Towards Cervical Cancer Elimination in the Americas

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Cervical Cancer – a preventable disease with gross inequities

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



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



Cervical Cancer in the Americas

Bolivia Guyana Paraguay Jamaica Belize Suriname Venezuela Peru Nicaragua Guatemala French Guyana Honduras El Salvador Panama Ecuador Hait Dominican Republic Argentina Barbados Trinidad & Tobago Cuba Saint Lucia Colombia Uruguay Brazil Chile Costa Rica Mexico Bahamas Puerto Rico France, Guadeloupe France. Martinique United States Canada 10 20 30 40 0

Age-standardized rates/100,000 women

Source: GLOBOCAN 2018 (IARC)

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



CERVICAL CANCER MORTALITY RATES DECLINING





Source: IARC. Global Cancer Observatory, 2016

PROJECTIONS IN CERVICAL CANCER MORTALITY

40,000				
35,000		34% increase		
30,000		341		
25,000				
20,000			38,044	
15,000	28,318			
10,000				
5,000				
0				

2018

2030



CERVICAL CANCER PREVENTION AND CONTROL



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)



HPV VACCINE COVERAGE

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



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



WHO Executive Board – January 2019

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More than 70 countries approved the decision for WHO to develop a

Global Strategy Towards the Elimination of Cervical Cancer



Photo credit: Chris Black



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

10 20 30 40 70 4 50 60 80 0 Southern Africa Namibia Swaziland Eastern Africa Fr. La Reunion Ethiopia Malawi ТП -11 Western Africa Guinea Niger Melanesia New Caledonia Papua New Guinea Middle Africa Gabon Angola South-Eastern Asia Indonesia Eastern Europe Poland Moldova Caribbean П Jamaica Puerto Rico South America Brazil Bolivia Micronesia/Polynesia Fr. Polynesia Guam Southern Asia Maldives Iran Central America Mexico Belize Eastern Asia Mongolia China Northern Europe Latvia Finland:4.7 Southern Europe Bosnia Herzedovina Macedonia Northern Africa Tunisia Morocco Western Europe_{Sw}itzerland . . . Belgium 1.1 Northern America USA Australia/New Zealand Australia Western Asia ПΠ Georgia Qatar

Slide courtesy of F. Bray, IARC

Cervical Cancer Elimination: Conceptual Framework



ELIMINATING CERVICAL CANCER

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cervical cancer incidence < 4/100,000 women

HPV VACCINATION	SCREENING	TREATMENT	
90%	70%	90%	
of girls fully	of women screened	of women screened	
vaccinated with HPV	with an HPV test at	positive receive treatment	
vaccine by 15 years	35 and 45 years of	for precancerous lesion or	
of age	age	invasive cancer	



PROGRESS AND CHALLENGES

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

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

• screening in several countries, but poor quality limiting impact

Screening and pre-cancer treatment

HPV vaccination

- 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



PAHO Directing Council, 2018

Pan American Health Organization Organization Organization Organization Americas

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Ministers of health commit to reducing cervical cancer cases and deaths by 30% in the Americas by 2030

Authorities at the 56thDirecting 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 56thDirecting 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.

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 35,680 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



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.



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



Strengthen Primary Prevention

- 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



Improve Access to Cancer Services

- 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, utlizing the **PAHO Strategic Fund**



GUIDANCE TOOLS

www.paho.org/cancer



Cervical Cancer Guide



HPV Testing Guide



Screen & Treat Guide



Cryotherapy Guide



HPV Vaccine Guide



HPV Vaccine Communication

VIRTUAL COURSE

www.paho.org/cancer



ARO SALUTA	Pan American
	Pan American Health Organization
YOU MUNDI	Organization



Communication Campaign www.paho.org/cancer



PAHO

Webpage – photos, videos, information, GIFs



Video – it is time to end cervical cancer





Poster – Don't let cervical cancer stop you!

Factsheet series







- 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



