

Follow-up challenges in cervical cancer prevention



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Outline

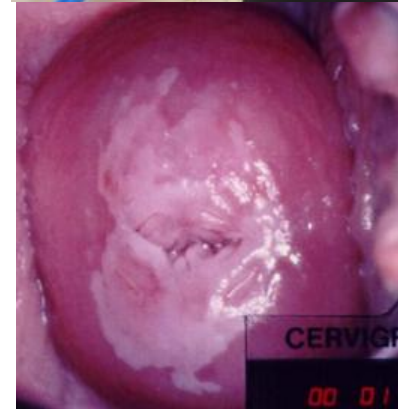
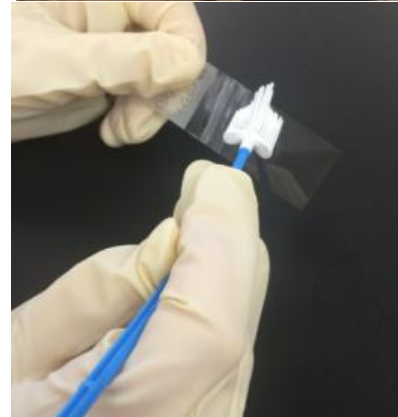
- Review of the challenges faced in providing follow-up treatment for women who screen positive
- Discuss strategies that aim to minimise lost to follow-up and may be appropriate for Pacific Island settings

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

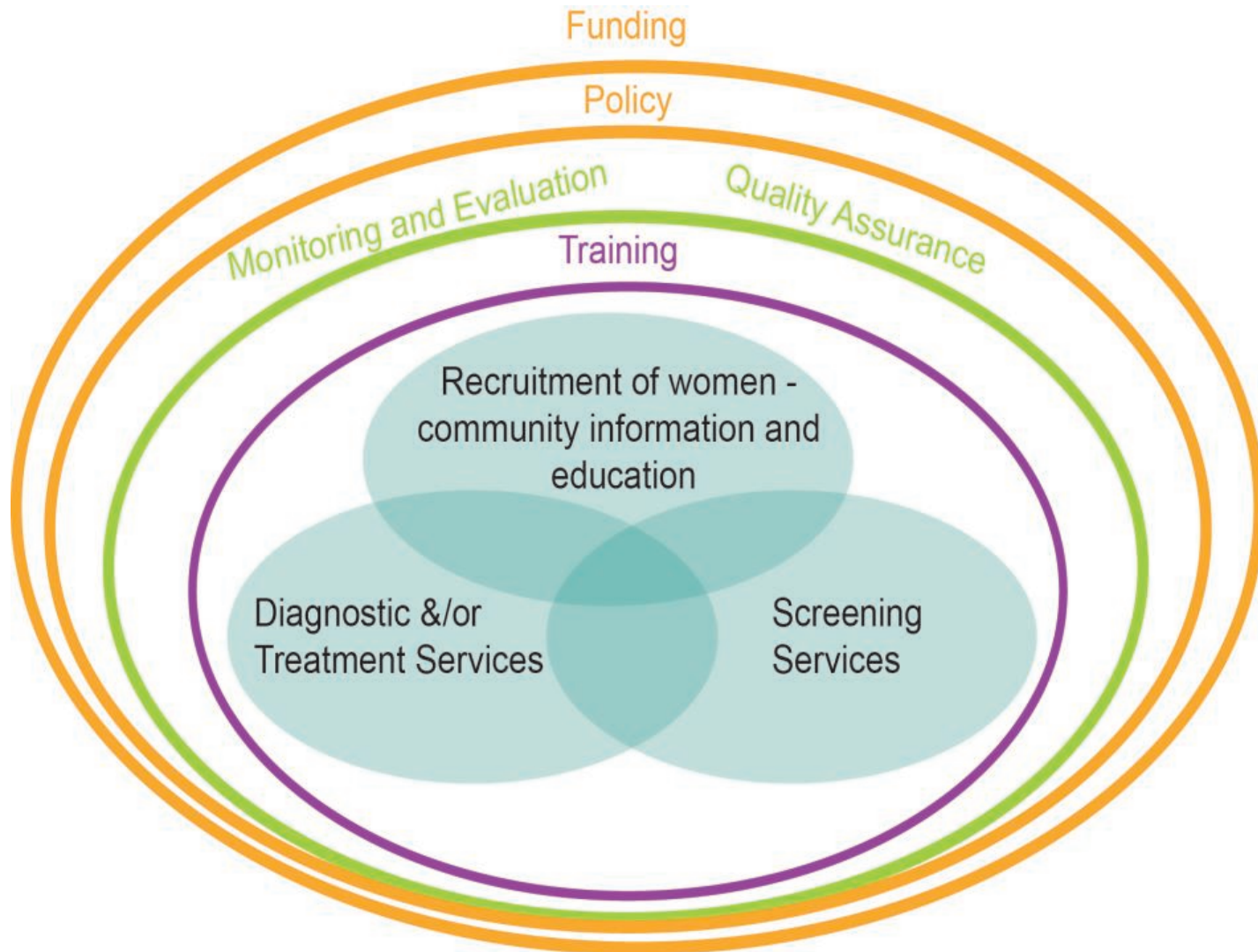


Screening alone **will not** prevent cervical cancer.

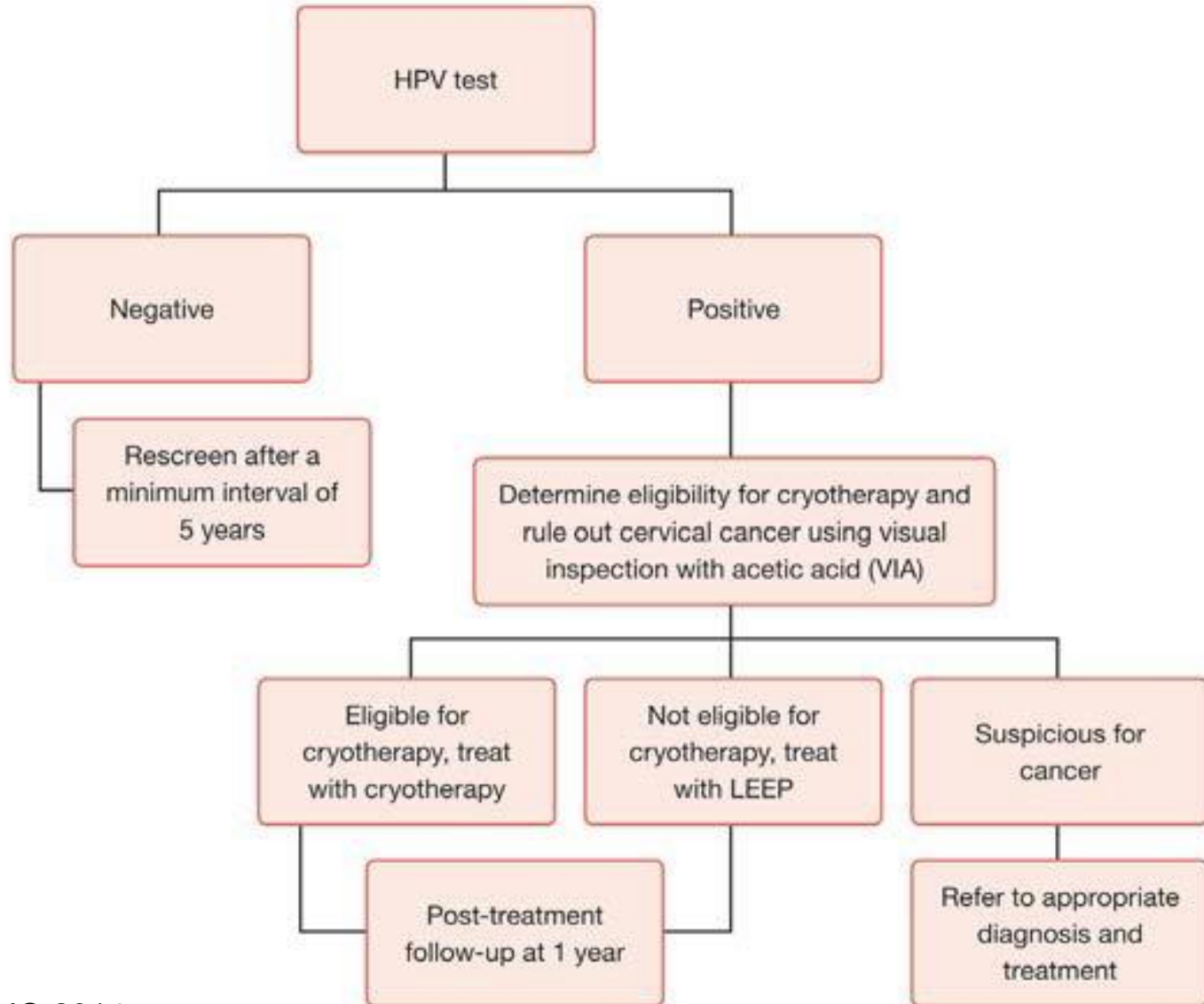
Screening **and** treatment will prevent cancer.

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

Prevention program components



Screening and treatment pathway



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 ..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

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.