

Cervical Cancer Care & HPV Vaccination and screening In Vanuatu.

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History of Cervical Cancer Care & Screening & HPV vaccination Program in Vanuatu.

- Vanuatu did not have a proper cervical cancer screening program until 2008.
- Prior to 2008 , VFHA was the only non government organization to offer pap smears in Port Vila targeting expat women with pap smear slides sent to New Caledonia
- Original research done in Vanuatu 2007 – 2008 comparing HPV Test, Pap smear, Colposcopy and VIA/VILLI. The above research provided a baseline to initiate a cervical cancer care & screening program in Vanuatu. Total 18000 screenings to date
- 2009 Sullivan Nicolaides trained a local Nivan cytologist
- 2014 , Vanuatu given 5 years of Care HPV testing (Qiagen and Frazer Family Foundation) and HPV vaccines for the country.
- 2017 First pathologist has just started to read histopath at VCH.(ACCF donation of the equipment)

Interim Findings of Care HPV cervical screening program pilot 2015-2017 (continuing to end 2019)

- Care HPV being developed by Qiagen for low resource countries
- Needs no electricity (can use battery, no need for running water)
- Advantages HPV screening- allows assessment of current and future risk of cervical cancer. Less staff /less training / longer screening interval allowable
- Not yet released world wide so final cost unknown as yet.
- Approx 5000 women screened between 30-50 yrs with Care HPV

The numbers

- Hpv positive rate around 10-11% in 30-50 yrs
- (16% in under 30, 5% in over 50%)
- High grade paps in HPV positives 30%
- High grade paps overall HPV screened women 4%
- Unsatis pap rate ave 10% (personal feedback given to nurses)
- Cancer rate in pilot 2008 was 0.9/100 women
- Cancer rate 2017 was 0.54/100 women (still number women with high grades to be treated when new Lletz machine available)
- HPV Positives +/- abnormal paps offered Lletz. If childbearing over, Drs at their discretion can offer lletz for HPV positive alone ,esp if remote, no future screening and loss to follow up likely eg in town a short time only.

Cancers by age group

- Cancers 21-30y 6%
- Cancers 31-40y 36%
- Cancers 41-50y 21%
- Cancers 51-60y 27%
- Cancers > 61y 9%
- Total 33 0.54%
- Published Cervical Cancer Country figures will be grossly underestimated as most women on the outer islands would not see a Dr /No cancer registry of deaths

Care HPV Testing Issues

- Strict pipetting technique and adherence to testing protocol needed for accurate tests
- Need 90 tests for a complete run (wastage or smaller runs)-3 hrs /run
- But we now can use reagents twice, so this doubles cost efficiency
- Timeliness of testing to ensure done within time guidelines (ok out of fridge 2wks only or 1 month in the fridge)
- Timeliness of ordering and delivery of supplies
- Initially Time for triage pap results to return/ loss to follow up (improved now there is cytol on site)

Screening Strategies in low resource countries

- Via screening/cryotherapy “see and treat”.
- HPV screening will be the ideal and the norm ultimately as cost comes down as it becomes more widely used around the world.
- HPV Screen women once at age 30 and offer Iletz to positives (if child rearing finished)
- Screen again age 40 (and 50 if funds permit)
- 1000 cytologists alone have lost their jobs this year in Australia- the rest of the first worlds countries will follow suit. There will be a huge pool of cytology volunteers available to low resource countries they could tap into until HPV testing becomes affordable.

HPV vaccine schools based pilot programme 2015 and 2016

- Initial pilot in 2008 focused on a number of schools in north Efate (94% completion rate)
- 2015/6 Focused on Shefa zone one – 24 schools in 2015 and 32 schools in 2016
- Approx 1000 girls vaccinated in years 4/5 ;
- 2 Cervarix HPV vaccines 1 yr apart , accompanied school visit for tetanus in grade 6
- Approx 84% completion rate(greater mobility in the urban schools)
- Loss related to changing schools/ dropping out of school/ absentees on the day/ very few refusals.
- No serious adverse reactions reported
- Opt off consent used

HPV vaccination School Programme set-up

- Information/consent form in French, English and Bislama
- Ministry of Education – awareness with principals
- Community awareness meeting led by prominent local community leaders, with Prof Ian Fraser and local doctors
- Data collection form – in partnership with EPI UNICEF and MOH
- Data base of all girls vaccinated maintained

Issues

- Children move around schools from year to year – needed to use data to track girls for second dose
- Names often different on different occasions
- Vehicle access to the schools – both road, vehicle and petrol issues
- 1-2 schools were inaccessible
- For stakeholders to continue HPV vaccine at end of program
- Integration with local govt departments and NGOs involved in vaccine delivery
- Program handed over in 2017 to MOH/UNICEF to deliver via schools

Successes – overall

- Data management– for collecting good data at the schools and in the clinic
- Team work – the team worked well together – Maternal Child Health and volunteers
- Data printed in ‘red book -list of vaccinated students’ enabled nurses to track students
- Schools worked well with the community clinic
- Most schools supported the programme and enabled the programme to be successful.
- Proved it was do- able without additional funds needed to deliver except in a handful of schools in Port Vila above a certain size that would require an extra nurse for the day. Certainly smaller islands schools would be no issue.

Lessons learned

- School principal awareness and involvement is crucial
- One person in the school to take responsibility for enabling the process
- Parent and community engagement essential
- Govt support essential
- Integration and support of other local NGOs involved in vaccine delivery essential

Challenges & Barriers for cervical screening

- Timely results to women.
- Ensuring follow up of women to get results and treatment (streamlining to a 2 visit approach as soon as new LLETZ machine available as new theatre set aside for women's health now).
- Ethics re screening women who can't or won't be treated (when screening isolated islands and women choosing "bush medicine " over LLETZ).
- Quality assurance – of HPV testing (local) and pap readings (Sullivan Nicolaides Brisbane does QA). Will be done locally going forward with volunteer cuban cytologist.
- Timely communication and feedback on problems and issues - difficult when email not universal and phones often not working/no funding for calls.
- Theatre availability and availability of LLETZ machine currently being used by general surgeons (LLETZ lists are cancelled in favor of emergencies and visiting specialists).
- Sustainability – where to at the end of the program- ideally it is hoped HPV testing will be affordable at least once at age 30 and ideally x 3 times per lifetime(age 30,40,50). (fall back position - utilization of Vanuatu's volunteer cytologists program and/or use local cytologist or tap into the pool of cytologists no longer needed in first world labs due to intro of HPV screening). Sullivan Nicolaides remain strong supporters in any event .

Challenges and Barriers

- Continued Government commitment to support women's cervical cancer reduction needed. Ministry of Health very supportive to date.
- No national cancer registry for Vanuatu & loss to follow up of cervical cancer patients (treated overseas) and post LLETZ patients.
- Ni – Vanuatu women with cervical cancer can't access overseas treatment due to financial constraints.
- No standard palliative care for cervical cancer patients in all hospitals in Vanuatu.
- LLETZ procedure can be done at VCH and NPH only not provincial hospitals.
- Limited outreach done throughout the year due to financial constraints.
- Limited accessibility to a screening program or LLETZ procedure due to smaller islands being geographically scattered from the main islands.

Way Forward

- A volunteer cytologist on site now and first Ni – Van pathologist just started up local histopathology lab which will improve timely results to women around the country.
- Streamlining to a 2 visit approach as soon as a new LLETZ machine is available as the old VCH theatre is now set aside for women's health.
- For quality assurance in HPV testing (done locally) and pap smear (Sullivan Nicolaides Brisbane does QA for visiting volunteer cytologist).
- Establishment of Telemedicine (& Drones) will ensure pap & HPV results and problems will be addressed in a short period of time in isolated areas/islands.
- The refurbishment of the old VCH theatre will improve theatre availability to do LLETZ.
- The HIS department is in the process to set up a cancer registry for the whole country.
- The support from the MOH and NGO's are crucial in order for sustainability of the cervical cancer program.
- NZTMS should include early cervical cancer patients for overseas treatment in New Zealand and Australia.

Way Forward

- Palliative treatment for cervical cancer patients around the country should be standardized.
- Overseas treatment in India and other Asian countries should be explored for much cheaper cervical cancer treatment compared to New Zealand and Australia.
- On going in service training for doctors and nurses in doing LLETZ procedure and colposcopy.
- Self collection for HPV to increase access of women to screening.
- HPV Vaccination is on going started in the southern province and moving up north.
- Mobile colposcopy/LLETZ outreaches to islands to increase access to treatment.
- Increase public awareness in cervical cancer, pap smear, HPV test and LLETZ procedure via mobile phone text messages. Vanuatu has 95% cover in mobile net work.

Thank - you

Questions?