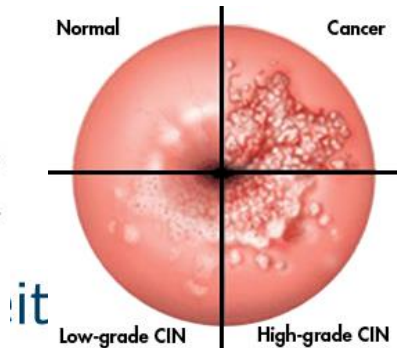




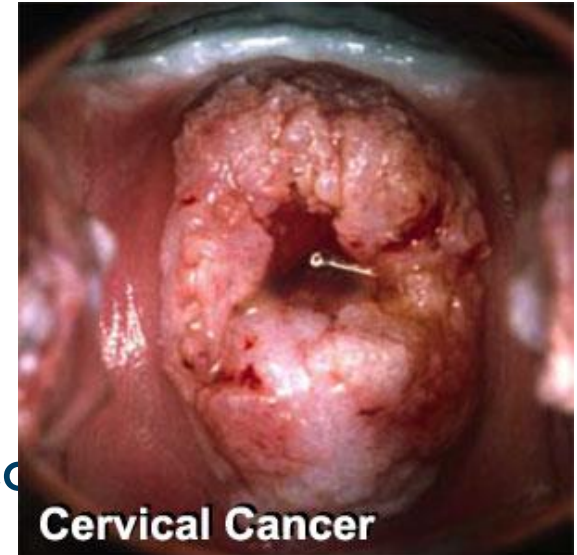
KNOWLEDGE, PRACTICES OF PHYSICIANS TOWARDS CERVICAL CANCER PREVENTION, BURUNDI, 2016

Dr. Zacharie NDIZEYE
 University of Burundi
 University of Antwerp



Background

- Cervical cancer worldwide.
 - 2nd common cancer in women
 - In 2012:
 - 528 000 new cases
 - 266 000 deaths
 - Disparities high versus low-income countries
- HPV infection
 - necessary cause of cervical cancer;
 - HPV very common STI



- **Burundi, Cervical cancer**
 - Top leading women cancer
 - Incidence rate: 32.1/100 000 and
 - Mortality rate 24.3/100 000
 - No national strategy to control Cervical Cancer



STRATEGIES TO CONTROL CC

- Primary prevention:
 - Education to prevent risk factors
 - HPV vaccination (prior to sexual debut)
- Secondary prevention
 - Screening for CIN in risk groups
- Tertiary prevention:
 - Treatment of cancer (surgery, chemotherapy, Radiotherapy) +
- Palliative care



- MoH has understood urgency:
 - HPV Vaccination project (GAVI, 2016-?) for HPV

However

- Vaccination can be ineffective due to many factors
 - Coverage, missing doses,
 - Already infected,
 - Other HPV types,
 - Sustainability (cost vaccine), etc.
- Impact Vaccination takes decades
- **Vaccination cannot replace screening**

OBJECTIVE

- WHO recommends
 - involvement of existing health personal in CC prevention.
- To comply with this recommendation, the first step to ensure that health staff have appropriate KAP about CC so that they could play a sustainable role.
- **To document KAP of physicians about CC prior implementation of preventive activities.**

- Study design and setting
 - Cross-sectional survey: March-April, 2015
 - Physicians in government District hospitals.
- Participants' selection and enrolment procedure
 - Exhaustive approach. The aim was to reach majority the physicians working in the government hospitals of Burundi.
- Questionnaire: True-false, MCQ and open questions was developed and was used to collect data from physicians



Score of knowledge on CC among physicians

Items studied	Topics	# questions	Theme of questions	Topic value	Total score	Scale of analysis
Score of knowledge on cervical cancer disease	Epidemiology	3	Incidence	Min=0 Max=3	12	0-100%
			Mortality			
			Most affected Age group			
	Risk factors	9	HPV	Min=0 Max=9		
			Sexuality			
			Tabaco			
Score of knowledge on cervical cancer prevention	Prevention methods	6	Multiparity	Min=0 Max=6		
			Vaccine			
			Screening			
	Screening	5	Treatment of low grade lesions	Min=0 Max=5		
			Type of test			
			VIA			
			HPV test			
	Vaccination	6	Age	Min=0 Max=6		
			Availability			
Target						
Doses						
Name						
			Timeline			



RESULTS

**4th SYMPOSIUM
WAKA HPV AFRICA**



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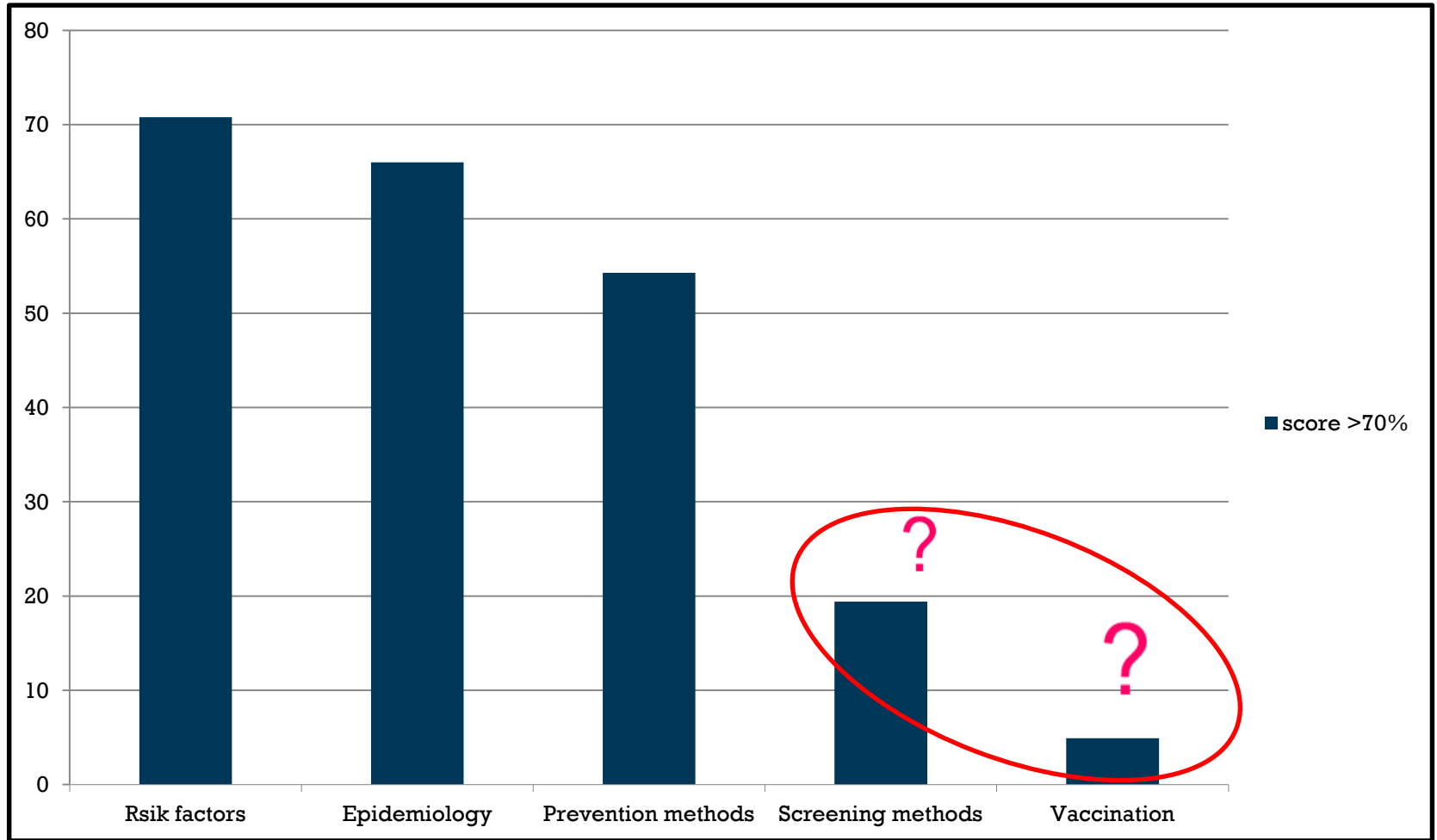
Participants' characteristics

Characteristic	Respondent (N=131)	Non-respondent (N=94)	p
Age (yrs) Median (IQR)	33(32-35)	34(32-37)	0.04
Sex			
Male (%)	118 (90%)	78 (84%)	
Female (%)	13 (10%)	15 (16%)	0.18
Professional experience (years) Median (IQR)	2 (1-3)	2.5 (1-5)	0.19

Score of of cervical cancer disease	Total N=131 (%)
Appropriate (>70%)	100 (76.3)
Items of the score of knowledge of cervical cancer disease	
Knew the 2 Most frequent cancer in women	118 (90.1)
Knew the 2 Most deadly cancer in women	99 (75.6)
Knew the most affected age group	90 (68.7)
Knew early sexual intercourse debut(<17years) is a risk factor	129 (98.5)
Knew that many sexual partners is a risk factor	129 (98.5)
Knew that HPV infection is a risk factor	127 (96.5)
Knew that Multiparity is a risk factor	66 (50.4)
Knew that smoking is a risk factor	65 (49.6)
Knew that HPV is present in most CC cases	117 (89.3)
Knew that HPV can cause condyloma	113 (86.3)
Knew the 2 important oncogenic HPV	19 (14.5)

Score of knowledge of CC prevention	
Appropriate (>70%)	11 (8.4)*
Items	
Knew that cervical cancer is preventable	127 (97.2)
Aware that vaccine is a preventive method	70 (55.1)*
Aware that screening is a preventive method	117 (92.1)*
Aware that treatment of CIN is a preventive method	113 (89)*
Knew that LEEP is a treatment method for CIN	85 (64.9)
Knew cryotherapy is a treatment method for CIN	63 (48.1)
Aware pap smear is a screening method	126 (96.2)
Aware Visual inspection with acetic acid is a screening method	20 (15.3)
Aware Visual inspection with Lugol's iodine is a screening method	41 (31.3)
Aware HPV test is a screening method	108 (82.4)
Knew age to start cervical cancer screening	20 (15.3)
Aware of existence of HPV vaccine	86 (65.6)
Knew target group for HPV vaccine	90 (68.7)
Knew target group chosen by Burundi	14 (10.7)
Knew names of commercially available vaccines	6 (4.6)
Knew required doses to complete HPV vaccination	4 (3.1)
Knew timeline of HPV vaccination	1 (0.8)

Appropriate knowledge (>70%) on CC



Practices CC prevention

	N (%)
Propose screening test:	
Never	56 (42.7)
Rarely	58 (44.3)
Often	17 (13)
Always	0 (0)
Have heard about VIA/VILI	48 (36.6)
Have already performed VIA/VILI	2 (1.5)
Have heard about HPV screening	90 (68.7)

Reasons never/rarely proposing screening (n=114)

Reason	N (%)
Screening center not available	86 (75.4)
Ignorance	56 (49.1)
Financial obstacles	32 (28.1)
women don't come	16 (14)
GPs overloaded	8 (7)
Late response of the pathology laboratory	1 (0.9)

*Ignorance =(GPs not trained on screening techniques, forget to ask because doesn't have the habit, thinks the prevalence of CC is very low, screening of CC is not a concern, GPs not sensitised, think that management of CC not available in Burundi).

**Women don't come = (women come at a late stage, women hide their early sexual debut, women not sensitised for interest of CC screening).

Conclusion

- Knowledge CC disease (epidemiology, risk factors) is good (76.3%)
- **Very low knowledge cc prevention (8.4%):**
 - vaccination,
 - screening techniques and
 - prevention methods
- Very few GPs ask women to do screening (<15%)

Conclusion

- **Reasons:**
 - Screening centre not available
 - Not trained, no guidelines
 - Women not sensitised
- **Erroneous opinions of physicians about cc prevention methods**
 - US screening!
 - Radiotherapy as treatment modality,
 - etc.



HPV Recommendations

- Interesting starting point: **Capacity building** of GPs before implementing cc prevention activities (vaccination and screening).
- Need to raise awareness
 - Physicians
 - population) to participate in preventive activities).



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