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Integration of Cervical Cancer Screening and Prevention into HIV- care at the Family AIDS Care and Education (FACES) clinics in Kisumu, Kenya



Bixby Center
for **Global**
Reproductive
Health

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Integration for Impact

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Background

- **HIV-infected women have up to four-fold risk of HPV infection, cervical precancer and invasive cancer**
- **Cervical cancer and HIV prevalence highest in developing countries**
- **HIV care and prevention efforts have significantly decreased incidence and improved disease prognosis over past decade**
- **No concomitant improvement in cervical cancer prevention or survival**

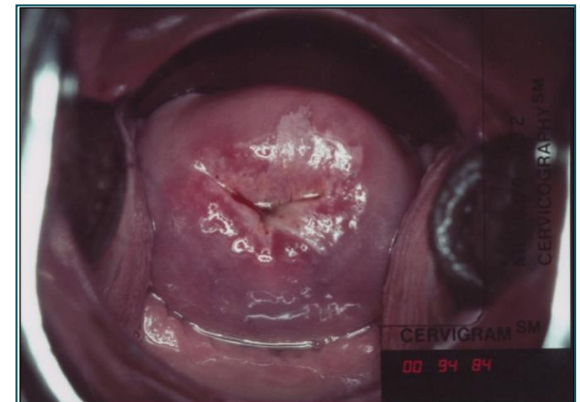
Challenges to Cervical Cancer Screening in Low-Resource Settings

- Care and prevention of chronic illnesses have lower priority given competing mortalities
- Successful programs in resource-rich settings require health care infrastructure for
 - Specimen transport and follow-up
 - Clinic supplies and staffing
 - Lab equipment and supplies
 - Tracking strategies
 - Follow-up visits
 - Space, water and electricity



Strategies for Cervical Cancer Prevention in Low-Resource Settings

- **Appropriate screening techniques**
 - Visual Inspection with Acetic Acid
 - Biomarker testing (HPV)
- **Single visit approach**
- **Provide treatment in clinic**
- **Integrate into existing health care infrastructure**
- **HIV clinics provide**
 - Trained staff
 - Regular follow-up
 - High-risk population



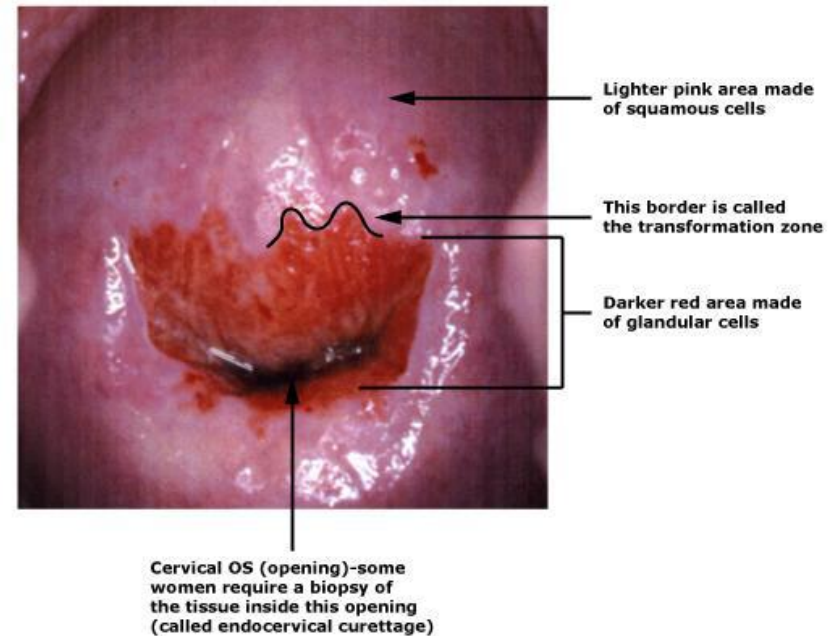
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Visual Inspection with Acetic Acid

- Application of 3-5% acetic acid to the cervix
- Examination of the cervix after 1-2 minutes
- Positive test: any white lesions near transformation zone
- Negative test: no change, 99% negative predictive value



Cervical Cancer Screening and Prevention at FACES

- WHO and IARC guidelines for resource-limited settings
- Clinic and community awareness building
- Educate and train staff and providers
- Screen all non-pregnant women >23 yrs with VIA
- Diagnosis with colposcopy/biopsy
- Treat CIN2/3 with LEEP

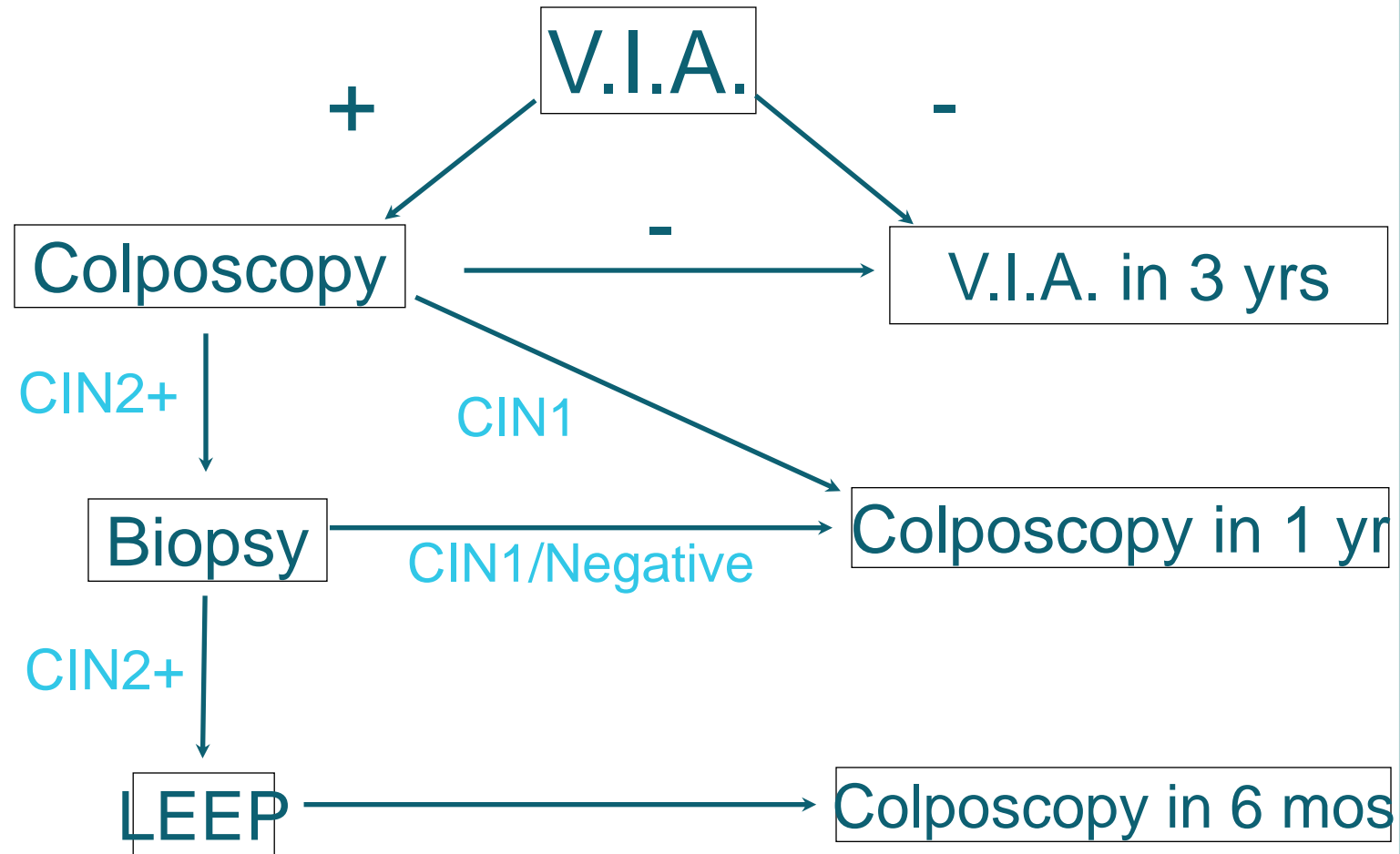
CERVICAL CANCER CAN BE PREVENTED WITH EARLY DETECTION



FACES OFFERS FREE SCREENING AND TREATMENT TO ALL FEMALE CLIENTS. CONTACT ANY HEALTH CARE PROVIDER AT FACES FOR MORE INFORMATION.
GO FOR CERVICAL CANCER SCREENING TODAY.



FACES Screening Protocol



How integrated screening happens

- **CCSP team incorporates all departments**
- **Client Enrollment**
 - CCSP education part of HIV education talks
- **Routine Clinic Visits**
 - Eligible women identified at reception, triage and in clinician rooms
 - Counseling done by CCHAs, nursing and clinical officers
 - All clinical officers trained in VIA
- **Follow-up**
 - Treatment and follow-up exams done at next scheduled visit
 - Home visits done with CCHA team



Patient Outcomes

October 2007 to July 2012

- **6740 women screened with VIA**
- **574 cases of CIN2/3 diagnosed (8.5% prevalence)**
- **493 LEEPs performed**
 - No moderate or severe adverse events
 - 10% recurrence rate at 1 yr; 19% at 2 yrs
- **58 cases of invasive cancer**
 - 54 Stage IA1
 - 4 Stage IB or greater



Clinician Outcomes

- **Training**

- 70 clinical offers and nurses trained in screening techniques
- 12 clinical offers trained in LEEP
- 35 CCHAs trained in cervical cancer screening education
- Data manager trained in monitoring and evaluation

- **Staff satisfaction**

- 100% reported increased knowledge of and comfort with pelvic exams
- 90% enjoyed mentorship process and felt skills would be valuable to career



Lessons Learned

- **FACES-CCSP is an example of a successful cervical cancer screening and prevention program in an HIV-care setting**
 - Initial and follow-up visits nested within routine clinic visits
- **Team-approach including all departments key factor in success**
- **Community awareness and patient education essential**
- **Sustainability depends on all clinical staff being trained**
- **Data collection and tracking systems should be designed at start of project to monitor and evaluate program**



Next Steps

- **Scale-up services to other FACES-supported district in partnership with MoH**
 - Single visit “see & treat” model
- **Evaluations in progress to determine efficiency and cost-effectiveness of more streamlined (“see & treat”) programs**
- **Need to design large scale, rigorous trials to determine optimal mode of integration**
- **Can lessons learned from HIV-CCSP integration spread to general outpatient settings?**



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