

Centre of Excellence for Integrated HIV Prevention, Treatment, and Care Malawi

Journey to Success: Advancements and Key Takeaways from the Cervical Cancer Screening Program Among Women Living with HIV at Lighthouse Trust ART Clinics, Malawi

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Introduction

- Cervical cancer is the leading cause of mortality among women. Women living with HIV have a 6-fold increased risk of cervical cancer.
- Prevalence of HPV and HIV among women (15yrs+) in Malawi is high at 33% and 9.5%, respectively.
- Malawi adopted the WHO screen and treat approach using visual inspection with acetic acid (VIA) and offers same day treatment with thermocoagulation.
- The cervical cancer program was integrated into Lighthouse (LH) HIV clinics in the year 2012 and aligns annual screening of all eligible women living with HIV with their annual viral load schedules.
- We describe outcomes of the integrated one-stop-shop approach to cervical cancer screening in LH-supported clinics (Figure 1)

Methodology

Setting

- LH clinics operate comprehensive, integrated HIV services in 5 referral hospitals (Centres of Excellence [CoE]) in Lilongwe, Blantyre, Zomba and Mzuzu, Malawi.

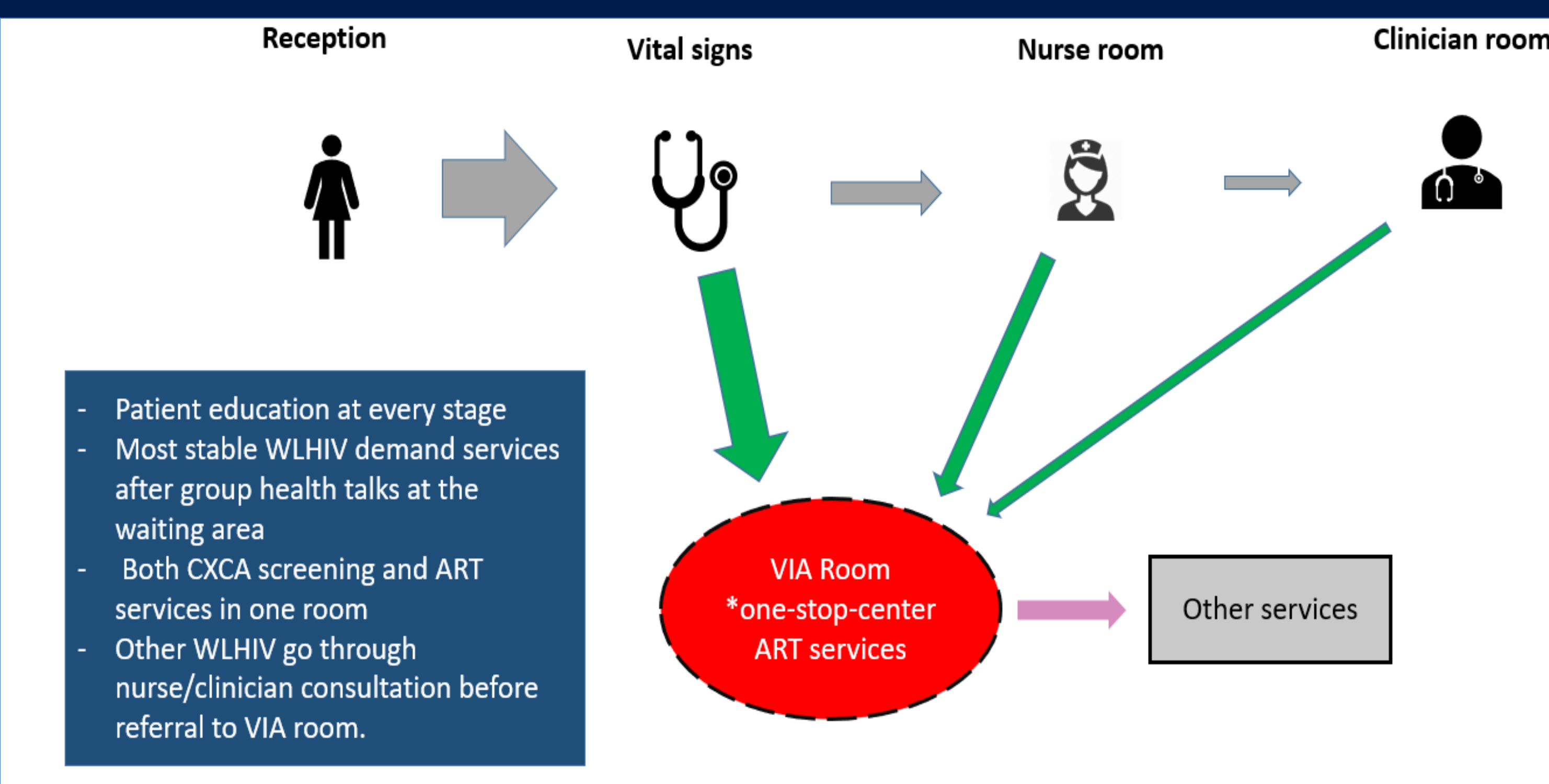
Intervention

- Healthcare workers underwent specialized trainings in cervical cancer screening and management
- LH established a pathological linkage system with a private histopathology laboratory – for speedy biopsy results
- Rooms were designated specifically for cervical cancer screening and management, while ensuring privacy

Data collection and analysis

- Routinely collected program data was collected using national registers from October 2022 to September 2023
- Descriptive data analyses were conducted in excel

Figure 1. Cervical Cancer screening model at the CoEs



References

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Results

- A total of 23,019 women were screened for cervical cancer
 - 18,622 (80.8%) received annual screening follow-ups
 - 4,329 (18.8%) were screened for the first time
 - 68 (0.4%) were screened post-treatment
 - 19,048 (83%) were screened using VIA
 - 3,887 (17%) women were screened using Speculum
 - 89 women were screened using HPV

Figure 2. Number of women screened per age category

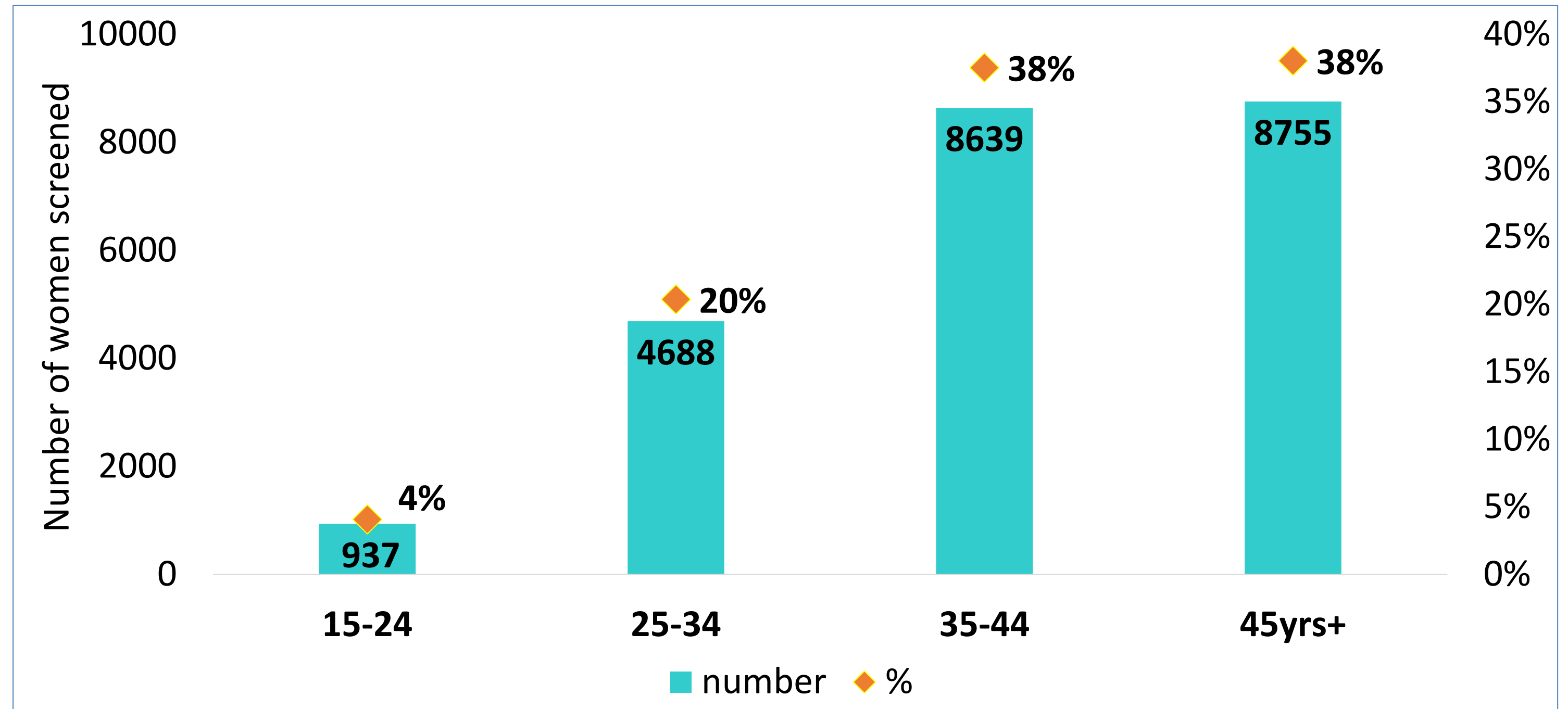
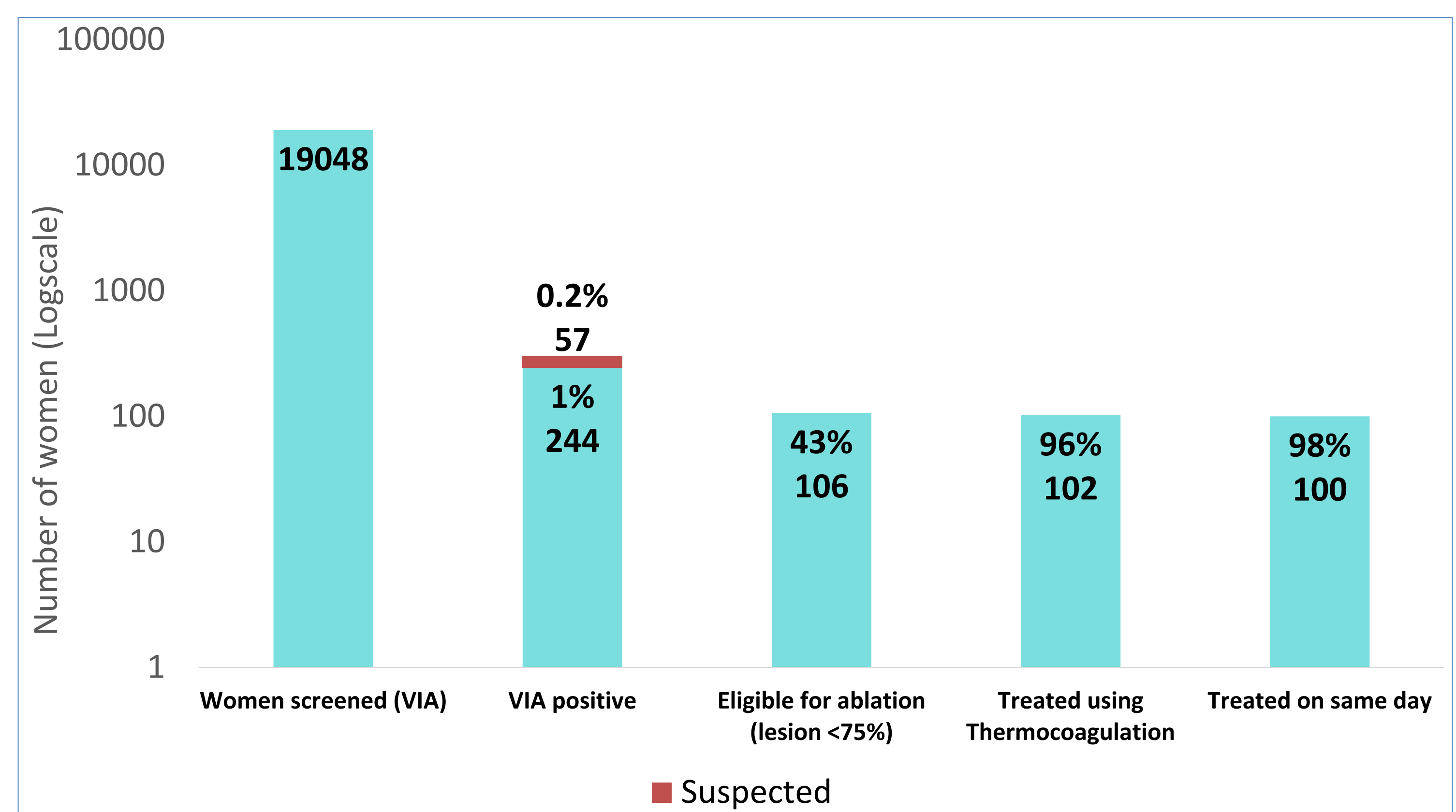


Figure 3. VIA screening and treatment cascade



Discussion

- The results suggest that aligning VL milestones to cervical cancer screening (one-stop-shop approach) can increase screening coverage, as it reduces clinic visits and is more convenient to recipients of care.
- Combined screening efforts with same-day-treatment of all women with precancerous lesions can prevent progression to invasive cervical cancer
- Immediate treatment of precancerous lesions has the greatest impact and is the most cost-effective cervical cancer prevention strategy
- Some of the challenges faced during implementation included high staff attrition due to Ministry of Health trained personnel rotations in the LH-supported sites, resulting in gaps in service provision.
- Long turnaround time of feedback from referral facilities also contributed to delayed care for referred women suspected of cancer due to congestion at the tertiary hospital.

Conclusion and Recommendation

- Dedication from healthcare workers and ongoing program monitoring are crucial for successful implementation and achieving screening targets
- Healthcare worker capacity building on advanced procedures to manage large lesions must be considered in HIV clinic establishments to avoid delays in management of cancer suspects.