THE ZAMBIAN APPROACH TO CERVICAL CANCER PREVENTION

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Background:
Globally, more than 80% of the 470,600 annual new cases and 233,400 annual deaths due to invasive cervical cancer occur in the developing world. Within sub-Saharan Africa, an estimated 70,000 new cases of cervical cancer occur annually, accounting for 25% of all female cancers.

Methods:
In response to Zambia’s heavy cervical cancer burden, the Ministry of Health, University Teaching Hospital and Centre for Infectious Disease Research in Zambia, established a “screen and treat” cervical cancer prevention service platform using digital cervicography. Screen and treat services have now been scaled up nationally. We report numbers of women screened, their characteristics, screening outcomes and other women’s cancer prevention initiatives that have been introduced by leveraging the screening platform.

Results:
Between January 2006 and June 2013, 101,106 women were screened for cervical cancer through the program. The median age of women screened was 32 years (interquartile range: 26–39 years). 26,568 (26.3%) women were HIV-infected. 29,616 (29.3%) did not know their HIV serostatus and were offered HIV testing at the time of cervical screening. Of the 101,106 women screened, 19,093 (20.2%) were VIA screen positive. Of those that screened VIA positive 11,472 (60.1%) underwent cryotherapy and 3,355 (17.6%) underwent either electrosurgical excision (“see and LEEP”) for high-grade cervical
lesions or punch biopsy for diagnosis of invasive cancer. Among 3,355 women with a histologically-confirmed diagnosis, 1,688 (50.3%) had benign or low-grade cervical lesions, 905 (27.0%) had high-grade cervical lesions, and 762 (22.7%) were diagnosed with invasive cervical cancer.

**Conclusions:**
Digital cervicography-based cervical cancer screening programs are effective and scalable in resource-constrained settings like Zambia and can serve as a platform for the introduction of other critical women’s cancer and prevention and treatment initiatives.