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EDITORIAL

Cost effective of cervical cancer screening

Cervical cancer continues to be a large public health problem in many developing countries because access to screening and treatment of pre-cancerous lesions is not widespread. Recent studies have demonstrated the potential of VIA as an alternative screening test to the Pap smears to identify pre-cancerous lesions. Besides its low cost and the potential to be provided at lower levels of the health system by non-physicians, a key advantage is that, the results of VIA testing are immediately abnormal, can be made during women's initial visit.

In many developing countries, there are many obstacles to do the cervical screening. Usually they are lacking of good screening programme, low coverage rate of screening, poor quality Pap test, ineffective usage of resource and limitation of access to perform. The most widely used treatment modalities for pre-cancerous lesions in developing countries are cone biopsy and/or hysterectomy. Other methods of treatment that can be provided on an outpatient basis, however, are available. These include cryotherapy, which is characterized by an acceptably high cure/effectiveness rate. Substantial evidence currently exits, from recent VIA studies and numerous studies and numerous studies over the past 2 decades on outpatient treatment modalities, to confidently conclude that:

- VIA is a viable alternative test to Pap smears in low-resource setting, particularly under conditions where identifying true cases of disease is a priority;
- Well trained non-physician can competently and confidently perform VIA in a primary care setting;
- Women with opt for a VIA assessment without much community mobilization if they know that good follow up care is likely; and
- Safe and effective outpatient procedures for treating pre-cancerous lesions exist and are routinely used in developed country regimen.

Ideally, VIA-based test combined with immediate treatment where needed, would ensure that nationwide programmes would cover most women in a country. Questions for which additional information is needed before one can confidently conclude that VIA-based testing followed by immediate, outpatient-based treatment is a programmatically viable approach include the following;

- Can non-physicians competently perform VIA and cryotherapy/electrocautery under field conditions?
- In which ways are routine services affected through the introduction of a test and treat approach?
- Can non-physicians confidently make the decision to recommend treatment or refer when appropriate?
- What is the acceptability of treatment to the women receiving it?
- What is the acceptability of immediate treatment by the providers doing the test?
- How safe is treating pre-cancerous lesions when performed by non-physicians in a primary care setting, immediately post-testing?

To strengthen the information base upon which cervical cancer prevention strategies in low-resource countries can be developed, JHPIEGO's Cervical Cancer Prevention (CECAP) Programme proposes to support a number of projects in which VIA is linked directly to outpatient based treatment. The specific purpose of these

projects is to assess the safety, acceptability, feasibility and programme effectiveness of a VIA-based testing approach linked to treatment. It is anticipated that such studies will show whether well trained non-physicians can readily identity patients who are suited for immediate treatment (on-the-spot) or refer them for treatment to a center more adequately deal with larger lesions or more advanced disease. Key safely, acceptability, feasibility and intervention effectiveness questions that will be answered directly by these projects are listed as followed.

Safety

1. What were the rates of minor and major post-treatment complications?
2. How were large lesions or advanced disease managed?

Acceptability

1. How many women opted for testing when offered in the clinic?
2. How many women who were test positive agreed to be treated on the spot? How many were referred or refused treatment?
3. To what extent were women successfully able to carry out post-treatment home care as prescribed by the provider?
4. To what extent did the women's partners support the women in terms of carrying out prescribed home care (including abstinence or use of condoms 4 weeks post-treatment) and returning for follow up visits?
5. To what extent were women satisfied with the decisions they had made regarding cervical cancer prevention?
6. To what extent are participating providers willing to continue to provide test & treat services?
7. To what extent do these providers feel the benefits of this approach outweighed any risks?
8. To what extent are participating clinics willing to continue to provide test & treat services?

Feasibility

1. To what extent were providers able to test and treat target numbers of women during the project period?
2. To what extent were supervisors able to carry out supervisory tasks as outlined in the protocol?
3. To what extent could project staff operationalize the project OA system?
4. What effect did offering screening and treatment 6 months (coupled with patient follow up for 12 months) have on routine service delivery?
5. To what extent did local groups support the activity?
6. Were IEC and other activities needed to recruit the majority of women?

Intervention effectiveness

1. What was the 12 months success rate among women opting for treatment?
2. How many potential cancers were averted among these women? (This calculation can be done assuming 70% of HG lesions progress, most if not all are NOT now treated and that VIA misses only 20% of HG lesions)

The process development of the SAFE project is shown as below:

1. Training : clinical providers and data collection
2. Lesson to be learnt : Epidemiology, demograpy and attitudes
   : Ensure pelvic examination
   : Perform VIA, cryotherapy, clinical decision making and management
3. Quality assurance : Safety, accessibility, feasibility, programme effectiveness

: Monitor and maintain the quality of service
: Source of QA data (intake form, supervisory checklist)

4. Test and treat QA
: Counseling
: Coverage rate
: Recurrent rate

5. Information for patient after cryotherapy
: Side effect and complication
: Color or vaginal discharge
: Warning symptoms
: Home-care requirement

6. VIA
: Test positive rate
: Proportion of lesion meeting criteria for immediate treatment
: Provide VIA competence

7. Evaluation of treatment
: Major complication
: Minor complication
: Side effect rate
: Problem visit rate
: Provider cryotherapy competency rate

The SAFE project presented. It included the objective, setting, period of the studies, inclusion, exclusion criteria, the local resources, campaign of the project, project flow. The preliminary results is as following:

- VIA test negative is 85.9%
- VIA test positive is 13.2%
- Cervical cancer detected rate is 0.03%

Question, suggestion and Comment

There is some concern about the training, follow up programme and false negative rate.

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