

The Argentinean experience with HPV-self collection: Results and challenges



Silvina Arrossi, Msc, PhD
HPV Board Meeting, Antwerp, June 2023



CONICET Consejo Nacional de Investigaciones
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ARGENTINEAN CONTEXT

HPV SELF-COLLECTION

Highly effective to detect disease

Acceptable

High potential to reduce barriers to screening

- The offer of HPV self-collection: Where, by whom?
- Is it acceptable?
- Is it effective to increase screening uptake?
- What are its core components?
- What are the method main limitations in the local context?





**200 CHWs who
routinely visited
households for
health service
provision**

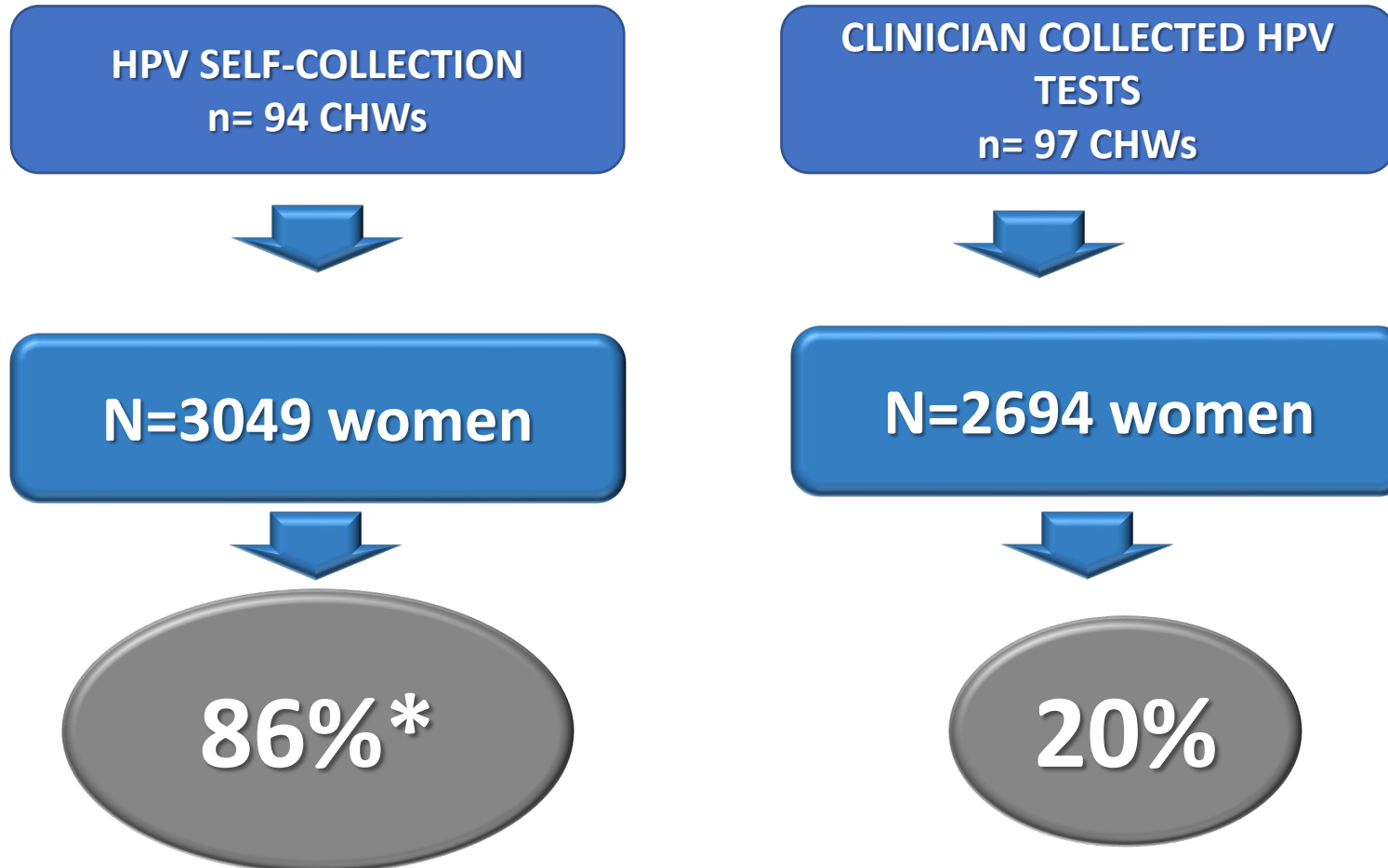


6000 women





STUDY DESIGN AND RESULTS



* $P < 0.0001$

Arrossi et al, LANCET GLOBAL HEALTH, 2015

EMA STUDY: MAIN RESULTS



- High acceptability by women: 85% of women in the intervention arm preferred self-collection

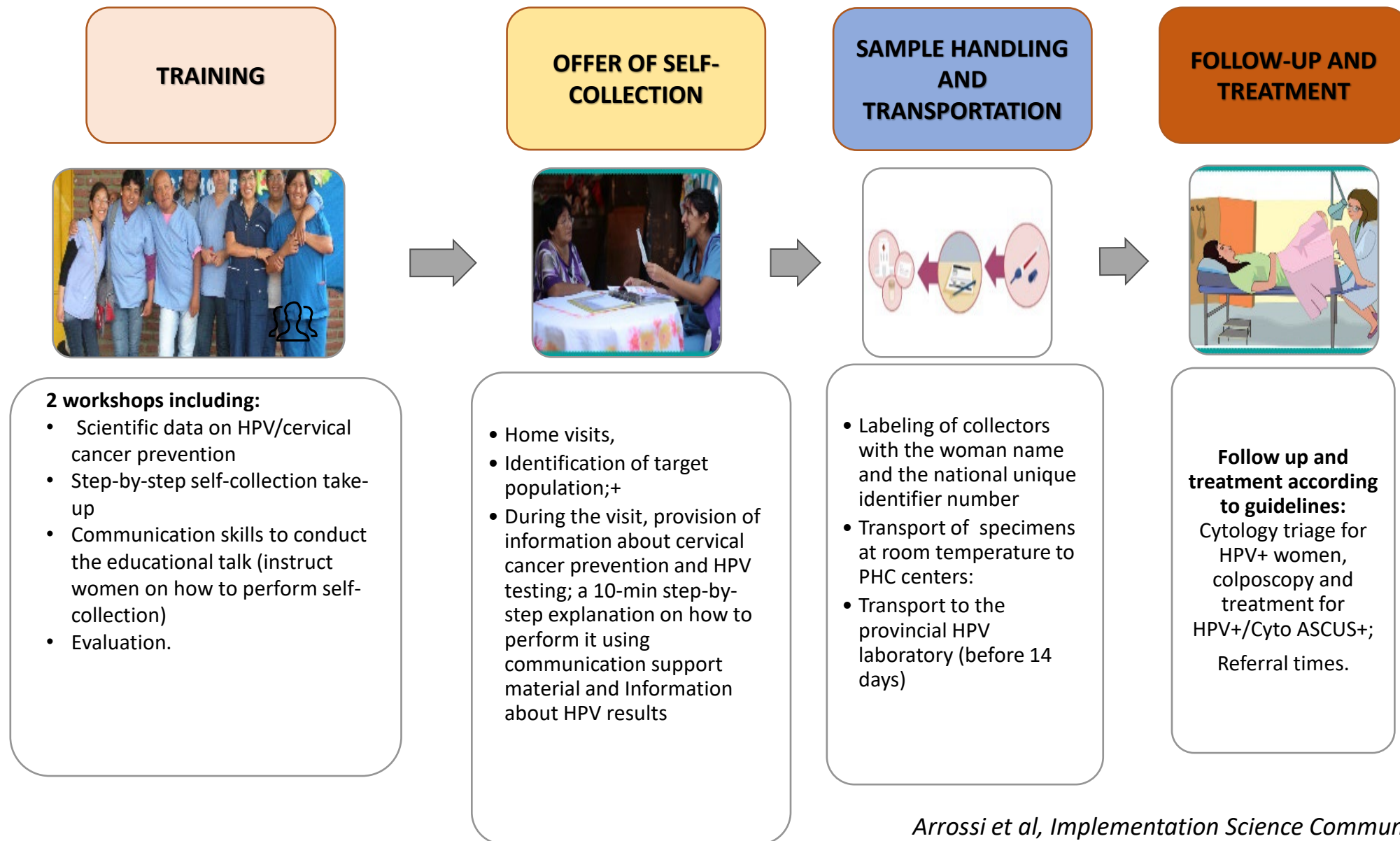


- Accepted by CHWs: 89% accepted to include the offer of self-collection as part of their programmatic tasks

- Accepted by health professionals



Self-collection strategy: Core components

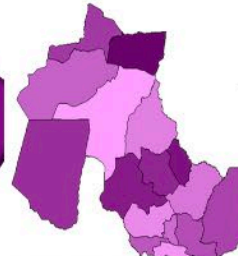


Scaling-up of HPV self-collection

**2012-2013
EMA STUDY**



**2014
PROVINCIAL SCALING-UP**



**2015: Extension of HPV
self-collection to 4
provinces and
metropolitan Area of
Buenos Aires**



Avrossi et al. Implementation Science (2017) 12:17
DOI 10.1186/s13012-017-0548-1

Implementation Science

RESEARCH

Open Access



**Evaluation of scaling-up of HPV
self-collection offered by community health
workers at home visits to increase
screening among socially vulnerable
under-screened women in Jujuy Province,
Argentina**

Silvana Avrossi^{1*}, Melisa Paolino², Laura Thouyaret², Rosa Loudi² and Alicia Campanera³

Abstract

Background: Self-collection has been proposed as a strategy to increase cervical screening coverage among hard-to-reach women. However, evaluations of the implementation of this strategy on a large scale are scarce. This paper describes the process and measurement of the scaling-up of self-collection offered by community health

➤ Evaluation of provincial scaling up

➤ N= 3000 women

R

Reach: 10 % of screening in target population

E

Effectiveness to increase coverage:
40% increase in screening uptake in target population

A

Adoption: 70% of CHWs offered Self-collection;

I

Implementation:
Training: 82%; Discarded samples: 0.2%
70% triage; 70% DX; Tx: 82%
CIN2+: 0,9% (EMA: 1,1%)

M

Maintenance: SC routine practice from 2014 onwards

Adherence to triage is a problem

Programmatic human papillomavirus testing in cervical cancer prevention in the Jujuy Demonstration Project in Argentina: a population-based, before-and-after retrospective cohort study

Silvina Arrossi, Melisa Paolino, Rosa Laudi, Juan Gago, Alicia Campanera, Oscar Marín, Cristina Falcón, Verónica Serra, Rolando Herrero, Laura Thouyaret

Summary
Background: Human papillomavirus (HPV) testing is a key step in cervical cancer prevention. The Jujuy Demonstration Project is a population-based, before-and-after retrospective cohort study of HPV testing in a middle-low income population in Argentina. The aim of this study was to measure adherence to triage among women with HPV-positive self-collection (CIN).

Methods We did a cancer prevention screening period Dec 31, 2014. To assess and propensity framework was used.

Findings Of the 236 (0.8%) individuals, 6% were in the first round of screening, 5% in the second round, and 1% in the third round. When screened in both testing periods, the recommendation was to undergo a biopsy.

Interpretation The improvement of reduction of cervical cancer risk is a challenge.

ARTÍCULOS ORIGINALES

ADHERENCIA AL TRIAJE EN CONTEXTO DE TAMIZAJE CON AUTOTOMA DE TEST DE VIRUS DEL PAPILOMA HUMANO

Triage of Women with Human Papillomavirus

Melisa Paolino¹, Alicia Campanera², Silvia Natalia Mariamendi³, Mariana Poncer⁴, Silvana Arrossi⁵

RESUMEN. INTRODUCCIÓN: Es reconocida la efectividad del test del virus del papiloma humano (VPH) para prevenir el cáncer cervicouterino (CC), así como su potencial para reducir barreras de acceso al tamizaje a través de su modalidad autotoma (A). Uno de los principales desafíos consiste en garantizar acceso a la citología de triaje de las mujeres con A-VPH positiva (VPH+). El objetivo de este estudio fue analizar la respuesta y los determinantes sociales de la adherencia al triaje (realización de citología posterior a un resultado de test de VPH+) en mujeres de 30 años o más con A-VPH+ dentro del sistema público de salud de la provincia de Jujuy. MÉTODOS: Se efectuó un estudio descriptivo transversal con análisis del Sistema de Información para el Tamizaje (SITAM) y encuestas domiciliarias a mujeres de 30 años o más con autotomas positivas en Jujuy durante 2015-2016, sin registro de triaje. RESULTADOS: El porcentaje estimado de adherencia al triaje fue de entre 90% y 81%. Los porcentajes son menores a los 80 y 120 días de realización (78% y 75%, respectivamente). Las mujeres con cobertura social (pública y sin condición de asentamiento poseen mayor probabilidad de adherir al triaje. El principal motivo de no adherencia fueron los problemas con la entrega de resultado. CONCLUSIONES: Para a los altos niveles de adherencia al triaje es necesario incorporar intervenciones que mejoren la entrega de resultados y ayuden a enfrentar las barreras socioestructurales.

PALABRAS CLAVE: Neoplasia del Cuello Uterino; Pacientes Deseñados; Tamizaje; Triaje.

¹ Centro de Estudios de Estado y Sociedad/Consejo Nacional de Investigaciones Científicas y Técnicas (CEDES/CONICET), Ciudad Autónoma de Buenos Aires, Argentina.

² Ministerio de Salud, Provincia de Jujuy, Argentina.

³ Hospital Wenceslao Gallardo, Provincia de Jujuy, Argentina.

⁴ Instituto Nacional del Cáncer, Ciudad Autónoma de Buenos Aires, Argentina.

FUENTE DE FINANCIAMIENTO: Beca "Abraham Sorin", categoría individual, otorgada por la Dirección de Investigación para la Salud Ministerio de Salud de la Nación, Argentina.

FECHA DE RECEPCIÓN: 1 de abril de 2019
FECHA DE ACEPTACIÓN: 29 de julio de 2019

CORRESPONDENCIA A: Melisa Paolino
Correo electrónico: melisa@cedes.org

Registro RENES N°: 1500100

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Adherence to triage among women with HPV-positive self-collection: a study in a middle-low income population in Argentina

Melisa Paolino¹, Juan Gago², Anabella Le Pera³, Oscar Cinto⁴, Laura Thouyaret⁵ and Silvina Arrossi^{1*}

¹Centro de Estudios de Estado y Sociedad/Consejo Nacional de Investigaciones Científicas y Técnicas, Sánchez de Bustamante 27, Buenos Aires 1193, Argentina

²Department of Population Health, School of Medicine, New York University (NYU), 550 1st Avenue, New York, NY 10016, USA

³Centro de Estudios de Estado y Sociedad, Sánchez de Bustamante 27, Buenos Aires 1193, Argentina

⁴Ministerio de Salud Pública de Tucumán, Av. República del Líbano 956, San Miguel de Tucumán, Tucumán, Argentina

⁵Programa Nacional de Prevención de Cáncer Cervicouterino/Instituto Nacional del Cáncer (Argentina), Julio A. Roca 781, Piso 9, Buenos Aires 1067, Argentina

⁶Centro de Estudios de Estado y Sociedad/Consejo Nacional de Investigaciones Científicas y Técnicas, Sánchez de Bustamante 27, Buenos Aires 1193, Argentina

⁷Retired

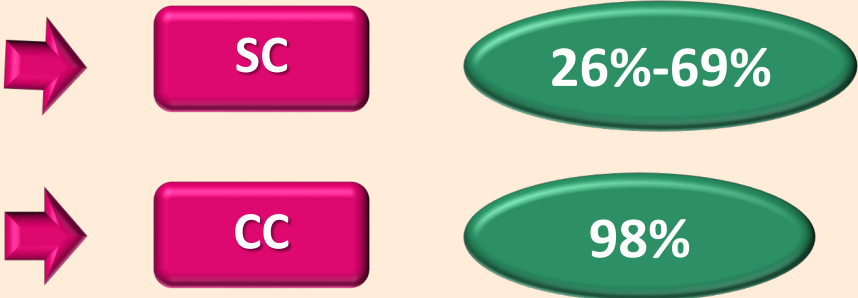
⁸<https://orcid.org/0000-0002-8649-1570>

⁹<https://orcid.org/0000-0002-5071-0938>

Abstract

Introduction: Screening for cervical cancer (CC) prevention has substantially changed with the introduction of human papillomavirus (HPV) tests. This technology compared to cytology has increased the detection of pre-malignant and malignant cervical lesions in real-world programmes in different settings. Very importantly, through self-collection, HPV testing can reduce barriers to screening and increase coverage. However, when using HPV self-collection, triage tests are a key step in the CC prevention process, and high adherence to triage has been difficult to obtain in low-middle income settings. The aim of this study was to measure adherence to triage among women with HPV+ self-collection and analysed factors

Level of adherence to triage in several provinces



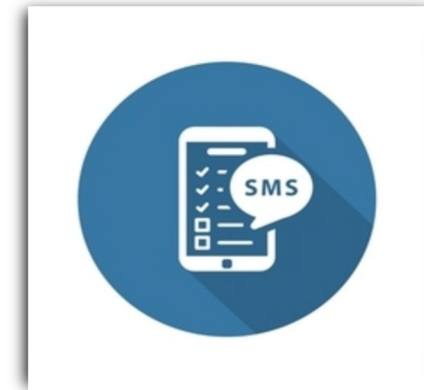
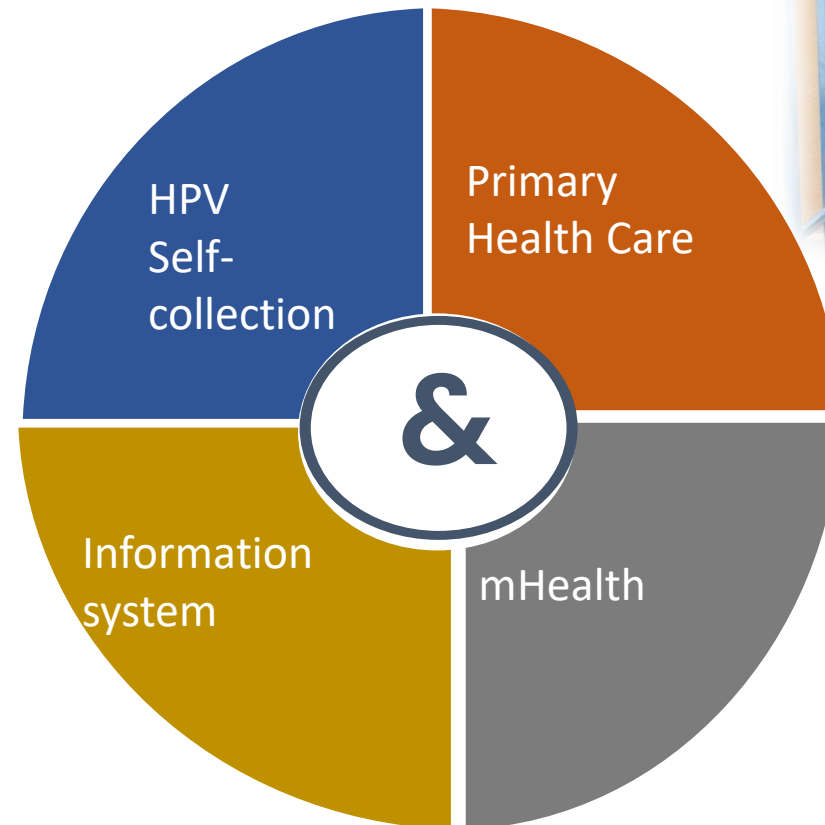
Arrossi et al, The Lancet Global Health, 2019;
Paolino et al, RASP, 2019; Paolino et al, ecancer, 2020

HPV self-collection and adherence to triage



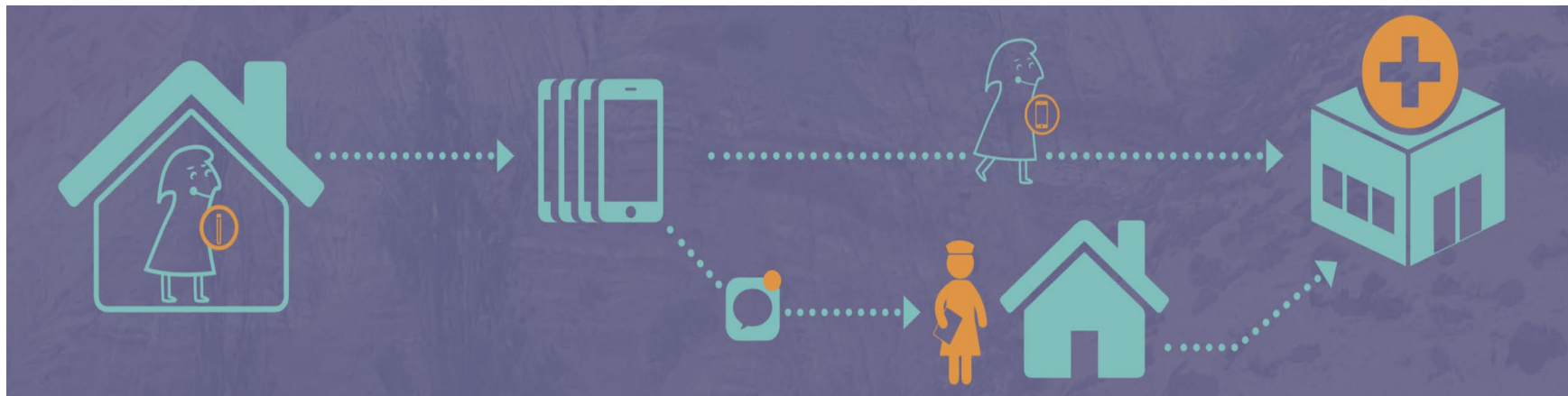
-Key question-
**How to increase adherence to triage
among women with self-collected tests?**

IMPLEMENTATION SCIENCE TO IMPROVE EFFECTIVENESS OF THE FOLLOW-UP PROCESS



MIXED-METHODS EVALUATION OF A MULTI-COMPONENT **MHEALTH** INTERVENTION FOR TRIAGE AFTER HPV **SELF-COLLECTION:** **THE ATICA STUDY**

(APPLICATION OF COMMUNICATION AND INFORMATION TECHNOLOGIES TO SELF-COLLECTION, FOR ITS INITIALS IN SPANISH)



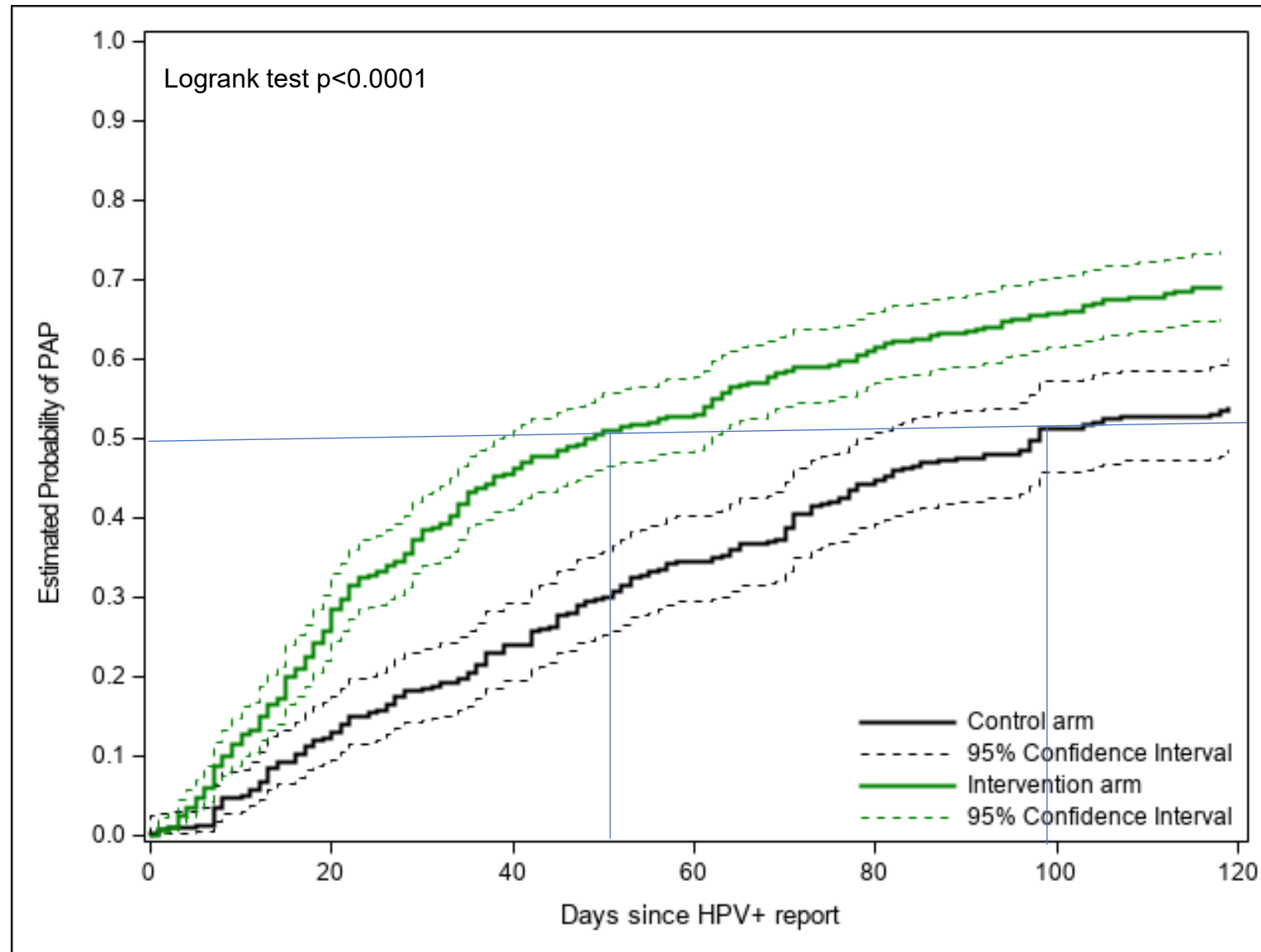
First component: Mobile phone text messages (SMS) were sent to HPV+ women informing them that the test result was ready for collection and advising them to go to the health center.

Second component: An email/SMS message was sent to CHWs to promote contacting women who did not adhere to triage within 60 days after testing positive.

TRIAGE ADHERENCE (60 AND 120 DAYS)*

	PAP at 60 days (only SMS messages)	PAP at 120 days (SMS to CHWs)
Intervention (95% CI)	54% (48 – 58)	71% (65 – 75)
Control (95% CI)	33% (27 – 40%)	55% (47% – 61%)
Diference in percentaje (95% CI)	21% (11% – 28%)	16% (7%- 24%)
RR (95%CI)	1.61 (1.26- 1.96)	1.28 (1.11 -1.5)

Time to triage by trial arm



Summary

- When offered by CHW HPV-self collection is effective to increase uptake;
- HPV self-collection is acceptable to women and providers, with high adoption by health providers;
- When scaled-up, adoption, acceptability and effectiveness to increase screening uptake is maintained;
- Adherence to Triage and follow-up is main challenge of HPV-self collection;
- mHealth methods are effective to increase follow-up of HPV positive women with self-collected tests

ACKNOWLEDGEMENTS

Ministerio de Salud de Argentina, for its participation in the EMA study

Instituto Nacional del Cancer, Argentina, for its participation in the EMA study/ATICA project/Fidelity study

Ministerio de Salud de Jujuy, for its participation in the EMA study/ATICA Project

IARC-WHO, for its participation in the EMA Study

Secretaria de Salud de la Matanza, for its participation in the Fidelity Study

Harvard University, for its participation in the ATICA Project

Deakin University Australia, for its participation in the ATICA project

NCI/NIH for its funding of the ATICA Project

Thanks!

Silvina Arrossi
silviarrossi@cedes.org