HPV prevalence and uptake of cervical cancer screening among HIV positive and negative women participating in a pilot RCT in Uganda comparing self-collection based HPV testing to VIA


Disclosures

• No disclosures to report

Cervical Cancer Globally

Age-standardized incidence rates of cervical cancer

Source: GLOBOCAN 2012, Cancer Incidence and Mortality Worldwide

About ASPIRE

• Collaboration between Canadian and Ugandan partners:
  • Community-based cervical cancer screening strategy in Uganda using self-collected HPV
  • Bridges research and program implementation

Background

• Women living with HIV (WHIV) are at greater risk for acquiring human papillomavirus (HPV) and progressing to cervical cancer
• As technology develops, a variety of approaches to cervical cancer screening are now possible, policy makers are continually evaluating new models of care
• Utilizing a self collection method for the detection of high risk strains of HPV (HR-HPV) is a novel approach to cancer screening in low resource settings

Background

• Kisenyi is a densely populated urban community in Kampala
• Visual inspection with acetic acid (VIA) current standard of care
• Limitations
  – Human resources
  – Invasive
  – Women with HIV
Methods

- 500 women recruited and randomized to self-collection based HR-HPV testing or VIA
- HIV status was self-identified at time of recruitment
- HR-HPV arm: given a swab at place of recruitment
- VIA arm: referred for VIA at the local health unit where VIA positive women were provided cryotherapy at time of screening
- Women in both arms were referred to colposcopy when indicated

Analysis

- Uptake rates of screening and HPV status in WHIV vs HIV- women were compared using Chi-square or Fisher’s exact test, as well as demographic/risk factors.
- Logistic regression was performed to determine demographic/risk factors significantly associated with HIV status: adjusted odds ratios (AOR) and 95% confidence intervals (CI) reported

Discussion

- Self-collection based screening had high uptake in both WHIV and HIV- women
- Highly acceptable and improves access compared to VIA alone
- Completion of screening and treatment in WHIV randomized to HPV self-collection suggests potential for integration into comprehensive HIV care programs
Conclusions

• This innovative approach to cervical cancer screening has significant benefit for WHIV
• Higher HR-HPV infection rates in WHIV requires a focus on low-barrier options for screening

Publications


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THANK YOU!

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