**Webinar: Rolling out HPV testing for cervical cancer screening and treatment:**

**Experience from a multi-country project**

Thursday, February 23, 2023

**Participants:**

* Karen Milch Hariharan, Senior Director, Global Cervical Cancer and Nutrition, Clinton Health Access Initiative
* Divya Sarwal, Program Manager, Cervical Cancer Program, Clinton Health Access Initiative
* Owen Demke, Associate Director, Global Diagnostics, Clinton Health Access Initiative
* Isaac Okiring, Pharmacist, Clinton Health Access Initiative
* Tasimba Mhizha, Access Programs Analyst, Clinton Health Access Initiative

Webinar recording and presentations [available here](https://togetherforhealth.org/february_2023_webinar/).

* **What proportion were HPV test positive? Were they triaged before treatment?**

Karen Milch Hariharan (CHAI): The HPV test positivity rate varies quite a bit by country and setting. Yes, national guidelines currently call for triage before treatment.

* **Not all HPV positive women are eligible for treatment with thermal ablation. I suppose 80% screen-positive women receiving treatment include those who received treatment with either thermal ablation or LEEP. What percentage of HPV positive women needed LEEP?**

Karen Milch Hariharan (CHAI): Correct, we align with national guidelines which largely still call for triage of HPV positive women. So "screen-positive" means positive both on the HPV test and on the VIA triage. >80% refers to the proportion of women who screen positive (either on VIA alone, or on HPV + VIA triage) who receive the appropriate treatment, which could be either thermal ablation or LEEP depending on the extent of the lesions.

* **32% positivity is very high. Is this on general population or in subgroups that may have higher risk?**

Owen Demke (CHAI): For the Pilot study, nearly all women screened were WLHIV, with only Senegal including general population into the study. Women tested in Senegal amounted to only 10% of the overall number of women screened across the program, so the >90% WLHIV study population certainly drove the high HPV positivity rate

* **What percentage of VIA positives needed LEEP?**

Karen Milch Hariharan (CHAI) In general about 80% are eligible for thermal ablation and 20% need LEEP.

* **Was self-collection widely accepted by country? Were platforms that had capacity able to accommodate HPV testing (TB/HIV)?**

Divya Sarwal (CHAI): For Uganda's context, self-collection was actually the most accepted model compared to provider sample collection. Yes, there were challenges in accommodating HPV on top of TB/HIV which made same day results impossible. This however has improved with the new 16-modular GeneXpert machines, and guidance to dedicate 25% capacity to HPV.

There is now better appreciation of the utility of the GeneXpert machines through this work beyond the use case for HIV/TB and now because of this work, there are conversations of integrating HepB testing into the existing platform without stretching the existing capacity.

Owen Demke (CHAI): You will also see some information from the teams on strategies to ensure integration. While integration was widely accepted, HPV tests were usually deprioritized relative to TB, HIV EID, etc. This meant that tests were still run, but often were not able to be returned within a single patient visit. One approach to this (as shown in Malawi) was to set aside time in the lab at the start of the day that aligned with the CxCa clinic visits, so HPV tests could be prioritized within that 2-3 hour window. As the Zimbabwe and Uganda teams have showed - recent approaches also include allocating capacity (~25%) in the testing labs reserved for HPV.

* **What proportion of the screen patients were found to have invasive cancer? I expect a significant proportion of screen positive cases from screen naive population to be invasive cancer. While screening is primarily focused on pre-invasive disease stage, but a screening program should at the least capture information on the invasive cases detected and outcome of referral for treatment.**

Owen Demke (CHAI): 40 women out of the 4710 HPV positive women were suspected of invasive cervical cancer and referred for onward care (within the study).

* **In what areas you work with CSO specifically?.**

Divya Sarwal (CHAI): Country programs work with CSOs on strategies to engage with the community, generate demand among women for screening services, develop strategies, toolkits/ messaging for cervical cancer prevention message among the population, spread awareness on HPV testing including self-sampling approaches etc.

* **A catalogue of HPV tests with the required information for purchasing will be a big help.**

Heather White (TogetHER for Health): We will provide a link to global pricing agreements for HPV tests in our email following the webinar. Thanks.