Follow-up challenges in cervical cancer prevention

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Outline

• Review of the challenges faced in providing follow-up treatment for women who screen positive

• Discuss strategies that aim to minimise lost to follow-up and may be appropriate for Pacific Island settings
Background

• Preventing deaths from cervical cancer in Pacific Island nations has been identified as a priority for the region
• Screening activities will be increasing in some Pacific countries
Background

• FPA have been involved in screening pilots in the Pacific using all screening modalities as part of country specific pathways

• Regardless of method, screening is generally well accepted
Screening alone will not prevent cervical cancer.

Screening and treatment will prevent cancer.
Treatment of cervical pre-cancer is often the weakest component in cervical cancer screening and treatment programs in LMICs.

Reference: Castle et al 2017
Screening and treatment pathway

Reference: WHO 2014
Follow-up challenges for the client

• Travel expenses
• Waiting time at the hospital
• Multiple follow-up visits
• Delay in result
• Follow-up recommendation not prioritised in busy life
• Partner not supportive
Follow-up challenges for the client

- Fear.....of findings, of examination
- Myths and beliefs… Kastom medicine
- Women often present late when kastom medicine fails and symptoms occur
Follow-up challenges for the screener

- Delayed results
- Contacting women’s phone numbers given unreliable
- Resources not available to contact
time, phone credit
- Follow-up attendance unreliable
Follow-up challenges for the screener

- Competing priorities in clinic
- Lack of management support...cervical cancer prevention not always acknowledged as a priority service
Follow-up challenges for the treatment service

• Unpredicted temporary closure of service
• Beds full
• Limited clinic space
• Insufficient equipment
• Availability of trained providers
Follow-up challenges for the treatment service

- Other more urgent procedures are prioritised…even when resources are allocated
- Documentation & communication
- Monitoring lost to follow-up
- Management support: cancer prevention not always acknowledged as a priority service
Strategies

Strategies may be Pacific country specific and include:

- Two step pathway or single visit approach
- Training of sufficient workforce
- Dedicated diagnostic and treatment clinic
- Commitment of resources required
Strategies

• Strengthen health information systems
• Develop sustainable methods of communicating and documenting results at each stage of the pathway (referral letter etc)
• Vigilant monitoring and evaluation of services.
Strategies

• Timely notification of result and referral where required
• Mobile phone reminders
• Improved access to diagnostic and treatment services
• Outreach
• Organise services that meet women’s needs/preference
Strategies

• Adequate information regarding follow-up at the time of screening
• Giving consistent information using key messages
• Included partners in awareness activities and at the time of screening and referral

Reference: Partha Basu et al 2017
Conclusion

- Strategies must be implemented now to prevent women being ‘lost to follow-up’
- Cervical screening activities will not be successful in significantly lowering the incidence of cervical cancer unless women receive timely treatment.