

SCALING UP CERVICAL CANCER SCREENING IN SOUTHERN MALAWI: SCREENING MODELS FOR DIFFICULT-TO-REACH POPULATIONS

INTRODUCTION

MSF is providing cervical cancer screening in Blantyre and Chiradzulu districts in Southern Malawi in the catchment area of 10 health centres.

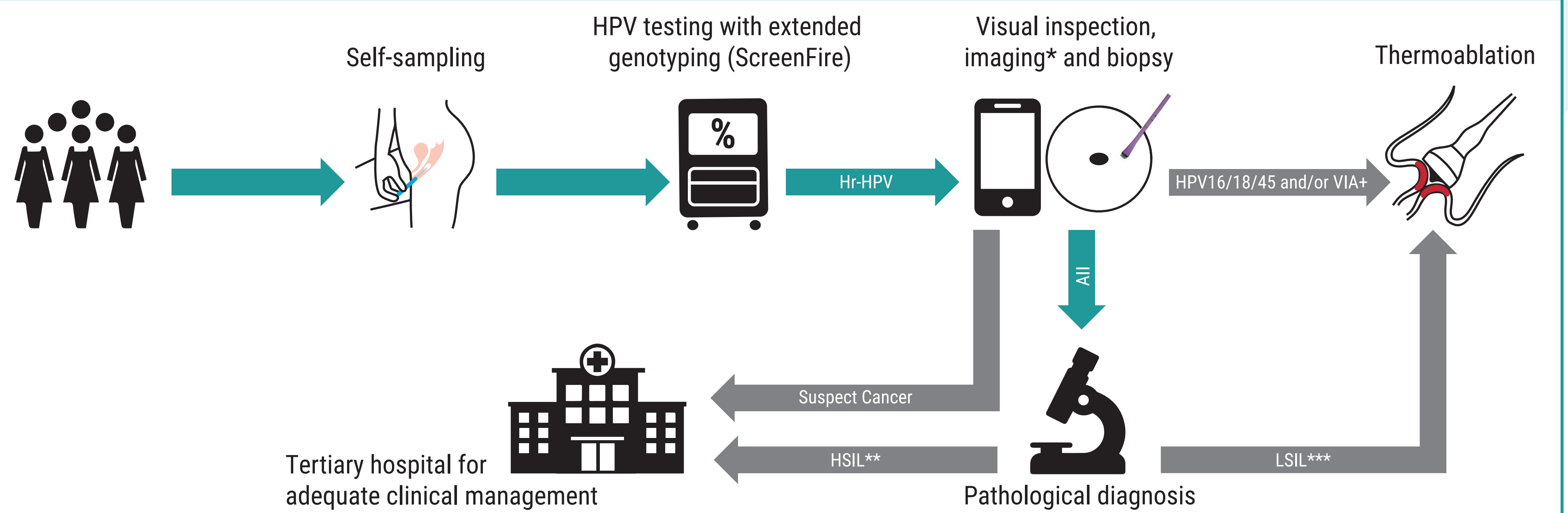
In order to increase HPV screening coverage, diverse recruitment models are introduced at health centres and for outreach activities.



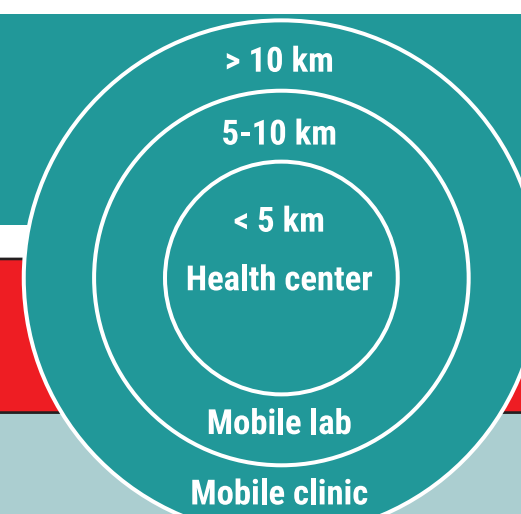
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PATIENT'S PATHWAY

Under PAVE consortium, self-collected vaginal swabs are tested by an isothermal amplification HPV assay (ScreenFire RS HPV test) followed by visual inspection, imaging (IRIS by Liger) and histological assessment for HPV positive women.



METHODS



HEALTH CENTER-BASED MODELS (< 5 KM)

OUTREACH MODELS

Test-and-Wait (T&W)

Test-and-Call (T&C)

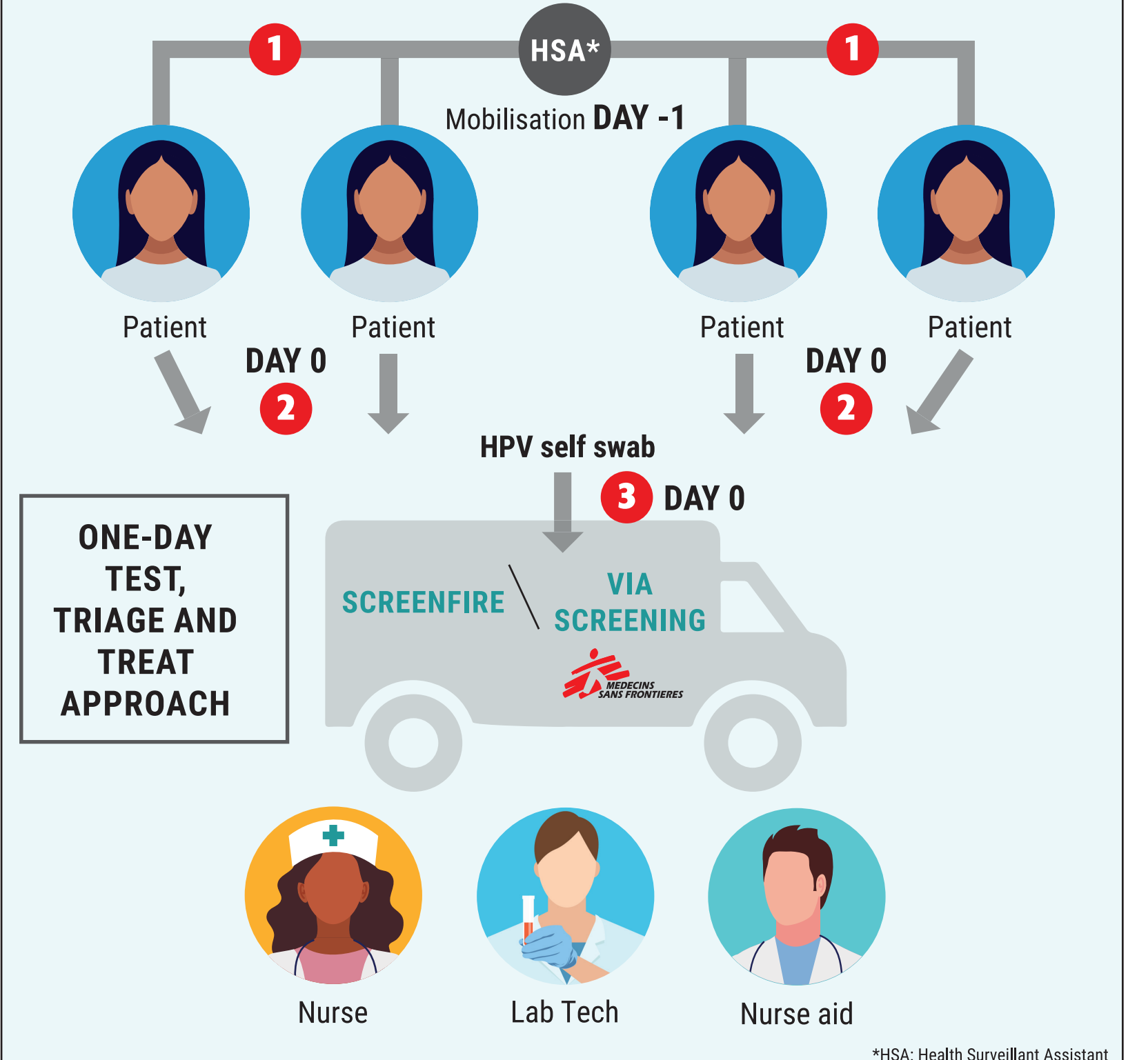
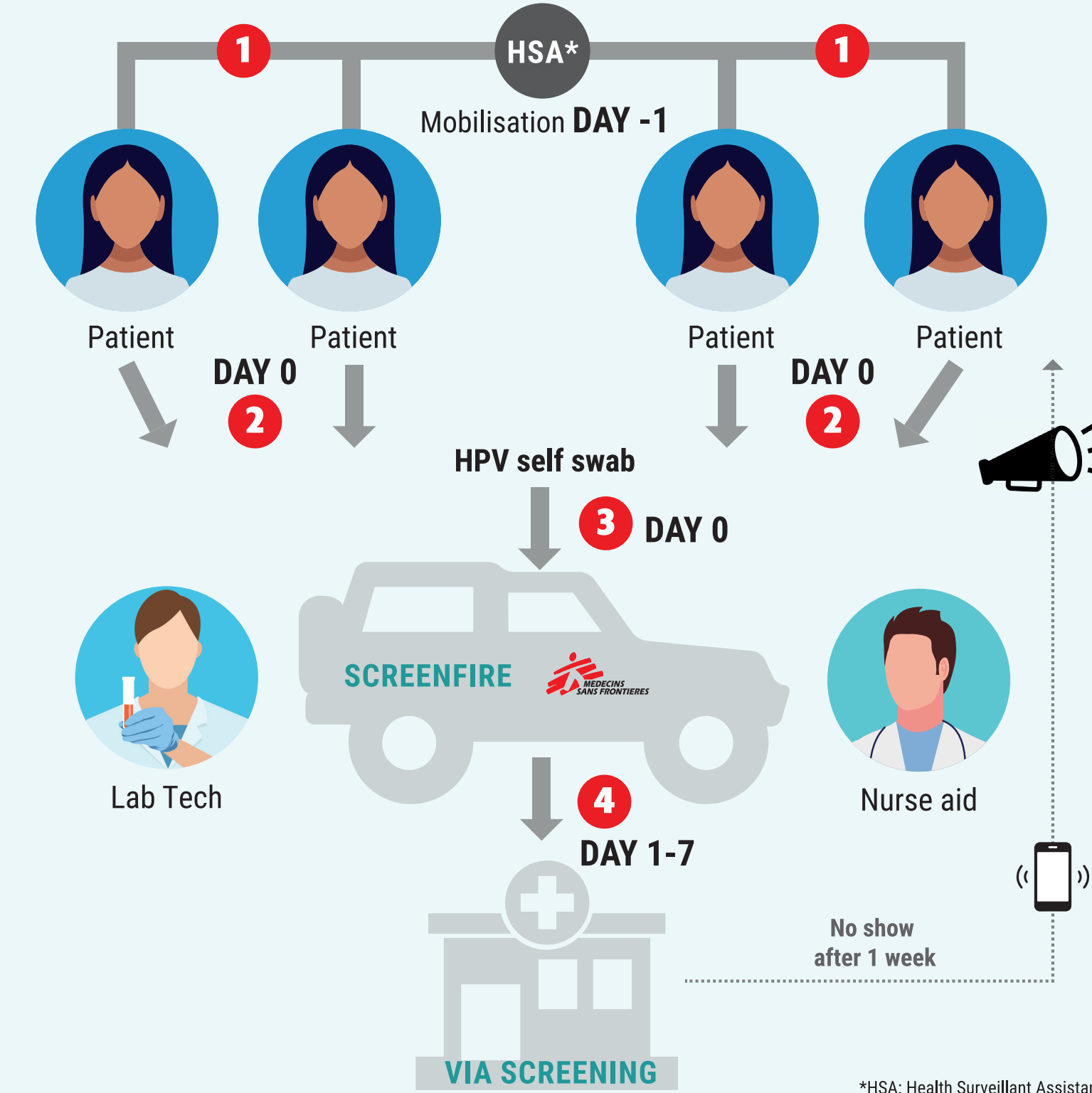
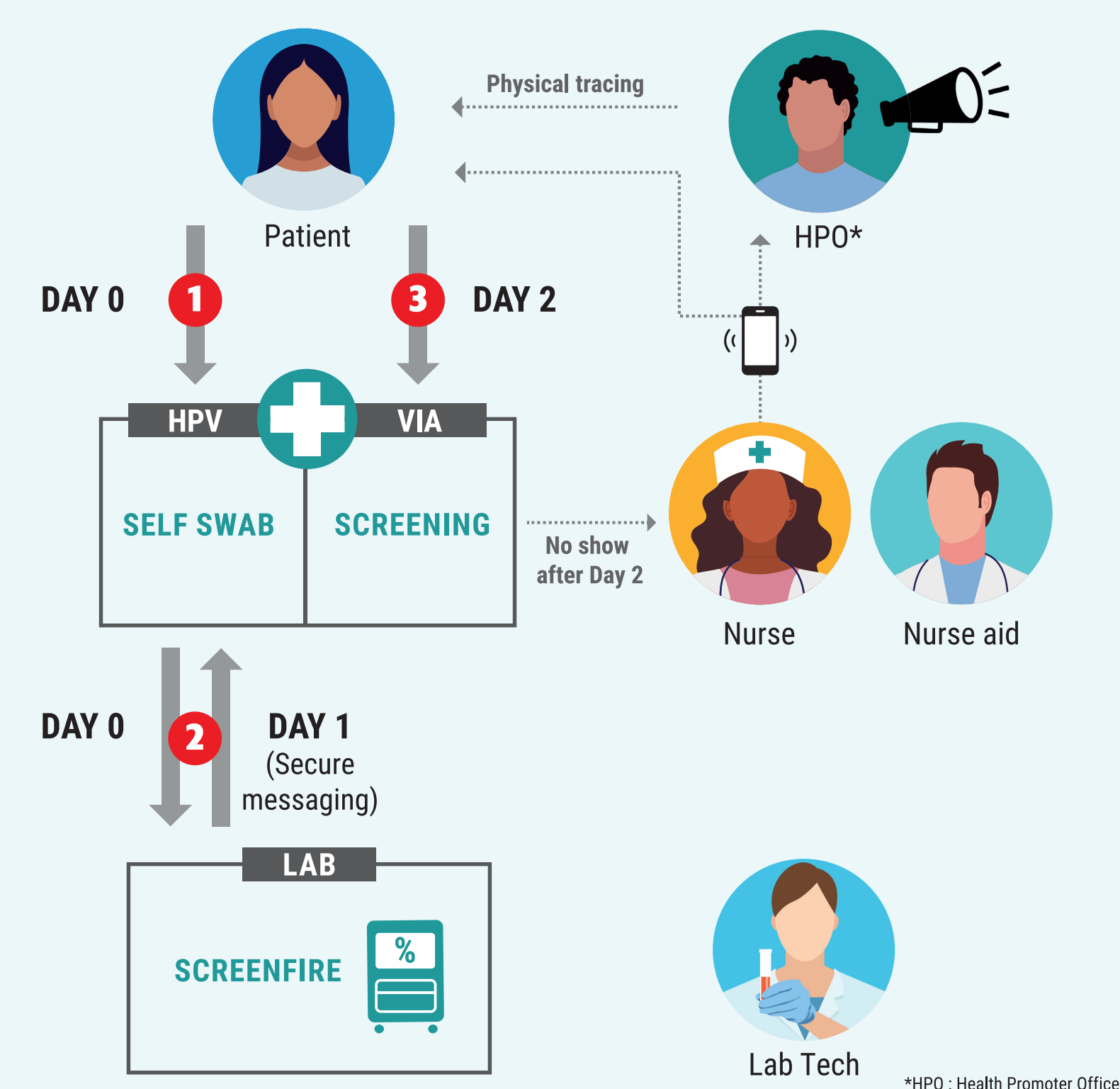
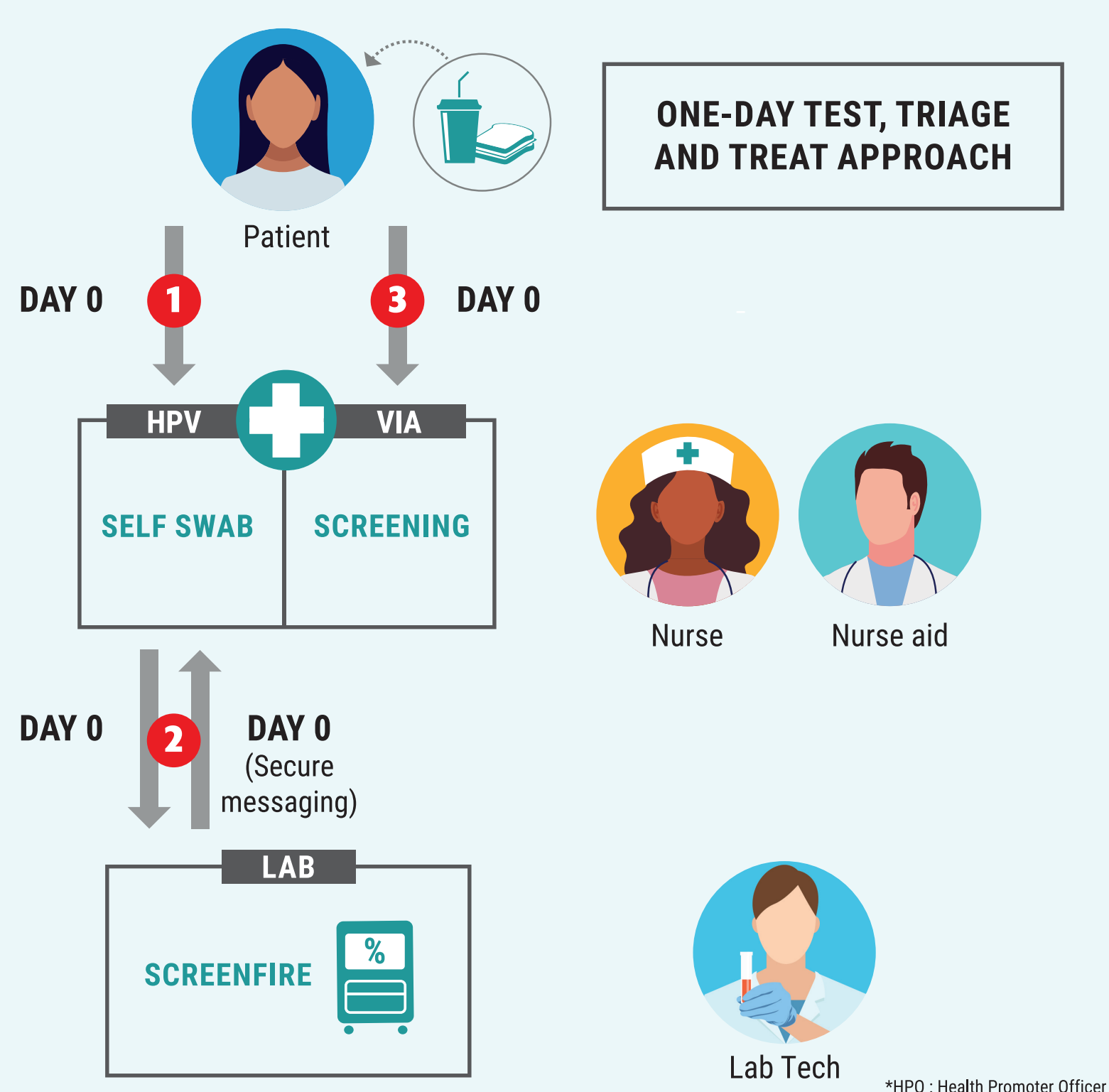
Mobile Laboratory (5-10 km) (ML)

Mobile Clinic (> 10 km) (MC)

HPV test, triage, and treatment of women coming for routine visits at their health center

HPV test of women in their communities, followed by referral for triage and treatment at their respective health center

HPV test, triage and treatment in community settings by outreach teams



IMPLEMENTATION STATUS

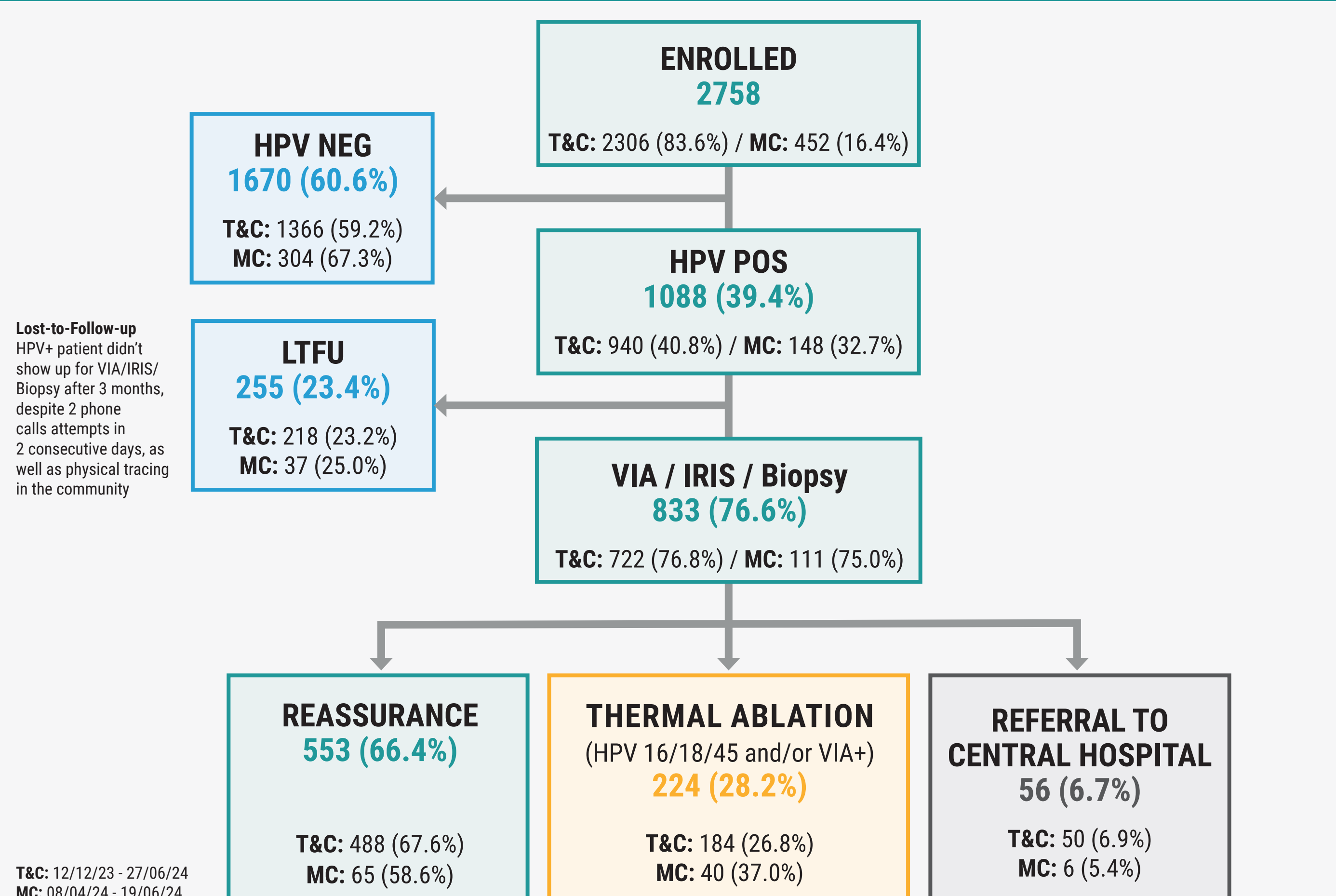
ON HOLD
Long waiting times for patients > refusal or withdrawal

IMPLEMENTED
Flexibility for women to come back on different dates

ON HOLD
Mobility of ScreenFire (dust, shocks,...)
Space (machines, pipetting, etc.) > risks of contamination

ALL-IN-ONE MODEL ON HOLD
"DEGRADED" MODEL IMPLEMENTED
HPV sample collection with a car, followed by mobile clinic for VIA 2 weeks later

RESULTS



KEY INSIGHTS

- Streamline patient flow during opportunistic recruitment at health center to increase screening attendance rates (collaboration with other clinics, sensitization, etc.)
- Improve tracing using phone and community-based tracing to ensure women come back for visual inspection, imaging and biopsy
- Advocate for affordable, portable and easier-to-use HPV assays (allow transportation of HPV assays for outreach models, install machines at every Health Center, etc.)
- Ensure provision of electricity and stable internet for real time data collection and synchronisation
- Decrease Turnaround Time for quality histopathology review for case management
- Continue monitoring of patients and data flow to ensure quality of screening, compliance, and effective case management
- Carry out cost-effectiveness analyses to redirect resources to achieve better coverage

CONCLUSION

Implementing different HPV-based screening strategies has provided a substantial yield of women with infection and disease. On the spot thermal ablation is key to deliver fast treatment. Affordable, point of care HPV assays would enable even more efficient community models and further improve coverage.