Screening for and treating cervical cancer in HIV positive women in rural Cambodia: a pilot programme

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Problem Cervical cancer is the most common malignancy among women in Cambodia. Because HIV+ women tend to have persistent human papillomavirus infection, they are at higher risk of cervical cancer than the general population, and are in need of better reproductive health services. MSF and the Reproductive Health Association of Cambodia conducted a pilot screening programme from February–October 2007 in two HIV clinics in Takeo and Siem Reap, targeting HIV+ women. The programme focused on early detection and treatment of cervical abnormalities. The aim was to contribute to the planning of the government-run nationwide cervical cancer screening programme.

Approach A referral system was set up between each HIV clinic and a nearby reproductive health clinic. Consecutive female patients (>18 years of age, from the general population) attending the HIV clinics were offered screening and referred to the reproductive health clinic where PAP smear and/or visual inspection of the cervix after application of acetic acid (VIA) was performed (all free of charge). Refusal rate was not documented. The programme concluded when reproductive health clinics registered 200 referred women. After screening, the HIV clinic staff organised follow-up and referral for biopsy and treatment, both available in the capital Phnom Penh.

Lessons learned Over a period of 60 days, 200 women accepted the screening (10% of all HIV+ women enrolled in the HIV clinics). 190 women had a PAP test done on their first visit. 53 (26%) women were found to have either low-grade (LSIL) or high-grade squamous intraepithelial lesions (HSIL), which is comparable to other studies. Uptake of biopsy by women with an abnormal PAP smear was relatively low (64%). 13 women were lost to follow-up at this stage or managed conservatively with follow-up PAP tests. Constraints identified included lack of aggressive follow-up of HIV+ women with LSIL, and refusal of biopsy by patients due to the distance to the facility where biopsy was performed (Phnom Penh). Overall, pre-cancerous lesions or cervical cancer was detected in 17% of women screened, comparable to other studies. Treatment uptake (cryotherapy, hysterectomy and cone biopsy) was relatively high (82%) among women with biopsy-confirmed cancerous lesions. Constraints include the difficulty patients experienced in accessing treatment, and lack of knowledge among HIV doctors on the need for timely intervention to detect cervical abnormalities in HIV+ women.

Conclusion Offering cervical cancer screening to HIV+ women is feasible, generates a high yield and can be integrated into HIV care where there is access to gynaecological diagnosis and treatment. Integration of services could lead to good coverage of the target population and rates of follow-up because women attend the HIV clinic regularly, and there is a recall system in place for HIV care. Because the distance to the clinic and the high number of visits affect uptake of treatment, a simplified one-stop service would be most appropriate for this setting. We did not measure the rate of refusal of the PAP test, and this could be an area for further research.