

# HPV/cervical screening programmes: country experiences and lessons learnt

ROMANIA

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**HPV** Prevention  
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# SUMMARY - SWOT ANALYSIS

## **Strengths:**

What aspects of the HPV/cervical screening programme run well?

## **Weaknesses:**

Which areas of the HPV/cervical screening programme could be improved?

## **Opportunities:**

What conditions in your country have (had) a positive impact on the implementation/performance of a (national) HPV/cervical screening programme?

## **Threats:**

What conditions are (or may be) an obstacle to (successful) implementation/performance of a HPV/cervical screening programme?



# Background

- Control of cervical cancer in Romania is defined by the highest incidence and mortality rates in EU, related to low screening uptake within the National Cervical Cancer Screening Programme
- HPV DNA self-collection may increase screening coverage by implementation of this technology during routine “door to door” home visits of mobile units, offering randomized self-collection versus assisted collection of smears in the van, performed by trained health workers



# Opportunities:

What conditions in your country have (had) a positive impact on the implementation/performance of a (national) HPV/cervical screening programme?

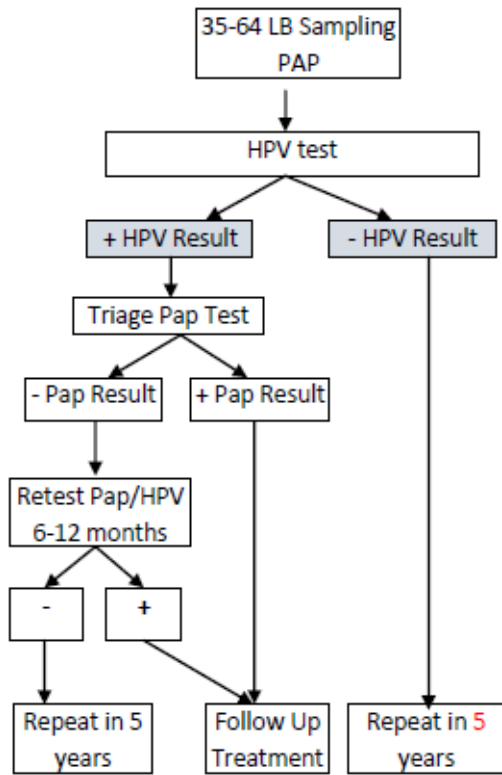
- Screening in Romania is currently offered by family doctors, referring 25-64-year-old women to family doctors or gynecological ambulatory units for PAP smear collection
- The current strategy of the National Cervical Cancer Screening Programme is based on PAP screening tests offered once in 5 years to women aged 25-64 years
- Strategy is to be changed within the 2017-2020 National Cancer Control Plan including HPV primary screening



# The CerCcRom Pilot National HPV Screening Strategy

- The new pilot HPV screening strategy is implemented in the NW Region of Romania, by the IOCN Screening Management Unit within the CerCcRom Project
- CerCcRom is a research project, based on a randomized trial comparing randomized self-collection versus assisted collection of smears in the van, performed by trained health workers
- Primary HPV testing was introduced in June 2015, for Roma and other disadvantaged groups (RODG) of women aged 35-64 years; over 1.142 tests have so far been offered in the framework of the CerCcRom research project due to a Norway grant



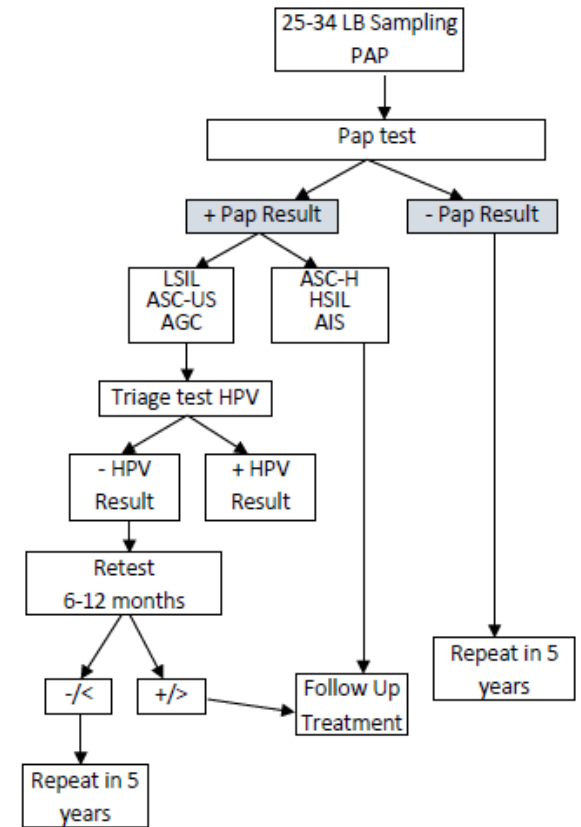


Cervical cancer screening  
PAP National guidelines  
HPV Regional guidelines

Registry of women 25-64

Active "door to door" Invitation for screening

| Age            | Screening   | Interval |
|----------------|---|----------|
| 25-34          | LB Pap-test with HPV triage for ASC-US  | 5 years  |
| 35-64          | LB HPV with Pap triage  | 5 years  |
| All age groups | LB HPV testing in the follow-up of women:<br>- treated for CIN2 + lesions<br>- with cytological abnormalities and negative colposcopy |          |



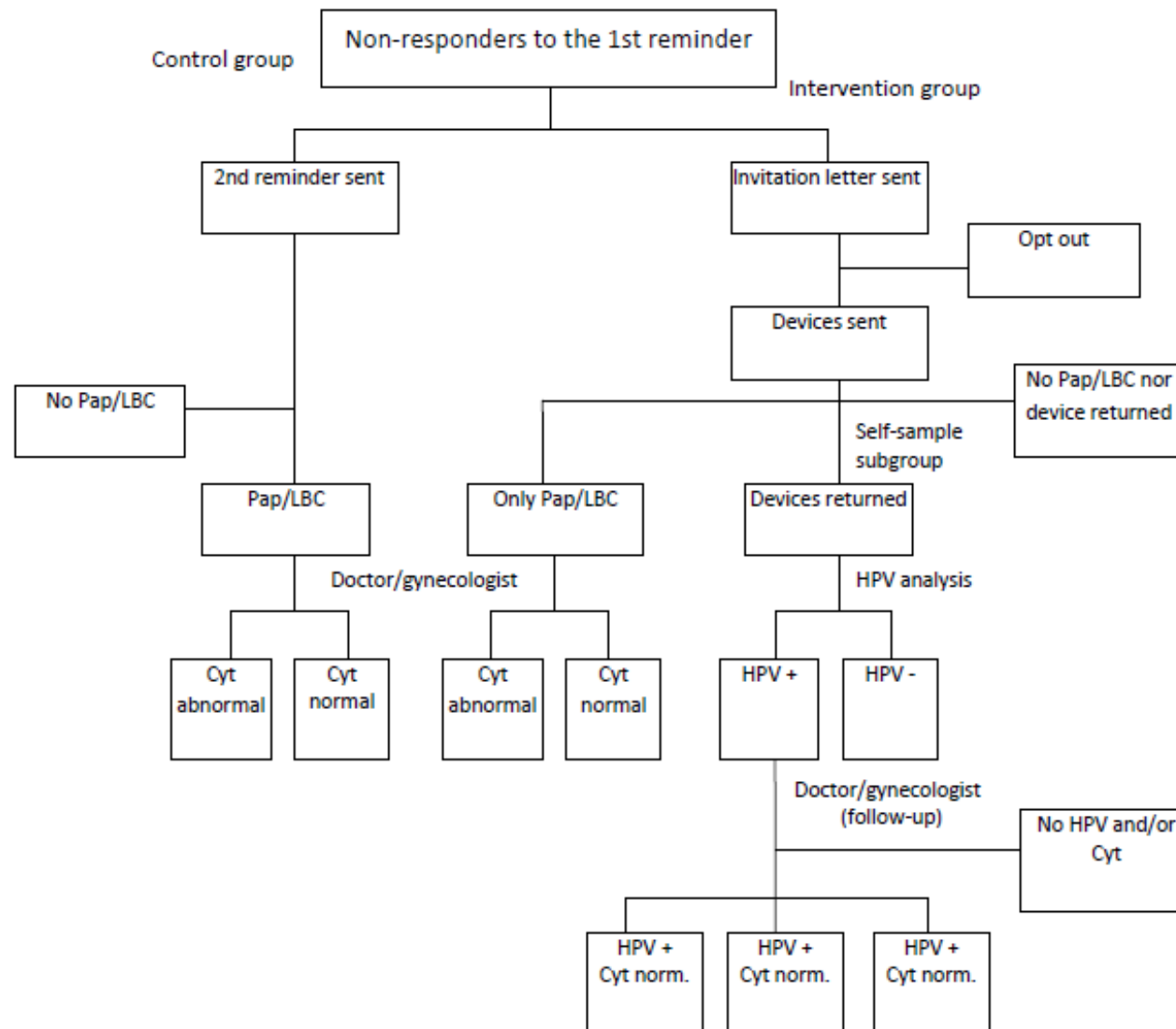
# Strengths:

What aspects of the HPV/cervical screening programme run well?

- We started this study from the idea that a real difference could be made in the control of cervical cancer by combining a new technology (HPV DNA testing) with a social innovation (incorporation of self-collection into routine home visits by mobile units). To evaluate this combination, we designed the self-collection modality study as a population-based cluster-randomized trial
- We started trial sampling activities in June 2016 and we will end them in April 2017
- Two mobile units will be active throughout this period, visiting Roma and other disadvantaged group (RODG) communities all over the country , and 2.000 women aged 35-64 years will be eligible for enrolment; they will be randomly assigned in a 1:1 ratio to either the intervention group (women offered the chance to self-collect a sample for cervical screening during a home visit) or the control group (women advised to attend an inside-van sample collection)
- Adapted Oslo trial protocol:







# Strengths:

What aspects of the HPV/cervical screening programme run well?

- The primary outcome will be screening uptake, measured as the proportion of women having a HPV screening test within the mobile unit. Also, HPV infection prevalence in different communities will be targeted. The trial will be registered to the IOCN Clinical Trial Unit
- Regarding the method, recently testing for human papillomavirus (HPV) DNA has already changed screening strategies worldwide. EU recommendations (2015 Supplement on Cervical Cancer Screening Quality Assurance Guidelines) confirm this new technology as more effective than cytology for the detection of precursors of cervical cancer, offering the possibility to reduce screening frequency. Through self-collection, HPV DNA testing could reduce barriers to screening and increase coverage. The method is highly accurate and acceptable for women in different countries



# Weaknesses:

Which areas of the HPV/cervical screening programme could be improved?

- Access barriers to screening for Roma and other disadvantaged groups (RODG) do exist, due to educational and cultural issues, as well as to low economic status with a decisive impact on transport to collection facilities; mobile units therefore will have the role to overcome these barriers by information and by offering sample collection through routine “door to door” home visits
- Cervical cancer screening intensity in Cluj county, the region that first started organized population-based screening in 2002, is still too low as only one of two 25-64-year-old women at risk has been tested since 2012 within the ongoing 5-year screening round. Screening resistant population, after one recall, is mainly rural or suburban, isolated in the mountains, and socio-economic barriers have been identified, related mainly to access to family doctors at the level of RODG groups, transport difficulties and so on



# Weaknesses:

Which areas of the HPV/cervical screening programme could be improved?

- Family doctors are only partially responding to screening, mainly in urban areas
- RODG women are unaware or scared, ashamed, too busy or too poor to participate
- These are the reasons why we decided to involve mobile units in informing and offering access to screening. The role of mobile units in addressing the challenge of delivering services to underserved populations at home through education, outreach, and counseling is to be recognized. However, such interventions at community level have been mainly focused on maternal and child care and control of communicable diseases, and never on cancer prevention issues. Evidence of effectiveness of home promotion activities by mobile units in increasing the demand for cytological screening, in assessing barriers to health care outcomes, does not yet exist



# Threats:

What conditions are (or may be) an obstacle to (successful) implementation/performance of a HPV/cervical screening programme?

- The method of testing for human papillomavirus (HPV) DNA is used in screening strategies worldwide
- Translation of this acceptability into packages of care for public health systems remains a major challenge. Effectiveness of HPV self-collection relies on several programmatic issues, including delivery and transport of sample collection kits and referral of women. Delivering sample containers and returning samples via mobile units should be more acceptable than postal systems, and this strategy is feasible all over the country
- To address complex health problems such as low coverage, technological changes need to be integrated with social innovations to ensure that the new technology is actually implemented among the population that needs it most. Therefore, to achieve the highest effect, self-collection must be implemented with social developments that allow the innovation to be scaled in the specific context of our country



## **Authors of the current HPV screening implementation strategy, the Regional Pilot Programme for HPV Screening and the trial design of CerCcRom and CEDICROM Projects**

- Foreign authors: Elisabete Weiderpass Vainio, Mari Nygard, Marc Arbyn, Trude Andreassen.
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