NATIONAL REPRODUCTIVE HEALTH CANCER COMPONENT
MINISTRY OF HEALTH AND SOCIAL AID OF GUATEMALA
GUATEMALA/GUATEMALA CITY. CENTRAL AMERICA
Guatemala’s background

Challenges in cervical cancer screening

National health policy goals

National Plan against cervical cancer

Actions

Support
- Cervical cancer remains a major public health problem in many developing countries
- Cervical cancer is preventable
- Cervical cancer death is unnecessary
- Effective, safe, low-cost outpatient treatment of precancerous lesions has been available for many years
- Available and accepted screening methods are not practical or accessible to the majority of women living in many countries
Guatemala’s background

- GLOBOCAN, 2008 reported 717 female deaths, occurring in women 25 years and older.

- Mortality rate of cervical-uterine cancer is related to poverty, lack of schooling, unemployment, residency in rural areas, and lack of effective access to health services.

- Is the leading cause of cancer death among women in the country.

- Showing a real inequity and discrimination.
Guatemala’s background

- Has a population of 14.017.057 millions, from which 7.148.699 millions are female, and 4.520.490 are into the reproductive health, ~ 5.000.000 with 25 and older who are at risk of developing cervical cancer.

- 54% of the population are living into the rural areas.

- Poverty and equity are two priority issues for the Government of Guatemala with goals clearly set out in the National Development Plan and the National Health Programme 2008 – 2011.

- 23 different cultural groups.
Challenges in CeCa screening

- Low coverage in rural and marginalized urban areas
- High number of false negative HPV results associated with Pap tests
- Inaccurate histopathologic diagnoses
- Lack of quality of colposcopy evaluation and follow-up of patients
CERVICAL CANCER MORTALITY BY DEPARTMENT

ASR: 11 x 100,000

(please consider the Sub-register)

Fuente: VIGEPI 2007
Cancer in Women 2008

- Cérvix: 38%
- Mama: 15%
- CarcinoMA in situ: 6%
- pielotrax: 6%
- Estómago: 3%
- Ovarios: 3%
- Sitio desconocido: 3%
- Tiroides: 2%
- Cuerpo del Utero: 2%
- Linfoma de Hodgkin: 2%
- Tejidos Blandos: 1%
- Resto de Localizaciones: 18%

Fuente: INCAN/JGC

http://espanol.geocities.com/registrocancer.guate/
Standardized age female cancer

Cáncer Femenino por localización y grupo etario 2006

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fuente INCAN/ JGC
Guatemala has face´s cancer either...
Attention Health System

Public sector: 55%
Private sector: 25%
IGSS: 14%
APROFAM: 6%
INCAN: 10%

Estudio de valor de Marca 2009
National Plan call:
ASDI – OPS, UNFPA, Faith in practice, Partner for surgery, APROFAM, IGSS,
Order of the Knights of Malta, Wings, Liga contra el cáncer, MSPAS
CeCa Prevention

Primary prevention

- Vaccines
- (Education to reduce sexual high risk’s behavior)
- (Condon promotion)

Secondary prevention

- Identify and treat pre cancer lesions…before they will perform cancer
- Identify and treat early stadium of cancer (avoid dye and bad quality of life)
An appropriate test is not enough

Effective service delivery

system is **Essential**

- Good test coverage
- Appropriate management of screen positives
- Limit loss to follow-up
- Reasonable treatment cost
Principle:

If we are expecting that the national plan will be effective...

Testing should be Linked to Treatment
Timing of Treatment

If not now?...When?

- Hillel, Sayings of the Fathers

Rabbi Hillel was one of the most influential scholars in Jewish history.
National Health Policy Goals
CeCa National Plan

- **Overall Purpose**
  Reduce the mortality rate in the period from 2009 to 2015

- **Strategies**
  1. Increase communication and information campaigns performing the local committee against cancer.
  2. **Improve coverage of cervical screening mainly in rural and poorest areas**
  3. **Implement a well designed information and statistic report**
  4. Improve worker’s training for screening, diagnosis and treatment
  5. Promote adequate infrastructure and performing according to the local resources the appropriated screening
  6. Increase access for screening, diagnosis and treatment of cervical cancer
  7. Partnership with other health public institutions, health organizations and social organizations
  8. Monitoring and evaluation
1. Increase institutional readiness for implementation of expanded cervical cancer prevention efforts

2. Build capability to sustain and expand large-scale, coordinated cervical cancer prevention efforts

3. Expand access to high quality pap-smear, VIA and cryotherapy at service delivery points and improve program performance
National Plan PHASES

- INSTITUTIONAL Receptiveness
- Capability Development
- Program Performance Improvement
- Service Expansion
Other Strategies

- Information system (record database for screened woman and cancer)
- Monitoring and evaluation of activities and acceptance of the national plan to reduce CeCa.
- Starting discussion and Selection of population for primary attention with vaccines
- Clinical trial with hpv-testing joining cooperation
CeCa Prevention Program: Goals

- Reduce cervical cancer incidence and mortality
- Detect early disease
- Treat early disease (HSILs and LSILs) to prevent progression to invasive cancer
- Use appropriate screening test
  - Low cost
  - Safe & acceptable
  - Good sensitivity & specificity
CeCa Prevention: National Plan
Each Area Decision depends on:

- risks of treatment and treatment costs
- accessibility of program (immediacy of test results, additional tests and treatment)
- risk of loss to follow-up
www.mspsgob.gt/componentecancer
Develop cadres of:

- Local champions who can be advocates for cervical cancer prevention at the local, regional/provincial and national levels;
- Service providers to deliver screening and treatment;
- Clinical supervisors who can provide quality assurance and manage referrals; and
- Local (regional/provincial) training teams to conduct training courses maintain quality and ensure adherence to performance standards.
Strategies of work:

1. Demand
2. Offer
3. Efficacy
Special points to be considered in the future

Target to female populations at higher risk of dying for cervical cancer: poorest and without regular access to health services

Improvement of coverage, access and quality of cervical cancer screening

**HPV Vaccine:**
- Adolescents before sexual debut
- School based

**HPV test:**
- Women from 35 to 65 years old
What about HPV Vaccination

- In Guatemala there are ~ 195,000 10 year old girls.

- To vaccinate, eg. 10 year old girls, we need to perform an special plan to discuss: cold chain infrastructure, where, how, and how much? (USD per dose)

- Current cost of 3-series vaccine is unsustainable for health service organizations.

- Competing priorities for HPV vaccine include other immunizations and the improvement of quality and coverage of cervical cancer screening.
EXPAND ACCESS TO SERVICES

• Increase cadre of trainers

• Select new sites for expansion

• Sustainability
Competency Based Training

CBT
- MASTERY OF SPECIFIC KNOWLEDGE & SKILLS
- LEARNER CENTERED
The goal of clinical training is to help HEALTHCARE PROVIDERS gain the KNOWLEDGE, SKILLS and RIGHT ATTITUDE to provide high quality clinical care.
SEE ONE...DO ONE...TEACH ONE!
Mastery Learning
CLINICAL TRAINING APPROACH

- Adult Learning Principles
CLINICAL TRAINING APPROACH

- Competency Based
CLINICAL TRAINING APPROACH

- Humanistic
“Each woman at least has the right to the cervical screening once in her life”
COMPETENCES / POWERS
**COMPETENCES / POWERS**

**2011**

- Health reproductive teams: **29 / 29**
- Health provider capacitated: **1,520**
- E-learning – course 2012: **1,000**
- Cytology Laboratory: **12**
- Pathology Laboratory: **7**
- Early detection clinics: **16**
- Certified providers: **5 – 10/area**
Reference to Colposcopy (2010)
“See and Treat”

CaCu component - PNSR
El Programa Nacional de Salud Reproductiva a través del componente de Cáncer Cervico Uterino otorgan la presente

Certificación

Quién ha llenado satisfactoriamente los requerimientos académicos del "Curso Básico - Intermedio de Colposcopía" realizada los días 6, 7 y 8 de abril, con una duración de 24 horas.

Dado en la ciudad de Guatemala a los 6 días del mes de diciembre del 2011.

Dr. Erick Alvarez
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Programa Nacional de Salud Reproductiva.

Dr. Rafael Hauessal
Jefe del Departamento de Regulación de los Programas de Atención a las Pansexes

Dra. Miriam Bethencourt
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Dr. Alvaro Gómez y Francot Santisteban.
Coordinador General de los Cursos de Actualización
Estudios de Especialización del Área de Educación Continua en Cáncer de la Salud
Escuela de Estudios de Postgrado.

Dr. Margarito Castro
Presidente
ASOD.

Rossana CIFuentes
Coordinadora
Comisión de Salud Sexual y Reproductiva.
Tele-diagnostico cervicouterino
RENOVATION CITOLOGY LABORATORY

AFTER
MOBILE UNIT - COLPOSCOPIC

BEFORE

AFTER
WORKSHOPS

EDUCATION

CAPACITY

EMPOWERMENT

CORRELATION
CLINICAL - PATHOLOGY
WORKSHOPS – Capacitation of the capacitors
I transported the samples
I'm the chief director
I'm glad to let her go to check the womb.
I moved her to Guate--
I insisted, she came to check
I performed the VIA---

MT, 48 y.o. OB 8. 7. 1. 0
Epidermoid carcinoma IIB
6 months after Radiotherapy
350 km far away from Guatemala city
We need SUPPORT...

Training courses (standardized screening methods: pap smear, IVAA, screen and treat, educative material).

System information (unification system).

Devices to diagnosis and treatment (cryoteraphy, electrosurgery, colposcopy).

Investigation (trial HPV DNA in specific cohorts).

Start with the discussion about HPV Vaccine as a primary prevention.

Start with the process of reintegration to the daily routine after the Ca.

Treatment using principles of palliative cares at decentralizes level (workshops and training courses – pain management).
what can we do, if I am first at the waiting list of God?
National Program (official norms), to the prevention, detection, diagnostic, treatment, control and epidemiological vigilance of the cervical cancer - 2015

2015

85 %