

Q & A RESPONSES

Joint IPVS-Asia Pacific HPV Coalition Webinar: Cervical
Cancer Elimination in Asia Pacific - Time for Action

August 25, 2023



These questions were posed by webinar attendees and subsequently responded to by the speakers Mandi Lee and Prof. Ashrafun Nessa.

1. What do you mean when you say that speculum is a barrier?

Screening tests, which involve speculums, require women to expose their private areas to healthcare professionals for screening. It is an uncomfortable test and sometimes painful, hence women hesitate, and it becomes a barrier for screening uptake.

2. I am Florence Varghese from India. I conduct cervical cancer awareness programs in my community. Is there any opportunity to collaborate with you?

Thank you for your advocacy in India! Please sign up for our membership to stay updated with our next project, <https://hpv-apac.org/>

3. How often is gynocular used ? what is the reported accuracy in relation to histology when applied ?

Gynoculars are used sometimes, particularly at the sub-district level and outreach clinics, where colposcope is not available. Histopathology is practiced only in high grade cases. Gynoculars is not use in colposcopy clinics of medical hospitals and institute level. One article attached.

4. WHO recommendation is shifting away from VIA, is there plan to use another screening test like HPV testing instead?

Government of Bangladesh has initiated the pilot only studing the fusibility of the test. The introduction of HPV will also depend on availability of the test, cost of reagent and affordability by the Government.

5. Thank you for the presentation - in your opinion, would Bangladesh also eventually shift towards primary HPV screening?

Bangladesh has initiated a pilot program for HPV screening as part of a feasibility study. However, there are certain challenges related to the implementation of HPV test, such as affordability and the availability of necessary testing equipment and reagents and developing effective treatment algarithom. Currently, the HPV test is offered in only a few institutions and is cost-prohibitive for the general population.

The transition to primary HPV screening also involves building the necessary healthcare infrastructure and ensuring that healthcare professionals are trained to adopt HPV tests accurately. Alongside the technical aspects, raising public awareness about the importance of HPV screening and its benefits is crucial.

Currently, the GOB relies on the Visual Inspection with Acetic Acid (VIA) test for cervical cancer screening. Shifting to HPV screening would require a change in strategy by the GOB. The GOB aims to gradually transition towards utilizing the HPV test after the pilot program, although VIA will continue to be the primary screening test for the foreseeable future. Additionally, a targeted approach might involve offering the HPV test to a specific age group (35 to 45 years of age) alongside VIA screening. The GOB is carefully considering these factors to ensure effective and sustainable cervical cancer screening practices.

6. Would patient management pathways eventually evolve with HPV genotyping (extended genotyping)? Thank you

Bangladesh is a low socio-economic country and non-compliance of the patient is a common problem here. As HPV-16 & 18 is responsible for 70-80% of cervical cancer, HPV positive women can be treated with thermal ablation/ LEEP to reduce future cancer burden.

7. Is HPV vaccination available for free in Bangladesh? Thank you.

The Bangladesh government will roll out vaccines against human papillomavirus or HPV through EPI with GAVI support in September this year. Girls aged between 10 and 14 will get the vaccines initially. School-based vaccination will be done.

8. The International Federation of Gynecology and Obstetrics (FIGO) recently published guidance promoting enhanced linkages between HPV vaccination programmes, pregnancy and OB/GYN services. Can the first speaker say more about the mother/daughter programme or strategy that was mentioned.

It is encouraging to hear that FIGO supports the integration of programmes and provides guidance on this matter. As all speakers have mentioned, there is no one-size-fits-all strategy. For the integration of programmes, a platform is needed for such collaborations to occur. Implementers could refer to existing implementations to see how they might be relevant to their own context and resource settings. There is a recent publication that conducted a systematic review on the mother and daughter strategy, <https://doi.org/10.1016/j.vaccine.2021.11.013>.

9. How do you see the role of cytology for Asia Pacific Cervical Cancer Screening programs?

To eliminate cervical cancer, every country needs to achieve and sustain an incidence rate lower than 4 cases per 100,000 women. We should meet the 90–70–90 targets:

- vaccination: 90% of girls fully vaccinated with the HPV vaccine by the age of 15;
- screening: 70% of women screened using a high-performance test by the age of 35, and again by the age of 45;
- treatment: 90% of women with pre-cancer treated and 90% of women with invasive cancer managed.

The Pap smear test serves as one of the methods to achieve these 90–70–90 targets. Recent updates to WHO guidelines now recommend HPV testing as a preferred screening method and to allow for self-sampling.

10. What strategies can we adopt to minimize the risk of cervical cancer?

This webpage will be helpful, <https://www.who.int/initiatives/cervical-cancer-elimination-initiative>.

We also recently published our systematic review on recovery strategies to support cervical cancer elimination in lower and middle income countries (LMICs) following COVID-19 disruptions, <https://doi.org/10.1016/j.pmedr.2023.102291>.

11. Can I have the figo link to the mother-daughter program?

For the integration of programmes, implementers could refer to existing implementations similar to their settings. There is a recent publication that conducted a systematic review on the mother-daughter strategy, <https://doi.org/10.1016/j.vaccine.2021.11.013>.

Another systematic review focused on integrating cervical cancer screening with HIV healthcare services: <https://doi.org/10.1371/journal.pone.0181156>.