Improving Treatment Rates of Cervical Precancers Detected through Visual Screening in Cameroon, West Africa.

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I have no financial interest to disclose







Background







Where did we begin?

- o In 2007, Women's Health Program was implemented
 - Now 8 stationary sites and mobile clinics
 - And >66,000 women screened, with an approximate of 12,000 yearly
- o "See and treat"
 - Visual inspection after application of acidic acid (VIA), Lugol's solution and Digital cervicography (DC), real time images of the cervix projected onto a TV monitor visible to both client and provider
 - Cryotherapy or thermal coagulation, LEEP, Biopsy performed for suspicion of cancer and difficult to diagnose lesions







WHO Treatment Guideline

- Precancers < 75% of TZ, SCJ visible, entirely covered by probe, 0 signs of ICC: Same day cryotherapy or thermal coagulation
- Precancers >=75% of TZ, SCJ not visible, 0 sign of ICC: Trained nurses
 perform in office LEEP procedures and send excised tissue of
 histopathology
- Suspicious for ICC or difficult to diagnose: Biopsies are performed and sent for histopathology







Program Evaluation

- In 2012, only 6% of women with cryotherapy (cryo)-eligible lesions received same-day treatment and only 30% had received cryo 12 months after screening at Banso Baptist Hospital (BBH).
- In 2013, same day treatment rates for cryo-eligible lesions improved to 52% through patient and provider education, better follow up, and having the women pay later for the cost of treatment.
- In 2016, identify persistent barriers to receiving treatment and modify the program







Objectives

 We aimed to evaluate treatment rates for patients, who screened positive at BBH July-December 2015.





Method

 Trained nurses screened women aged 25-65 at BBH and out reach clinics with digital cervicography of the acetic acid- and Lugol's iodinestained cervix and treated cervical precancers with cryo or loop electrical excision procedure (LEEP) per World Health Organization criteria.







Results

- Of the 1436 eligible women who were screened, 92 (6.4%) screened positive, 65 had cryo-eligible lesions, 15 had LEEP-eligible lesions, and 12 had lesions suspicious for cancer.
- The same day treatment rate was 78.5% for cryo-eligible lesions and 6.7% for LEEP-eligible lesions and 100% of lesions suspicious for cancer were biopsied.
- At 12 months, treatment rates increased to 90.8% for cryo-eligible lesions and to 53.0% for LEEP-eligible lesions. Of the 12 biopsies of lesions suspicious for cancer, 10 (83.3%) were confirmed as ICC.







Summary Table: Treatment of cryo-eligible and LEEP-eligible lesions diagnosed by visual inspection with acetic acid and Lugol's iodine enhanced by digital cervicography - Banso Baptist Hospital, Northwest Region, Cameroon 2011-15.

Dates	Women screened	Cryo- Eligible	Treated same day	Treated by 12 mo	LEEP eligible	Treated by 6 mo	Interventions implemented
1/2011 to 12/2012	4303	262 (6.0%)	17 (6.5%)	84 (32.1%)	N/A	N/A	Patient- provider education, better follow up, reduced cryo fees, subsidized treatment costs
1/2013 to 9/2013	2948	147 (5.0%)	76 (51.7%)	116 (78.9%)	N/A	N/A	Treat and pay later, acquired thermal coagulation machine
7/2015 to 12/2015	1436	65 (4.5%)	51 (78.5%)	59 (90.8%)	15 (1.1%)	8 (56.3%)	More trained nurses certified to do LEEPs, same day LEEPs







Interventions

- Identify Barriers
- Solutions implemented: Sensitized & educated communities via mobile & community outreach clinics
- Promoted HIV testing among women screened to determine optimal treatment
- Improved database
- Improved follow up (mainly by calling cell phones)
- Acquired 2 thermal coagulation machines, \$4000 ea
- Certified more providers to perform LEEP







Discussion

- Thermal coagulation machines and Cryotherapy
- o Education:
 - Patient and family
 - Ongoing provider training & certification
- Follow up
 - Outreach
 - Phone calls
- Financial Support
 - Treat first and pay later
 - Cost of cryotherapy in 2011 = \$60, reduced to \$20-\$40 in Nov 2012







Conclusion

- Same day treatment of cryo-eligible lesions has increased dramatically since 2012.
- O However, since only 53% of LEEP-eligible lesions were treated, further investigation of barriers to LEEP treatment is needed. WHP nurse at BBH suggests this would improve if she could perform same-day LEEPs, rather than waiting for scheduled LEEP clinics, now that she has been LEEP-certified and works in a facility with surgical back up.





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