Seven-year Follow-up of a Large Scale Cervical Cancer Prevention Program in Thailand

ORAL PRESENTATION
XX FIGO WORLD CONGRESS
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BACKGROUND

- Feb – Oct 2000: SAFE (Safety, Acceptability, Feasibility and program Effort) Demonstration Project in Roi Et, Thailand
- 5,999 women were screened with VIA

<table>
<thead>
<tr>
<th>WOMEN (N= 5999)</th>
<th>1ST VISIT</th>
<th>12 MOS</th>
<th>5 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>VIA NEGATIVE</td>
<td>5146 (86.7%)</td>
<td>?</td>
<td>?</td>
</tr>
<tr>
<td>VIA POSITIVE</td>
<td>798 (13.3%)</td>
<td>707 (93.5 %)</td>
<td>667 VIA negative</td>
</tr>
</tbody>
</table>

- Follow up of the SAFE cohort of women after 5 years. Study conducted in 2007

1 RTCOG, Jhpiego, 2000 Lancet
7 Year Follow-up Study of SAFE Cohort

STUDY OBJECTIVES
To determine in a cohort of women 7 years post initial screening/treatment:

1. Positivity rate, after initially screened negative with VIA
2. Recurrence/persistence rate after initially screened positive with VIA and had received treatment
3. Follow up rate and reasons for coming back
Methodology

- SAFE cohort actively recruited through postcards and home visits from village health volunteers.
- Previously VIA(+) women - seen at the district hospital for a brief questionnaire, VIA screening, colposcopically-directed biopsy and endocervical curettage (ECC).
- Previously VIA(-) women - seen at the local health center for a brief questionnaire and VIA screening.
  - Test positive women offered treatment, referred for colposcopically-directed biopsy and ECC at the District Hospital.
- Results were aggregated and analyzed with descriptive statistics.
Study Design

Women from SAFE cohort identified and contacted

Women consented, and administered HPV questionnaire

Cohort A (VIA test positive in 2000) examined with VIA, colpo/biopsy and ECC.

Cohort B (VIA test negative in 2000) examined with VIA. If VIA positive, referred for colpo/biopsy and ECC.

Women were offered treatment and received post-test (treatment) counseling per Thai national protocols.
Response Rate

- 5,197 out of 5,999 women were successfully identified
- 4,127 out of 5,197 women participated fully
- 1,090 women did not participate due to:
  - 2.8% (145) declined
  - 12.8% (666) could not be found after several attempts
  - 0.2% (13) diseased
  - 5.1% (266) other unknown reasons
- Overall response rate = 79.6% (4,127/5,184*)

*excluding women who were deceased in the interim
## Participant Characteristics and VIA Results

### 2000 VIA screening results

<table>
<thead>
<tr>
<th>Age Distribution</th>
<th>Cohort A, VIA + in 2000 (n=565)</th>
<th>Cohort B, VIA – in 2000 (n=3,562)</th>
</tr>
</thead>
<tbody>
<tr>
<td>36-40</td>
<td>155 (27.4%)</td>
<td>1,004 (28.2%)</td>
</tr>
<tr>
<td>41-45</td>
<td>188 (33.3%)</td>
<td>1,215 (34.1%)</td>
</tr>
<tr>
<td>46-50</td>
<td>187 (33.1%)</td>
<td>1,044 (29.3%)</td>
</tr>
<tr>
<td>51 and above</td>
<td>34 (6.0%)</td>
<td>292 (8.2%)</td>
</tr>
<tr>
<td>Unknown</td>
<td>1 (0.2%)</td>
<td>7 (0.2%)</td>
</tr>
</tbody>
</table>

### Followup study VIA screening results

<table>
<thead>
<tr>
<th></th>
<th>Cohort A, VIA + in 2000 (n=565)</th>
<th>Cohort B, VIA – in 2000 (n=3,562)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCJ not visible</td>
<td>28 (5.0%)</td>
<td>147 (4.1%)</td>
</tr>
<tr>
<td>Negative</td>
<td>464 (82.1%)</td>
<td>3,275 (91.9%)</td>
</tr>
<tr>
<td>Positive</td>
<td>54 (9.6%)</td>
<td>133 (3.7%)</td>
</tr>
<tr>
<td>Suspect cancer</td>
<td>1 (0.2%)</td>
<td>--</td>
</tr>
<tr>
<td>Other</td>
<td>18 (3.2%)</td>
<td>7 (0.1%)</td>
</tr>
</tbody>
</table>
Summary of Diagnostic Testing Results

Cohort A = 565
- 565 screened with VIA
- 565 underwent colposcopy
- 526 underwent ECC and/or biopsy
- 2 CIN III
- 39 hysterectomized women

Cohort B = 3,562
- 3,562 screened with VIA
- 282 underwent colposcopy
- 277 underwent ECC and/or biopsy
- 3 CIN III
- 5 hysterectomized women
### Repeated Screening/Followup Visits

#### 2000 VIA screening results

<table>
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</thead>
<tbody>
<tr>
<td>Remembered being told to come back for screening</td>
<td>491 (86.9%)</td>
<td>3,122 (87.7%)</td>
</tr>
<tr>
<td><strong>Said they came back for screening</strong></td>
<td>526 (93.1%)</td>
<td>2,733 (76.8%)</td>
</tr>
</tbody>
</table>

#### Reason for coming back among those returned

<table>
<thead>
<tr>
<th>Reason</th>
<th>Cohort A, VIA + in 2000 (n=526)</th>
<th>Cohort B, VIA – in 2000 (n=2,733)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Told to by health provider or someone else</td>
<td>449 (85.4%)</td>
<td>1,848 (67.6%)</td>
</tr>
<tr>
<td>Worried about getting cancer</td>
<td>34 (6.5%)</td>
<td>1,353 (49.5%)</td>
</tr>
<tr>
<td>Experienced symptoms</td>
<td>24 (4.6%)</td>
<td>430 (15.7%)</td>
</tr>
<tr>
<td>Other</td>
<td>12 (2.3%)</td>
<td>238 (8.7%)</td>
</tr>
<tr>
<td>No reason</td>
<td>7 (1.3%)</td>
<td>46 (1.7%)</td>
</tr>
</tbody>
</table>
Conclusions

This follow-up study revealed:

- That the rescreen protocol was successful in getting the majority of the SAFE cohort back within 5-6 years of initial screening.

- The VIA positivity rate on follow-up screening for both previously VIA-positive and VIA-negative cohorts was low.

- Based on these results, rescreening with VIA at longer intervals may be warranted in low-resource settings.
THANK YOU

CONTACT INFORMATION

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