

Cervical Cancer Screening in Developing Countries

Report of a WHO consultation



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CERVICAL CANCER SCREENING IN DEVELOPING COUNTRIES

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TABLE OF CONTENTS

Preface	v
Executive Summary	vii
Introduction	1
1 Epidemiological Status Of Cervical Cancer	3
2 Programme Organization	5
The essential elements for successful cervical screening	5
Fundamental components essential for an organized programme	11
3 Cytology Screening in Middle-income Countries	13
Cervical cytology as an effective screening test	13
The validity of cervical cytology as a screening test	13
The essential elements for successful cytology screening programmes	14
Elements that interfere with the development of successful cervical screening programmes	20
The strengths of the conventional cervical cytology test	21
The implications of different methods of sampling	22
The implications of different methods of smear reading	23
The circumstances when cervical screening programmes should be recommended	23
Research issues on cervical screening programmes in developing countries	24
Research issues on cervical cytology in developing countries	24
4 Visual Inspection with Acetic Acid Application (VIA) as an Alternative Approach to Cytology Screening in Low-Income Countries	25
Test characteristics and current level of evidence for VIA as an alternative screening approach	26
Definition and reporting of test outcomes	30
Diagnostic evaluation and management of lesions detected by VIA	31
Training issues	33
Advantages and limitations of VIA	34
Research issues	36
Conclusion on VIA	36

5 HPV Tests in Cervical Screening Programmes; Possible Role in Middle-Income Countries	39
Introduction	39
Rationale for using HPV testing in cervical screening	40
HPV testing systems: current methods for screening	41
Tests available and results to date	42
Sample preparation / handling	44
HPV testing systems: developments for the near future	45
Uses of HPV testing in screening	46
Natural history studies and case control studies	47
HPV tests in primary screening programmes	49
HR-HPV testing and HPV type-specific testing performance in screening	49
Impact of HIV status and age on performance of HPV DNA	50
HPV tests in the triage of minimal cervical abnormalities	50
The Kaiser Permanente study	52
The ALTS trial	52
Opportunities for self-sampling in screening and triage	54
HPV in quality control of cytology-based screening programmes	54
Recommendations on the designs of studies on HPV testing for cervical screening	56
Advantages and disadvantages of HPV tests in screening	58
Conclusions on HPV testing	58
6 Overall Conclusion	61
Appendix 1: Epidemiological Issues in the Evaluation of Alternative Screening Tests	63
Tests used in the diagnosis and management of minimal cervical abnormalities	63
Investigations of tests in primary screening	63
Appendix 2: List of participants	65
References	69

PREFACE

CERVICAL CANCER is an important area of action for any cancer control programme because of the burden of disease, and the potential for effective prevention via screening.

It is the second most common cancer among women worldwide. In 2000, there were over 471 000 new cases diagnosed, and 288 000 deaths from cervical cancer worldwide. Approximately 80% of these deaths occurred in developing countries.

Cervical cancer is preventable, but most women in poorer countries do not have access to effective screening programmes.

This report documents the discussions and findings of an expert consultation called by WHO in 2001. The objectives of the meeting were:

- To develop a position paper on cytology screening in middle-income countries with specific recommendations for improving efficacy and effectiveness of programmes in this type of setting.
- To develop a status report on VIA and HPV screening for cervical cancer which analyzes level of evidence of their efficacy and effectiveness in different resource settings and highlights research issues that still need to be addressed for adequate policy development.
- To identify priority areas to be addressed by WHO with its partners.

The meeting was organized in three modules, and a chairperson was appointed for each. Dr Anthony Miller chaired the module on cytology screening, Dr Rengaswamy Sankaranarayanan the module on visual inspection with acetic acid application (VIA) and Dr Xavier Bosch the module on human papilloma virus (HPV) screening. I am extremely grateful to each of these distinguished scientists for contributing so much of their time and expertise.

For each module, key participants were chosen on the basis of their recognized expertise in the subject matter. These participants contributed actively to the considerations of their specialized subject matter, but were also able to attend the meetings of the other modules if they chose to do so. At the conclusion of the discussions on each topic the main conclusions were reported and discussed jointly by all meeting participants during the final session of the consultation. Subsequent discussions which continued for several months after the consultation helped to clarify critical issues in

each module. Again, my thanks to each of the participants in the meeting whose names are listed in Appendix 2.

The resulting report of this consultation aims to provide policy makers with the evidence base upon which to found decisions about the establishment or modification of existing cervical cancer screening programmes. It also gives insight into types of screening for which there is currently insufficient evidence on which to base a screening programme. It signals to policy makers areas that will be of importance in the future, including potentially promising screening tests such as VIA, which are the subject of current trials. If these trials yield positive results, these tests may provide effective alternatives to current screening systems.

Cervical cancer is an important public health problem, and a priority concern for the WHO Programme on Cancer Control. In its recent publication on National Cancer Control Programmes (WHO, 2002) WHO recommends early detection policies for countries with various levels of resources. Special emphasis is given to the need to develop programmes that have a systemic approach, are well integrated into the existing health system and take into account the social, cultural and economic context.

WHO will continue to monitor progress in the area of cervical cancer screening and make evidence-based recommendations about screening tests. However, the underlying truth is that irrespective of how good a screening test is, it will have no impact unless introduced as part of a well planned and implemented screening programme. It will always remain important for WHO and its Member States to work together to ensure that these systems function effectively so that the life-saving potential of cervical cancer screening can benefit women and their families in all parts of the world.

EXECUTIVE SUMMARY

WORLDWIDE, cervical cancer comprises approximately 12% of all cancers in women. It is the second most common cancer in women worldwide but the commonest in developing countries. Cervical screening is acknowledged as currently the most effective approach for cervical cancer control. However, in many countries, including most middle-income developing countries, the existing programmes are failing to achieve a major impact.

PROGRAMME ORGANIZATION

Central to the success of any screening programme is the functioning of that programme in its entirety. The requirements include the ability of a programme to ensure high levels of coverage of the target population, to offer high quality, caring services, to develop and monitor good referral systems that ensure good patient follow-up and to ensure that the patients receive appropriate, acceptable and caring treatment in the context of informed consent.

Cervical screening should be planned within the context of national planning for cancer control. In many countries some form of screening exists, but will have to be reorganized to achieve success. There needs to be the political will to proceed, with support and funding from the Ministry of Health. Screening has to be based on an adequate health infrastructure. There must be a defined target population, and means to identify, invite, screen and follow-up that population. The women in this population will have to be educated about screening for cervical cancer, and the health pro-

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