

# The Scale-Up Project:

A Paradigm Shift for Effective Cervical Cancer Screening & Treatment

### **Adoption of HPV Testing in Central America**

As PATH embarks on our third decade improving screening, accelerating access to treatment, and advancing research on cervical cancer prevention, we are bolstered by the recent successes of our Scale-Up project. PATH has long been a leader in championing HPV testing and self-collected sampling in limited-resource settings with high cervical cancer burden. Between 2015 and 2020 PATH partnered with ministries of health, local nongovernmental organizations, and civil society groups in the high burden countries of El Salvador, Guatemala, Honduras, and Nicaragua to implement HPV testing for cervical cancer screening within public sector clinics.

The Scale-Up project included training for health and laboratory workers, strengthening capacity and referral systems for delivery of results, and timely treatment of screen positive women. PATH supported each country's ministry of health to update national cervical cancer screening and treatment guidelines and include funds in their national budgets for sustained procurement of HPV tests. All four countries adopted molecular HPV testing as their primary screening approach.



### **Key Findings & Public Health Implications**

The Scale-Up project demonstrated that a new model of cervical cancer screening anchored on HPV testing is achievable. Key findings include:

- Successful implementation of HPV testing and high uptake of self-sampling. More than 250,000 women were tested for HPV during the project and 75% used self-sampling, avoiding the resources and personal discomfort associated with a pelvic exam for primary screening (Holme et al., 2020a).
- Confirmation of target age groups for screening. An analysis of HPV prevalence by age confirmed declining HPV prevalence by age 30 and stabilizing thereafter, evidence that confirms initiation of screening at ≥ 30 years to identify persistent HPV infection and cervical lesions (Sandoval et al, 2020).
- The screening and treatment care cascade must be further streamlined. Additional time waiting for results and clinic visits for triage contribute to significant delays or women not receiving life-saving treatment at all (Holme et al., 2020b).
- Thermal ablation is acceptable and effective for treatment of cervical lesions. Through a clinical trial of thermal ablation we demonstrated that use of this portable treatment device is acceptable, safe, and effective within primary level health centers (Sandoval et al., 2019, Slavkovsky et al., 2020).
- Simple recall strategies can ensure women at high risk of cervical cancer complete follow-up. We found that with the addition of reminder phone calls 75% of women returned to the clinic for re-screening 1 year later (Thomson et al., 2020).



# Informing and Responding to the WHO Call for Elimination of Cervical Cancer

In May 2018, three years after adoption of HPV-based cervical cancer screening was initiated as part of the Scale-Up project, the World Health Organization (WHO) issued a galvanizing call for elimination of cervical cancer as a public health problem. The Global Strategy for cervical cancer elimination, approved in July 2020 by the World Health Assembly, centers on cost-effective and evidence-based strategies that have not yet been implemented in the majority of low- and middle-income countries, including HPV testing, self-sampling, and thermal ablation—all strategies that Scale-Up demonstrated as feasible and successful in Central America.

"It is a moral imperative. A challenge that has come at the right time."

Dr. Princess Nono Simelela, Director-General, Strategic Programmatic Priorities, WHO.

PATH continues to provide technical expertise and practical tools, such as the scenario-based Cervical Precancer Planning Tool, to assist countries increase the coverage and quality of cervical cancer screening and treatment programs. Stay engaged in PATH's work preventing HPV related cancers by visiting our website and signing up for our HPVFlash newsletter.





## **Further Reading**

- Holme F, Kapambwe S, Nessa A, et al. Scaling up proven innovative cervical cancer screening strategies: Challenges and opportunities in implementation at the population level in low- and lower-middle-income countries. Int J Gynaecol Obstet. 2017
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- Holme F, Maldonado F, Martinez-Granera OB, et al. HPV-based cervical cancer screening in Nicaragua: from testing to treatment. BMC Public Health. 2020
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- 7. Thomson KA, Sandoval M, Bain C, et al. Recall Efforts Successfully Increase Follow-Up for Cervical Cancer Screening Among Women With Human Papillomavirus in Honduras. Global Health: Science and Practice. 2020
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#### For more Information

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