Title:
Dissemination and Implementation of a Cervical Cancer Screen and Treatment Program in Ethiopia

Usha Menon, PhD
College of Nursing, University of Arizona, Tucson, AZ, USA

Session Title:
Translational Research: Dissemination and Implementation of Interventions From Research to Practice
Slot:
J 09: Saturday, 29 July 2017: 1:30 PM-2:45 PM
Scheduled Time:
2:30 PM

Keywords:
cancer prevention, cervical cancer and screening

References:
RE-AIM. (n.d.). Retrieved October 28, 2016, from http://www.re-aim.hnfe.vt.edu/

Abstract Summary:
Cervical cancer incidence and mortality are rising in Ethiopia. With low resources for cancer treatment, prevention of cervical cancer is a key strategy to decreasing incidence. This presentation is describes dissemination and implementation research in the context of a cervical cancer screen and treat program in Gondar, Ethiopia.
Comments to Organizers:
Unwithdrawn with session
Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
Describe the process of implementing a screen and treat program in Ethiopia	.
Describe lessons learned from a screen and treat program implementation in Ethiopia	.

Abstract Text:

Background: Cervical cancer incidence and mortality are rising in Ethiopia. With low resources for cancer treatment and no population-based screening program in the country, prevention of cervical cancer is a key strategy to decreasing incidence. Approximately 95% of women have never been screened for cervical cancer. Visual inspection with acectic acid followed by cryotherapy or Loop Electrosurgical Excision Procedure (LEEP) treatment is an efficacious and accepted method for cervical cancer control in low and middle income countries.

Purpose: The purpose of this presentation is to describe dissemination and implementation research in the context of a cervical cancer screen and treat program in Gondar, Ethiopia.

Methods: A non- profit US organization called GO DOC GO trained 17 nurses and physicians to perform visual inspection with acetic acid (VIA), cryotherapy, and LEEP. The program was implemented at the University of Gondar, Ethiopia, GYN clinic in October, 2014. Providers were trained over 3 days with half

a day of pathophysiology and clinical presentation followed by two and half days of observation and supervised procedures.

Results: All women offered the program accepted and 402 women were screened. The incidence of pre-cancer and invasive cancer was 36% (n=142) and 15% (n=6), respectively. In logistic regression models predicting cervical lesions, controlling for age and education, each pregnancy was associated with 11 times the odds of presenting with lesions (CI=113-121, p<01). Controlling for age, education and parity, those with an HIV diagnosis had 3.24 times the odds of presenting with lesions (CI=190-550, p<0001) than those with out a diagnosis of HIV; 2 people were referred for additional testing and diagnoses.

Conclusions: The SVA program was safe, acceptable, and feasible in Gondar city, Ethiopia. Challenges were garnering the trust of women; establishing partnership with providers; IRB approvals across multiple institutions; Translation to ensure content equivalence; Shortage of materials such as acetic acid, purified CO2 gas, and LEEP wires, and inadequate space and occasional power interruption.