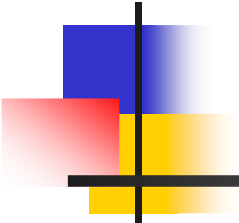




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**XXVIII. Medical Women's  
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International Congress 2010  
Munster, Germany July 27 to 31,  
2010**



# SAVE OUR FUTURE FOUNDATION (SOFF) (CAC/IT.NO 25554)

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(Promoting women's health through awareness and prompt action)



# A Medical Woman's Effort on Cervical Cancer Prevention

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Increasing access to screening, using Visual  
Inspection with acetic acid (VIA)

Presented by

Cecilia O. Amotsuka MBBS (Ib.), MPH (Tulane),  
Hubert Humphrey Fellow

July 30, 2010

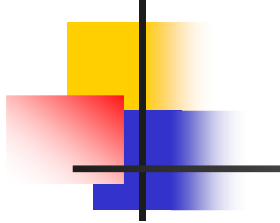
## Personal profile: Amotsuka C. O.

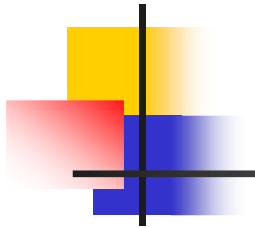
- MBBS, Ibadan 1981
- MPH, Tulane 2001
- Hubert Humphrey Fellow, 2000/2001
- Compton Fellow, 2001
- Medical Director, J-Rapha Hospital & Maternity Ltd. Ibadan, Nigeria
- President & Founder, save Our Future Foundation, Ibadan, Nigeria



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- Prof. Modupe Onadeko
- Dr. Kunle Adesina
- Dr. Zelma Cason
- Professor Taiwo Lawoyin
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# Introduction- Cervical Cancer in Nigeria

- Cervical cancer: leading cause of gynecology deaths<sup>3,9</sup>
- Level of awareness, screening access: very low<sup>1,3,7,8</sup>
- **HPV prevalence:** 26.3%<sup>2</sup> Incidence: 25/100,000<sup>4,9</sup>
- Late presentation: About 80% of cervical cancer present at stage III<sup>4</sup>
- Doctor/patient ratio in Nigeria: 28/100,000 (2006, WHO)
- 70 pathologists in the country in 2005 (Prof. Akang)
- Nigerian Population: > 140 million nation

# Increasing Access to Cervical Screening



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- Our Response: we and our collaborators in Nigeria and the USA initiated the Cervical Cancer Prevention Program (CCPP)
- Started in October/November 2001 after the presenter's return to Nigeria from the Hubert H. Humphrey Fellowship program of the USA Department of State



# Strategy: "ACCESS!"

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- **Advocacy**
- **Community Awareness & Counseling**
- **Capacity Building**
- **Extension & exposure of services & programs to other professionals/organizations**
- **Service Delivery on treatment of pre-cancer of the cervix**
- **Social Mobilization**

# Strategies for Increasing Access- 1



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- Training of doctors and nurse/midwives
- Community Outreaches: Churches, markets, mosques, Women groups, NYSC, Schools
  - Increase awareness
  - Screening with VIA and the Pap Smear (+Breast exam, BP check)
- Hospital services (J-Rapha Hospital, Ibadan)
  - Pap Smear and VIA
  - Colposcopy with/without biopsy
  - Cryotherapy & Follow-up

# Strategies for Increasing Access - 2



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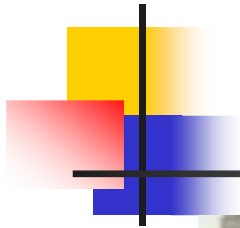
- Training for doctors and nurses was initiated, first edition partly sponsored by the Hubert H. Humphrey Alumni Impact award.
- Subsequent training by participants' fees subsidized by J-Rapha Hospital



# Health Professionals Trained

Year	Doctor	Nurse/midwife	CHEW	Auxiliaries	Total
2002	6	8		3	17
2003	5*	4		4	18
2004	3*	4			7
2007	3	5	2		10
2008	2	3	1	2	8
2009	2	3	3		8
Total	19*	27	6	9	61

\* 2 doctors trained in 2003 participated in 2004



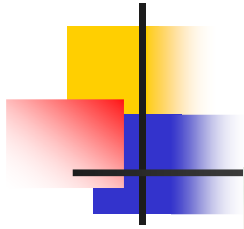






# Community Outreaches

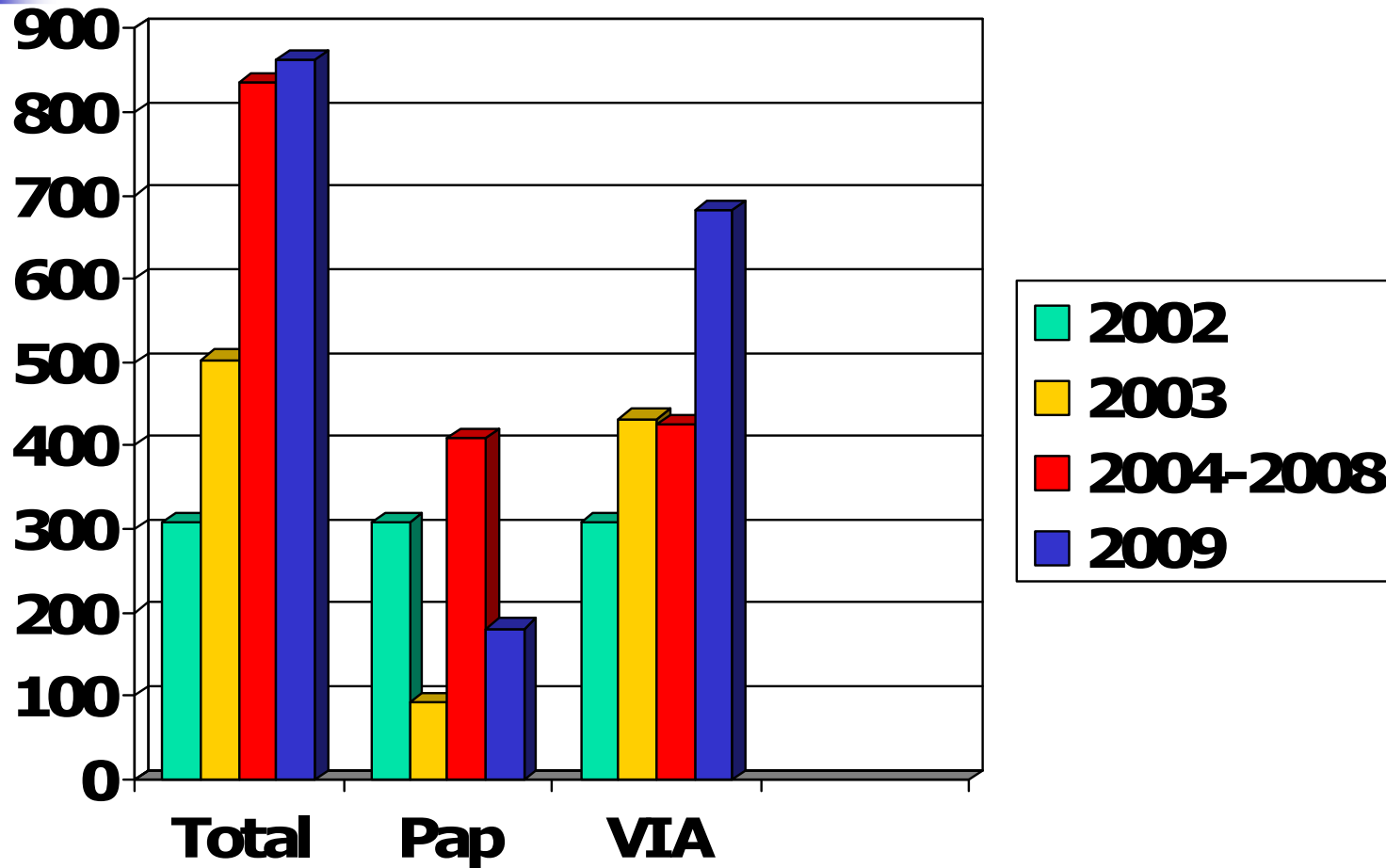
Year	Total	Pap	VIA	VIA +	Pap+	NON-satisfactory Pap
2002	309	309	309	12%	4%	2.7%
2003	503	92	503	17.50%	3.20%	10%
2004 to 2008	835	409	426	6%	10.70 %	9.90%
2009	863	181	682	13%	2.40%	5%
Total	2510	991	2040	12.1%	5.1%	



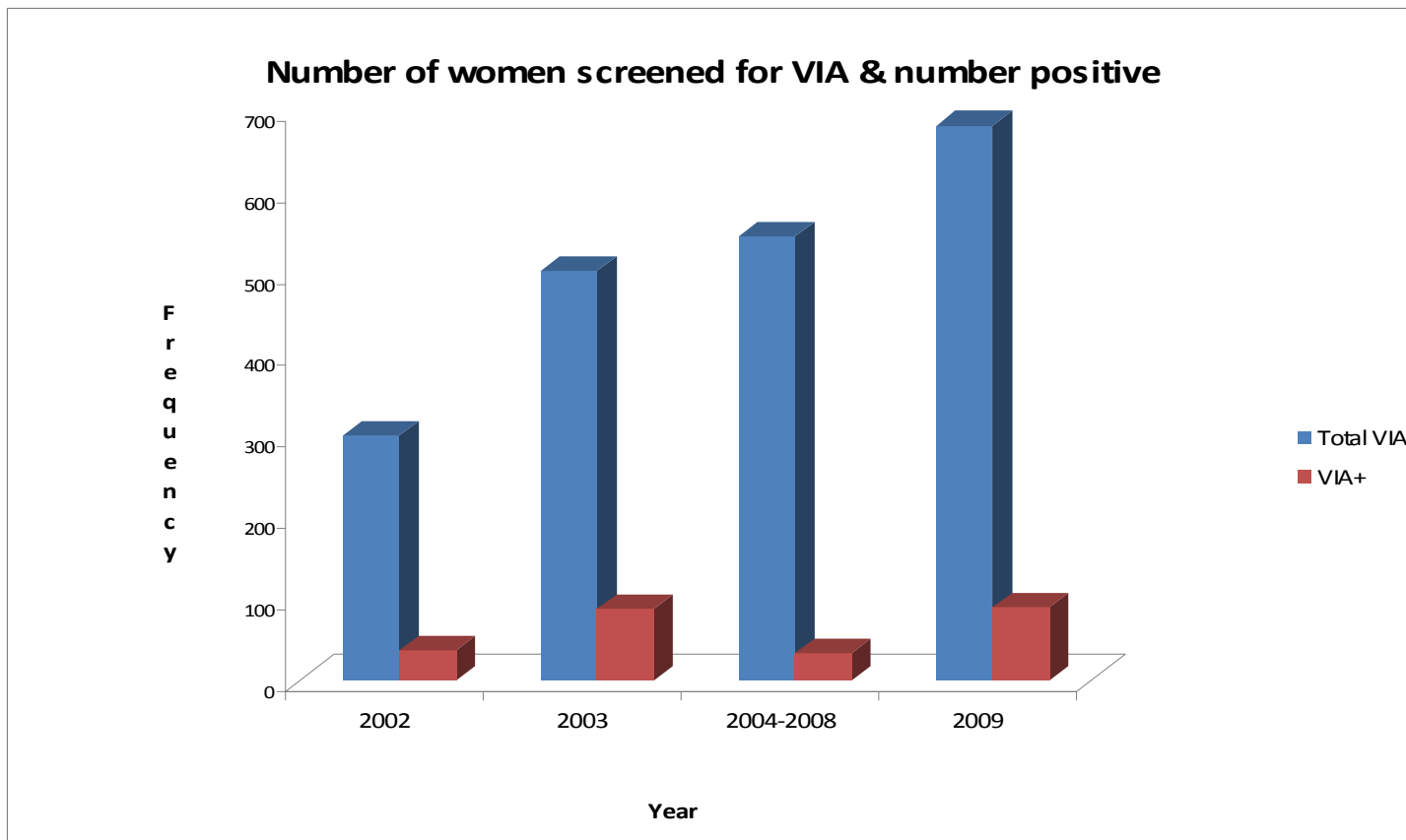
# At A Lecture by SOFF 2004



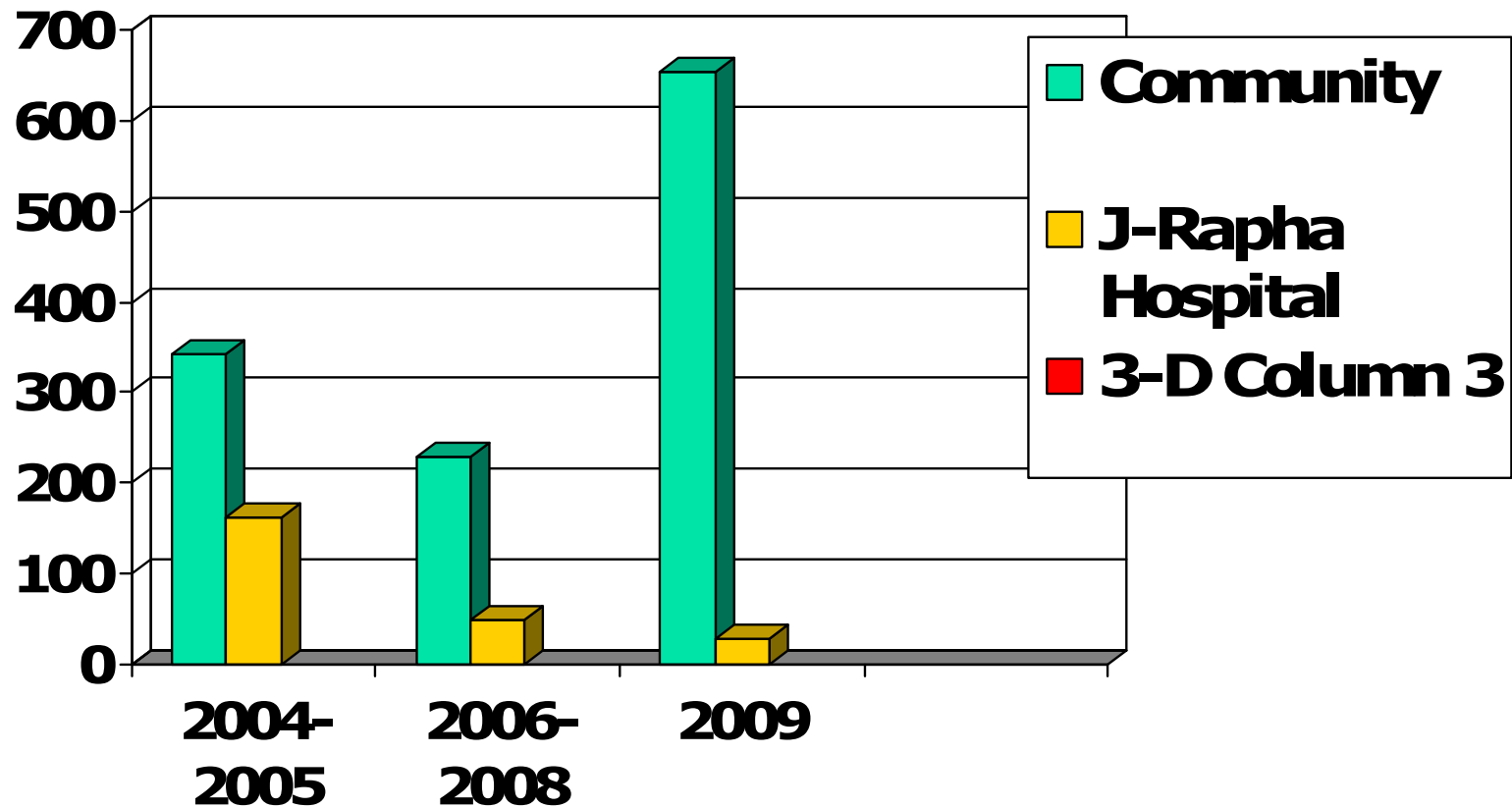
# Chart of Screening 2002-2009



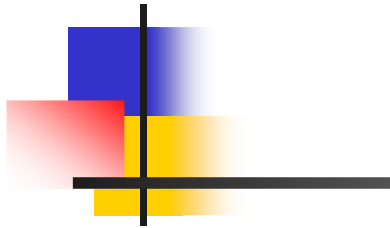
# Screening with VIA



# VIA at J-Rapha Hospital and at Community Outreaches



# Outreach to the NYSC Camp



# Sources of VIA+/Pap Smear Discrepancies



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- All examinations looking abnormal to nurses are referred to doctor for review
  - Post-menopausal cervix with petechial haemorrhagic appearance
  - Cervicitis with white spots
  - Ectropion
- There was one case of Positive VIA, Normal Pap Smear but biopsy with High Grade Squamous Intraepithelial lesion
- Not exposing the Transformation Zone (TZ) or squamo-columnar junction (SCJ) may lead to VIA-ve/Pap+ve

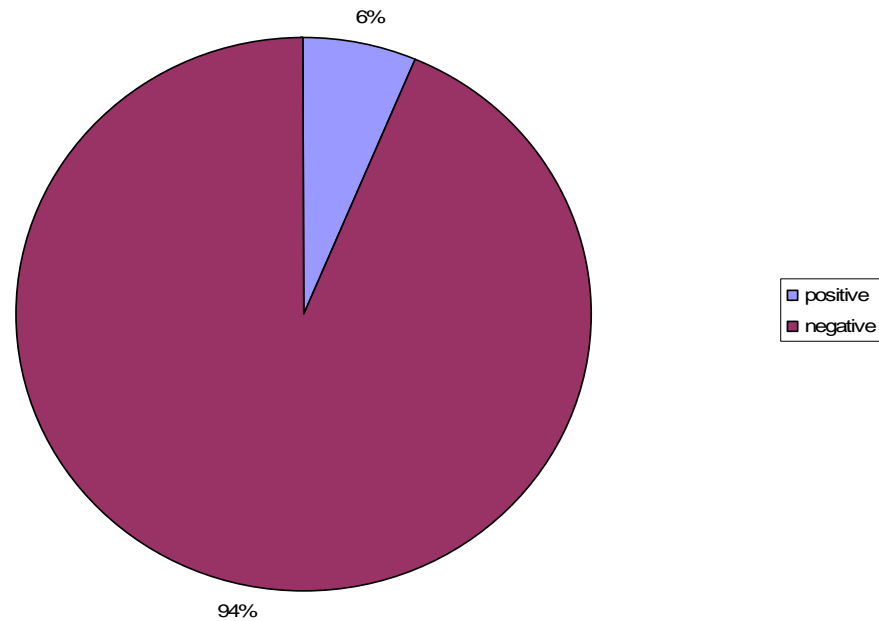




# VIA 2004 to 2008

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Figure 3: Pie chart showing VIA result



VIA Positive:401; VIA Negative: 25



# Age & Marital Status of Women Screened

Variable	2002	2004-2008
Age range: <30	14.0	9.6
30-44	56.2	42.0
45-60	25.5	32.2
>60	4.5	16.1
Mean SD	40.2 (9.5)	45.4 (12.5)
Marital Status:		
Single	2.3	3.7
Married	96.6	96.3
Widowed/separated	1.0	



# Hospital Contribution

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- Colposcopy 28
- Biopsy 15
- Cryotherapy 34
- Hysterectomy 1
- Referral to tertiary care for invasive cancer of the cervix: 2, for severe dysplasia: 3
- Follow-up post therapy: 2 required repeat cryotherapy, a 3<sup>rd</sup> opted for hysterectomy at tertiary hospital, an Asian opted to go to her country



# Ripple Effect of SOFF's CCPP

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- Level of awareness had increased in one market we used from less than 15% to 40.8% in one year with 2 sessions of awareness and screening programs <sup>5,6</sup>
- Screening Services at the followings:
  - Catholic Hospital, Oluyoro Oke-Offa, Ibadan a big facility with hundreds of beds had started cervical after training
  - St. Clavier's Hospital, Lagos in 2005/2006
  - the mass medical missions, Lagos since 2008
  - Molly Group Specialist Hospital commenced screening July 2010



# The Future Direction

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- Institutionalize the program to be self-sustaining :
  - A screening centre in semi-urban area- rented
  - A screening centre in rural areas- space available
- Provision of LEEP Equipment needed
- A program officer for data management and to remind women of re-screening, treatment and follow-up
- A mobile cryotherapy unit in a vehicle



## Conclusions & Recommendations

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- VIA is acceptable by women in South-West Nigeria as a cervical screening tool
- VIA helps to increase access to cervical screening
- Viewing the TZ or the SCJ must be emphasized in VIA
- All positive VIA should be reviewed by a doctor trained in cervical cancer prevention and colposcopy



**SAVE OUR FUTURE**



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