Global Advances in Screening and Treatment of Cervical Precancer

Cervical Cancer Action “Champions” Webinar — April 11, 2012

• Dr. Julie Torode, UICC (Moderator)
• Dr. Nathalie Broutet, World Health Organization
• Dr. Dan Murokora, Uganda Women's Health Initiative
• Dr. Usha Poli, MNJ Institute of Oncology and Regional Cancer Centre
• Dr. Carlos Santos, Instituto Nacional de Enfermedades Neoplásicas
• Dr. Jose Jeronimo, PATH
Please note that everyone but our speakers are on global mute until the discussion portion of the webinar—thanks for helping us keep the line clear.

During the call, please send questions to Sarah@CervicalCancerAction.org or through the chat on your ReadyTalk screen.
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Civil Assistant Surgeon
MNJ Institute of Oncology and Regional Cancer Centre
Hyderabad, India
Dr. Jose Jeronimo
MD, Senior Advisor for Women's Cancers, and Director of the START-UP Project
PATH
Seattle, USA
Need for robust alternatives for cervical cancer prevention lessons from the last decade

Dr Nathalie Broutet
Reproductive Health and Research Department

Global Advances in Screening and Treatment of Cervical Precancer Webinar
11 April 2012
Cervical Cancer Worldwide in 2008

- 2\textsuperscript{nd} most common cancer in women and 5\textsuperscript{th} most common cancer overall
- An estimated 529,000 new cases and 274,000 deaths in 2008

Available at http://globocan.iarc.fr/
WHO Comprehensive Cervical Cancer Prevention and Control

- **Primary prevention**
  - Education to reduce high-risk sexual behavior to limit HPV transmission/acquisition
  - Delay age of first sexual intercourse
  - Condom use, limit number of partners, change in sexual behavior
  - HPV vaccination

- **Early detection (secondary prevention)**
  - Screening: Identify and treat precancerous lesions before they progress to cervical cancer
  - Early diagnosis: Identify and treat early cancer while the chance of cure is still good (reduces cervical cancer mortality)

- **Tertiary prevention:**
  - Treatment of invasive cancer
  - Palliative care

---

*Health System strengthening*
Comparison with other cancers: number of deaths among women 25-64 years old

Deaths (thousands)

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>Developing countries</th>
<th>Developed countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cervical</td>
<td>130</td>
<td>10</td>
</tr>
<tr>
<td>Breast</td>
<td>120</td>
<td>80</td>
</tr>
<tr>
<td>Lung</td>
<td>50</td>
<td>40</td>
</tr>
<tr>
<td>Stomach</td>
<td>40</td>
<td>30</td>
</tr>
</tbody>
</table>

The issue

...we face a formidable gap between innovations in health (vaccines, tests, drugs and strategies for care) and their delivery to communities ...

Madon et al. Science December 2007
Integration of Health Programmes: Target age groups of different interventions and links with cervical cancer prevention

9/10-13 years Vaccination
School health
Adolescent health

30 years Screening

45... years Treatment

Inter-disciplinary approach required to span cervical control interventions
Which screening test for which population and where?

- Conventional pap smear
- Hybrid Capture® 2 DNA test
- Visual inspection with acetic acid (VIA)
- Visual inspection with Lugol’s iodine (VILI)
- CareHPV rapid DNA test
Secondary prevention: why new approaches are needed?

• Clinical expertise limited
• **Very** limited capacity for confirmatory or diagnostic testing
• Poor Infrastructure
  – Limited reporting, monitoring
  – Difficult to contact patients
• Available and accepted screening methods (pap smear) are not practical or accessible to the majority of women living in many countries
• Predictive value of actual screening tests will change with implementation of HPV vaccination
## Characteristics of screening tests for secondary prevention

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Conventional cytology</th>
<th>HPV DNA tests</th>
<th>Visual inspection tests</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sensitivity</strong></td>
<td>47-62%</td>
<td>66-100%</td>
<td>67-79%</td>
</tr>
<tr>
<td><strong>Specificity</strong></td>
<td>60-95%</td>
<td>62-96%</td>
<td>49-86%</td>
</tr>
<tr>
<td><strong>Assessed over the last 50 years in a wide range of settings in developed and developing countries</strong></td>
<td></td>
<td></td>
<td>Assessed by IARC over the last four years in India and 3 countries in Africa. Need further evaluation for reproducibility</td>
</tr>
<tr>
<td><strong>Comments</strong></td>
<td></td>
<td></td>
<td>Can be used in single-visit or 'see and treat' approach where outpatient treatment is available</td>
</tr>
<tr>
<td><strong>Number of visits required for screening and treatment</strong></td>
<td>2 or more visits</td>
<td>2 or more visits</td>
<td></td>
</tr>
</tbody>
</table>
Alternative programmatic approaches for cervical cancer screening

- Conventional approach: screen, diagnose, confirm, and treat
- New paradigms (ACCP):
  - Screen and treat (2 visits) / single visit approach where feasible (1 visit)
  - Screen, see (colposcopy), and treat (1 to 2 visits) (with later histological confirmation)
- Appropriate use of screening tests and treatment: cytology, visual methods, HPV DNA assays
- Supporting Ministries of Health to strengthen evidence-based cervical cancer screening programmes – different combinations may be used in different countries

RTCOG/ JHPIEGO Lancet, 2003; 361: 814-20
Denny et al., 2005 JAMA 294: 2173-81
Sankaranarayanan et al., Int J Cancer, 2004; 109: 461-7
Purpose of the update

- Health education to be expanded
- HPV vaccines to be included
- New data on use of screening tests and algorithms
- New data on HIV and cervical cancer:
  - Natural history of HPV infection in HIV positive women
  - Age of first screening
  - Frequency of screening tests
  - Management of positive screening tests in HIV positive women (cryotherapy, LEEP) and follow-up, also safety issues
- HIV screening in women undergoing cervical cancer screening – how to incorporate?
Strengthening Cervical Cancer Prevention Programme

- PHC level
  - VIA
  - VIA
  - VIA
  - VIA
  - Palliative care

- Community level
  - VIA and cryotherapy

- Secondary level
  - VIA

- Tertiary level
  - Treatment

- Awareness, Communication
  - Monitoring and evaluation
  - Training

World Health Organization
New algorithm for cervical screening?

- HPV testing as primary screening test followed by triage by Pap smear/LBC in medium and high resource countries
- HPV testing followed by treatment or VIA/VILI triage and treatment

Then later

- New algorithm and recommendations for vaccinated cohort
Strengthening Cervical Cancer Prevention Programme – New algorithm?

**PHC level**
- HPV
- Community level
  - HPV
  - HPV
  - HPV
  - HPV

**Secondary level**
- Regional Laboratory
  - HPV + Cyto / colo and biopsies or HPV + VIA and cryotherapy

**Tertiary level**
- Nat Ref. Laboratory
  - Treatment
  - Monitoring and evaluation

- Training

- Palliative care
- Awareness, Communication
New companion guides to the C4-GEP

Coming up:

Quality control and quality assurance for VIA and cryo

Technical specifications for cryotherapy equipment

www.who.int/reproductivehealth/topics/cancers/index.html
Key issues for programmes

- Choice of the algorithm to increase screening and treatment coverage
- VIA/Cryotherapy is acceptable, but procurement is an issue
- Important lessons learnt for scaling-up in countries
  - Importance of supervision
  - Organisation of training
  - Monitoring and evaluation (lack of cancer registry)
  - Feedback of referral
- Access to treatment for high grade lesions and cervical cancer has to be in place
- Implementation of policy should include linkages with HIV and SRH as well as related programmes.
New stakeholders and partners for cervical cancer prevention and control

- Ministry of health: Immunization, sexual and reproductive health, adolescent health, cancer control, and HIV prevention partners,
- Ministry of education: school health,
- Women's groups
- Community based group to reach girl out of school

Interdisciplinary coordination needed
Conclusions

• Cancer is an increasing public health threat, in particular in low and middle income countries
• WHO recommends the comprehensive and integrated approach to cervical cancer prevention and control
• HPV vaccine is one element of a cervical cancer control strategy
Dr. Daniel Murokora  
Consultant Gynaecologists/Obstetrician  
Uganda Women’s Health Initiative

VISUAL INSPECTION UPDATE

Global Advances in Screening and Treatment of Cervical Precancer Webinar  
11 April 2012
HOW CERVICAL CANCER DEVELOPS

CHOICE OF A SCREENING TEST

- A good screening method should have the following characteristics:
  - The sensitivity of the screening procedure should be high (>60%).
  - The specificity should also be high.
  - The test procedure should be acceptable to the population and financially affordable.
  - Treatment facilities for the disease should be available and should have a positive impact on morbidity and mortality.
# PERFORMANCE OF SCREENING TESTS

<table>
<thead>
<tr>
<th>TEST</th>
<th>Sensitivity [%]</th>
<th>Specificity [%]</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pooled</td>
<td>Range</td>
</tr>
<tr>
<td>VIA</td>
<td>76.9</td>
<td>56.1-93.9</td>
</tr>
<tr>
<td>VIAM</td>
<td>64.2</td>
<td>61.0-71.4</td>
</tr>
<tr>
<td>VILI</td>
<td>91.8</td>
<td>76.0-97.3</td>
</tr>
<tr>
<td>Cytology</td>
<td>58.0</td>
<td>28.9-76.9</td>
</tr>
<tr>
<td>HPV</td>
<td>96.6</td>
<td>93.5-99.6</td>
</tr>
</tbody>
</table>

Marc A et al 2002
VALIDITY OF VISUAL INSPECTION WITH ACETIC ACID
AND PAPANICOLOU SMEAR IN SOME STUDIES

<table>
<thead>
<tr>
<th>Study</th>
<th>VIA Sensitivity (%)</th>
<th>VIA Specificity (%)</th>
<th>VIA Positive predictive value (%)</th>
<th>Pap smear Sensitivity (%)</th>
<th>Pap smear Specificity (%)</th>
<th>Pap smear Positive predictive value (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sankaranarayanan et al. (13)</td>
<td>90.1</td>
<td>92.2</td>
<td>17</td>
<td>86.3</td>
<td>92.7</td>
<td>17.2</td>
</tr>
<tr>
<td>Gaffikin et al. (11)</td>
<td>95.8</td>
<td>—</td>
<td>—</td>
<td>62</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Cohn and Herzog (3)</td>
<td>60–70</td>
<td>70</td>
<td>—</td>
<td>76.7</td>
<td>64.1</td>
<td>—</td>
</tr>
<tr>
<td></td>
<td>44.3</td>
<td>90.6</td>
<td>—</td>
<td></td>
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</tr>
</tbody>
</table>

VIA, visual inspection with acetic acid.
# Accuracy of Visual Screening Methods

**IARC, 2006**

<table>
<thead>
<tr>
<th>Method</th>
<th>Studies</th>
<th>Size</th>
<th>Positivity (%)</th>
<th>Sensitivity (%)</th>
<th>Specificity (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>pooled</td>
<td>pooled</td>
<td>pooled</td>
</tr>
<tr>
<td>VIA</td>
<td>11</td>
<td>54,981</td>
<td>16.1</td>
<td>6.6-27.4</td>
<td>56.1-93.9</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>range</td>
<td>pooled</td>
<td>85.5</td>
</tr>
<tr>
<td>VIAM</td>
<td>3</td>
<td>16,900</td>
<td>14.2</td>
<td>11.0-18.0</td>
<td>61.0-71.4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>range</td>
<td>pooled</td>
<td>86.8</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>range</td>
</tr>
<tr>
<td>VILI</td>
<td>10</td>
<td>49,080</td>
<td>16.4</td>
<td>9.3-28.7</td>
<td>76.0-97.3</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>pooled</td>
<td>85.4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>range</td>
</tr>
<tr>
<td>Cytology</td>
<td>5</td>
<td>22,663</td>
<td>6.2</td>
<td>2.1-13.5</td>
<td>28.9-76.9</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>pooled</td>
<td>94.9</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>range</td>
</tr>
</tbody>
</table>
WHY CYTOLOGY MAY NOT BE THE BEST OPTION IN LOW RESOURCE SETTING

- Cytology based screening programs for cervical cancer cannot be provided on a large scale in low resource settings because of lack of:
  - Trained staff
  - Program logistics
  - Quality assurance

- Therefore alternative approaches are needed
Why VIA is Important:

- Simple, easy-to-learn approach that is minimally reliant upon infrastructure.
- Low start-up and sustaining costs.
- Many types of health care providers can perform the procedure.
- Test results are available immediately.
- Requires only one visit.
- May be possible to integrate VIA screening into primary health care services.
2.1 INTRODUCTION OF VISUAL INSPECTION (VIA) FOR CERVICAL CANCER SCREENING

STATUS: JULY 2011

- NATIONAL PROGRAMS: VISUAL INSPECTION IN THE NATIONAL SCREENING NORMS AND AVAILABLE ON A LIMITED OR UNIVERSAL BASIS THROUGH THE PUBLIC SECTOR
- PILOT PROGRAMS: VISUAL INSPECTION AVAILABLE THROUGH PILOT OR DEMONSTRATION PROJECTS ORGANIZED BY THE MINISTRY OF HEALTH OR NGO PARTNERS
- NO VIA PROGRAM

The information represented here has been collected through interviews with individuals and organizations involved with the countries represented and has not been verified with individual Ministries of Health. Any oversights or inaccuracies are unintentional.
ROLE OF VIA AFTER MOLECULAR TESTS FOR CERVICAL CANCER SCREENING

- Emerging evidence;
  - HPV E7 causes S-phase aberration
  - Over expression of Minimichrosomal & topoisomerase II Alpha proteins
  - Molecular test have high Sensitivity and Negative Predictive values
  - High Concordance reproducibility

- VIA still has a place in management of patients using cryotherapy to delineate the lesions
THANK YOU FOR LISTENING

Dr. Daniel Murokora
murokora@gmail.com
Molecular testing: Recent lessons from the field

Dr. Usha Rani Poli
MNJ Institute of Oncology and Regional Cancer Centre
Andhra Pradesh, India

Global Advances in Screening and Treatment of Cervical Precancer
April 11, 2012
Molecular Screening Tests

Hybrid Capture® 2 DNA test

HPV E6 test (Arbor Vita)

CareHPV rapid DNA test
Characteristics of HPV DNA Test

• Studies show HPV testing reduces cervical cancer incidence and mortality
• More objective than VIA or Pap
• Much more sensitive than VIA or Pap
• Negative test indicates no risk of cancer in 5-8 years
• Most useful after age 30 or 35
careHPV™ DNA Test

- Less expensive than HC2
- More “field-friendly”
- Faster
- Using VIA for treatment selection, may be able to treat immediately
- To be commercialized in India soon
careHPV™ Test - Field Assessment

- Comparison of careHPV performance in the field Vs. Pap and VIA.

- Comparison of careHPV cervical sampling Vs. vaginal self-sampling.

- ~20,000 women enrolled across four sites: India (Delhi & Hyderabad), Nicaragua, and Uganda
careHPV Test - Demonstration Projects
**Preliminary Results: Sensitivity and Specificity (Nicaragua and Hyderabad)**

<table>
<thead>
<tr>
<th>Screening method</th>
<th>Sensitivity (95% CI)</th>
<th>Specificity (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>V-careHPV™ Test</strong></td>
<td>73.2% (64.9, 87.1)</td>
<td>91.6% (90.7, 92.3)</td>
</tr>
<tr>
<td><strong>C-careHPV™ Test</strong></td>
<td>85.9% (77.0, 92.3)</td>
<td>93.2% (92.4, 93.9)</td>
</tr>
<tr>
<td><strong>VIA</strong></td>
<td>57.7% (45.4, 68.6)</td>
<td>81.6% (80.4, 82.7)</td>
</tr>
<tr>
<td><strong>Pap (ASCUS+)</strong></td>
<td>54.1% (42.5, 70.9)</td>
<td>97.4% (96.9, 97.8)</td>
</tr>
</tbody>
</table>

*V = vaginal sample (self-sample)  C = cervical sample*
Self-Sampling—an exciting new option

Acceptability of self-sampling

- Delhi 99%
- Hyderabad 90.7%
- Nicaragua 81.1%
- Uganda 99.5%
Characteristics of HPV E6 Test

• Cancer causing HPV E6 oncoprotein as a diagnostic marker provides clinical specificity
• Identifies women in need of clinical follow-up among the many more with HPV infection
• High specificity for women with high grade disease and cancer; lower referral rates for clinical follow-up
• Test is relatively field friendly
  • no cold chain or complex machinery required
  • minimal need for medical training
  • no infrastructure/lab needed
• Time from specimen collection to results is ~150 minutes (30 minutes active time)
HPV E6 Strip Test (Arbor Vita):

**A. Sample Preparation**
- Sample clarification
- Sample lysis and conditioning

**B. Sample Application**
- Detector / Sample mix

**C. Read Results**
- Control
- E6 negative / positive (Or test invalid)
# Accuracy of HPV E6 testing by age groups for detecting CIN 3+ as a primary screening test

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Sensitivity</th>
<th>Specificity</th>
<th>PPV</th>
<th>NPV</th>
</tr>
</thead>
<tbody>
<tr>
<td>25-34 years</td>
<td>0.0 (0.0-65.8)*</td>
<td>99.4 (98.1-99.8)</td>
<td>0.0 (0.0-56.2)*</td>
<td>99.6 (98.4-99.9)</td>
</tr>
<tr>
<td>35-54 years</td>
<td>73.3 (48.1-89.1)</td>
<td>99.0 (98.5-99.4)</td>
<td>34.4 (20.4-51.7)</td>
<td>99.8 (99.5-99.9)</td>
</tr>
<tr>
<td>≥55 years</td>
<td>83.3 (43.7-97.0)</td>
<td>98.5 (97.0-99.2)</td>
<td>38.5 (17.7-64.5) (98.9-100.0)</td>
<td>99.8</td>
</tr>
<tr>
<td>All ages</td>
<td>69.6 (49.1-84.4)</td>
<td>99.0 (98.6-99.3)</td>
<td>33.3 (21.7-47.5)</td>
<td>99.8 (99.5-99.9)</td>
</tr>
</tbody>
</table>

- Positivity with HPV DNA test: 13.0%
- Positivity with E6 test: 1.8%
Conclusions

• Once HPV DNA or other molecular tests become affordable, they could replace VIA as a primary screening test.

• VIA then used for treatment selection.

• Self-sampling could dramatically increase screening rates; pelvic exam resources would be used only for high risk (HPV+) cases

• New molecular screening programs could reduce mortality significantly
THANK YOU!

Dr. Usha Rani Poli
ushapoli@yahoo.co.in
Treatment of Cervical Pre Cancer:
Ensuring access to treatment and establishing referral systems for more complex care

CARLOS SANTOS, MD
Gynecologic Oncologist
Instituto Nacional de Enfermedades Neoplásicas
Lima – Perú

April 11, 2012
CIN TREATMENT MODALITIES

- ABLATIVE
  - CRYOSURGERY
  - LASER
  - ELECTROCAUTHERIZATION

- EXCISIONAL
  - LEEP
  - LASER CONIZATION
  - COLD CONIZATION
  - HISTERECTOMY
# CIN MANAGEMENT IN DEVELOPING COUNTRIES

## CIN : Outpatient Treatment

<table>
<thead>
<tr>
<th>Method</th>
<th>Anesthesia</th>
<th>Electricity</th>
<th>Physician</th>
<th>Cost</th>
<th>Primary cure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cryo</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>Low</td>
<td>85 %</td>
</tr>
<tr>
<td>LEEP</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>Med</td>
<td>95 %</td>
</tr>
<tr>
<td>LASER ABLATION</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>High</td>
<td>95 %</td>
</tr>
<tr>
<td>LASER CONIZATION</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>High</td>
<td>95%</td>
</tr>
</tbody>
</table>

**Treatment of Cervical Pre Cancer**
Fig. 4. Effects of screening coverage and clinical follow-up on the reduction of cervical cancer mortality. The figure represents the cumulative risk of cervical cancer mortality without screening and with different characteristics of cytology-based screening programs (1-1-3). Adapted from [30], with permission from Salud Pública de México.

Murillo R. et al, Vaccine, August 2008
PYRAMID OF ATTENTION

Cancer Management

Complex CIN Management

Screening & Treatment

Community Leaders      Promotion

ORGANIZATION

Treatment of Cervical Pre Cancer
ENSURING ACCESS TO CIN TREATMENT

How to face?

The sooner the better

The closer the better
ENSURING ACCESS TO CIN TREATMENT

Sooner Screen and Treat Fast Management

Treatment of Cervical Pre Cancer
Pilot Prevention Micro Network

HOSPITAL Complex care

MAIN HEALTH CENTER OR HOSPITAL cryotherapy

- HEALTH POST GANÍMEDES VIA screening
- HEALTH POST E. MONTENEGRO VIA screening
- HEALTH POST CAJA DE AGUA VIA screening

Treatment of Cervical Pre Cancer
How to built up a “Smoothly running” referral system.

- Tools
- Supervision
Thank You

CARLOS SANTOS, MD
c_santos_o@yahoo.es
Increasing capacity for screening and treatment

Dr. Jose Jeronimo, PATH

Global Advances in Screening and Treatment of Cervical Precancer

April 11, 2012
INTRODUCTION OF VISUAL INSPECTION (VIA) FOR CERVICAL CANCER SCREENING

STATUS: JULY 2011

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2.2 INTRODUCTION OF HPV DNA TESTING FOR CERVICAL CANCER SCREENING
STATUS: JULY 2011

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Technical Excellence Centers

- TEC is a mechanism for rolling-out clinical services for cervical cancer prevention based on structured, competency-based training.
- Training focus on VIA and cryotherapy training now, will be ready to provide HPV DNA training in future.
- Could also provide technical assistance for HPV immunization, with the right team.
- First TEC launched in Lima, Peru in 2009, under direction of Dr. Carlos Santos.
- Hope to launch a second TEC in Kampala, Uganda, in 2013.
TEC staffing

TECs support a team of experts who provide:

- Up-to-date information
- Skills transfer, master trainers and curricula
- Technical resources for implementing cervical cancer prevention at scale
Key TEC offerings

- Health facility and service planning assessments
- Community outreach materials
- Training of community promoters
- Competency-based clinical training
- Clinical training materials
- Model program implementation and monitoring tools
- Post-training follow-up and support
- Assistance developing local TECs in other countries
UICC HPV and cervical cancer online curriculum

- Free, adaptable e-learning tool for healthcare personnel, program managers, researchers, educators, and policy-makers
- Pools knowledge of world-class HPV and cervical cancer experts
- Powerpoint slides with notes and voiceovers
- In English, French, Spanish, Portuguese, and Kiswahili at www.uicc.org/curriculum
UICC Fellowships and Workshops

Cervical Cancer Fellowship example

- Egypt—Image guided Brachytherapy in cervix cancer: comparison between CT and MRI in target delineation.

Cervical Cancer Workshop example

- Argentina—New technologies for cervical cancer prevention

Interested? cervicalcancer@uicc.org
RHO Cervical Cancer

Cervical cancer library

- General cervical cancer resources
- Vaccination
- Screening and treatment
- Advocacy, policy, and financing
- Adults, teens, and communities
- Training
- Cervical cancer organizations
- Multimedia

Welcome to the Action Planner

LEARN about cervical cancer
PLAN for cervical cancer prevention
LIBRARY on the RHO Cervical Cancer website

Or take a quick tour of the action planner.
Questions or comments? Contact the Action Planner team.

www.RHO.org

www.RHO.org/actionplanner
Cervical cancer prevention virtual course
ICO Virtual Course

- 15 Hours, 6 modules
- For health professionals involved in cervical cancer prevention
- Also for public health professionals, health planners, health program managers, researchers and educators
- And suitable for specialized nurses and midwives
- Offers opportunity to become a FIGO and ICO recognized tutor
- Scientific endorsements from

With the participation of the World Health Organization

www.e-oncologia.org
Global Health eLearning Center

- Overview of cervical cancer prevention
- Issues certificate of completion
- Requires registration (easy and free)

www.globalhealthlearning.org/programs.cfm
THANK YOU!

Dr. Jose Jeronimo

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DISCUSSION

To ask a question you can:
1) Send your question via chat if you’re logged into the webinar interface.
2) Email your question to Sarah@CervicalCancerAction.org

The moderator will pose as many of your questions as possible to the panelist during the discussion period.
Online resources

www.cervicalcanceraction.org

www.rho.org