Webinar: Strengthening Cervical Cancer Screening and Treatment Programs in LMICs: Addressing Challenges and Leveraging Opportunities

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Participants:

- Dr. Maribel Almonte Pacheco, Implementation Scientist, Early Detection, Prevention & Infections, World Health Organization/ International Agency for Research on Cancer
- Dr. Andrew Vallely, Head of the Asia and Pacific Health Program, the Kirby Institute for Infection and Immunity in Society, Faculty of Medicine, University of New South Wales
- Dr. Valerie Paz Soldan, Director, Latin America Health Programs, Tulane University
- Dr. Jogchum Beltman, Gynecologist Oncologist, Leiden University Medical/Female Cancer Foundation
- Prof. Nelly Mugo, Associate Research Professor/Senior Principal Clinical Research Scientist, Department of Global Health at the University of Washington/Kenya Medical Research Institute
- Ms. Tracey Shissler - Director, SUCCESS Program, Jhpiego

Webinar recording and presentations available here.

- What criteria or what are the recommendations a given LMICs MoH or cervical cancer program or project should use to decide which HPV molecular test to introduce in their country? What are the cost differences between HPV test with limited genotyping and the extend genotyping ones?

  Maribel Almonte Pacheco: We suggest to use a "validated" high-performance HPV test, usually those FDA or PQ approved or those that have been clinically validated under an international protocol such as VALGENT. Regarding "genotyping": 1) limited genotyping: a test that gives HPV16 and/or HPV18 individual result; 2) HPV extended genotyping: a test that give additional individual or grouping results for other 10 carcinogenic HPV types. There are several "validated" high-performance HPV tests that either give HPV limited genotyping results or HPV extended genotyping results. Countries can decide which test to use based on the capacity they have to ensure that women that are HPV positive receive treatment and care according to the algorithm chose, and the percentage of women that are usually lost to follow-up. For example, if many women are lost to follow-up, it is better to treat as many as possible, considering as well that the capacity of treatment is there.

- How do the cost-effectiveness and scale up costs look for POC screen and treat?

  Maribel Almonte Pacheco: We still do not have evidence on the cost-effectiveness and/or scale up of POC tests, this is a main area of work for coming months. Also, important to highlight that there are several

POC tests in the pipeline, but we keep looking at the evidence to make sure we can give this information timely.

- For a disease that requires national screening programs, how are POC technologies with low throughput going to work for the scale needed?

  Maribel Almonte Pacheco: In any country with any specific programme, there will always be settings where either laboratory tests or POC tests will be suitable. Once more, the decision of how to incorporate one or both technologies lies on the country decision-makers based on target population characteristics, health system capacity and scenarios where screening will take place.

- Can you please share the strategies that worked in order to ensure results were returned in 1-2 hours of sample collection? Were the Cepheid instruments dedicated to HPV testing only?

  Andrew Vallely: Yes they were in our clinics - we are screening >100 women per day in some clinics where we have set up x4-6 GXIV instruments within the clinic itself because we wanted to provide results at point-of-care and because we were very keen not to overwhelm local hospital laboratory capacity.

- Were women willing to go through the treatment at the same sitting as screening or did they want to talk to their family and return at a later date?

  Valerie Paz Soldan: In the city, they couldn't get their result the same day - and we lost about 1/3 of the women for various reasons (not getting results, not coming back, trying other remedies). On the SHIPS, where we were with more vulnerable women, the women actually received the result so quickly, that most did not even go home - and as a result, they mostly got treated!! Of the women who were sent home for getting treated the next morning (5-6), 1 did not return because it seems partner/family discouraged it.