HPV Testing

- careHPV: most affordable and suitable molecular test for LMIC settings test as of 2014
- Qualitative diagnostic for 14 high-risk HPV types
- Tests were financed through PATH/BMGF during project period with a goal of transitioning to country procurement.
- Batch processing at referral labs (n=90)
- ~10% plate failures leading to invalid results & waste
- Women had results within ~1 month

Screening Results

Total screened in Guatemala, Honduras, & Nicaragua:
- > 270,000 women 30 – 65 years screened using HPV testing as primary screening in public sector clinics and outreach

Screening history:
- 43% never screened
- 35% screened > 3 years ago

HPV prevalence
- 13.8% positive for HPV
- Peak 28% at 20-24 yo

Self-Sampling

- 75% of women screened used self-sampling
  - Nicaragua: 97.1%
  - Guatemala: 90.3%
  - Honduras: 75% (Tegucigalpa)
- Implementation of self-sampling:
  - Clinics
  - Community health outreach in markets, neighborhoods
- Key to increasing testing volume & coverage
  - Avoid provider time, space, pelvic exam
  - Women's agency

Triage and Treatment Completion

<table>
<thead>
<tr>
<th></th>
<th>Guatemala</th>
<th>Honduras</th>
<th>Nicaragua</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>HPV positive</td>
<td>10,557</td>
<td>10,833</td>
<td>10,476</td>
<td>31,866</td>
</tr>
<tr>
<td>Triage test done</td>
<td>8,665</td>
<td>8,656</td>
<td>5,432</td>
<td>23,308</td>
</tr>
<tr>
<td>Triage positive</td>
<td>5,181</td>
<td>2,091</td>
<td>2,471</td>
<td>9,743</td>
</tr>
<tr>
<td>Treated</td>
<td>2,676</td>
<td>1,230*</td>
<td>58.8%</td>
<td>5,603</td>
</tr>
</tbody>
</table>

*Actual treatment numbers increased as a result of treatment campaigns that occurred after final analysis.
• In the absence of screen-and-treat, surveillance of HPV positive women is critical.>

Strategies for Re-screening

- HPV positive triage negative women are a priority group for re-screening at risk of persistent HPV infection:
  - 30% HPV positive at 1 year

- During Scale-Up very few HPV positive triage negative women returned independently for re-screening at 1 year.

- Evaluated and effectiveness of recall strategies (phone,
  SMS, phone visit) to remind 558 women to return to the clinic for 1-year follow-up in Honduras.

- 98.8% successfully contacted

- 75.1% women completed re-screening

- Mean: 2.1 contacts and within 10 days

- 75.1% women completed re-screening

- 36% HPV positive at ~1 year

- 98.6% successfully contacted

- 126 women completed repeat HPV testing and VIA, and biopsy at 1 year

- 58 (23.1 %) had no evidence of CIN3 or persistent low-grade infection

- 1 case of persistent CIN2

- Retention and recall efforts are needed throughout the screening and treatment cascade

Conclusions

- Government adoption of HPV testing achieved.

- Self-sampling well received by women and key to achieving high coverage.

- Thermal ablation is acceptable and effective, but treatment completion remains challenging when a triage step is included.

- Routine analysis of patient-level data is critical to inform project effectiveness.

- Budget allocation and procurement of HPV tests by country governments remains a barrier to long-term sustainability.

- Lower(?) cost and less technical high precision tests needed.

- Retention and recall efforts are needed throughout the screening and treatment cascade.

Acknowledgements


Citations


Horne F, Jiménez J, Medrano J, et al. Evaluation and effectiveness of recall strategies (phone, sms, phone visit) to remind 558 women to return to the clinic for 1-year follow-up in Honduras.


Management of Screen Positive Women

- Self-sampling or provider-collected sampling at medical center or during community outreach
- HPV DNA laboratory testing
- Vaginal w/v or PAP-smear
- Reassess in 5 years
- Stage with CKI or HPV

Follow-up in 1 year
- Return to screening
- Reassess in 5 years

Follow-up in 1 year
- Both negative
- Reassess in 5 years

Follow-up in 1 year
- Vaginal w/v or PAP-smear
- Reassess in 5 years

Follow-up in 1 year
- Return to screening
- Reassess in 5 years

Follow-up in 1 year
- Both negative
- Reassess in 5 years

Follow-up in 1 year
- Return to screening
- Reassess in 5 years

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