Towards Cervical Cancer Elimination in the Americas

Silvana Luciani
Chief, Unit of Noncommunicable Diseases
Pan American Health Organization
Cervical Cancer – a preventable disease with gross inequities

Estimated age-standardized incidence rates (World) in 2018, cervix uteri, all ages

ASR (World) per 100 000

≥ 26.0
18.1–26.0
11.5–18.1
7.3–11.5
< 7.3

Not applicable
No data

Data source: GLOBOCAN 2018
Graph production: IARC
(http://gco.iarc.fr/today)
World Health Organization
Cervical Cancer in the Americas

Approximately 72,000 women diagnosed and 34,000 women die each year from cervical cancer.

Mortality rates are highest in the Caribbean, where access to cancer treatment continues to be a challenge.

Women living in vulnerable conditions have higher rates of cervical cancer.

Women with HIV are at higher risk of developing cervical cancer.

Source: GLOBOCAN 2018 (IARC)
CERVICAL CANCER MORTALITY RATES DECLINING

Source: IARC. Global Cancer Observatory, 2016
PROJECTIONS IN CERVICAL CANCER MORTALITY

2018: 28,318
2030: 38,044

34% increase
CERVICAL CANCER PREVENTION AND CONTROL

- HPV VACCINATION: Girls 9-14 years
- SCREENING AND PRE-CANCER TREATMENT: Women 30-49 years
- CANCER DIAGNOSIS, TREATMENT, PALLIATIVE CARE: All women as needed
PAHO/WHO

HPV VACCINE INTRODUCTION

Antigua & Barbuda (2016)
Aruba (2014)
Bahamas (2016)
Bermuda (2008)
Barbados (2015)
St. Kitts & Nevis (2016)
Trinidad y Tobago (2013)
Guyana (2011)
Surinam (2013)
Brasil (2014)
Paraguay (2013)
Uruguay (2013)
Argentina (2011)

Canada (2007–2009)
Panamá (2008)
Honduras (2016)
Panamá (2008)
Colombia (2012)
Ecuador (2014)
Perú (2015)
Paraguay (2015)
Chile (2014)
México (2012)
Belize (2016)
Surinam (2013)
Uruguay (2013)
HPV VACCINE COVERAGE

% coverage in target age group according to country guideline, 2017

Argentina  Chile  Ecuador  Honduras  Panama  Paraguay  Suriname  Uruguay

Fuente: WHO/Unicef Immunization Program, Joint Reporting Form, 2017
Screening and Treatment Strategies

Screen and refer
• screen-> colposcopy, biopsy -> treatment based on biopsy results

Screen and treat
• screen-> treat based on screening test results

Screen, triage, and treat
• screen-> if abnormal, second test-> treatment based on abnormal test results from both tests
HPV TEST INTRODUCTION

Argentina
Colombia
El Salvador
Guatemala
Honduras
Peru
Mexico
Nicaragua

Source: PAHO/WHO. National Capacity Survey of NCD programs, 2017
HPV Program Experiences

- feasible to implement in all resource levels
  - build consensus with all stakeholders for policy decisions
  - train providers and build capacity to change practice
  - start small and expand as resources permit

- high test performance is maintained in program settings – detects more disease

- self-sampling strategies help increase coverage

- communication, education and counseling are critical
  - little known about HPV

- how best to manage women with HPV positive results?
Challenges to Scale up New Strategies

- competing public health priorities
- limited awareness and demand
- resistance to change
- cost of new technologies
WHO Director General’s Call to Action to Eliminate Cervical Cancer
More than 70 countries approved the decision for WHO to develop a Global Strategy Towards the Elimination of Cervical Cancer
Key questions that must be addressed

- What will the cervical cancer threshold be to achieve elimination as a public health problem?
- What combination of screening and vaccination strategies can lead to elimination (for different thresholds)?
- When could elimination be reached, for different strategies and countries?
- What is the most efficient/cost-effective strategy to reach elimination?
Variability in cervical cancer incidence rates by world region

Age-standardized (W) rate per 100000
Cervical Cancer Elimination: Conceptual Framework

Cervical cancer cases/100,000

- Current vaccination and screening
- Very intensive screening and vaccination
- Intensive vaccination

2020  2030  2060  2120
# ELIMINATING CERVICAL CANCER

Cervical cancer incidence < 4/100,000 women

<table>
<thead>
<tr>
<th>HPV VACCINATION</th>
<th>SCREENING</th>
<th>TREATMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>90%</strong> of girls fully vaccinated with HPV vaccine by 15 years of age</td>
<td><strong>70%</strong> of women screened with an HPV test at 35 and 45 years of age</td>
<td><strong>90%</strong> of women screened positive receive treatment for precancerous lesion or invasive cancer</td>
</tr>
</tbody>
</table>
PROGRESS AND CHALLENGES

Country cervical cancer incidence rates range widely: from 3 to 70+/100,000 women

HPV vaccination
- 85 countries with HPV vaccines in immunization programs
- coverage varies widely, but majority below target of 90%

Screening and pre-cancer treatment
- screening in several countries, but poor quality limiting impact
- HPV testing introduced in only 10 countries
- very few countries meet coverage target of 70%

Cancer treatment
- large gaps in access to cancer treatment and palliative care
Ministers of health commit to reducing cervical cancer cases and deaths by 30% in the Americas by 2030

Authorities at the 56th Directing Council of PAHO approve a regional plan that calls for increased coverage of HPV vaccination, screening and treatment to prevent cervical cancer.

Washington, D.C., 26 September 2018 (PAHO/WHO) — The Ministers of Health of the Region of the Americas agreed today to implement a series of strategic actions to reduce new cases of cervical cancer and the resulting deaths by one third in the Region by 2030.

Thirty-five countries and territories of the Western Hemisphere today adopted the Plan of Action for Cervical Cancer Prevention and Control 2018–2030, in the 56th Directing Council of the Pan American Health Organization (PAHO), which is continuing until 27 September in Washington, D.C.

“No woman should die from cervical cancer, which can be prevent, detected at early stage, and treated effectively,” said PAHO’s Director, Carissa F. Etienne. “Reducing the burden of cervical cancer is possible and the plan approved today is an expression of the countries’ pledge to accomplish this,” she added.

Cervical cancer is the second leading cause of death in the Americas. In 11 countries, cervical cancer is the leading cause of cancer deaths among women and in 12 countries it ranks second. Every year, an estimated 83,200 women are diagnosed and 35,600 women die from this disease in the Region, 52% of them before age 60.

By adopting the action plan, the countries have agreed to improve the effectiveness and organization of cervical cancer programs and information and record-keeping systems, and to strengthen primary prevention with the HPV vaccine and information/education campaigns. They have also committed to implementing innovative strategies to improve cervical cancer screening and treatment services.
PAHO Plan of Action for Cervical Cancer Prevention and Control

Goal: Reduce incidence and mortality rates by one-third by 2030

1. Improve cervical cancer program organization and governance, information systems, and cancer registries.
2. Strengthen primary prevention through information, education, and HPV vaccination.
3. Improve cervical cancer screening and precancer treatment through innovative strategies.
4. Improve access to services for cancer diagnosis, treatment, rehabilitation, and palliative care.
PAHO/WHO

Improve Program Organization

1. Develop **national cancer plans**, with targets for 2030
2. Update **national guidelines**, based on current evidence
3. Strengthen **program management** and governance
4. Strengthen **information systems** to permit monitoring, evaluation and reporting
5. Improve **cancer registries**
6. Ensure sufficient **resources**
1. Develop HPV and cervical cancer prevention education initiatives
2. Develop HPV vaccine guidelines
3. Implement HPV vaccines in the target population, covering at least 80% of the population
Strengthen Screening and Precancer Treatment

1. Update national screening guidelines, and consider **HPV testing**
2. Increase **screening coverage** and follow up on women with abnormal screening results
3. Strengthen **integrated service delivery** to address women’s health, sexual and reproductive health, HIV co-infection, etc.
4. **Train** primary care providers
5. Ensure adequate **infrastructure, supplies, equipment**
1. Improve equitable **access to services** including pathology, chemotherapy, radiotherapy, surgery, rehabilitation and palliative care

2. Develop and apply **evidence based treatment** protocols

3. Ensure sufficient supply of **human resources** for cancer care—nursing, oncology, pharmacy, medical physics, etc

4. Strengthen the supply of quality assured and essential cancer diagnosis, medicines and treatment technologies, utilizing the **PAHO Strategic Fund**
GUIDANCE TOOLS

www.paho.org/cancer

Cervical Cancer Guide

Screen & Treat Guide

Cryotherapy Guide

HPV Testing Guide

HPV Vaccine Guide

HPV Vaccine Communication
**VIRTUAL COURSE**

www.paho.org/cancer

<table>
<thead>
<tr>
<th>Module</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Key concepts of cervical cancer</td>
</tr>
<tr>
<td>2</td>
<td>HPV vaccination for cervical cancer prevention</td>
</tr>
<tr>
<td>3</td>
<td>Programmatic aspects of HPV vaccination</td>
</tr>
<tr>
<td>4</td>
<td>Cervical cancer screening</td>
</tr>
<tr>
<td>5</td>
<td>Diagnosis and treatment of precancerous cervical lesions</td>
</tr>
<tr>
<td>6</td>
<td>Programmatic aspects of cervical cancer screening and treatment of precancerous lesions</td>
</tr>
<tr>
<td>7</td>
<td>Diagnosis and treatment of invasive cervical cancer</td>
</tr>
<tr>
<td>8</td>
<td>Palliative care</td>
</tr>
<tr>
<td>9</td>
<td>Community mobilization, education, and counselling</td>
</tr>
<tr>
<td>10</td>
<td>Establishing a cervical cancer prevention and control program</td>
</tr>
</tbody>
</table>
Communication Campaign

www.paho.org/cancer

Webpage – photos, videos, information, GIFs

Video – it is time to end cervical cancer

Poster – Don’t let cervical cancer stop you!

Factsheet series
Way Forward

- advocacy and communications to raise awareness, stimulate investments, and empower women
- health service strengthening
- on-going dissemination of evidence on HPV vaccination, HPV testing, to change practice
- pooled procurement for HPV vaccine and HPV tests (eg. PAHO Strategic Fund)
- share experiences and learn from each other on innovative approaches, eg. self sampling