

Cervical cancer screening in Colombia

Overview

Raúl Murillo, MD, MPH
Centro Javeriano de Oncología
Bogotá-Colombia

HPV Board
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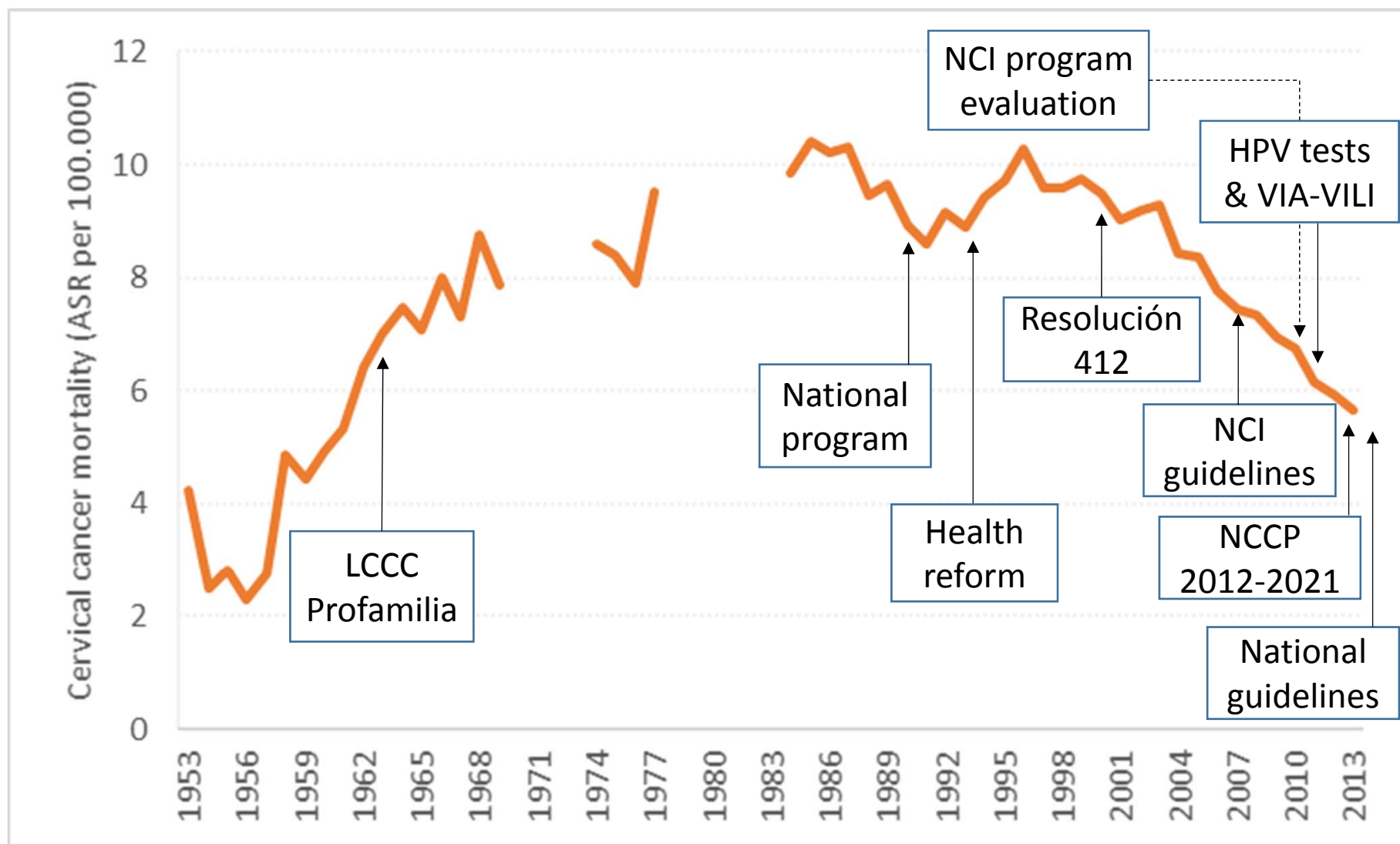


No conflicts of
interest to declare

Content

- An historical perspective
- The program evaluation
- The future

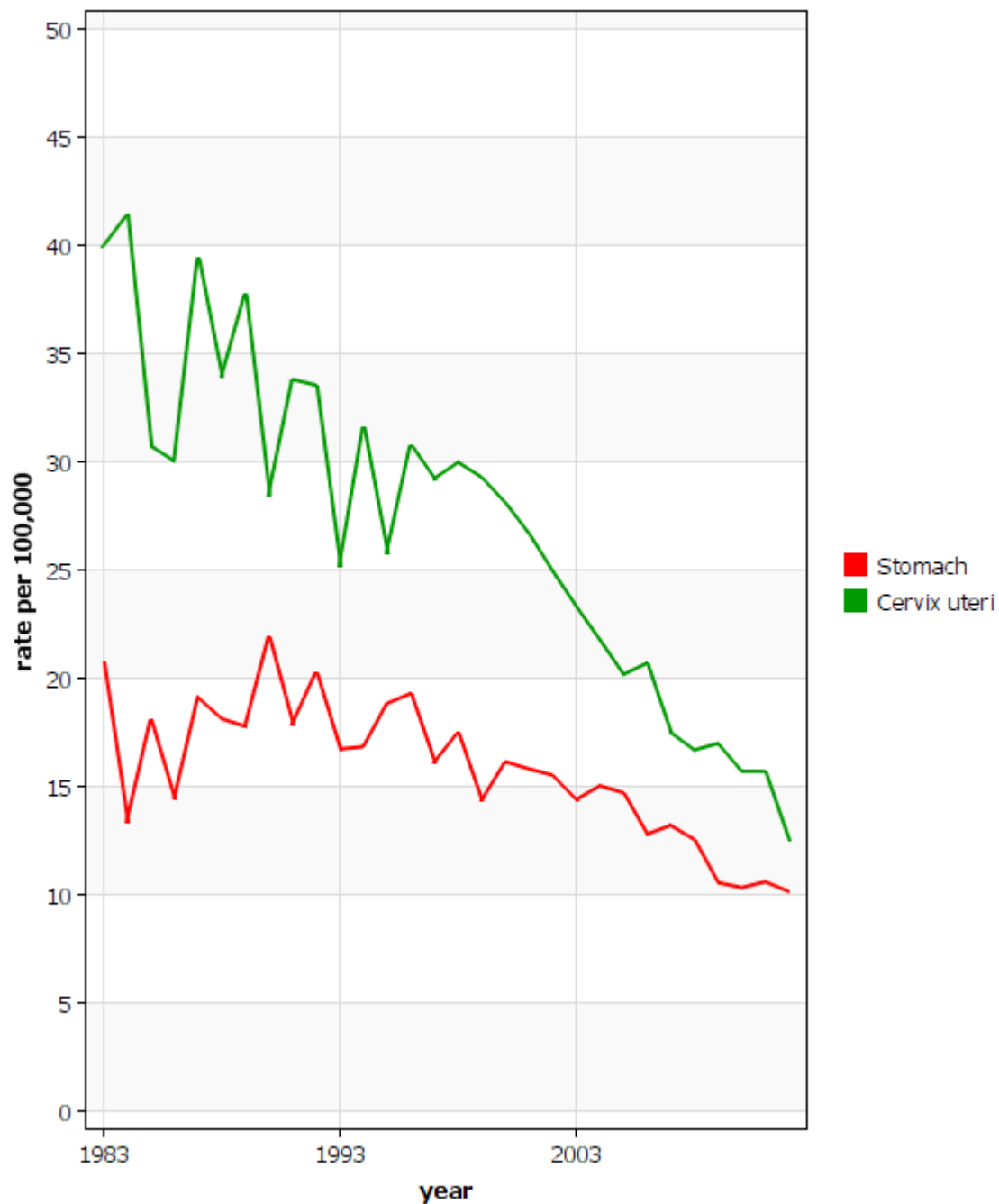
Achievements and challenges of cervical cancer screening in Colombia



Characteristics in program evolution

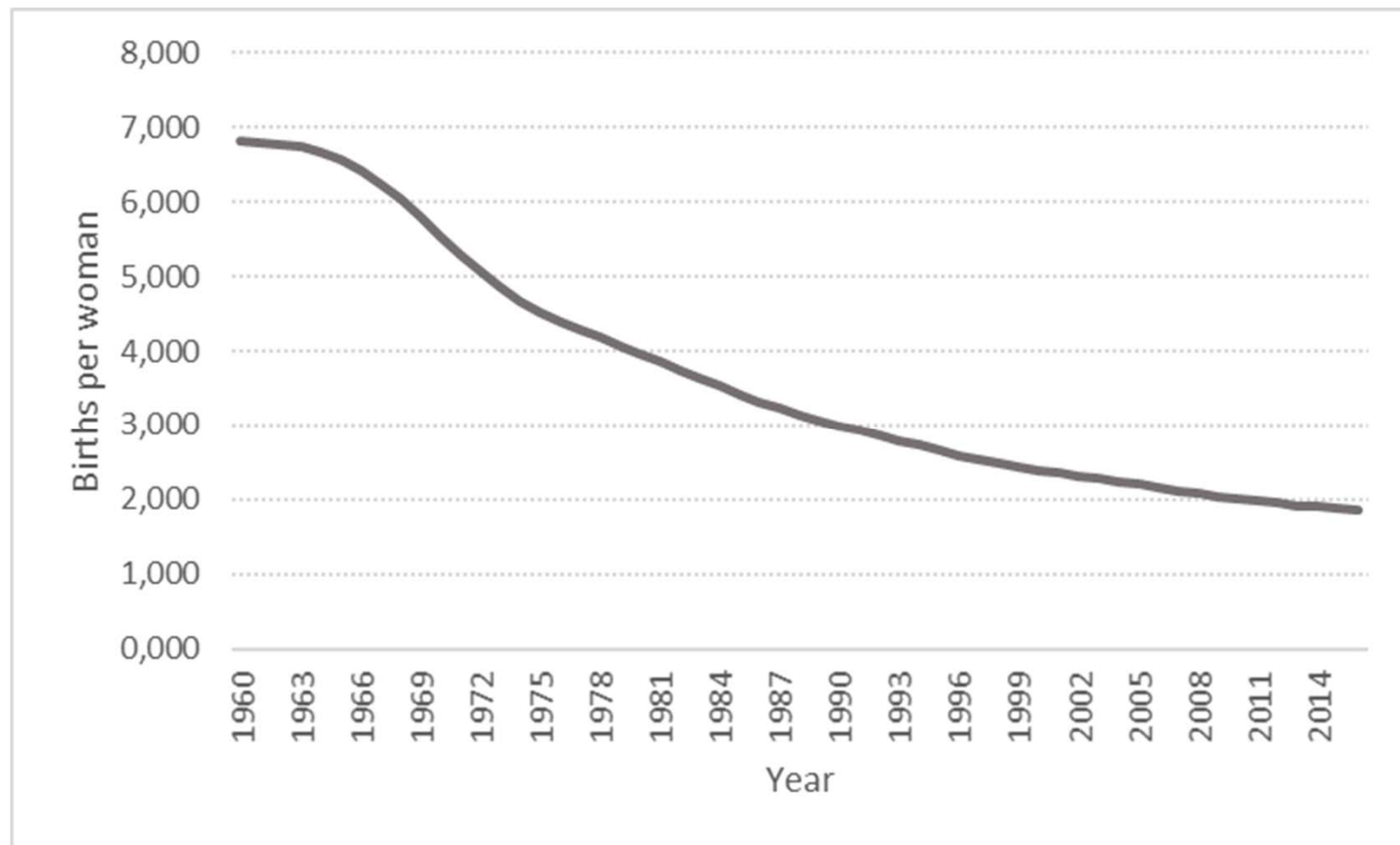
Context	National Health System	Health Social Security System	Contributory plan Subsidized plan
Program definition	National Program 1990	MoH Resolutions: 412 and 3384/2000, 4505/2012	
Responsible	National Cancer Institute	Health insurance companies (HMO)	
Program content	Communication Community activities Training Procurement Registry Research	Cervical sampling Cervical cytology Colposcopy-biopsy Pre-cancer treatment Data reporting	Subsidized plan excluded until 2014 412 - Annual smears scheduled 4505 - Number of screening tests (contributory to MoH, subsidized to municipalities)
Program operation	8000 screening units 64 colposcopy clinics Central labs (QA)	Health services network independent by HMO QA in the health market	

Cervical and stomach cancer mortality trends in Colombia



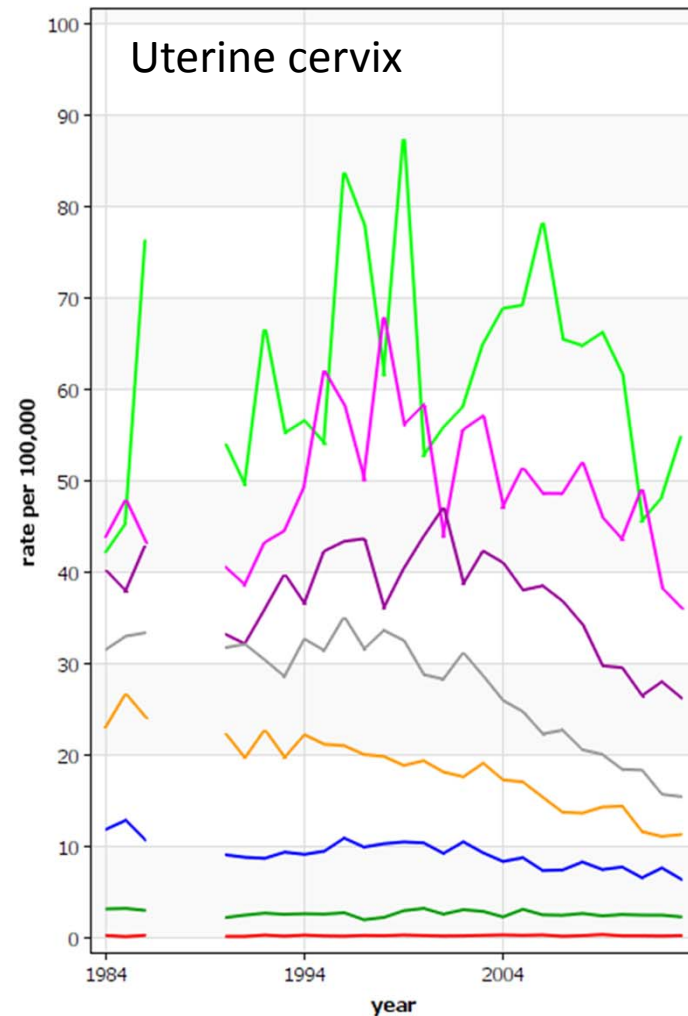
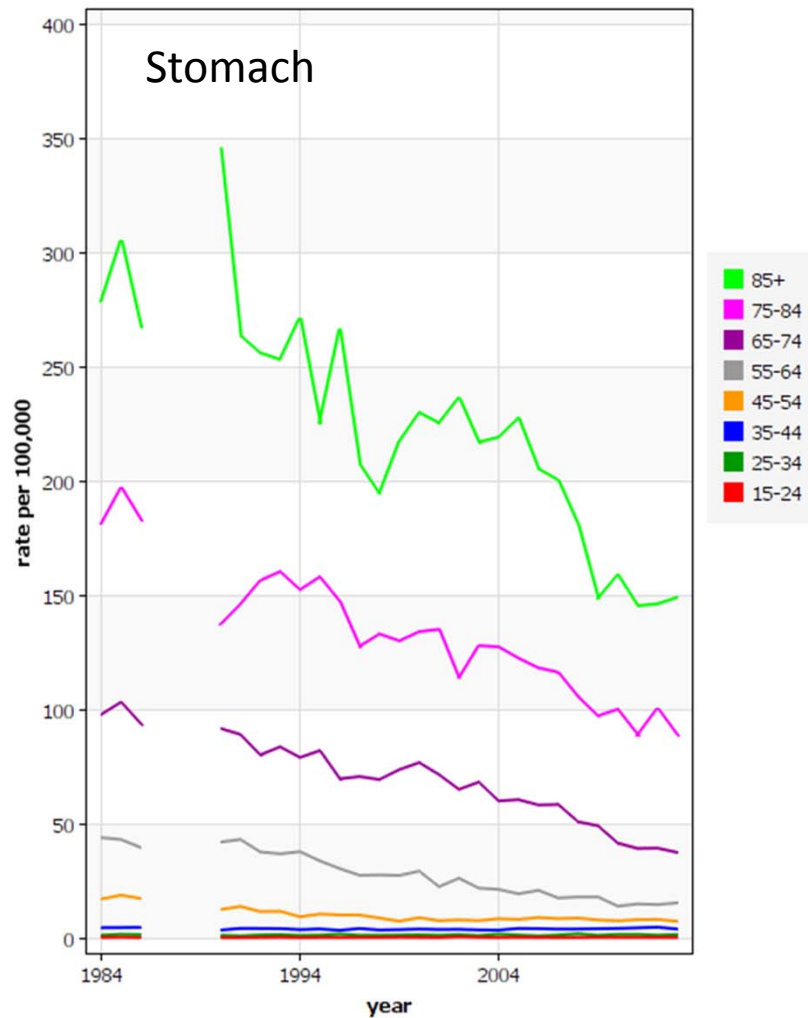
WHO-IARC
Cancer Mortality Database

Fertility rates in Colombia



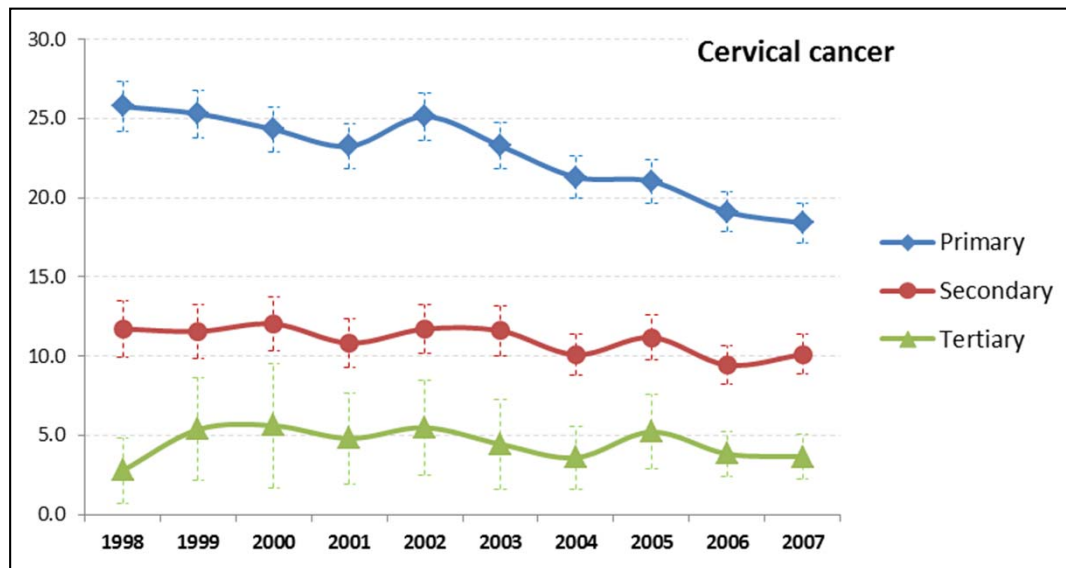
Source: World Bank

Cervical and stomach cancer mortality trends by age in Colombia

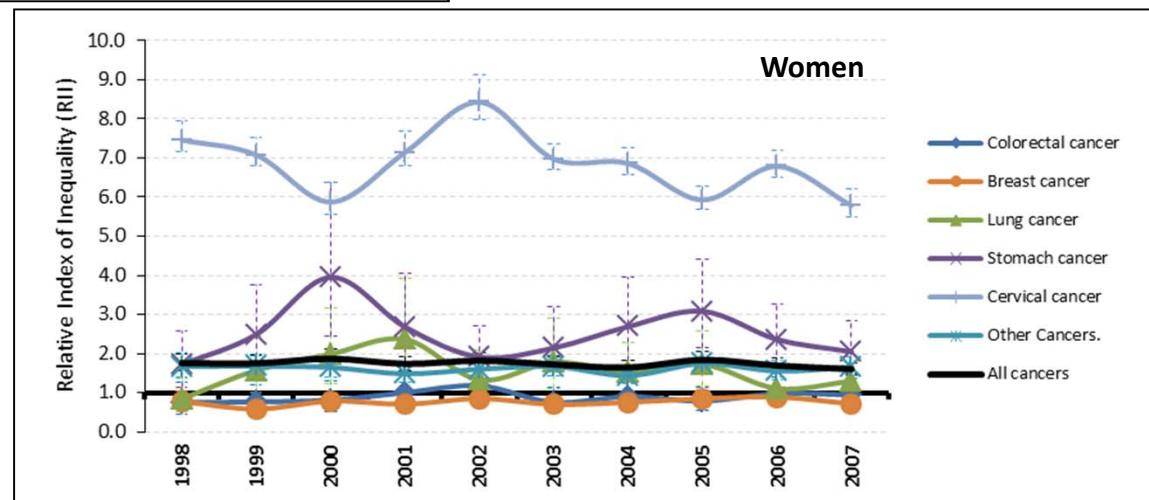


WHO-IARC. Cancer Mortality Database

Inequalities in cervical cancer mortality in Colombia



De Vries E et al
Int J Community Health 2016



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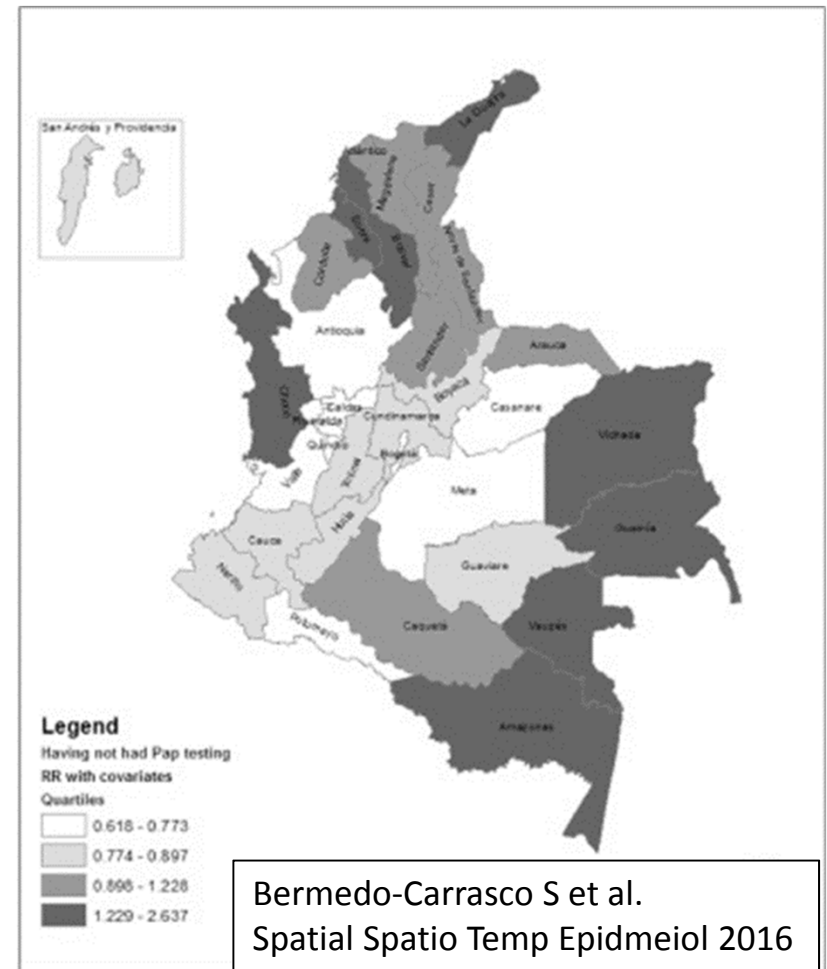
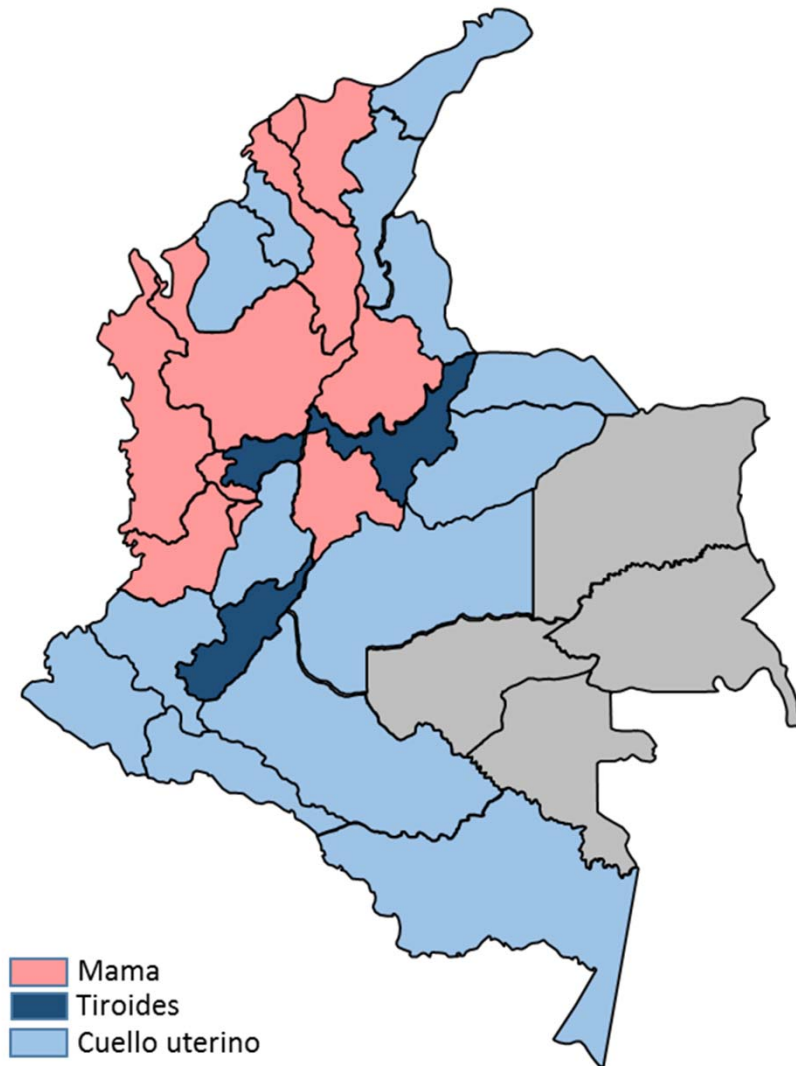
Comprehensive evaluation of cervical cancer screening in Colombia

Major parameters for evaluation	Deficient Pap-smear settings ¹	Satisfactory Pap-smear settings ¹
- Coverage (3-years) ²	69.3%	76.0%
- False negative rate ³	46.0%	60.0%
- HSIL without follow-up ⁴	37.6%	30.7%
- Health system barriers ⁵	48.8%	35.5%
- Association between invasive cancer and screening history ⁶	OR 12.9 (1.4-168.2)	OR 3.7 (0.9-14.7)
Major findings linked to lack of impact	Lower access to regular care	Lower cytology quality

Associated factors with cervical cancer mortality reduction

Range	Mortality Rate by cervical cancer	IRR (CI 95%)	Adjusted IRR (CI 95%) *
1. Proportion of women who have never had a cervical cytology			
8.9 - 10.4	22.5	-	
10.9 - 15.5	19.9	1.05 (0.95 - 1.15)	0.86 (0.78 - 0.96)
15.8 - 18.2	25.5	0.82 (0.72 - 0.93)	0.68(0.57 - 0.80)
18.3 - 22.4	24.3	0.93 (0.84 - 1.02)	0.71(0.61 - 0.82)
2. Proportion of women who had an abnormal cervical cytology and contacted their health care provider to receive treatment			
64.6 - 81.0	23.9	-	-
81.3 - 83.8	24.3	1.01 (0.92 - 1.11)	0.88(0.79 - 0.98)
84.1 - 87.7	25.8	1.08 (0.98 - 1.18)	0.88 (0.77 - 1.01)
88.1 - 100	19.9	0.83 (0.74 - 0.93)	0.65 (0.56 - 0.76)
3. Proportion of uninsured women			
9.6 - 22.2	20.0	-	-
23.7 - 31.0	21.2	1.23 (1.11 - 1.35)	1.47 (1.27 - 1.69)
31.6 - 38.0	22.3	1.44 (1.29 - 1.61)	1.77 (1.54 - 2.03)
38.6 - 48.7	23.4	1.14 (1.02 - 1.27)	1.66 (1.42 - 1.95)

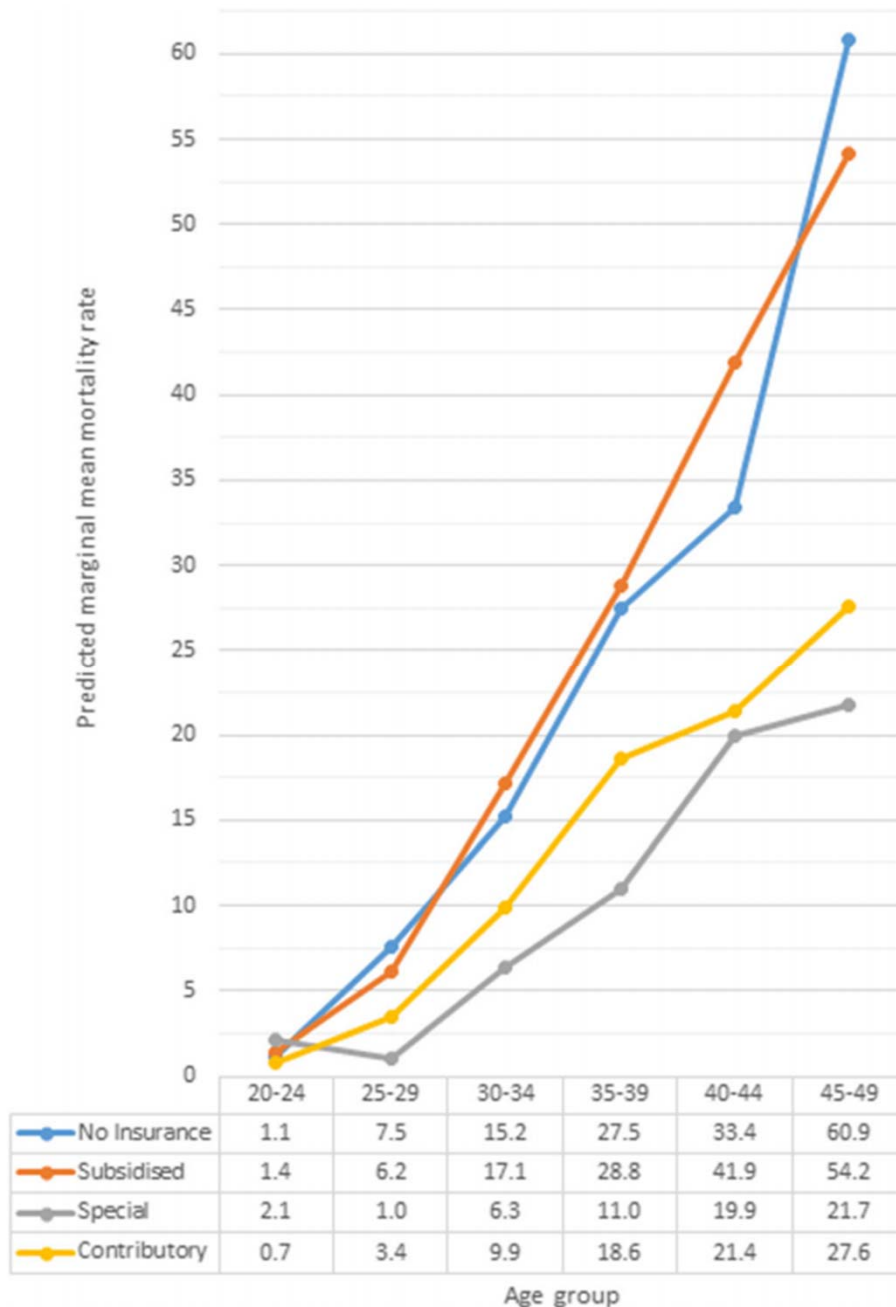
First cause of cancer incidence by state - Colombia (Women)



Source:

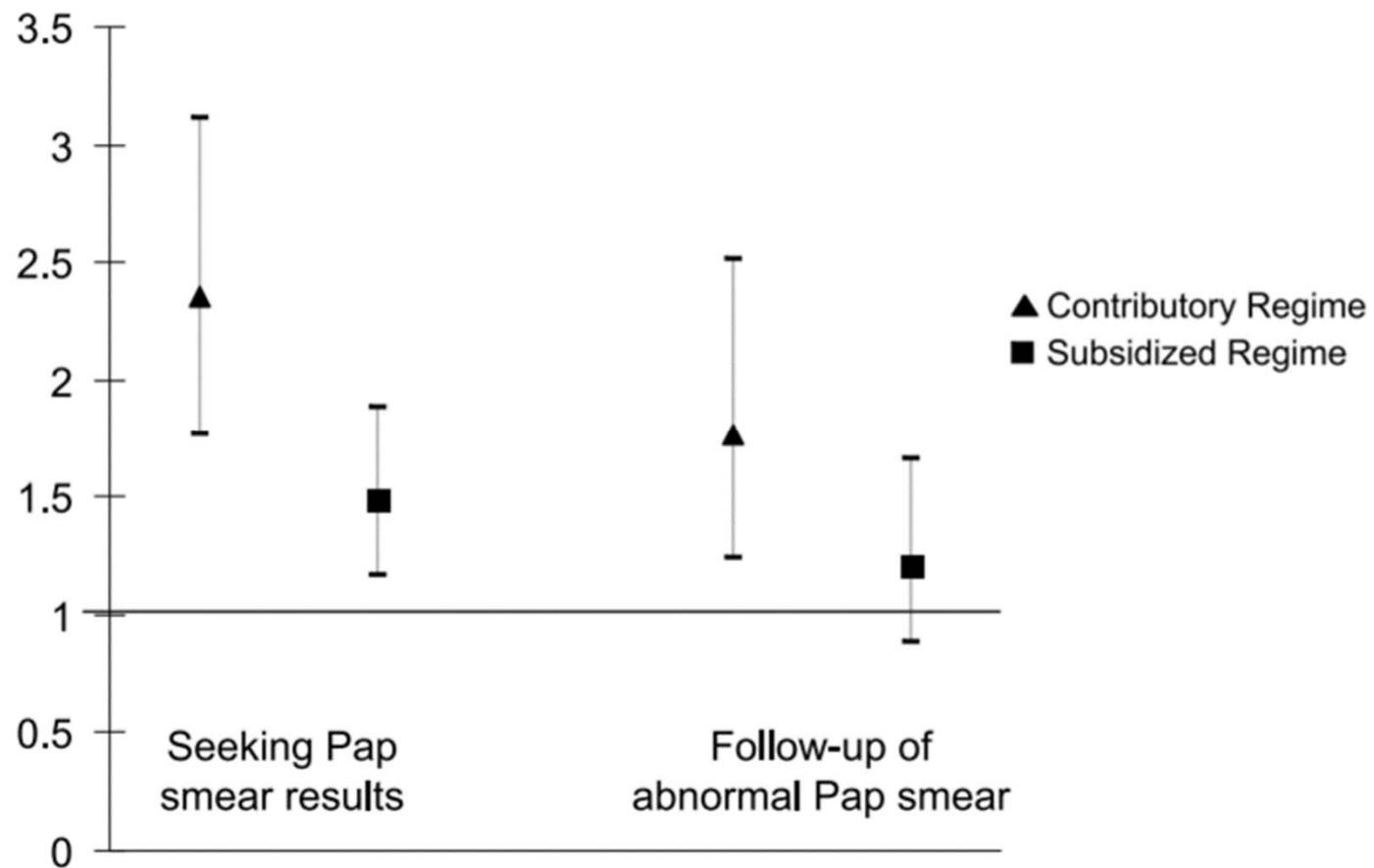
Pardo C et al. Incidencia, mortalidad y prevalencia de cáncer en Colombia 2007-2011. INC; 2014

Premature cervical cancer mortality by health insurance

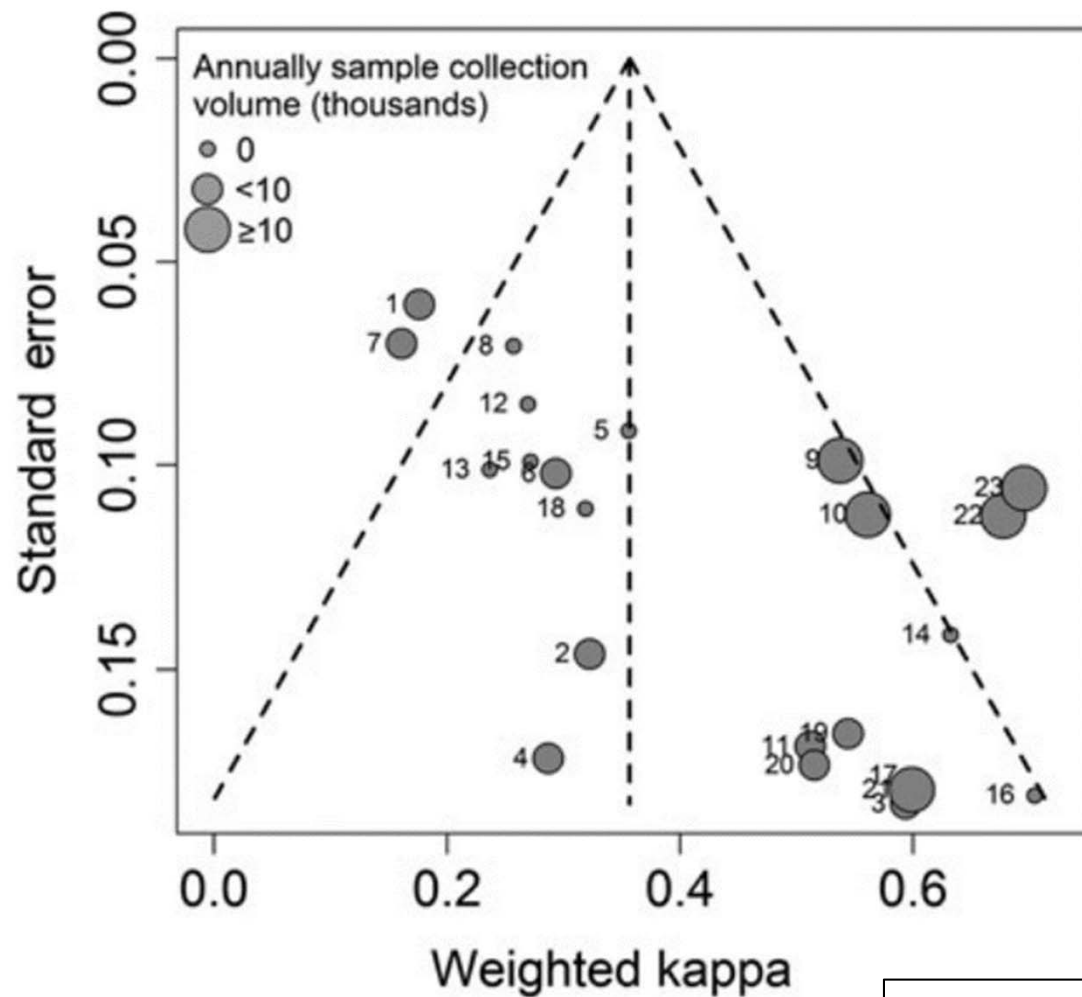


Bermedo-Carrasco S et al.
BMC Public health 2016

Association between type of health insurance coverage and positive-screening follow-up



Inter-observer agreement according to volume of sample collection in Antioquia



Asociated factor	Positivity rates	
	Hybrid Capture 2	Aptima
Specific medium (independent samples cyto and HPV)		
Age		
<40		ref
≥40		0.64 (0.46-0.82)
Sampler experience		
Higher exprience	ref	
Lower exprience	2.33 (1.27-3.38)	
Initial cytology		
No	ref	ref
Yes	0.62 (0.28-0.95)	0.59 (0.22-0.97)
Preservacyt (common sample)		
Time to processing		
<30 days	ref	
≥30 days	1.52 (1.06-1.97)	
Lab technician		
Higher experienced	ref	
Lower experienced	1.46 (1.16-1.77)	

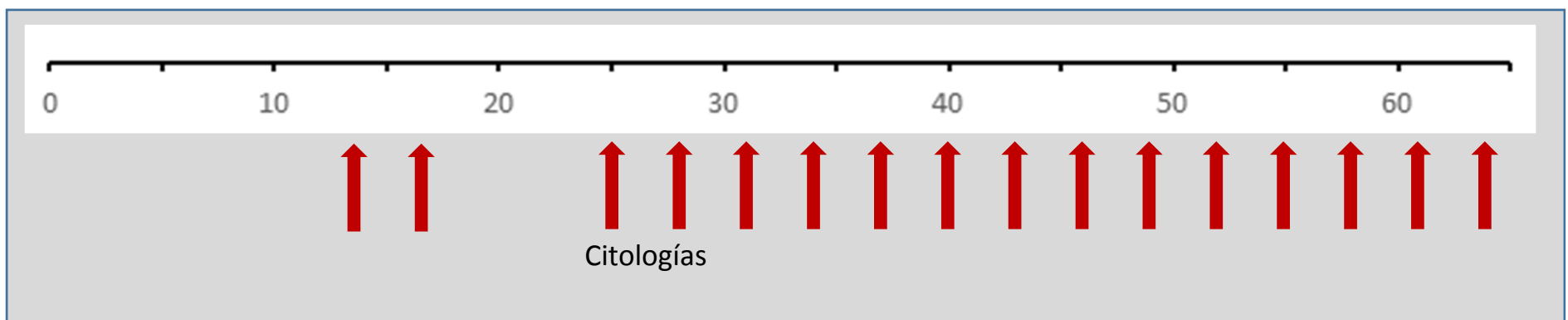
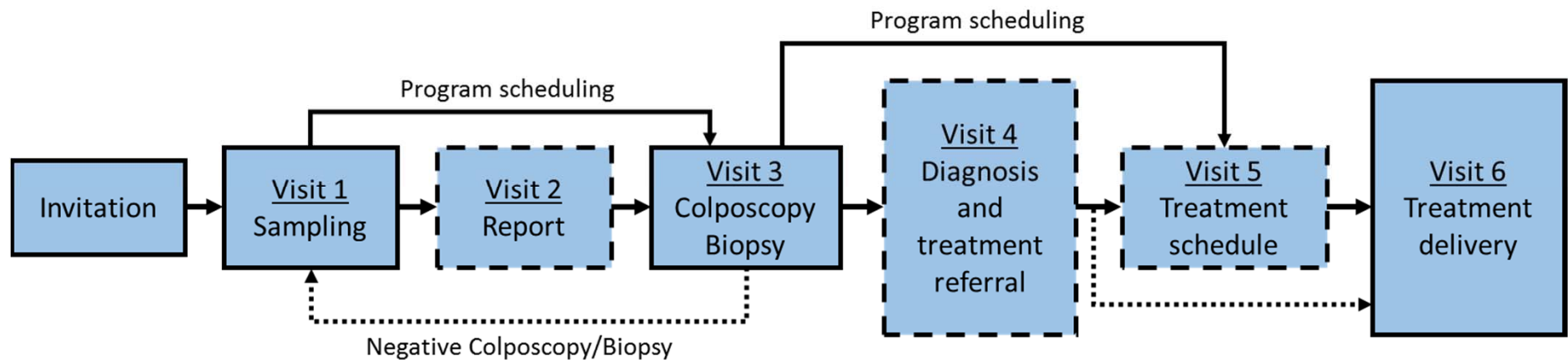
Impact of operational factors on HPV positivity rates in an HPV-based screening study in Colombia

Source:
Robles C et al.
Int J Gynecol Obstet 2018

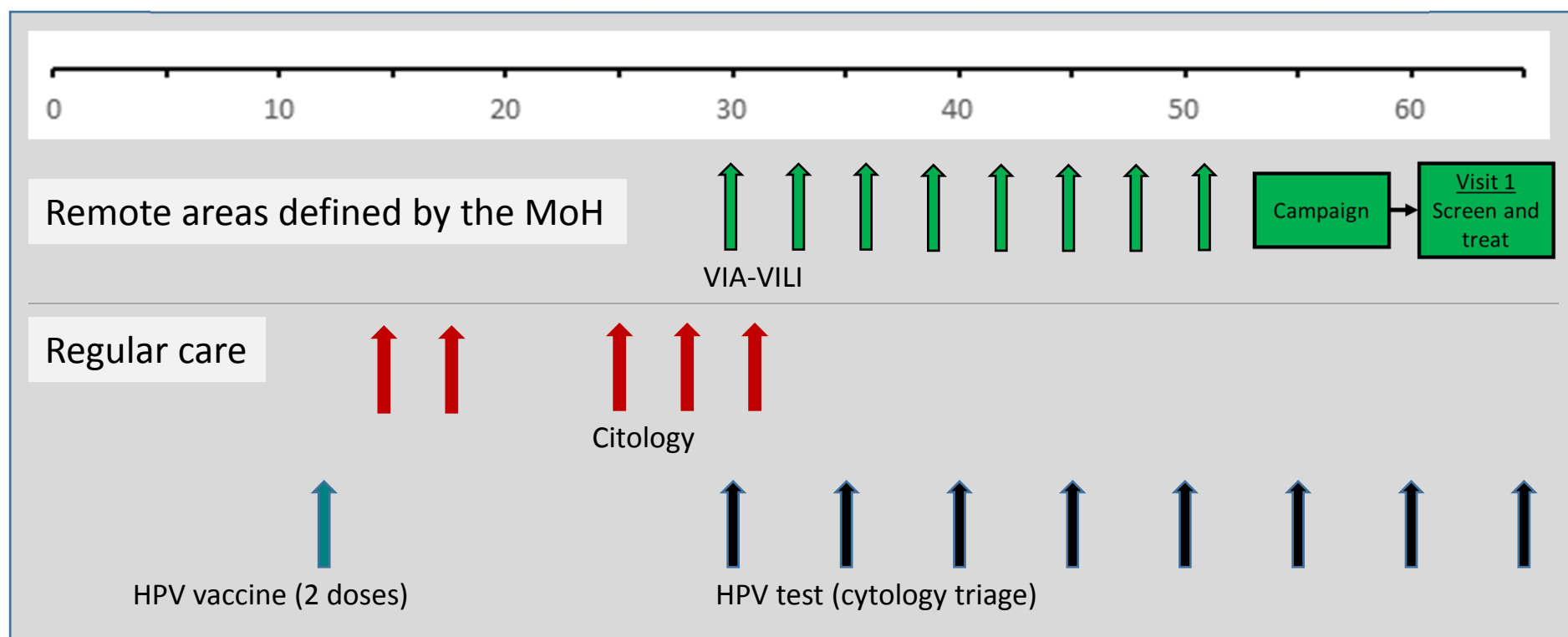
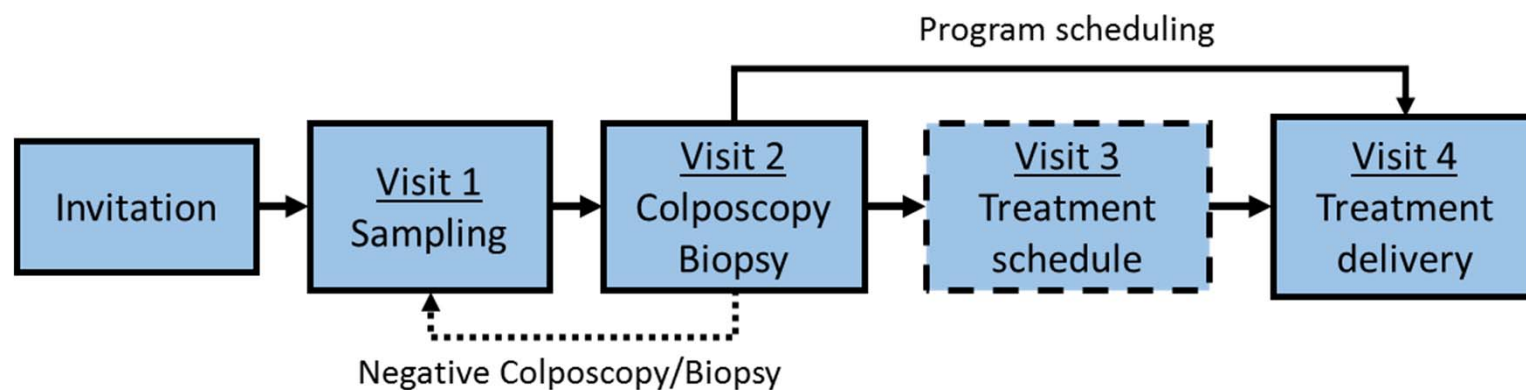
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Clinical pathway and screening interval for cervical cancer screening in Colombia – Former situation



Clinical pathway (30 days) and screening interval for cervical cancer screening in Colombia – Resolución 3280 de 2018



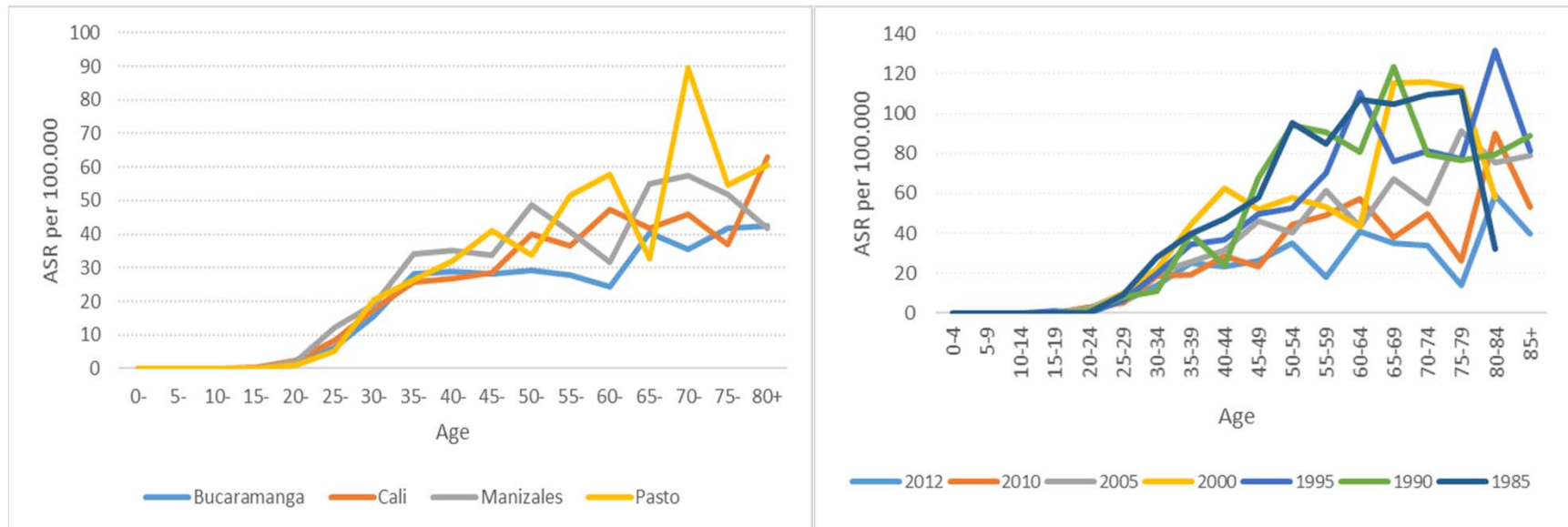
Program monitoring

(Resolución 3280 de 2018)

- Outcome
 - Proportion of women with cervical pre-cancer (HSIL or CINII/CINIII or adenocarcinoma in situ)
- Process
 - Proportion of women 25-69 screened (any screening method)
 - Proportion of women with HPV screening (according to the screening protocol)
 - Proportion of women 30-50 living in remote regions with VIA-VILI screening in the last 3 years
 - Proportion of positive HPV-screened women 30-65 with cytological triage
 - Proportion of positive VIA-VILI-screened women who undergo colposcopy-biopsy
 - Proportion of positive VIA-VILI screened women 30-50 years old who undergo immediate treatment
 - Proportion of women with positive cytology who undergo colposcopy-biopsy
 - Proportion of women with positive VIA-VILI or cytology who undergo colposcopy-biopsy within 30 days after the positive results
 - Timeliness of pre-cancer or cancer diagnosis
 - Proportion of unsatisfactory sampling in cervical cytology

Program (resolution) shortcomings

- No clear stewardship (collaborative plan between territories and HMOs)
- No clear quality assurance
- Screening of adolescents



Cervical cancer incidence – Cancer Incidence in Five Continents

Gracias