

INTRODUCING CERVICAL CANCER SCREENING IN AN INFORMAL SETTLEMENT IN KENYA

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BACKGROUND

Cervical cancer has a devastating impact on women's health. It is the second commonest cancer among women worldwide.

Approximately 80% of women who die come from low- and middle-income countries.

In Kenya, it is the 2nd commonest cancer among women contributing to 1676 deaths annually. Most cases (99%) are linked to Human Papilloma Virus (HPV). The incidence of cervical cancer is higher among HIV positive.

Approximately 5% of women in developing countries have been screened and specifically in Kenya only 3.2% of women are estimated to have been screened within the last 3 years. This low coverage is due to lack of awareness, poor infrastructure and lack of resources. Visual inspection (with acetic acid and Lugol's iodine) has been recommended as an alternative screening method to overcome the challenges and barriers in low-resource settings.

The objective of the study is to provide evidence for an effective cervical cancer screening model in a resource limited setting.

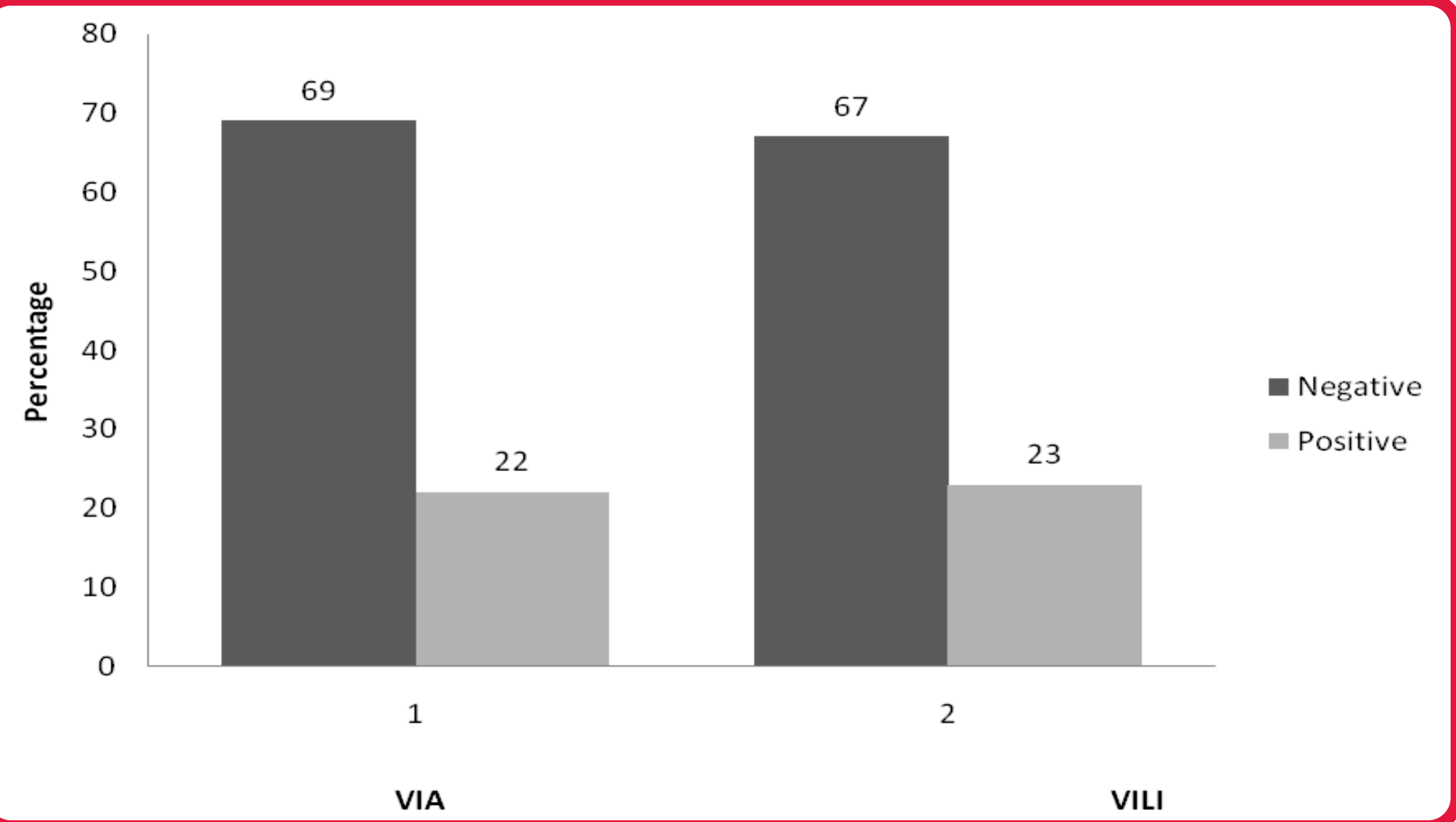
METHODS

A cross-sectional study was carried out in Kibera Community Health Centre.

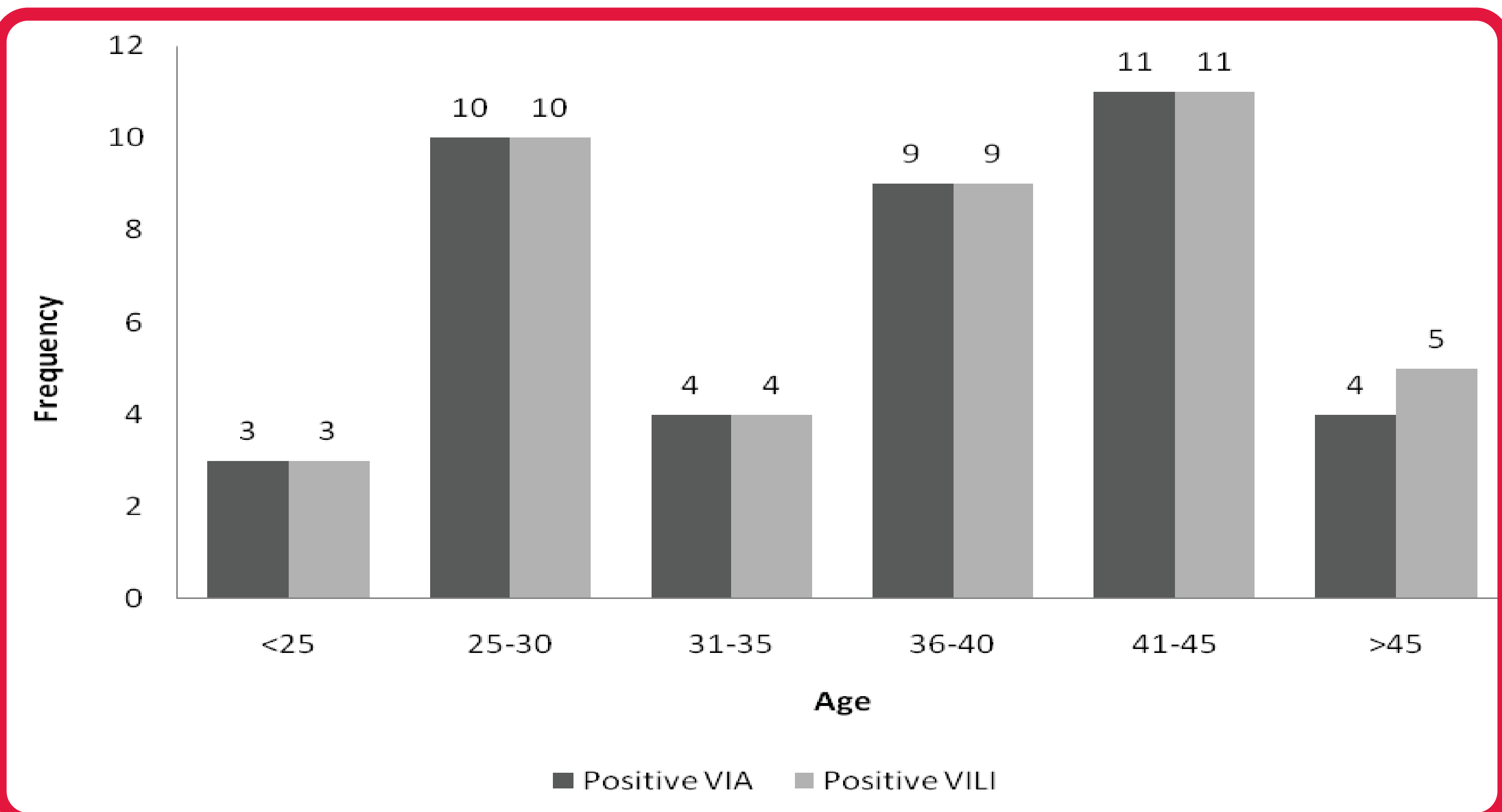
All women visiting the Health Centre between were counseled on cervical cancer screening. Those who were eligible and consented were screened using naked eye inspection of the cervix after application of Acetic Acid and Lugol's Iodine (VIA/VILI).

RESULTS

- A total of 186 women were screened, 67% (123) of whom were HIV positive.
- Overall, 22% (41) of women screened had positive VIA results and 23% (43) had positive VILI results.
- Among the HIV positive women, 28% were VIA/VILI positive while 15% of the HIV negative women were VIA/VILI positive
- The Government recommends screening for women above 30 years. However we found 10 women below 30 with positive results. (7 out of these were HIV positive).
- Of the 41 women with positive VIA/VILI, 17 had confirmatory biopsies the results of which showed cancer and precancerous lesions 9 (53%), cervicitis 5 (29%) and normal results 3 (18%).



Summary of VIA/VILI results



Age distribution of VIA/VILI positive

CONCLUSION

- Cervical cancer screening using VIA/VILI is effective, acceptable and affordable within low resource settings. It can be done by trained middle level staff, results are available immediately and no laboratory requirement is required.
- Due to higher proportion of cervical dysplasia in HIV positive women cervical cancer screening should be part of their routine care.
- The recommended age for screening in Kenya may result in missed opportunities for cervical cancer prevention especially in HIV positive women. This needs to be assessed.

RECOMMENDATIONS

- Cervical cancer screening using VIA/VILI is feasible in low-resource setting and should be carried out in all health facilities
- All women accessing services in health facilities should receive information on cervical cancer screening
- The recommended age for screening in Kenya may result in missed opportunities for cervical cancer prevention especially in HIV positive women. This needs to be assessed
- Guidelines on cervical cancer screening should be revised, developed and disseminated. Job aids should also be provided.
- Referral for treatment still remains a great challenge. There is need to explore options such as see and treat approach which have been effective as treatment options in low resource areas.
- A large scale randomized intervention study is required to confirm these findings, establish cost-effectiveness and scalability and assess specificity and sensitivity of this test in similar populations.

