

Improving HPV & precancer treatment among WLWH in LMICs: The Low Hanging Fruit

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SCHOOL OF
MEDICINE

Disclosures

- No financial disclosures
- Personal disclosure/my lens



Precancer Treatment in LMICs: On field experience



“Kwa ground, vitu (things) are different....”

- And we can (feasibly) do much better

Tremendous progress so far

HOW TO TAKE YOUR OWN HPV TEST



go further
ENDING AIDS & CERVICAL CANCER



Thermocoagulator

- ✓ Low-cost
- ✓ Portable
- ✓ Lightweight
- ✓ Battery-powered
- ✓ Cervical ablation
- ✓ Autoclavable probes in 16mm flat or pointed tip
- ✓ No wires or cables required to connect probe to device
- ✓ No external power supply required during surgery
- ✓ Automated procedure timing with visual indicators - no watch or clock required



Yet, Still so far to go....

ecancermedicalsecience

Integration of cervical cancer screening into HIV/AIDS care in low-income countries: a moral imperative

Chemtai Mungo¹, Emily Barker², Magdalene Randa³, Jeniffer Ambaka³ and Cirilus Ogollah Osong'o³

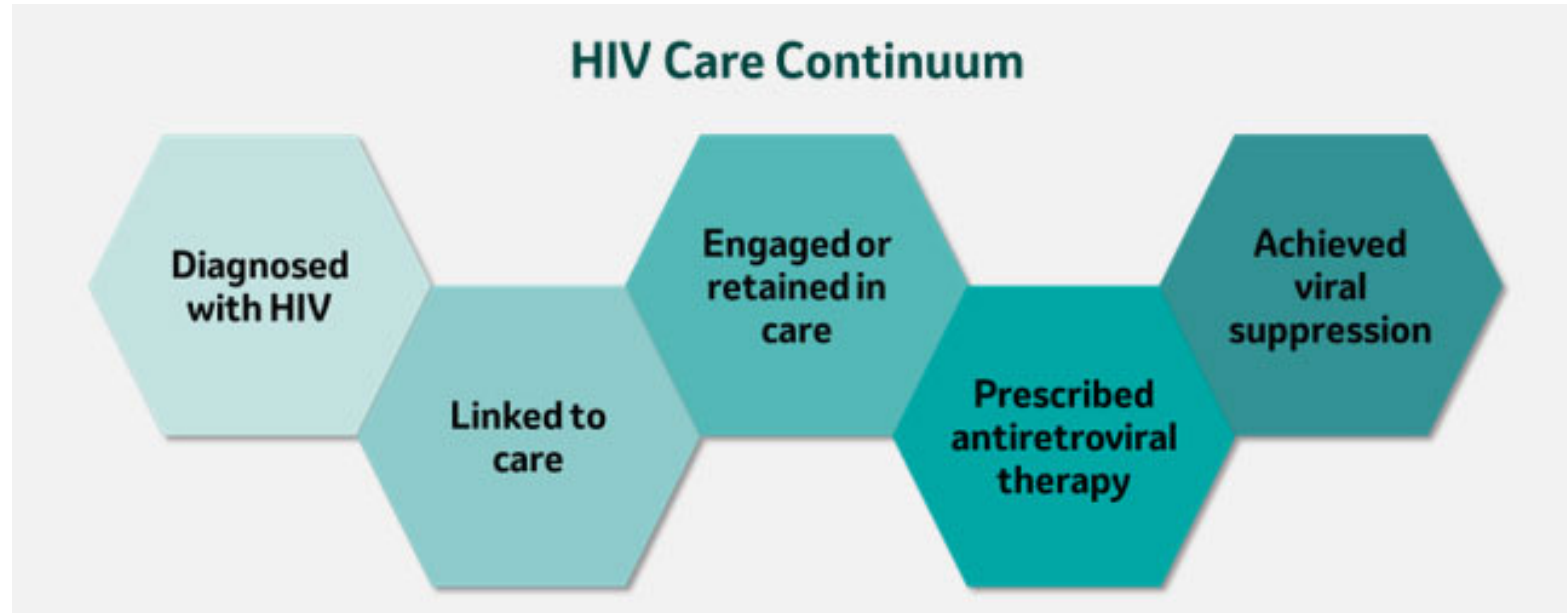
Case Report: Mungo et al (2021)

- 34 y/o HIV+ female, 8th grade education, unemployed
- HIV care since 2010 diagnosis, quarterly visits, virally suppressed
- **Jan 2020:** Research study, HPV+ on self-test, ill appearing, fungating lesion, stage IIB, confirmed on biopsy
- **Screening history?** 2011: VIA +, biopsy taken, not followed up
 - April 2020: Radiation started
- **Jan 2021:** Died from radiation complications
- Her story isn't uncommon, repeats itself often

Limitations of current treatments methods

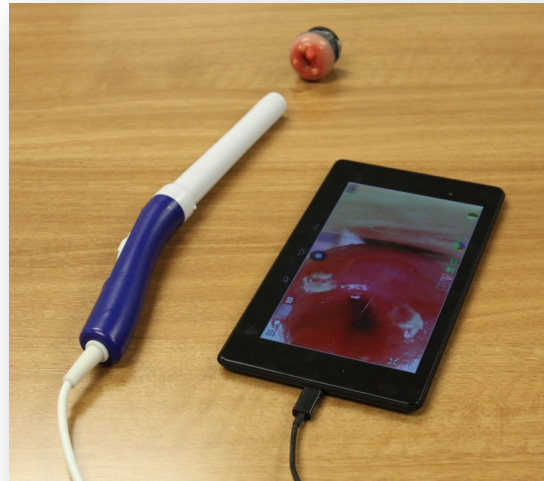
- **Greene (JAMA, 2019):** Cryotherapy vs LEEP RCT, HIV+ women in Kenya, 24-month CIN2/3 recurrence: **30% cryotherapy, 19% LEEP**
- **Mungo (2021, IPVC):** Thermal ablation, single-arm, HPV+/HIV+ women in Kenya, **12-month CIN2/3 recurrence: 34%**
- **High rates of HPV-persistence: Chung (JAMA, 2021):** 12-months: 61% cryotherapy vs 49% LEEP
- **How are we mitigating this?** Do we know how many WLWH with CIN2/3 have had recurrence? Are they followed up and managed? Is the urgency appreciated?

What can we learn from the HIV care continuum?



- **What about cervical precancer treatment and outcomes? What is our 95/95/95 cascade?**
 - Screened “positive” & treated > seen for 12-month post-treatment visit > recurrence diagnosed & treated
 - We **urgently** need a treatment & outcomes cascade

What could Screen & Treat⁺⁺ look like?



- How many nurses can correctly identify a Type III transformation zone and hence not ablate it?
- Why not have a record of a “positive” lesion for these highest risk women?
- Acknowledge limits to service integration and limited training

What could Screen & Treat⁺⁺ look like?

Safety and Acceptability of Thermal Ablation for Treatment of Human Papillomavirus Among Women Living With HIV in Western Kenya

Chemtai Mungo, MD, MPH¹; Ciriilus Ogollah Osongo, BSc²; Jeniffer Ambaka, DipCM²; Magdalene A. Randa, MBChB²; Jackton Omoto, MBChB, MMed³; Craig R. Cohen, MD, MPH⁴; and Megan Huchko, MD, MPH⁵



- How many microinvasive cancers are inadvertently ablated and not recognized?
- **Mungo et al (2020): 1.9% ablated had microinvasive carcinoma on biopsy**
- How many endocervical lesions aren't recognized and not treated in Screen & Treat?
- Can we introduce (random or routine) pre-ablation biopsy for QA/QC?

What could Screen & Treat⁺⁺ look like?

Loop Electrosurgical Excision Procedure: Safety and Tolerability Among Human Immunodeficiency Virus-Positive Kenyan Women

Victoria G. Woo, BA¹, Craig R. Cohen, MD, MPH², Elizabeth A. Bukusi, MB, PhD³, and Megan Huchko, MD, MPH²



- Urgent need for in-house biopsy & LEEP within HIV clinics in LMICs (stop the “ping-pong”)
 - Woo et al (2011): 180 LEEPs by nonphysicians, no adverse events
 - Delays in referrals cost lives
- We can very feasibly create in-house ‘experts’ among nurses, physician assistants (COs) with regular mentorship, supervision
- Need guidelines, metrics, accountability
- Cannot rely on gynecologists alone

What could Screen & Treat⁺⁺ look like?



“It makes no sense to save a woman’s life from AIDS, only to let her die from a treatable or preventable cancer.”

U.S President George W. Bush (2015)

“Women are not dying because of untreatable diseases. They are dying because societies have yet to make the decision that their lives are worth saving.”

Professor Mahmoud Fathalla (2006)

Urgent need to close this “Know-Do” gap for WLWH

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