

Greetings! I am pleased to see that we are different. May we become greater than the sum of both of us.

Vulcan Greeting



Cervical Cancer Prevention Program in Ethiopia

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Overview

- Describe the dissemination and implementation study design
- Review results
- Conclusions and challenges



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Background

- Approximately 95% of women in low-middle income countries (LMICs) have never been screened for cervical cancer
- 80% of women newly diagnosed with cervical cancer live in LMICs
- Ethiopia has no population-based screening program, and rates of cervical cancer morbidity and mortality are increasing rapidly
- With only four oncologists and one cancer treatment center for 96 million residents, treatment times are significantly delayed, leading to death



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Purpose

- The purpose of this study was to assess the feasibility and acceptability of implementing a single visit approach (SVA) program in Ethiopia by training nurses and physicians to perform screening for cervical lesions and treatment.



- SVA is an established and efficacious strategy to control cervical cancer in LMICs
- Successful implementation documented in Thailand, India, etc.



Aims

- Prevalence of cervical cancer
- Frequency of referrals for additional diagnosis and treatment
- Sociodemographic and clinical characteristics of the women screened



Design

- Dissemination and Implementation



Methods

- A non-profit U.S. organization called GO DOC GO trained 17 nurses and physicians to perform visual inspection with acetic acid (VIA), cryotherapy, and loop electrosurgical excision procedure (LEEP).
- The program was implemented at the University of Gondar, Ethiopia, GYN clinic between October 2014 and January 2015.
- Providers training:
 - Over 3 days with half-a-day of pathophysiology and clinical presentation, followed by two-and-a-half days of observation and supervised procedures.



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Demographic Characteristics

Table 1: Demographic Characteristics (n = 402)

	Mean	Std Dev	n	%
Married			326	81
Education (Years)				
None			260	65
1 to 5 Years			19	4.6
6 to 11 Years			123	31
Age	38.9	8.3		
Number of Sexual Partners	1	0.1		
Number of Pregnancies	3.67	2.84		
Number of Live Births	3.22	2.72		



Results

- 402 women were screened
- All women offered the program accepted
- 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 1.1 times the odds of presenting with lesions, (CI=1.13-1.21, $p<.01$)



Results, continued

- Controlling for age, education and parity, those with an HIV diagnosis had 3.24 times the odds of presenting with lesions (CI=1.90-5.50, $p<.0001$) than those without a diagnosis of HIV
- 2 people were referred for additional testing and diagnoses



Conclusions

- The SVA program was safe, acceptable, and feasible in Gondar, Ethiopia
- Program well accepted in departmental mission
- Departmental plan in place for sustainability



Challenges

- Garnering the trust of female participants
- Establishing partnership with providers
- IRB approvals across multiple institutions
- Translation to ensure content equivalence (procedure, study consent)
- Shortage of materials such as:
 - acetic acid, purified CO₂ gas,
 - LEEP wires;
 - occasional power interruption



Thank you to our partners:

