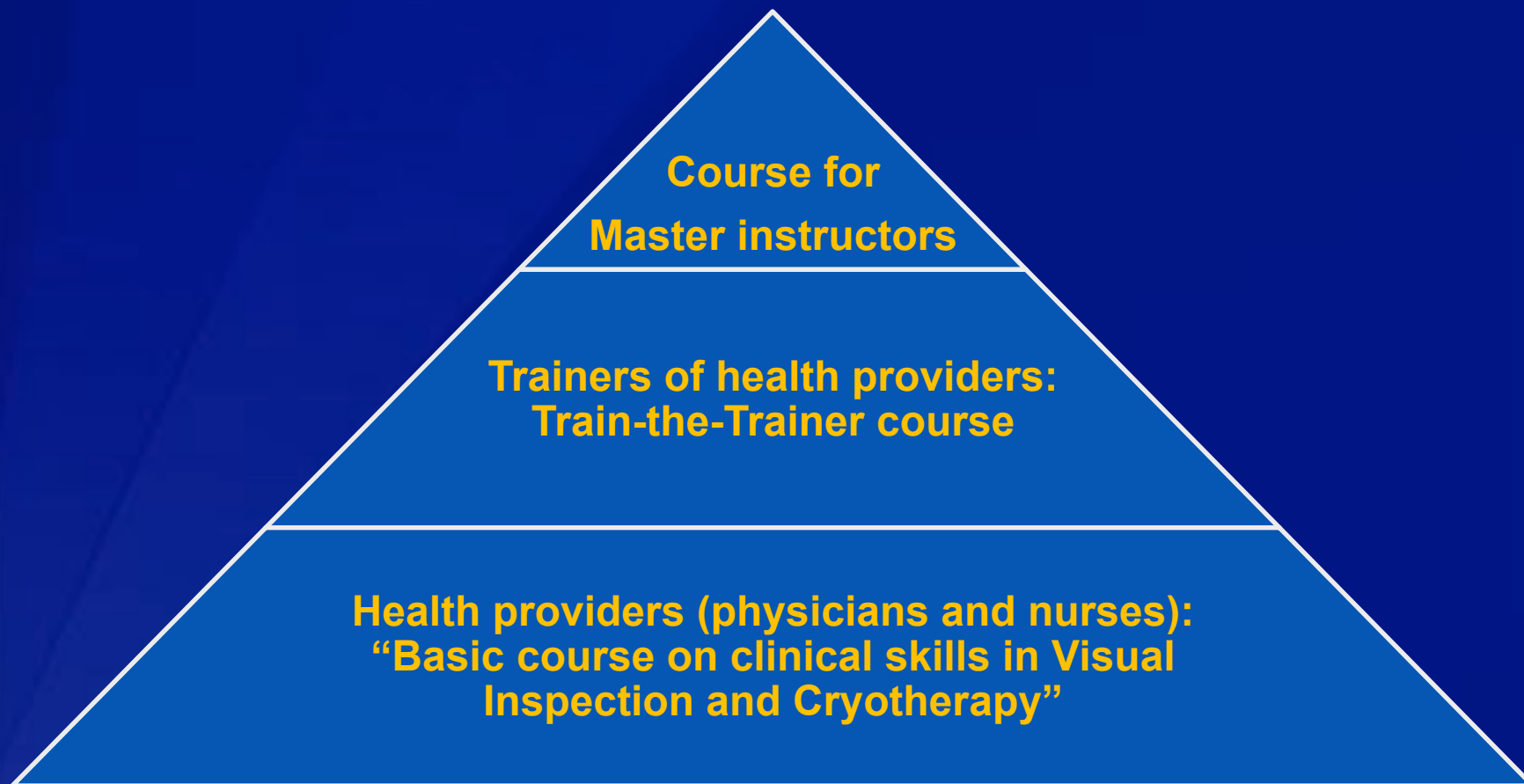
□ Cryotherapy

- Outpatient procedure that destroys pre-cancerous tissue by freezing.
- Integrated with VIA for see-and-treat or VIA + women can be referred.

DCPC-PAHO partnership with Peruvian National Cancer Institute (INEN)

- ❑ **Escuela Latinoamericana de cancer de cervix:**
 - Established in Peru in 2005 as part of an agreement between INEN and the International Agency for Research on Cancer (IARC).
 - Regional center of excellence for VIA and cryotherapy affiliated with PATH.
 - Approach to increasing capacity: Health professionals that are taught how to perform VIA and cryotherapy should be supervised by a group of trainers that would report to a group of “master trainers” within the country.

INEN's model to increase capacity in VIA and cryotherapy



Source: Reports of the PAHO workshops for Latin American and the Caribbean. PAHO, 2011

No. of courses provided, by type of workshop

Type of workshop	Health Promoters course	Basic course	Basic Course	Train-the-Trainer Course	Basic course- (Bol. Inst)
	n= 20	n = 21	n = 7	n= 12	21
No. of physicians trained	N/A	14	7	12	21
No. of nonphysicians trained	N/A	7	0	0	0
Gender					
Males	1	7	3	8	11
Females	19	14	4	4	10
Specialty					
OB/GYNs	N/A	8	4	10	
FP/GPs	N/A	5	3	2	
Pathology/Oncology	N/A	1	0	0	
No. of participants that passed the course	18	19	6	11	21

******Workshops are competency-based, utilize observational learning techniques, anatomical models, and are provided in clinical settings

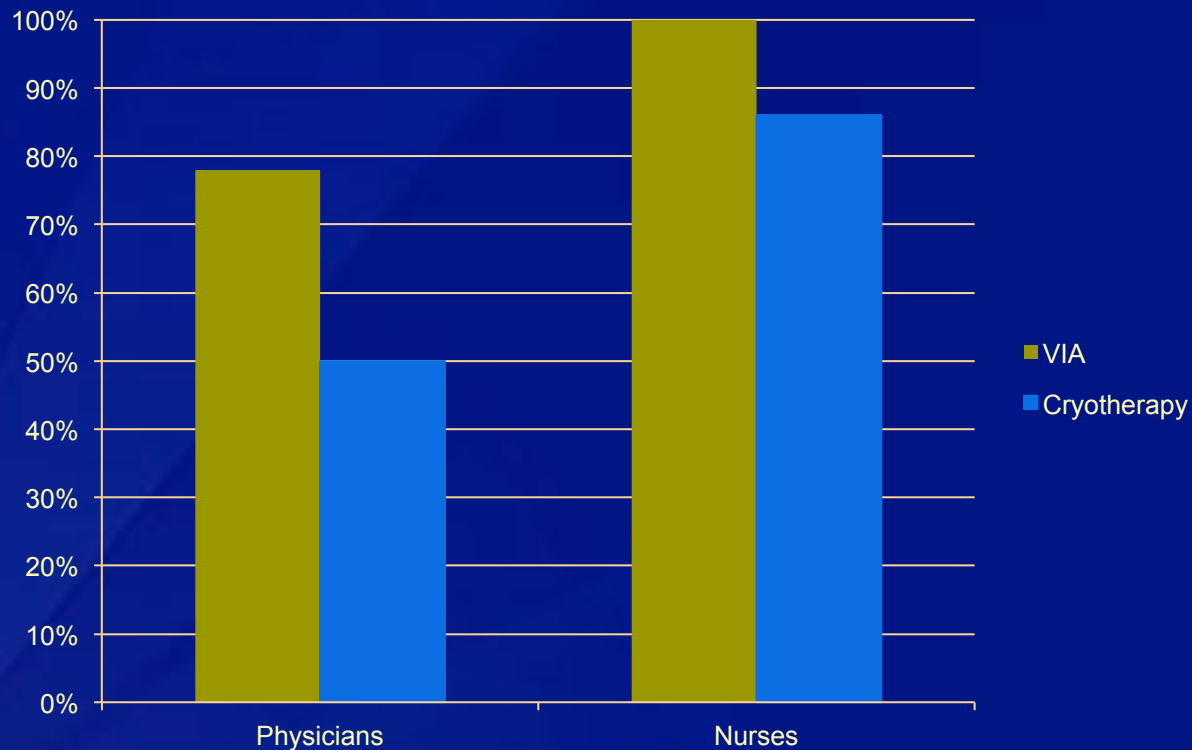
Participants attitudes and acceptability towards VIA and Cryotherapy

- ❑ Do you think VIA and cryotherapy will be accepted among women/colleagues? Why?
- ❑ For physicians: How comfortable are you with the new role of nurses performing VIA and cryotherapy?
- ❑ For nurses: How comfortable are you on your new role as a provider of VIA and cryotherapy services?
 - Options included “very comfortable,” “comfortable,” “uncomfortable,” and “very uncomfortable”

Participants attitudes and acceptability towards VIA and cryotherapy (N=21)

- ❑ All stated that women would accept VIA and cryotherapy
 - When asked why, most cited availability of immediate results.
- ❑ 80% stated that providers would accept VIA and cryotherapy
 - The rest (20%) cited resistance towards innovation (e.g., “there is a lot of distrust regarding the sensitivity of VIA and resistance to innovation,” “Physicians have been working with the Pap test for many years”)

Percentage of participants comfortable with nurses performing VIA and Cryotherapy (N=21)



Physicians (n = 14) ; nurses (n = 7)

Next Steps

- Limit to the department of Beni
- Basic course for nurses and physicians in Beni in August 2012
- Parallel health promotion course for promotoras, August 2012
- Strengthen supervision: local and national Bolivian master trainers
- HPV testing?
 - VIA/cryo infrastructure will facilitate adaptation of eventual HPV testing

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