



REMOVING OBSTACLES TO CERVICAL SCREENING

ROSE : ADAPTED STRATEGY AND MOVING FORWARD IN THE ERA OF COVID19

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TRUSTEE, ROSE FOUNDATION



TOWARDS A WORLD WITHOUT CERVICAL CANCER: WE KNOW WHAT SHOULD AND NEEDS TO BE DONE

Vision: A world without cervical cancer

Threshold: All countries to reach <4 cases per 100,000 women years

2030 control targets

90%

HPV vaccination

of girls fully vaccinated
with HPV vaccine by 15
years of age

70%

HPV test

Of women screened with
a high precision test at
35-45 years of age

90%

Treatment

Of women identified with
cervical disease receive
treatment and care

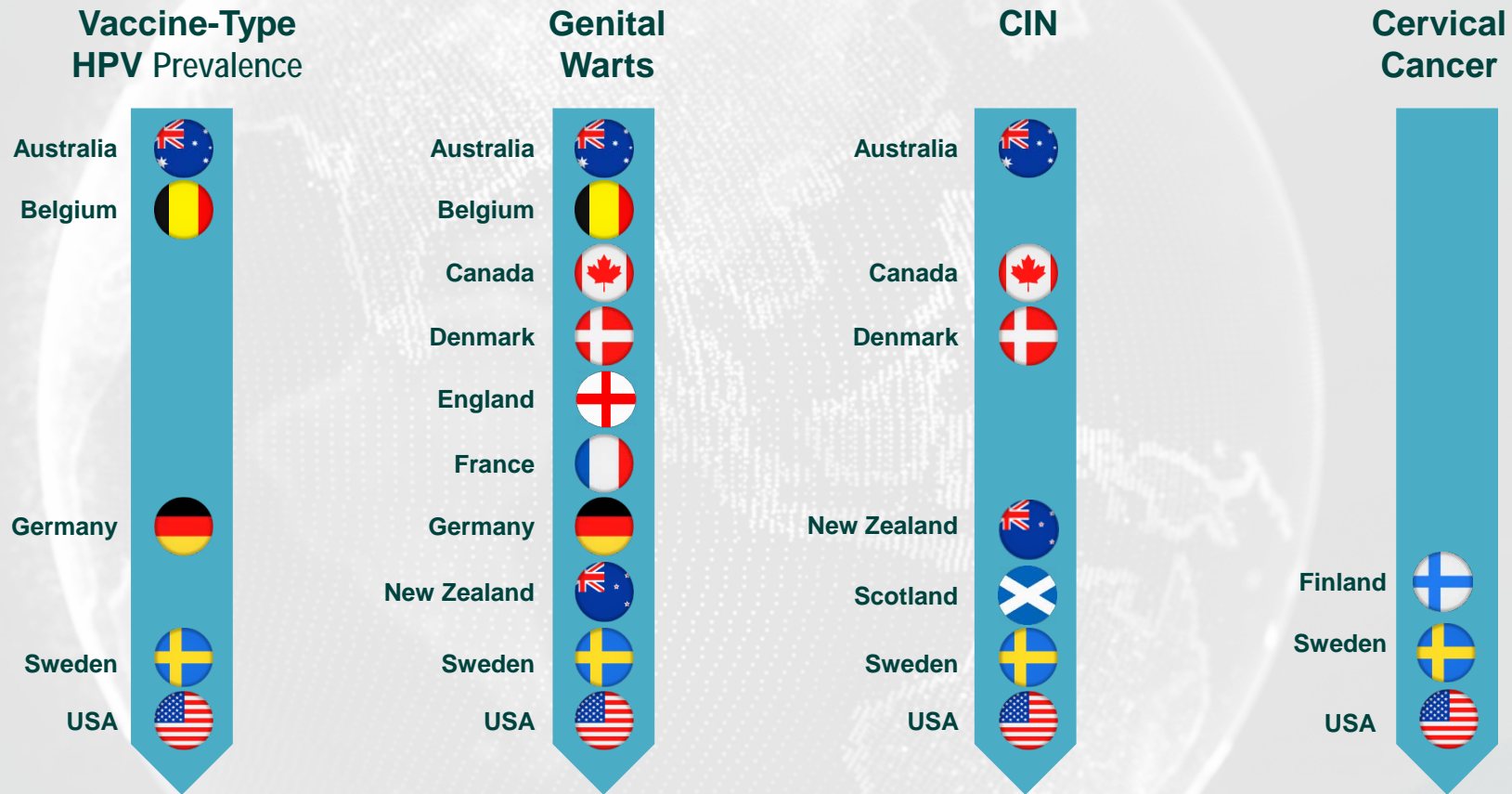
30%

**Reduction in
mortality**

Of women with
cervical cancer

'REAL-WORLD' SUCCESS WITH HPV VACCINATION

Observed Declines¹⁻⁷



HPV Vaccination

Months

Years

Decades

CIN = cervical intraepithelial neoplasia.

1. Garland SM et al. *Clin Infect Dis*. 2016;63:519-527. 2. Checchi M et al. *Sex Transm Infect*. Epub ahead of print. 3. Palmer T et al. *BMJ*. 2019;365:l1161. 4. Guo F et al. *Am J Prev Med*. 2018;55:197-204. 5. Luostarinen T et al. *Int J Cancer*. 2018;142:2186-2187. 6. Innes CR et al. *N Z Med J*. 2020;133:72-84; 7. *N Engl J Med* 2020; 383:1340-1348

HPV SELF-SAMPLING IMPROVES SCREENING FOR CERVICAL CANCER

Cervical cancer is the 4th most frequent cancer in women.

This can contribute to **ELIMINATING CERVICAL CANCER** as a public health problem by **2030**.

HPV self-sampling is:

- ✓ Easy
- ✓ Convenient
- ✓ Private
- ✓ Painless
- ✓ Cheap

#SelfCare

hrp
research for impact

World Health Organization

Cervical cancer screening with the HPV test and the Pap test in women ages 30 and older

When to get tested and how to make sense of your test results.

If you are 30 years or older and

- your Pap test is normal
- your HPV test is negative

you can wait 5 years before being tested again for cervical cancer!

OTC

NATIONAL CERVICAL SCREENING PROGRAM:

Guidelines for the management of screen-detected abnormalities, screening in specific populations and investigation of abnormal vaginal bleeding

NATIONAL CERVICAL SCREENING PROGRAM
A joint Australian, State and Territory Government Program

ENDORSED BY:

Significant landmark as primary HPV screening is offered across England

Ruth Stubbs, 23 January 2020 - [NHS Cervical Screening Programme](#)

To support primary HPV screening, Public Health England has produced:

- guidance
- blogs
- letters, leaflets and easy guides
- training materials

PHE has produced a suite of resources and updates to support implementation of the new primary HPV screening pathway

I am delighted to announce that, as of December 2019, primary HPV screening is fully rolled out and being offered across England as part of the [NHS Cervical Screening Programme](#). This significant landmark will improve screening by identifying more women at risk of cervical cancer.

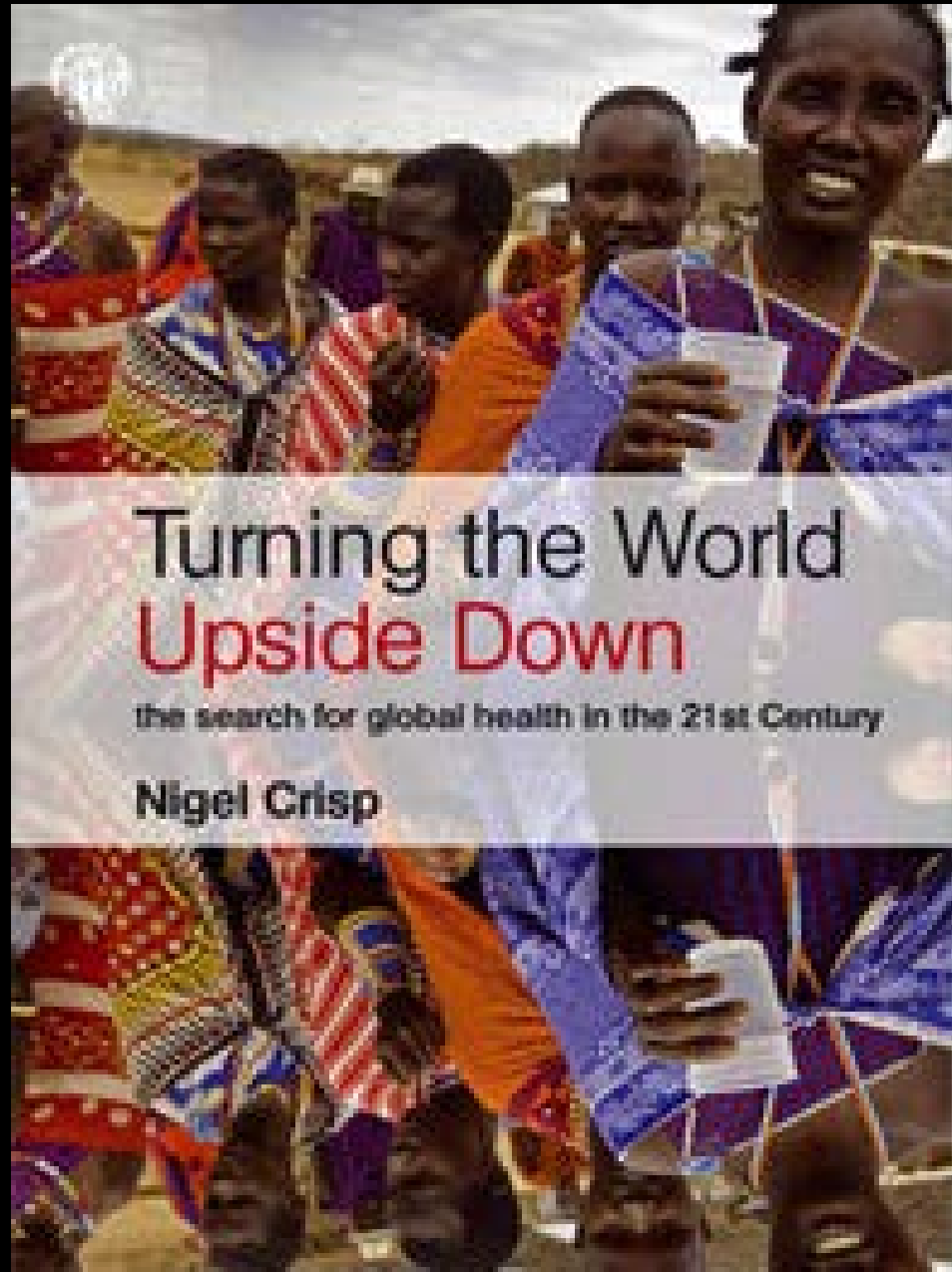
There has been a huge amount of work involving many different organisations and providers to get to this stage.

In this article I'd like to talk about the Public Health England (PHE) contribution and about the opportunities we now have to develop the programme further.

Countries and guidelines on transitioning to Primary HPV Test

Effective strategies must extend to UMIC and LMICs





Health systems are different between developing and the developed world.

New set of approaches to health services and systems being developed in poorer countries are every bit as important as the introduction of ideas and practices from richer countries.

There is a need for a process of **co-development – and mutual learning between countries and their development partners** – which recognises that richer countries themselves have substantial problems

Organized cytology screening and high-resourced settings have not been reproducible in UMIC and LMIC

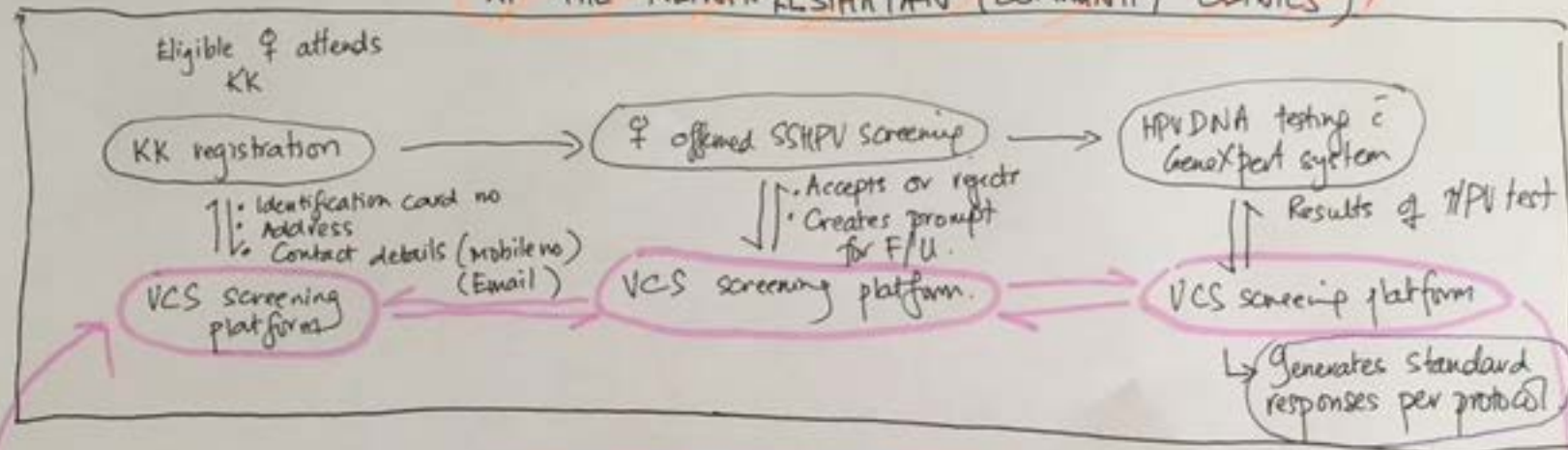
PROGRAM ROSE

REMOVING OBSTACLES TO CERVICAL SCREENING

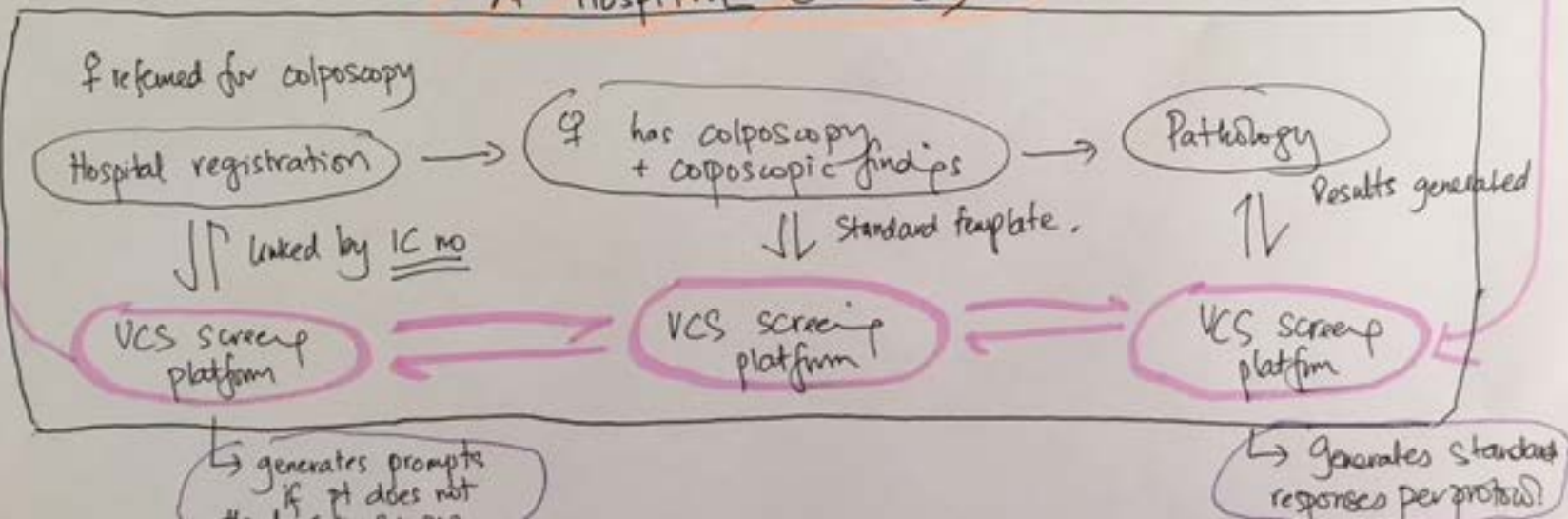
- Principles of design thinking applied to cervical cancer screening
- Human centered approach in developing innovative solutions
- It's not just about the 'test'; but ensuring women are navigated through the screening process
- It's also about stringent monitoring and surveillance of program performance
- Evolving and agile



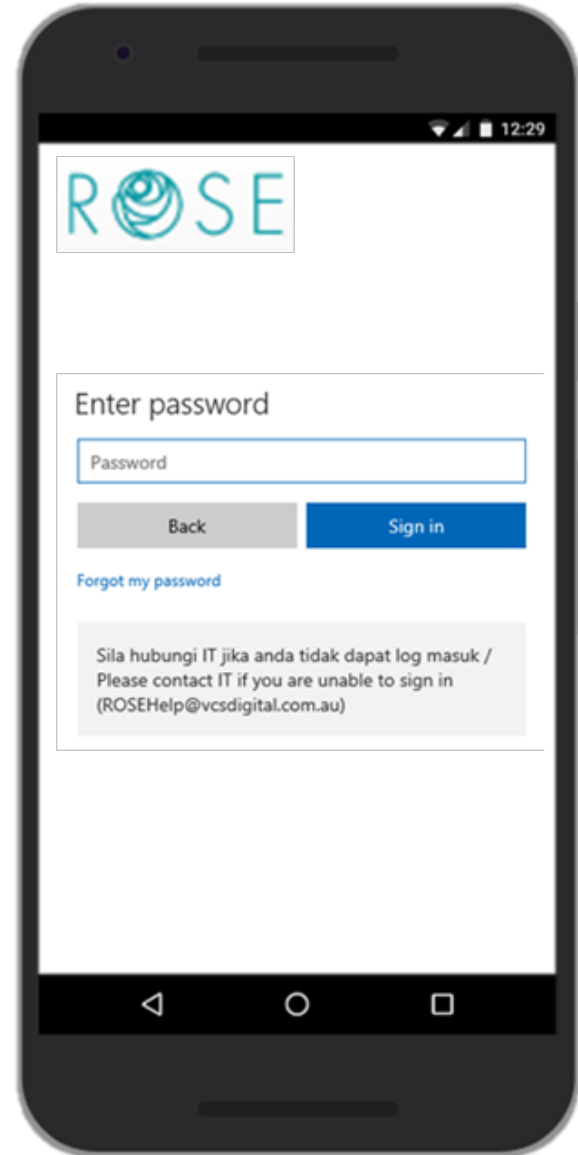
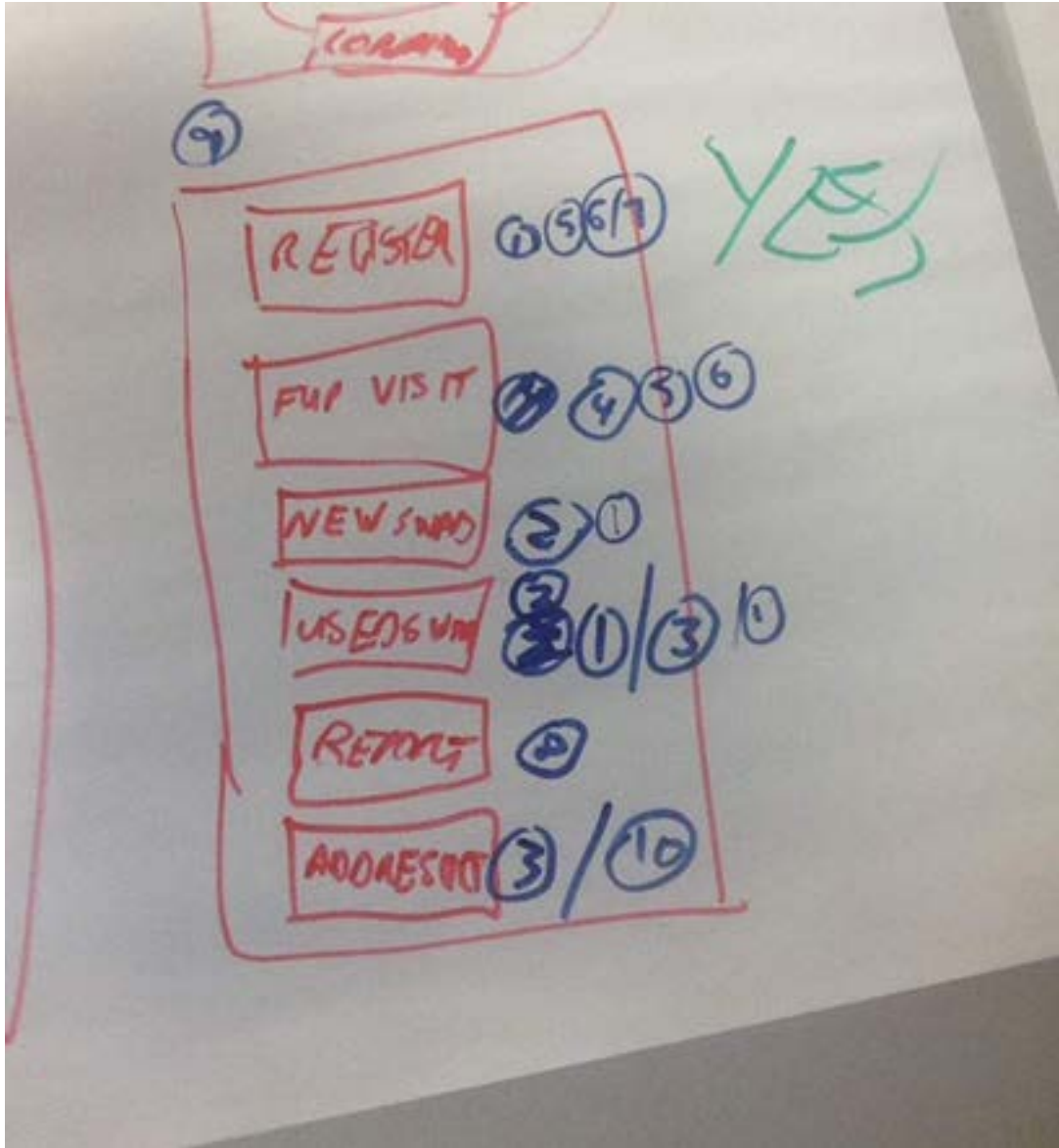
AT THE KLINIK RESIHATAN (COMMUNITY CLINICS)



AT HOSPITAL (UMMC)



Patient-centered pathway conceptualized on paper







Collaborative Partnerships



THREE COMPONENTS OF 'ROSE'

#1. Self-sampling

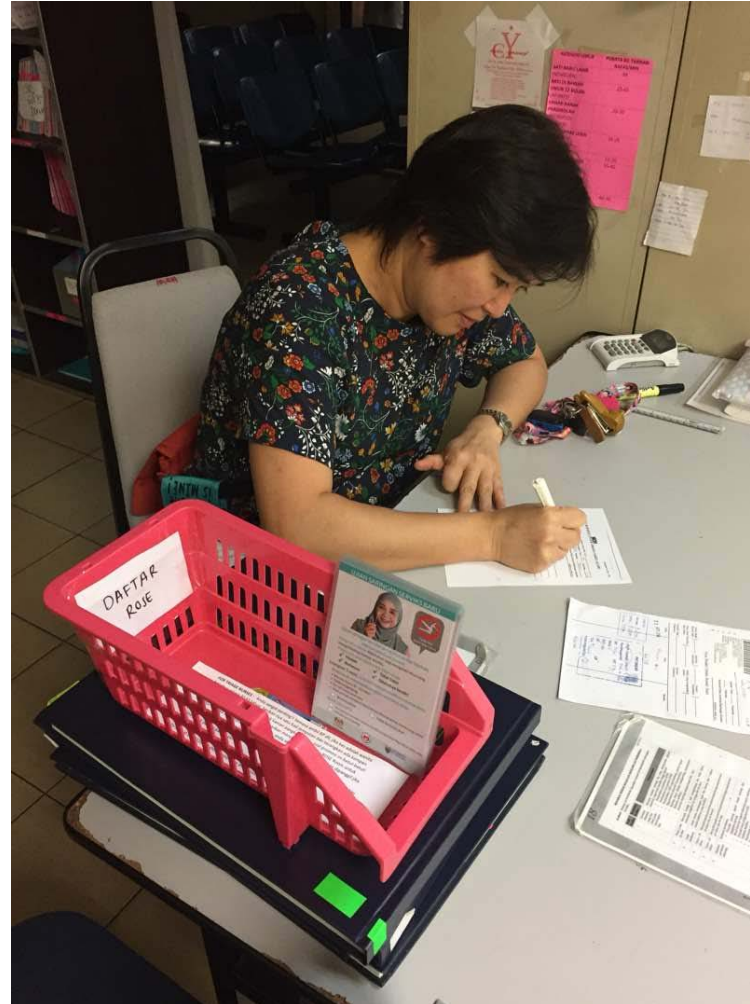


#2. HPV testing

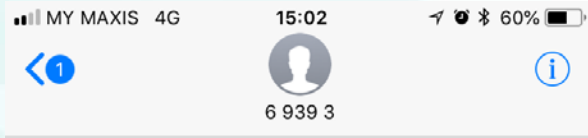


#3. E-digital and mobile platform
Linked to a screening registry (canSCREEN®)

ROSE PROCEDURE



ROSE PROCEDURE



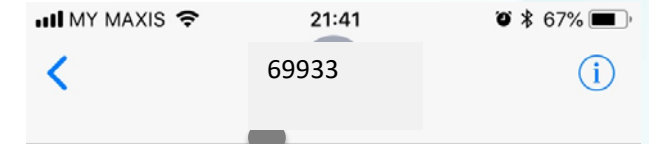
Text Message
Today 15:02

RM0.00 Puan/Cik WOO YIN LING,
Terima kasih kerana mendaftar untuk Pilot Project ROSE. Ini adalah mesej pengesahan telefon bimbit anda. Sila tunjukkan mesej ini kepada staf klinik untuk meneruskan proses pendaftaran dan ujian saringan serviks. Sekian.

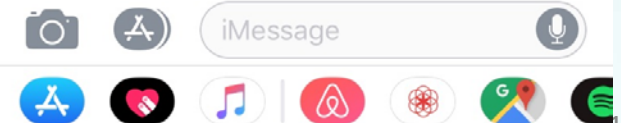
Dear WOO YIN LING,
Thank you for registering for Pilot Project ROSE. This is your mobile phone verification message. Please show this message to the clinic staff to proceed with registration and cervical screening.



ROSE PROCEDURE

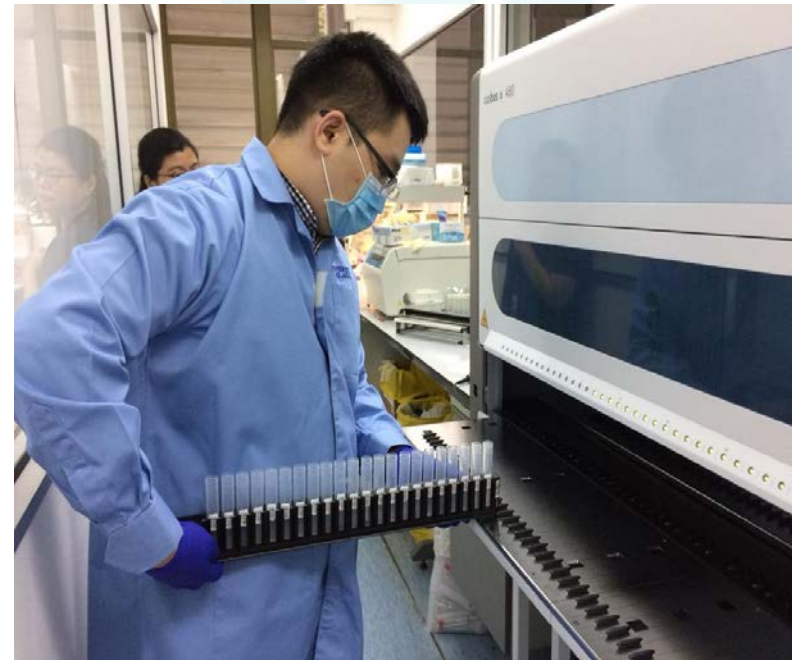


RM0.00 Puan/Cik WOO YIN LING,
Terima kasih kerana sudi menjalani ujian saringan serviks pensampelan diri di KLINIK KESIHATAN TAMAN MEDAN pada 20/04/2018. Sampel ujian anda TIDAK mempunyai Human Papilloma Virus (HPV). Anda digalakkan mengulangi ujian ini selepas 5 tahun. Sekian.



POCT AND CENTRALIZED LABORATORY TESTING

ROSE Pilot 1.0:
Clinic-based
individual
testing using
*Cepheid
GeneXpert*



ROSE Pilot 2.0:
Lab-based
centralized
batch testing
using *Roche
Cobas 4800*

RESULTS DELIVERED WITHIN 3 WORKING DAYS

Note:

- In ROSE Pilot 2.0, samples are delivered the next working day



Only 9.5 minutes for a woman to get screened

0m

0.5m

2.5m

6.0m

9.5m

3 working days

Eligibility

Education

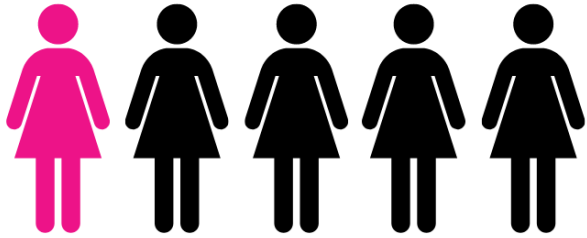
Registration

Sample
collection

Results



SAMPLE COLLECTION



1 in 5 women worry about having test done properly as the **absence of discomfort was suspicious**



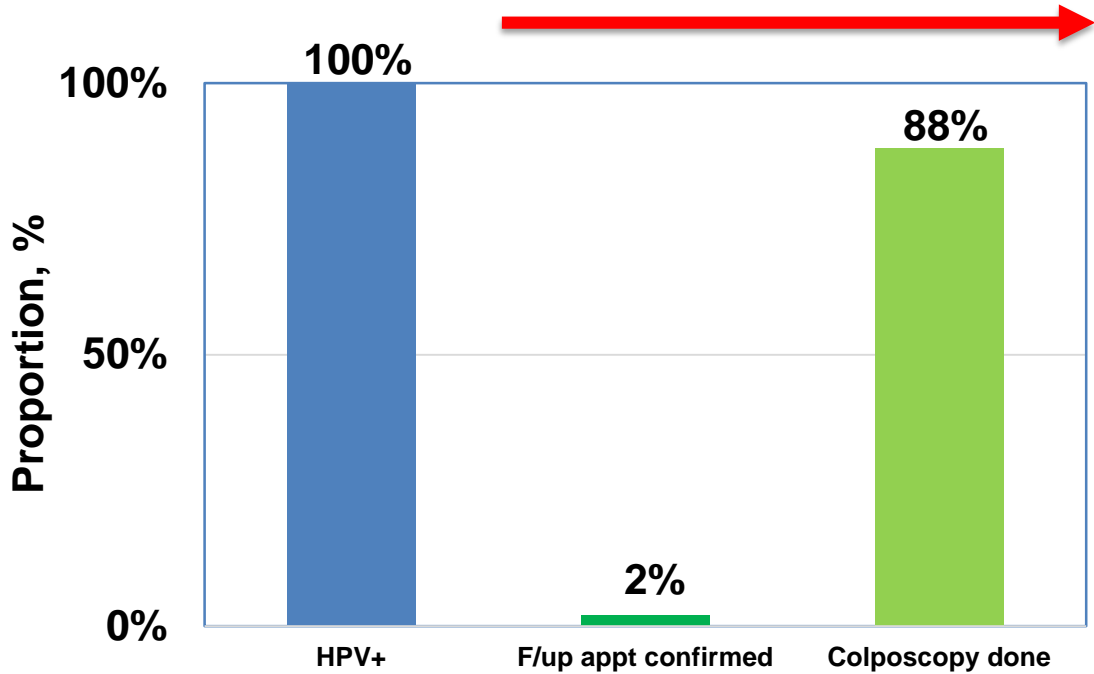
4 in 1000 participants **required nurse's assistance**



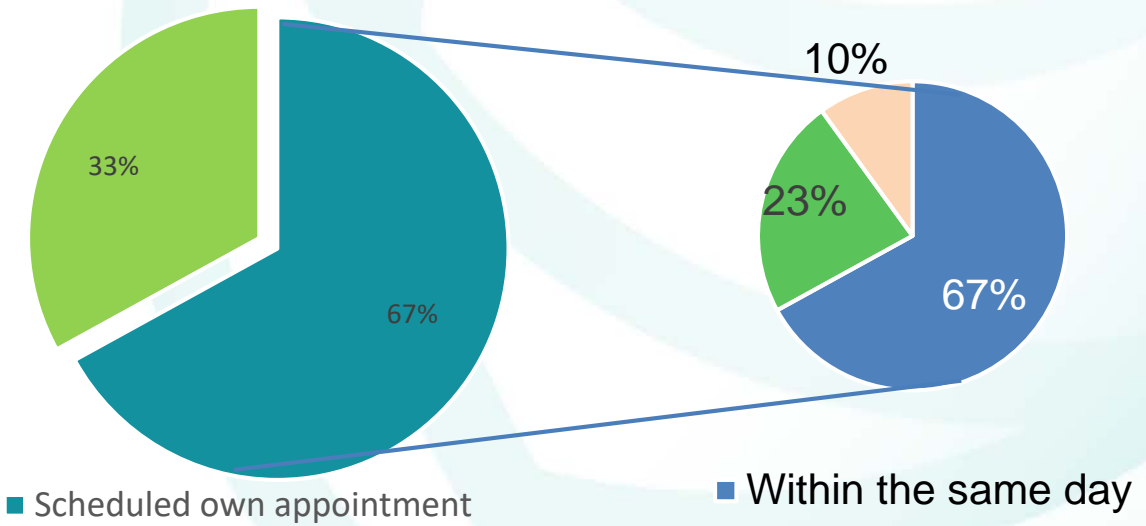
2 in 100 participants expressed **difficulty or discomfort with self-sampling**

FOLLOW UP ENGAGEMENT

90% attended follow up

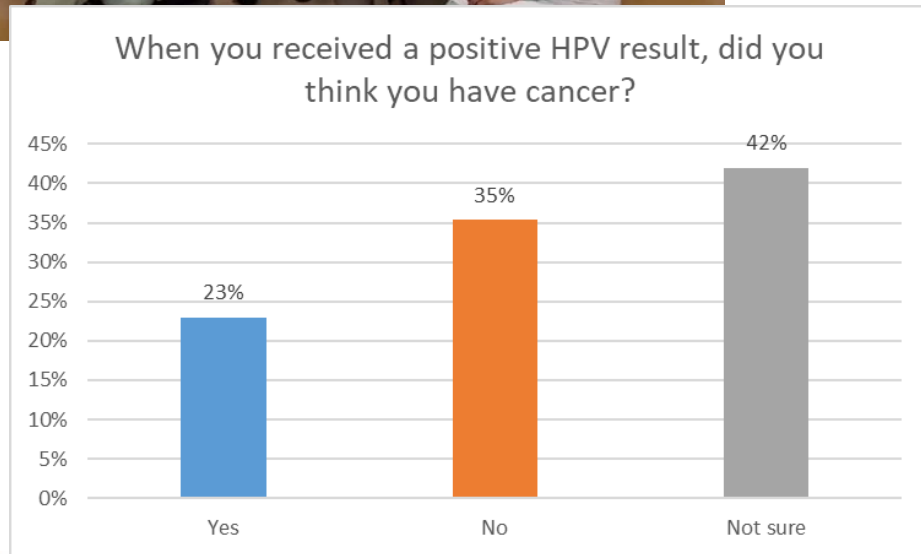


2/3 of patients scheduled their own appointment and called within the same day of receiving their results SMS



Source data from ROSE Pilot 1.0 and 2.0. As at 20 March 2019.

COLPOSCOPY FOLLOW UP



- On average, 2 calls (*maximum 9*) required to establish contact with participants¹
- Three participants (0.14%) not contactable whereas another three (0.14%) declined follow up
- 34% rescheduled their appointments (*common reasons: period, family emergency, sickness*)
- 10 participants (4.78%) are non-compliant²
- 23% thought they have cancer when they received a positive HPV result

¹ Among participants who did not initiate the call for follow up within 1 week of receiving results

² Rescheduled more than three times and failed to attend

STANDARDIZED TRAINING MATERIALS



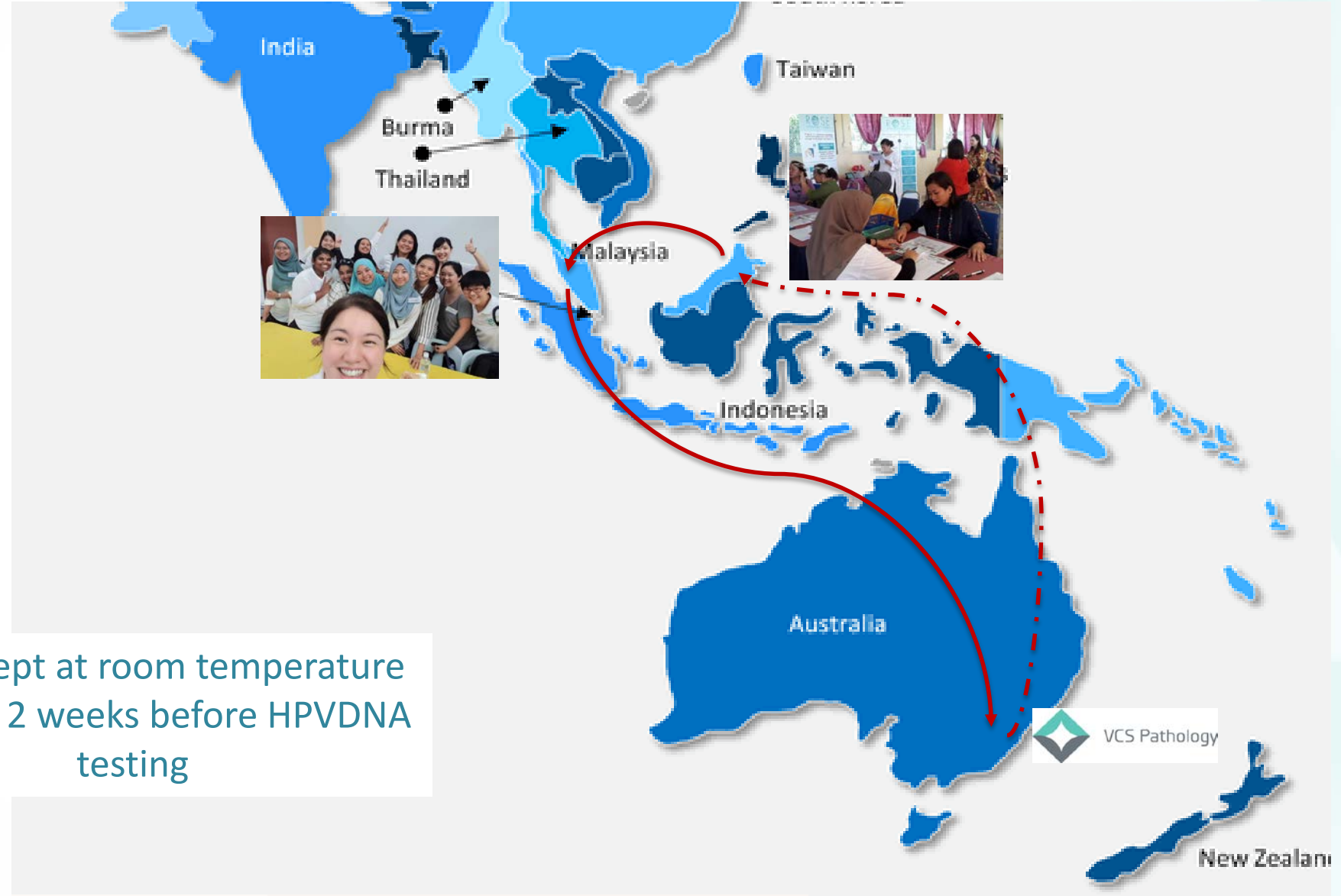
MOBILITY AND SIMPLICITY OF SETTING UP



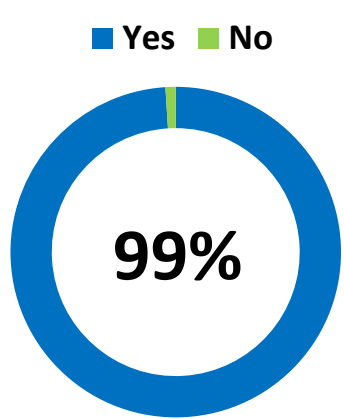
COPAN FLOQSWAB FOR HPV TESTING EASILY TRANSPORTED



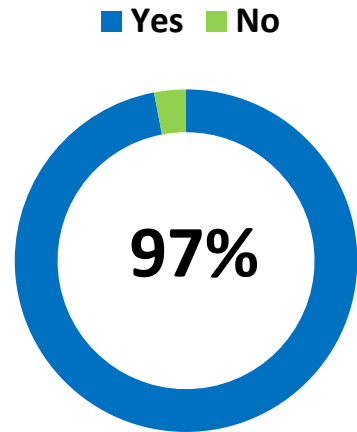
Can be kept at room temperature for up to 2 weeks before HPV DNA testing



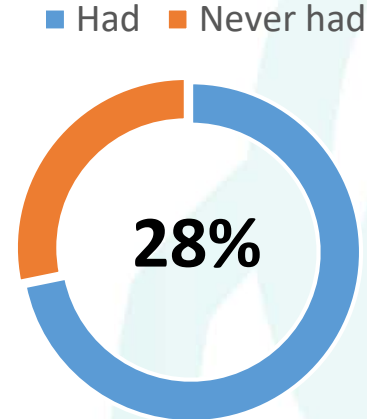
FEEDBACK FROM PARTICIPANTS



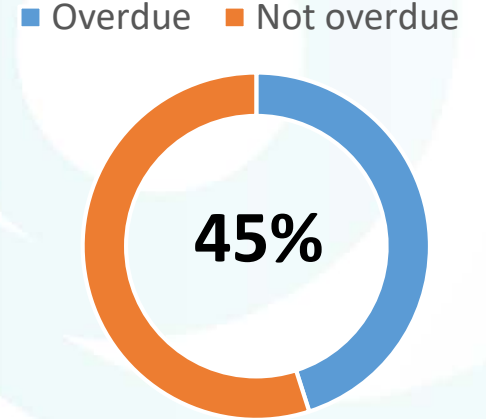
ROSE again?



ROSE for friends?



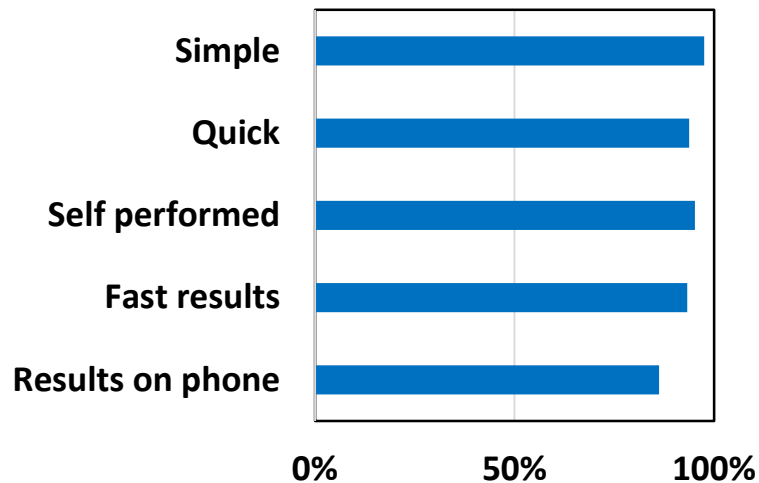
Never had a Pap smear



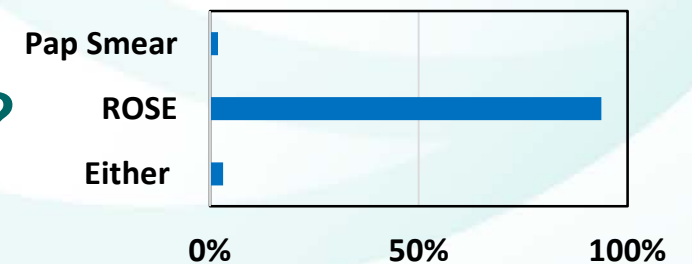
Overdue* for Screening

*last Pap smear was more than 3 years ago

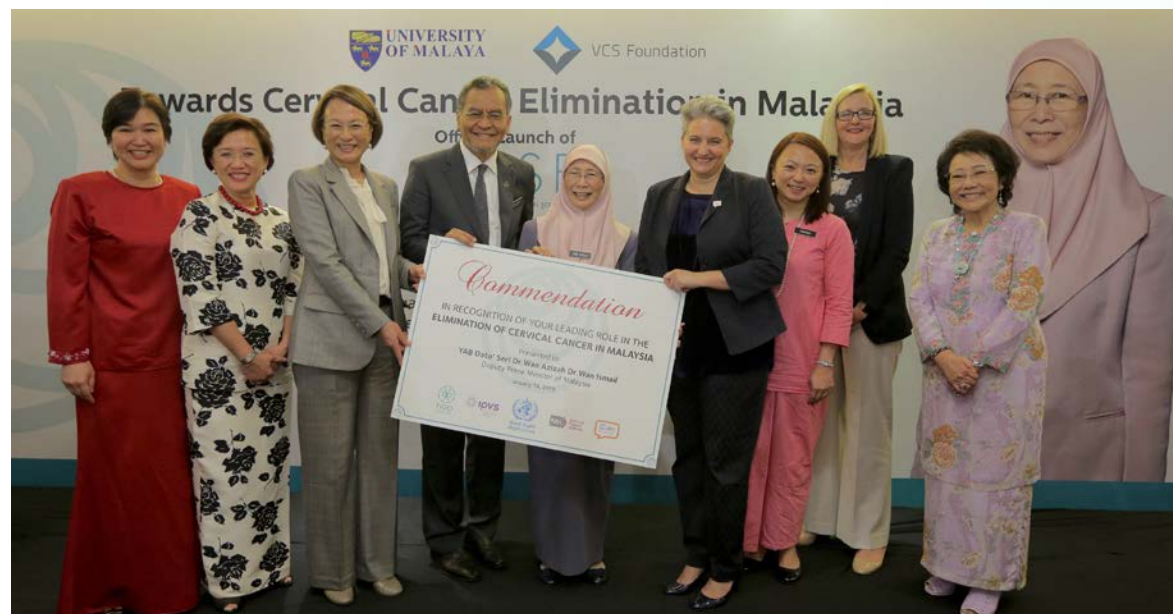
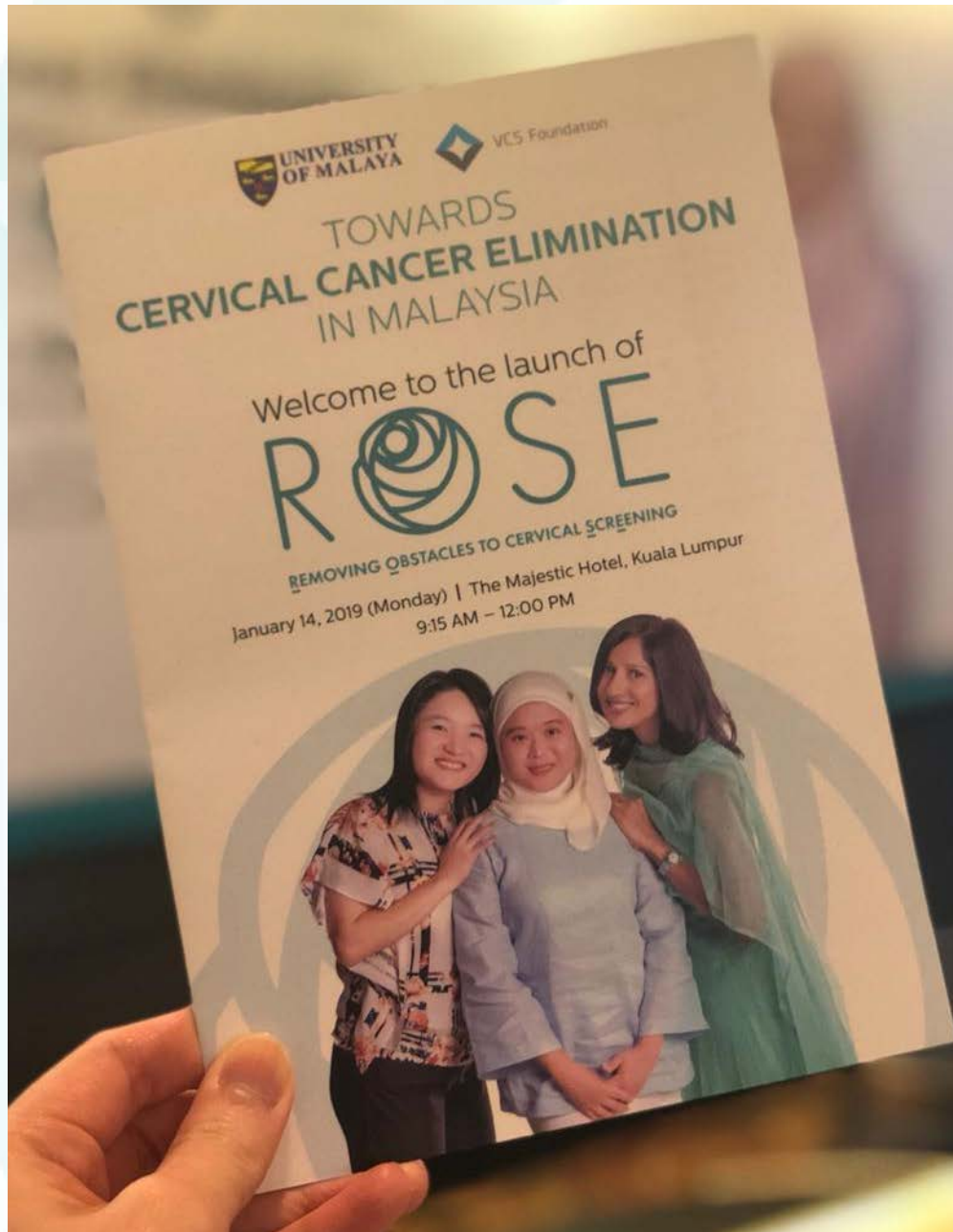
Why ROSE?



Pap or ROSE?



Data Source: Telephone surveys with 1000 women tested negative for HPV



PRIMARY HPV SCREENING IS ADOPTED IN MALAYSIA

DAPATKAN PEMERIKSAAN PERCUMA!
(tertakluk kepada terma & syarat)

Ujian Mamogram
kepada semua wanita berumur 40 hingga 70 tahun dan berpendapatan isi rumah kurang RM10,000.00

HPV DNA
kepada semua wanita berumur 25 hingga 65 tahun, kumpulan B40 & M40 dan berkahwin/pernah berkahwin

DI SEMUA KLINIK NUR SEJAHTERA LPPKN SELURUH NEGARA.
Maklumat lanjut sila layari www.lppkn.gov.my

LPPKN *Kita kan Keluarga*

KEMENTERIAN PEMBANGUNAN WANITA, KELUARGA DAN MASYARAKAT



MINISTRY OF HEALTH MALAYSIA

GUIDELINES FOR PRIMARY HPV TESTING IN CERVICAL CANCER SCREENING IN MALAYSIA

FAMILY HEALTH DEVELOPMENT DIVISION
MINISTRY OF HEALTH MALAYSIA
2019



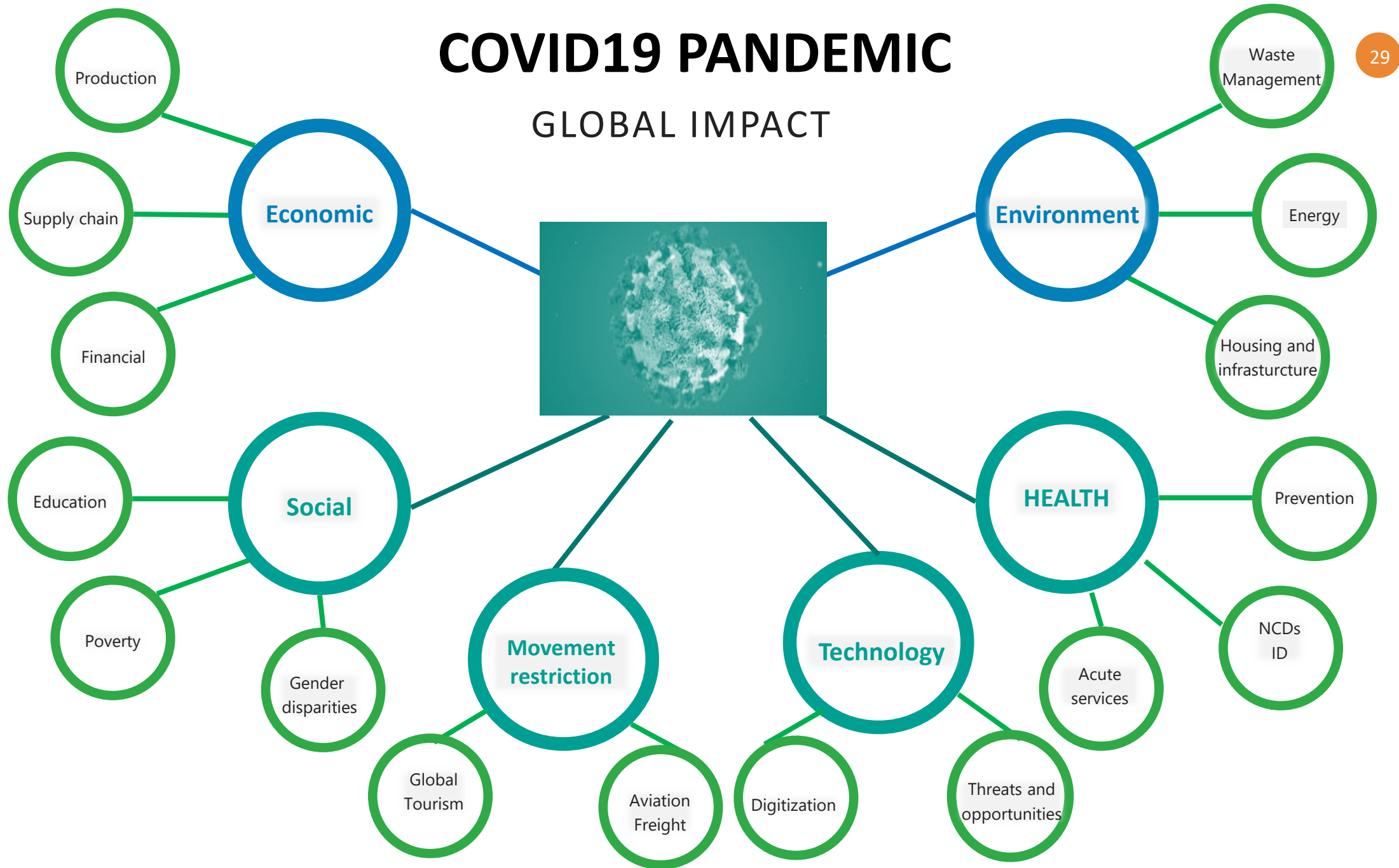
COMMUNITY INVOLVEMENT





COVID19 PANDEMIC

GLOBAL IMPACT





WHO Consolidated Guideline on Self-Care Interventions for Health

Sexual and Reproductive Health and Rights



WHO recommendations on self-care interventions

Human papillomavirus (HPV) self-sampling as part of cervical cancer screening



What is self care?

WHO's definition of self care is the ability of individuals, families and communities to promote health, prevent disease, maintain health, and cope with illness and disability with or without the support of a health-care provider.

What are self-care interventions?

Self-care interventions are evidence-based, quality drugs, devices, diagnostics and/or digital products which can be provided fully or partially outside of formal health services and can be used with or without the direct supervision of health care personnel.

WHO consolidated guidelines on self-care interventions

- Worldwide, an estimated shortage of 18 million health workers is anticipated by 2030.
- At least 400 million people worldwide lack access to the most essential health services.
- During humanitarian emergencies, including pandemics, routine health services are disrupted and existing health systems can be over-stretched.



For select health services, incorporating self care can be an innovative strategy to strengthen primary health care, increase universal health coverage (UHC) and help ensure continuity of health services which may otherwise be disrupted due to health emergencies. WHO published global normative guidance on self-care interventions, with the first volume focusing on sexual and reproductive health and rights (SRHR). Each recommendation is based on extensive consultations and a review of existing evidence.

FLIPPING CHALLENGES TO OPPORTUNITIES POST COVID-19 ERA

- Move screening from tertiary care to primary care/ community
- Most diagnostic laboratories are not more familiar with molecular testing (PCR)
- Digital technology and public health measures can be strengthened
- Encourage and empower self-testing as part of self-care



THE NATION

**FRONTLINERS
UNITED AGAINST
CERVICAL CANCER**

SAC DATO' ASMAWATI AHMAD
Head of Corporate Communications,
Royal Malaysian Police

PROF WOO YIN LING
Professor of Obstetrics & Gynaecology,
University of Malaya

**FRIDAY
17th JULY 2020
3.00PM - 3.30PM**

  **Astro 502, unifi TV 631, myFreeview 121**





COLPOSCOPY DURING
COVID19 ERA



TIME TO THINK AND ACT

RESOLVE



Address immediate challenges facing healthcare workforce, patients and health facilities

RESILIENCE



Address immediate supply chain and resiliency issues

RETURN



Plan to return the cervical cancer elimination agenda quickly

REIMAGINE



Come up with “next normal” and how the situation should reinvent

REFORM



Be clear about how environment may affect vaccination

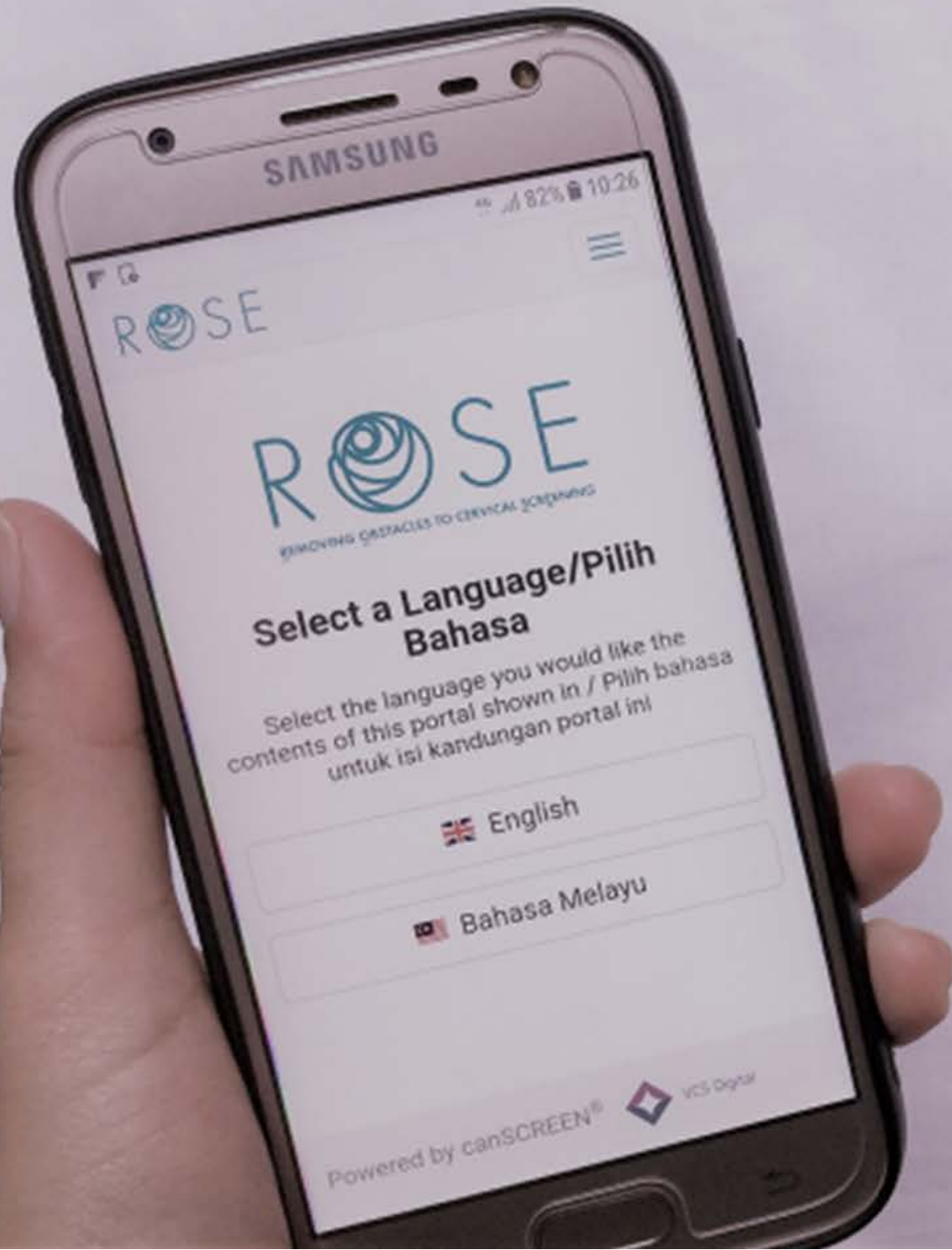


Adapting from Five stages on the road to recovery from COVID-19 crisis: McKinsey & Company





‘ Remember, systems make things work, *not isolated technology*. However, sometimes a technology comes along that ‘encourages’ a system to be built around it, since it solves many unique problems’



IMAGINE

