

# Mass screening campaigns to increase awareness of cervical cancer treatment and prevention in Equatorial Guinea

Olivier Tresor .D<sup>1</sup>, Manuel Ondo Oyono<sup>1</sup>, Carolina Amadu<sup>1</sup>, Carlos Cortes<sup>1</sup>, Guillermo Garcia<sup>1</sup>

<sup>1</sup>Medical Care Development International

CONTACT: Olivier Tresor Donfack Sontsa, otresor@mcdi.org



## BACKGROUND

Cervical Cancer is the fourth most frequent cancer in women and represents 7.9% of female cancers. In 2015 approximately 90% of all deaths due to cervical cancer occurred in low and middle-income countries. In Equatorial Guinea (EG), WHO estimates that cervical cancer is the second most frequent cancer suffered by women, after breast cancer, (WHO, 2014). The risk of cervical cancer can be reduced with vaccines protecting women against cancer-causing types of the Human Papilloma Virus (HPV), which in conjunction with early diagnosis, effective screening, and treatment can reduce mortality and increase prevention significantly. In EG, cervical cancer Primary Prevention Policies guiding screening and early detection, and monitoring/surveillance plans are underdeveloped; posing a barrier to effective prevention. Prevention of and early treatment of cervical cancer is a major UN Millennium goal. In 2016, Medical Care Development International (MCDI), funded by Noble Energy Inc., launched a Cervical Cancer Screening and Treatment (CCST) project in EG to:

- Screen and treat percutaneous lesions
- Diagnose suspected cases of cervical cancer and treatment of early stages of cancer
- Implement a situational analysis and feasibility study for HPV vaccination

This poster presents the CCST project achievements to date.

## METHODS

### Project interventions:

- **Phase 1 (October 2016/September 2017)**
  - Nationwide mass community campaigns, to screen and treat pre-cancerous lesions.
  - Creation of “test and treat” corners at the Malabo and Bata regional hospitals diagnosing suspected cases of cervical cancer using cone biopsy and providing Electro Surgical Excision Procedures (LEEP) treatment.
- **Phase 2 (October 2017/December 2018)**
  - Continuation of phase I activities.
  - Create new “test and treat services” modules in provincial health centers.
  - Expand MCI/BCC activities through posters, banners, adverts, TV and radio programs, and door-to-door visits by Social Behavioral Change Communication (SBCC) teams.
  - Implement a situational analysis and feasibility study for HPV vaccination in young girls and at age of giving birth

## RESULTS

**Table 1. Percentage of women positive for HPV (VIA+) and percentage of women treated**

	Test and Treat Corners			Campaigns			Total		
	screened	VIA (+)	treated	screened	VIA (+)	treated	screened	VIA (+)	treated
Phase 1	3025	222 (7.3%)	134 (60%)	2421	75 (3.1%)	20 (26%)	5446	297 (5.5%)	154 (52%)
Phase 2	2448	106 (4.3%)	49 (46%)	2977	54 (1.8%)	44 (81%)	5425	160 (2.9%)	93 (58%)
<b>Total</b>	<b>5473</b>	<b>328 (5.9%)<sup>#</sup></b>	<b>183 (56%)</b>	<b>5398</b>	<b>129 (2.4%)<sup>#</sup></b>	<b>64 (50%)</b>	<b>10871</b>	<b>457 (4.2%)</b>	<b>247 (54%)</b>

VIA(+): VIA positive ; VIA: Visual Inspection by Acetic-acid

percentage VIA(+ ) is calculated on the total screened while percentage treated is calculated on the total VIA(+)

<sup>#</sup>P value < 0.0001



**Fig 1. A patient being screened at a test and treat corner**



**Fig 2. CCST project coordinator participating in a radio program**



**Fig 3. Sensitization of women on cervical cancer by SBCC teams**



**Fig 4. Annual cervical cancer evaluation meeting with stakeholders**

## DISCUSSION

- As of August 2018, 10, 871 women have been screened for cervical cancer, 457 were found positive by VIA. Of the total positive by VIA, 54% were treated using cold coagulation therapy (table 1).
- Creation of fully operational “test and treat” corners in the provinces of Bioko Norte (Malabo), Littoral (Bata), Bioko sur (Luba), Kie-Ntem (Ebibeyin), Centro Sur (Evinayong), and Wele Nzas (Mongomo) (Fig 1).
- 2,383 women were sensitized in Malabo on cervical cancer (Fig 3)
- Radio spots on Cervical Cancer that are aired 4 times a day on national radio station, and CCST personnel were on TV and radio programs discussing cervical cancer issues during both periods (Fig 2) .
- 39 media journalists were trained on cervical cancer prevention issues.
- 15 health personnel (5 physicians, 4 midwives, and 6 assistant nurses) trained to work in test and treat corners, and 60 health workers across the country on cervical cancer management

### Conclusion

The project has strengthened cervical cancer prevention, treatment and awareness in Equatorial Guinea and implement HPV vaccination.

## REFERENCES

[http://www.who.int/cancer/country-profiles/gnq\\_en.pdf](http://www.who.int/cancer/country-profiles/gnq_en.pdf)

## ACKNOWLEDGEMENTS

Special gratitude to Noble Energy and all the other sponsoring bodies , to the Reproductive Health Program of the Ministry of Health and Social Welfare of Equatorial Guinea, and especially to all Women who are being screened for cervical cancer.

## **Mass screening campaigns to increase awareness of cervical cancer treatment and prevention in Equatorial Guinea**

Olivier Tresor<sup>1</sup>, Manuel Ondo<sup>2</sup>, Carolina Amadu<sup>1</sup>, Evelyne Chumo<sup>3</sup>, Ken McGhee<sup>3</sup>, Carlos Cortes Falla<sup>1</sup>, Megan Perry<sup>4</sup>, Guillermo Garcia<sup>4</sup>

<sup>1</sup>Medical Care Development International, Malabo, Equatorial Guinea; <sup>2</sup>Ministry of Health and Social Welfare Malabo, Equatorial Guinea; <sup>3</sup>Noble Energy Ltd, Malabo, Equatorial Guinea; <sup>4</sup>Medical Care Development International, Silver Spring, MD, United States.

Cervical cancer is the fourth most frequent cancer in women and represents 7.9% of all female cancers. In 2015 it was estimated that approximately 90% of all deaths due to cervical cancer occurred in low and middle-income countries. The risk of cervical cancer can be reduced with current vaccines that protect against cancer-causing types of the Human Papilloma Virus (HPV), which in conjunction with early diagnosis, effective screening, and treatment may further reduce mortality and increase prevention. Screening aims to detect and treat cancers at early stages. Cervical cancer awareness, access to screening and early diagnosis are very limited in Equatorial Guinea, therefore posing a barrier to effective prevention. In October 2016 Medical Care Development International (MCDI), funded by Noble Energy Inc, launched a Cervical Cancer Screening and Treatment (CCST) project. As part of this project Cervical Cancer Screening Corners (CCSCs) were established in two regional hospitals in the cities of Malabo and Bata as well as mass screening campaigns. The screening campaigns, which target women aged 20-26 years of age, aim to detect, treat and refer cases, as defined by lesions in the cervix, for specialized follow-up. Screening methods include visual inspection, Acetic Acid (VIA), and cold coagulation therapy. Other campaign activities include the sensitization of women to attend CCSCs, through Information, Education and Communication (IEC), and capacity development of government officials to implement prevention programs. Since the inception of the CCST project, about 2,500 women have been screened on the continental region of the country against almost 1,500 on Bioko Island. Moreover, for each campaign that is organized, community members receive training on IEC to support sensitization amongst the population of the areas they live in; and over 60 health workers across the country have attended short courses to implement screenings and cold coagulation treatments as part of their training for cervical cancer management.