Primary HPV DNA Screening

Turkish Program : Challenges and Solutions

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Previous Turkish Screening Program
- Low Cervical Cancer Incidence 4-5 / 100.000 with higher mortality per case compared to EU
- Pap-Smear since 1985, Population Based Since 2004
  - KETEM + GP + Gynecologists
    - However, coverage rates could not exceed
      - 2% for population, 40% for opportunistic plus population based

Reason: Organizational Problems
- Large target population (15 Million)
- Lack of manpower (technician, expert)
- Frequent positional changes in manpower
- Lack of awareness (medical staff and population)
- Geographical limitations (large surface area, seasonal difficulties, transport difficulties)
- Quality control

New Screening Program-2014
- HPV + Conventional Smear in each five years, for women aged 30-65 years old
- GP & Nurses
  - 500 / GP or nurse for 5 Years, 10 /month
- Cargo to Ankara and Istanbul HPV Lab
- Results are on internet in 10 days maximal
- HPV Negative: nothing more
- HPV Positive: Genotyping Plus Double Blind Smear Evaluation
- Samples are stored for five years, smear pictures are also digitally stored
- Colposcopy Referral
  - HPV 16/ 18/ Other HPV with Cytological Abnormalities
  - Other HPV with NILM: 1 year later re-screen

Results: Population Based Cancer Screening
Part-2
Challenges and Solutions

Cancer Screening Domains

Financial Coverage and Governmental Support
- Registry, IT Support and Quality Assurance
- Man-Power To Screen
- Target Population
- Man-Power To Diagnose
- Technological Equipments and Solutions
- Awareness Among Public and Medical Staff

Basic Universal Principles
- Target affordable projects and grow it step by step
- Pilot Studies
- Quality Assurance
- Registry Steps
- There is always money
- Amount and priorities change
- Depends on your capacity to change the minds
- If the people do not attend to screening
- Check your system and quality assurance
- Do not directly accuse the people
- Become a leader in the press, not a follower
- Continuous press releases about the program progress
- Always follow the scientific evidence
- Work together with national and international stakeholders
  - Patient NGO, Governmental people, Population leaders
  - IARC, NCI, IARC, WHO

TARGET POPULATION
- Registry is a must
  - National ID Number
  - Ministerial software to follow up screening
- You can select different target populations and different screening intervals depending on your capacity, infra-structure and culture
- Avoid unnecessary waste of time in screening process for these healthy people
  - Make screening easily accessible, free of charge and results given online
  - E-HPV Smart Phone Application
  - Make referral centers ready after a positive screening
  - 1.5 additional case per day per each device
- Continuous Education and Awareness
  - Remember, it may take several years to engage the target population in to the screening
  - Prevent cancer dogmas by making early diagnosed people visible on media
  - Always first check the quality and comfort of your screening system
MAN-POWER
To Screen and To Diagnose

- Primary Level
  - GP or Family Physician
  - Preferred manpower, but priorities should be given among all tools
  - Longer Screening Interval
  - Motivation
    - Negative Performance
    - Positive Performance
  - Annual awards and Weekly Calls and Statistical Competitions

- Secondary to Tertiary Level
  - Not preferred, depends on your health system
  - Usually in opportunistic screenings and add-on population based screening
  - Avoid the ego-centric reactions, continuous educations with NGOs, prevent re-screenings
  - Nurses
    - Especially important in conservative populations
  - Pharmacists
    - Especially for colorectal cancer screenings

Post-Screening Diagnostic Centers at Secondary to Tertiary Level

- Triage is important
- Minimal Criteria to Follow Up and Perform Continuous Trainings
- Colposcopy

TECHNOLOGICAL EQUIPMENTS and SOLUTIONS

- Cervical Cancer
  - HPV DNA, Self-HPV, Urine HPV, Fast HPV
  - 3. Generation Colposcopes

REGISTRY, IT SUPPORT and QUALITY ASSURANCE

- Registry
  - Power of Data for Changing the Minds of Populations and Policy Makers
  - Cancer Registry linkage with Cancer Screening
  - Cancer Screening Registry - IARC/WHO Project by WHO-UN
  - Should include the data coming from post-screening diagnostic screening centers

- IT Support
  - Prevent repeat screenings
  - Linkage between primary level and secondary-tertiary levels
  - National Maps per each physician, each province

- Quality Assurance
  - Start again with minimal essential and affordable ones

ADVOCACY and AWARENESS Events

- Should include public, patients and advocacy groups, popular people in the public, academicians and political leaders
- Should sometimes include international bodies
- Should be sensational and different
- Should be sustainable
- Should be country wide as possible
FIRST LADIES EVENT

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FINANCIAL COVERAGE and GOVERNMENTAL SUPPORT

PPP Model vs. Governmental Models
- Out-Source or PPP Model
  - All inclusive service
    - No transport money
    - No repair cost
    - No IT cost
    - No lab-manpower cost
    - Payment per patient
  - Feasible working hours, female staff and no staff circulation
  - No burocracy
Communication Problems Resolving by CME of the Professional Staff

- Sexual transmission
- Preference for Private Centers
- Questions about Natural HPV Infections
- Vaccine Questions

Thank you for your attention