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Validation of GeneXpert testing for Human Papillomavirus (HPV) and Self-Sample Collection for Cervical Cancer Screening in Gutu District, Zimbabwe

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Cervical cancer ranked in the top three cancers affecting women younger than 45 years

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570,000 cases of cervical cancer and 311,000 deaths occurred in 2018†

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570,000 cases of cervical cancer and 311,000 deaths North America occurred in 2018† Africa

South America

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Europe

Asia

Oceani

Africa

Europe

North America

regions

†The Lancet VOLUME 8, ISSUE 2, E191-E203, FEBRUARY 01, 2020

African countries had higher mortality than other ceani

Asia

Screen and treat approaches reduce the burden in highincome countries through cytology-based screening that detects pre-cancerous abnormal cells

Canada Screen and treat approaches reduce the burden in highincome countries through cytology-based screening that detects pre-cancerous abnormal cells

China North America South East Asia Canada Screen and treat approaches reduce the burden in highincome countries through cytology-based screening that detects pre-cancerous abnormal cells

Japan South Korea,

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South East Asia

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African countries have limited resources to replicate these strategies

Visual inspection with acetic acid and cervicography (VIAC)

Could be more visible and practical!

GeneXpert

Early infant diagnosis

Leveraging existing GeneXpert machine to detect HPV - the virus that causes cervical cancer

TB and HIV viral load testing

Objectives

1. To determine the accuracy of diagnostic tests for HPV

GeneXpert was compared with Cobas HPV, which was used as the reference test.

2. To determine diagnostic accuracy of 'self-collected' vs 'nursecollected' samples using high vaginal swabs (HVS)

as the reference sample type.

HVS samples were tested for HPV. Nurse-collected HVS samples were used

Methods 1/2

Recruited: 279 participants

- **Study design:** Prospective diagnostic accuracy at four health facilities
 - Study group: Women aged 18 to 65
 - **Sample size** : 316 participants

Ethical statement: Study approved by MSF and Zimbabwean ERB

Methods 2/2

Enrolled participants at the health facilities

Self-collection instructions issued verbally and via a leaflet

Demographic information

Characteristic		Participants enrolle	ed Propo	Proportion (%)	
		(n=279)			
Age Years					
	19-29	62	22		
	30-39	86	31		
	40-49	77	28		
	50-59	42	15	47%	
	60-65	12	4		
HIV Status					
	Negative	189	65		
	Positive	97	35		
MEDECINS SANS	S FRONTIERES			SCIEN	

Results 1/4

Results 2/4

Comparison of test and swab type

Method	Swab type	Total enrolled	Invalid	HPV 16+	HPV 1845+
GeneXpert	Self- collected	279	8	10	15
GeneXpert	Nurse- collected	279	10	10	8
Cobas HPV	Nurse- collected	279	2	11	8

Cobas HPV test vs GeneXpert HPV test

HPV sub-type	Performance (95% CI)				
detected	Sensitivity	Specificity	Kappa		

HPV 16 91% (59-100)

HPV 1845 63% (25-92)

100% (99-100)

0.95 (0.85-1.00)

99% (97-100)

0.61 (0.33-0.90)

Self-collected vs nurse-collected

HPV sub-type detected Sensitivity

HPV 16 90% (56-100) 100% (98-100) 0.90(0.75-1.00)

HPV 1845 88% (47-100) 97% (94-100) 0.61 (0.35 - 0.83)

Results 4/4

Performance (95% CI)

Kappa Specificity

Conclusions

Comparable results

- GeneXpert vs Cobas HPV Self-collected vs nurse-collected samples

GeneXpert availability is a plus

• TB and HIV viral load testing integrated in a single machine

- Turn-around time
- Workload for health workers

- **Self-collection and testing by GeneXpert reduces**

Recommendations

In progress - phase II of study on-site and off-site primary healthcare facilities

Advocate to change policy and guidelines to include GeneXpert as first-line test for HPV detection

Feasibility and acceptability of self-collected samples at

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