



THIRD PILLAR: MANAGEMENT OF INVASIVE CERVICAL CANCER

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Towards Elimination of Cervical Cancer in the Americas, 1-2 August 2019, Washington DC, USA



Valentine
Gode-Darel





1914









1915



17 Jan 1915



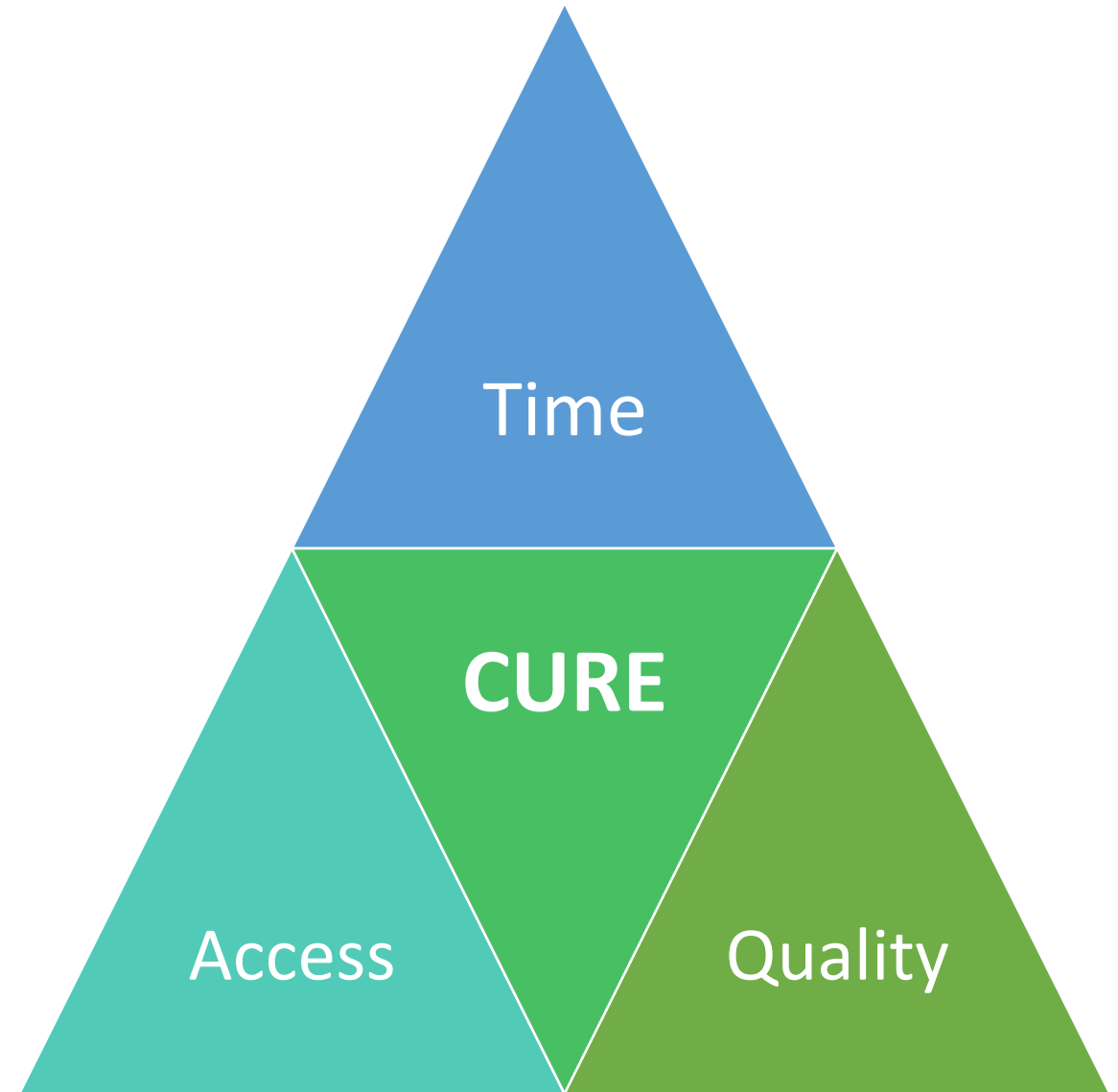
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Why cervical cancer
management?

CERVICAL CANCER IS
CURABLE

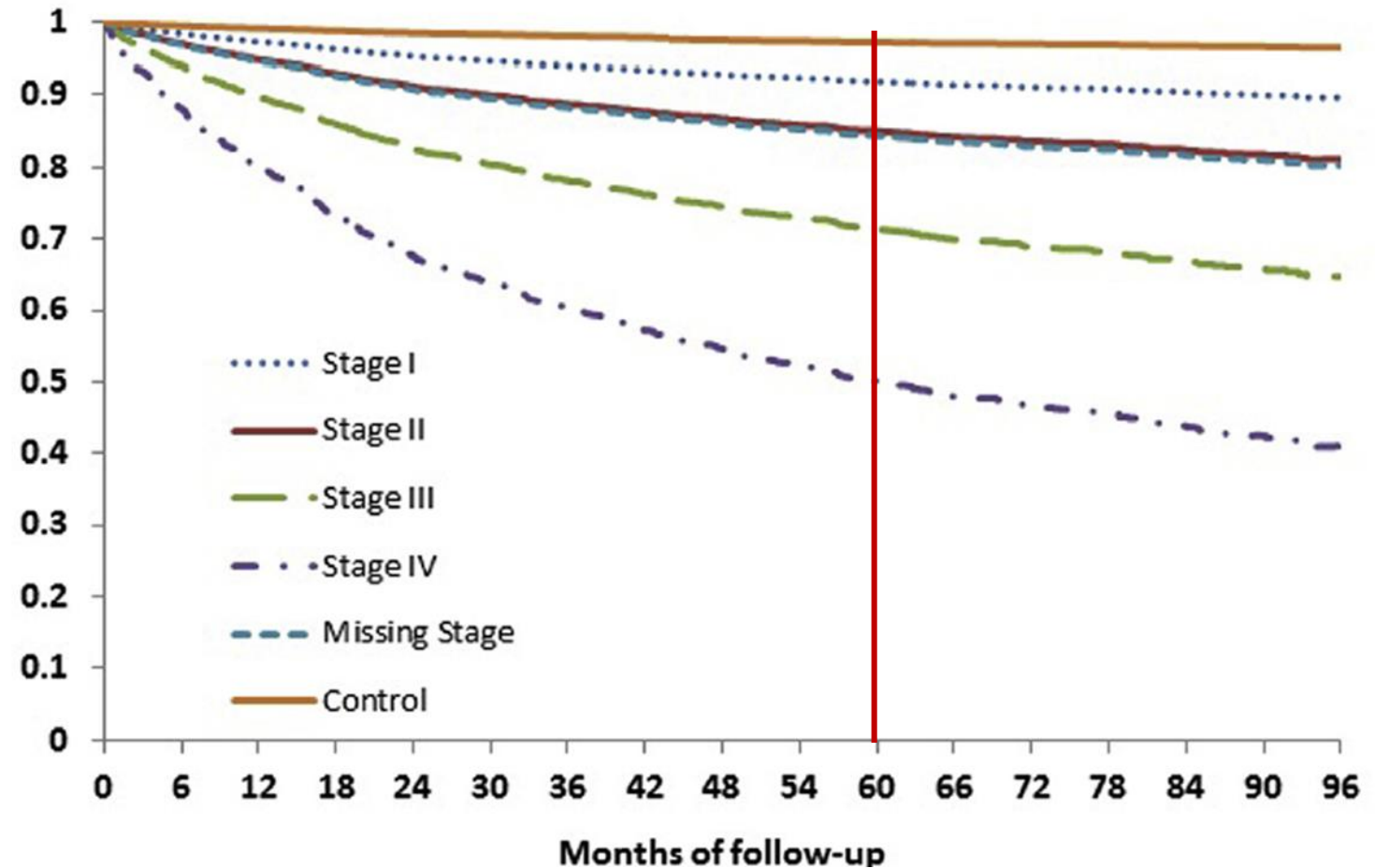


Why cervical cancer
management?

CERVICAL CANCER IS
CURABLE

FIGURE

Age-adjusted survival probability of cervical cancer cases and their matched controls during 8 years of follow-up



Why cervical cancer management?

- Treatment of early stage cervical cancer is cost-effective

Manage Cancer

'Best buys' and other recommended interventions

'Best buys': effective interventions with cost effectiveness analysis (CEA) \leq I\$100 per DALY averted in LMICs



Vaccination against human papillomavirus (2 doses) of 9–13 year old girls

Prevention of cervical cancer by screening women aged 30–49, either through:

Visual inspection with acetic acid linked with timely treatment of pre-cancerous lesions²²

Pap smear (cervical cytology) every 3–5 years linked with timely treatment of pre-cancerous lesions²³

Human papillomavirus test every 5 years linked with timely treatment of pre-cancerous lesions²⁴

Effective interventions with CEA $>$ I\$100 per DALY averted in LMICs



Screening with mammography (once every 2 years for women aged 50–69 years) linked with timely diagnosis and treatment of breast cancer²⁴

Treatment of colorectal cancer stages I and II with surgery +/- chemotherapy and radiotherapy

Treatment of cervical cancer stages I and II with either surgery or radiotherapy +/- chemotherapy

Treatment of breast cancer stages I and II with surgery +/- systemic therapy.

Basic palliative care for cancer: home-based and hospital care with multi-disciplinary team and access to opiates and essential supportive medicine²⁵

TACKLING
NCDs



Why cervical cancer management?

100 000 women screened

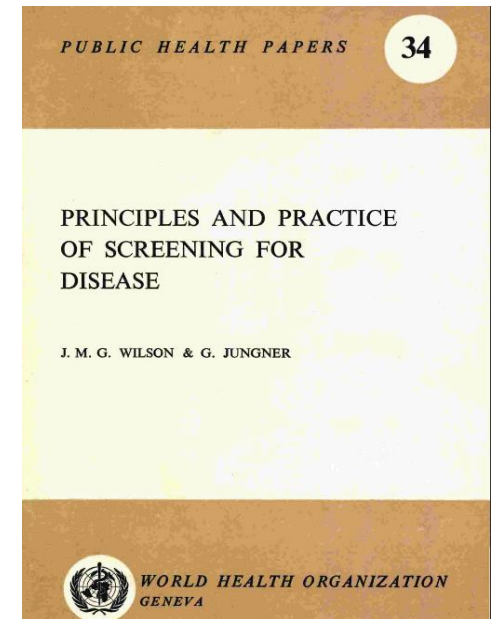


10 000 screen (+)
3-5% with cancer

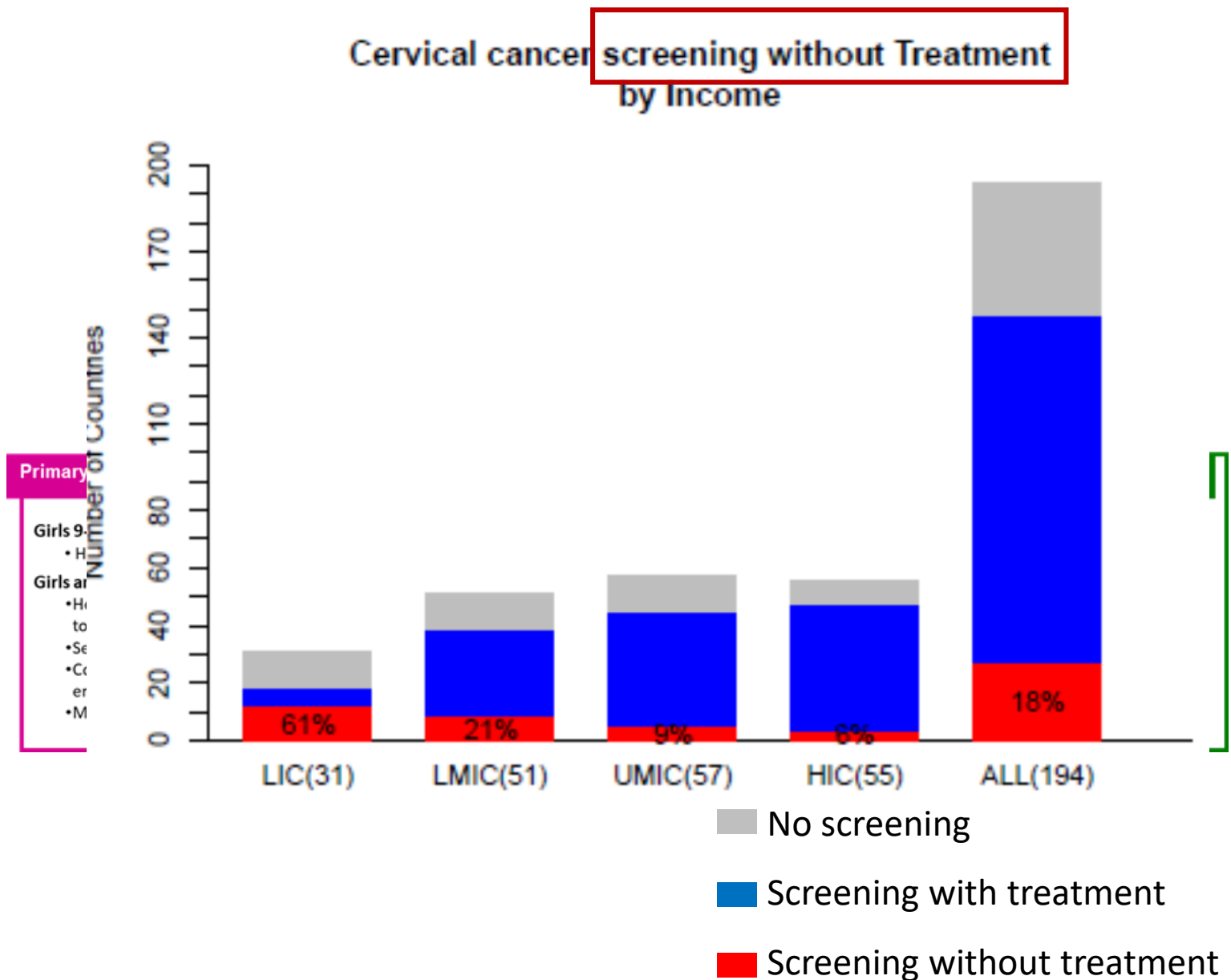


300-500 women with
cancer

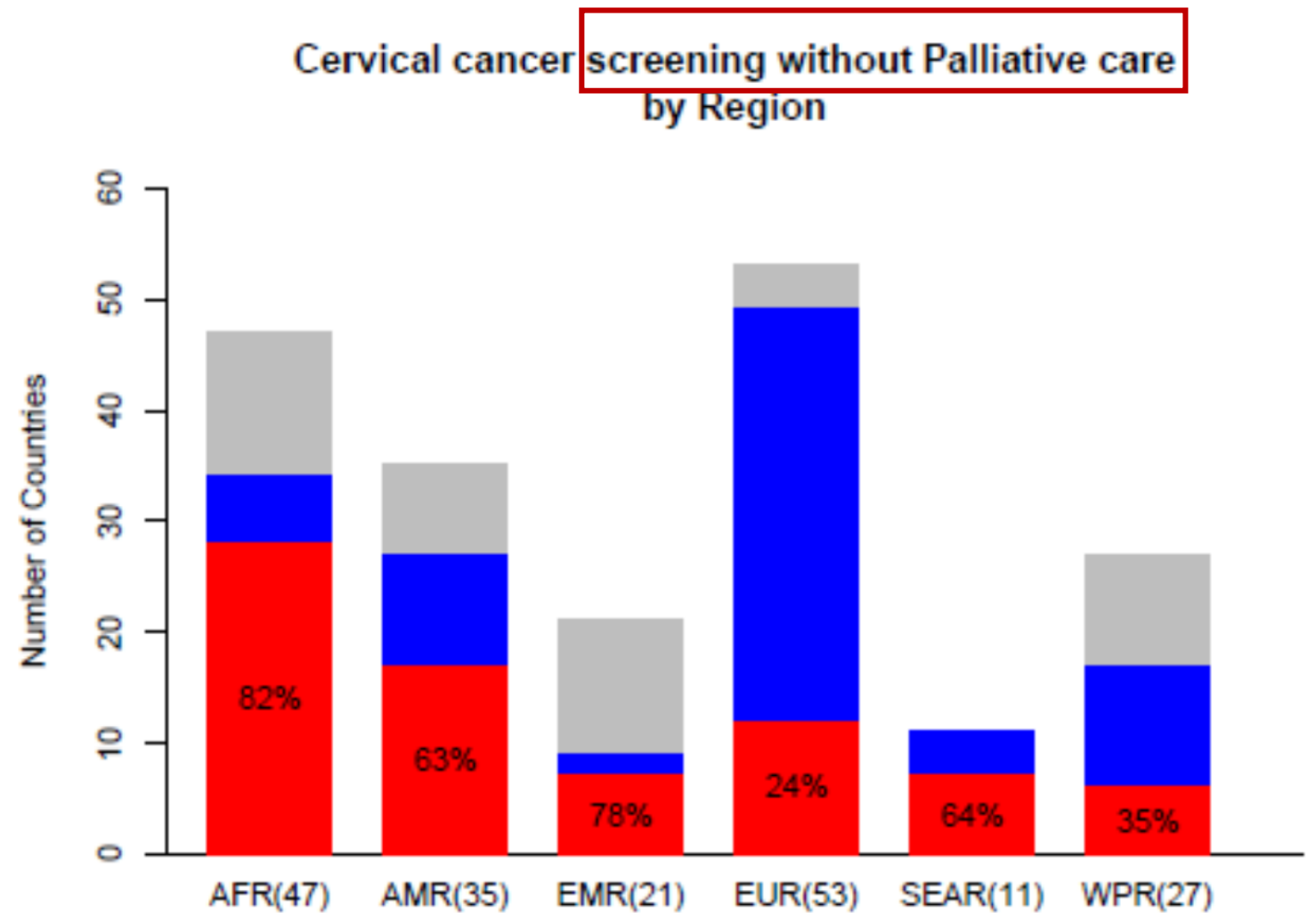
Whose responsibility is to provide care?



Comprehensive approach to cervical cancer control ?



Comprehensive approach to cervical cancer control ?



Putting into perspective

Broad Social Context

Health System

NCDs

Cancer Control

Prevention

Early
detection

Diagnosis and
Treatment

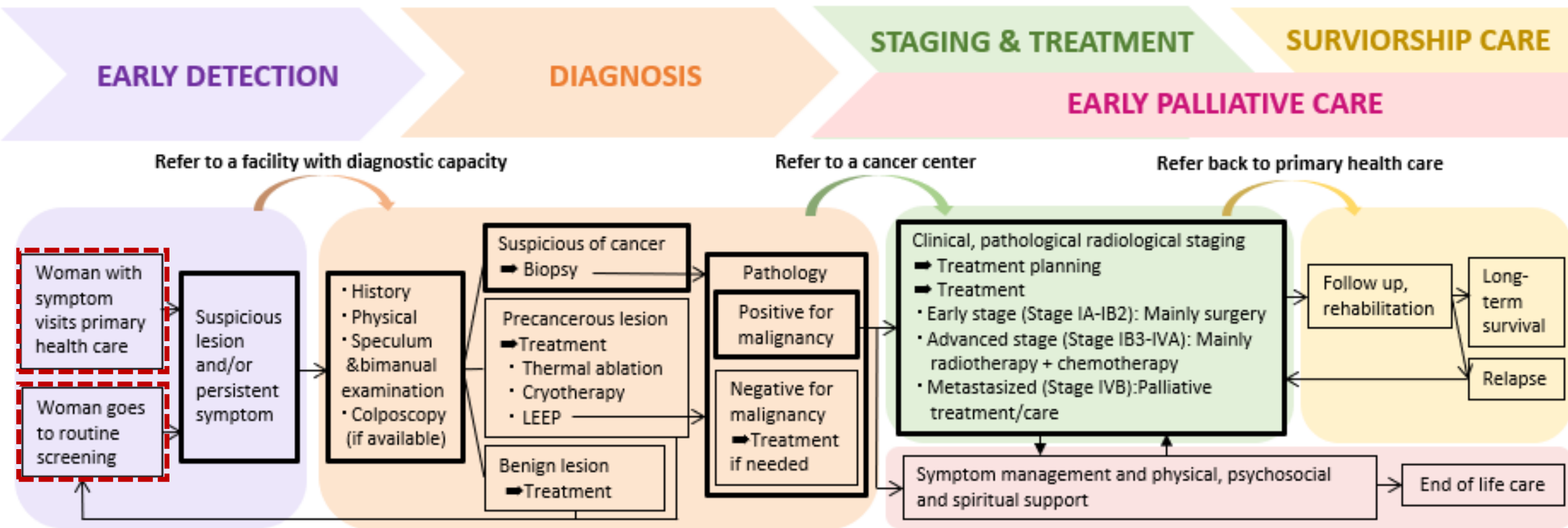
Palliative Care

Survivorship
Care

CERVICAL CANCER

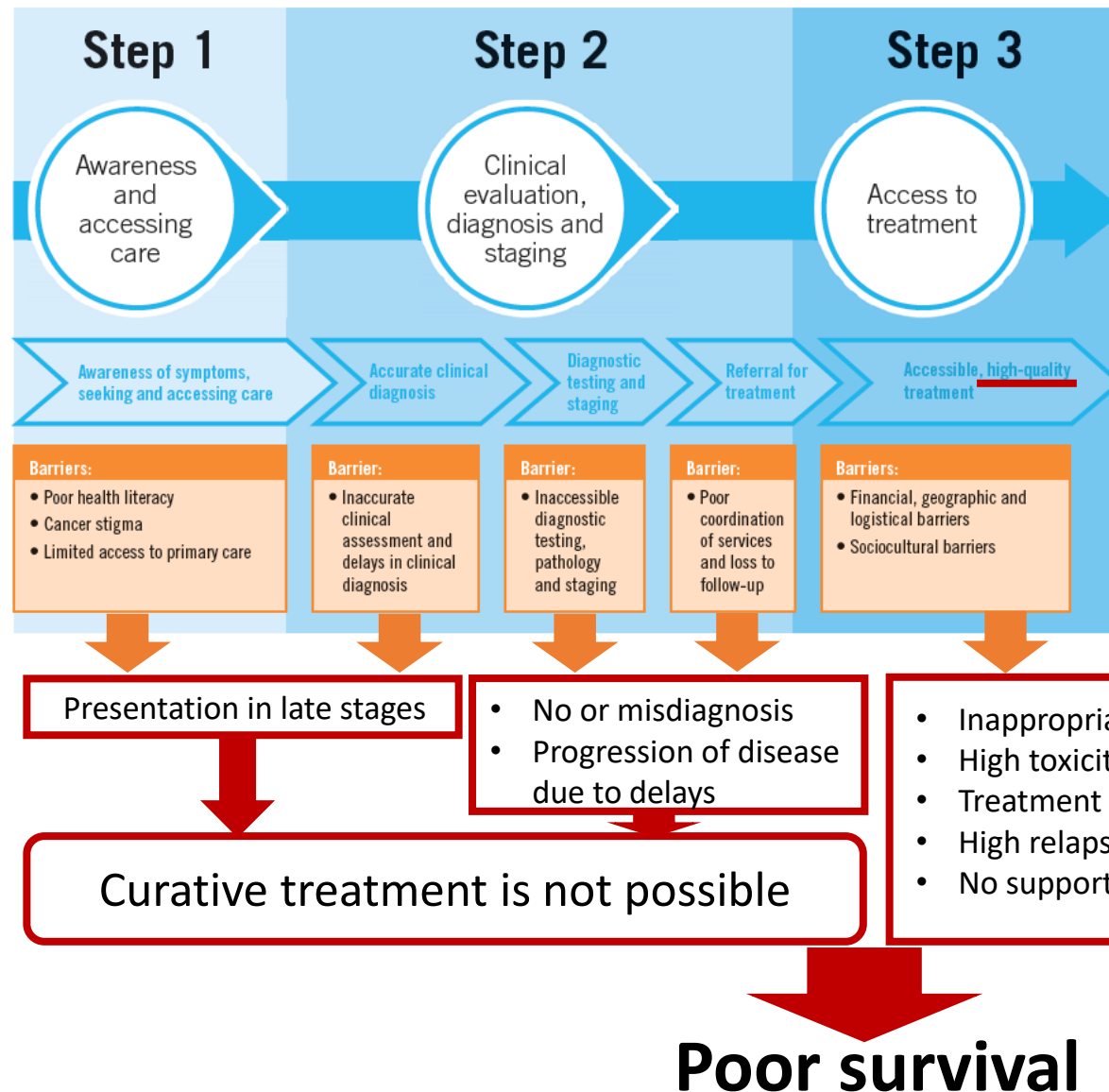


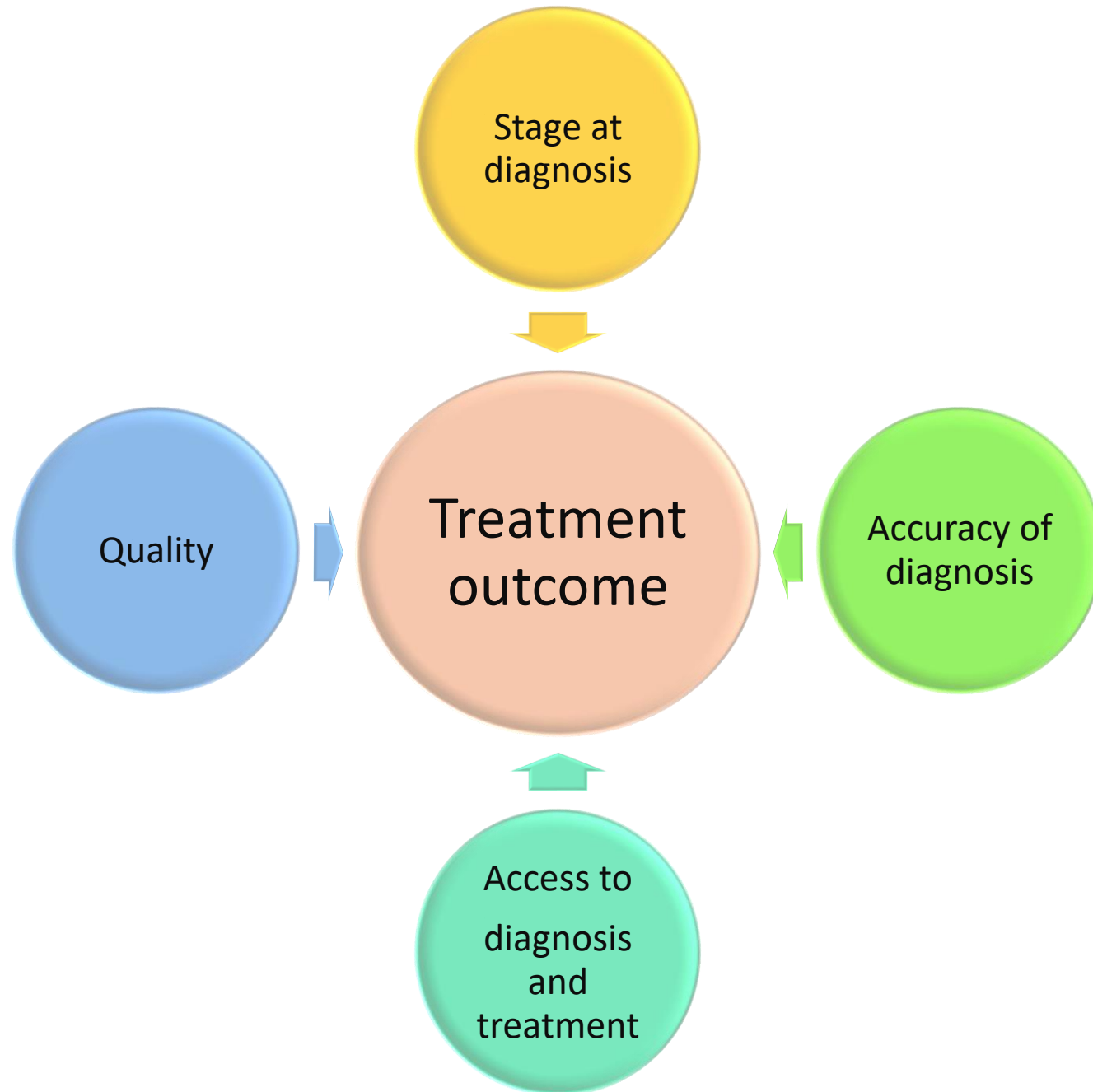
Care pathway for screening and early diagnosis



Understanding barriers to care

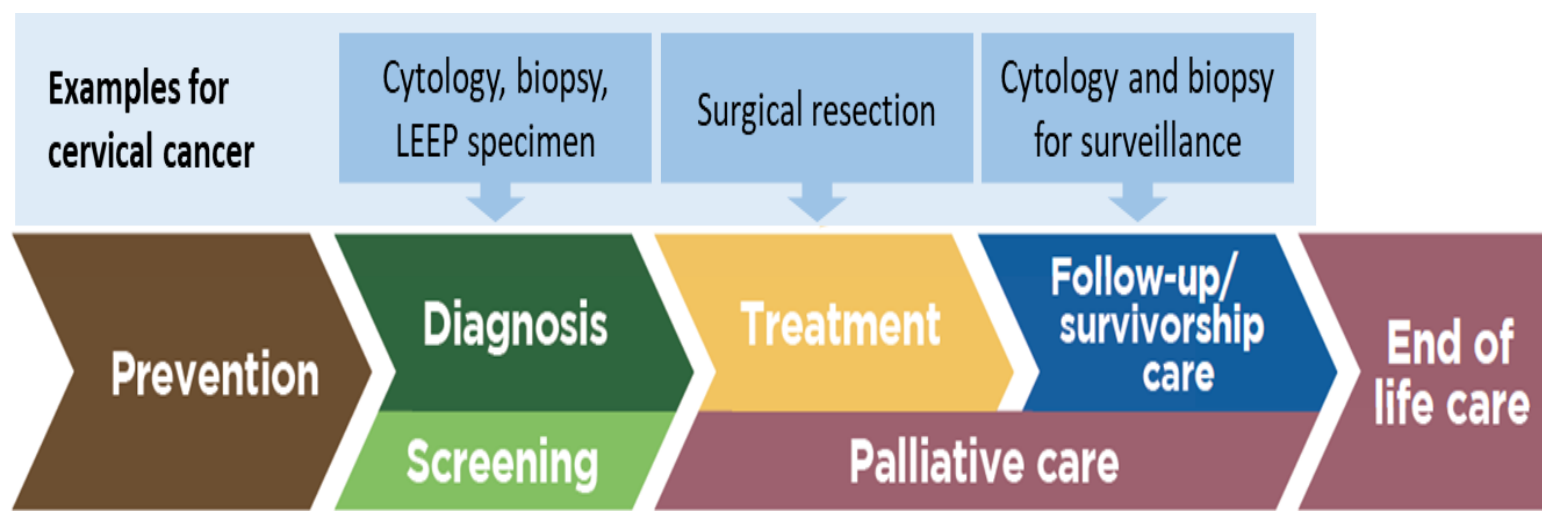
- Health System approach
- Linking different levels of care





Pathology

- Pathology services are essential for diagnosis, differential diagnosis and treatment choice



- Differential diagnosis: cancer or not?
- Diagnosis: what type of cancer?
- Treatment choice:
 - Suitable for surgery?
 - Need for adjuvant treatment (high risk for recurrence?)
 - What radiotherapy?
 - What chemotherapy?

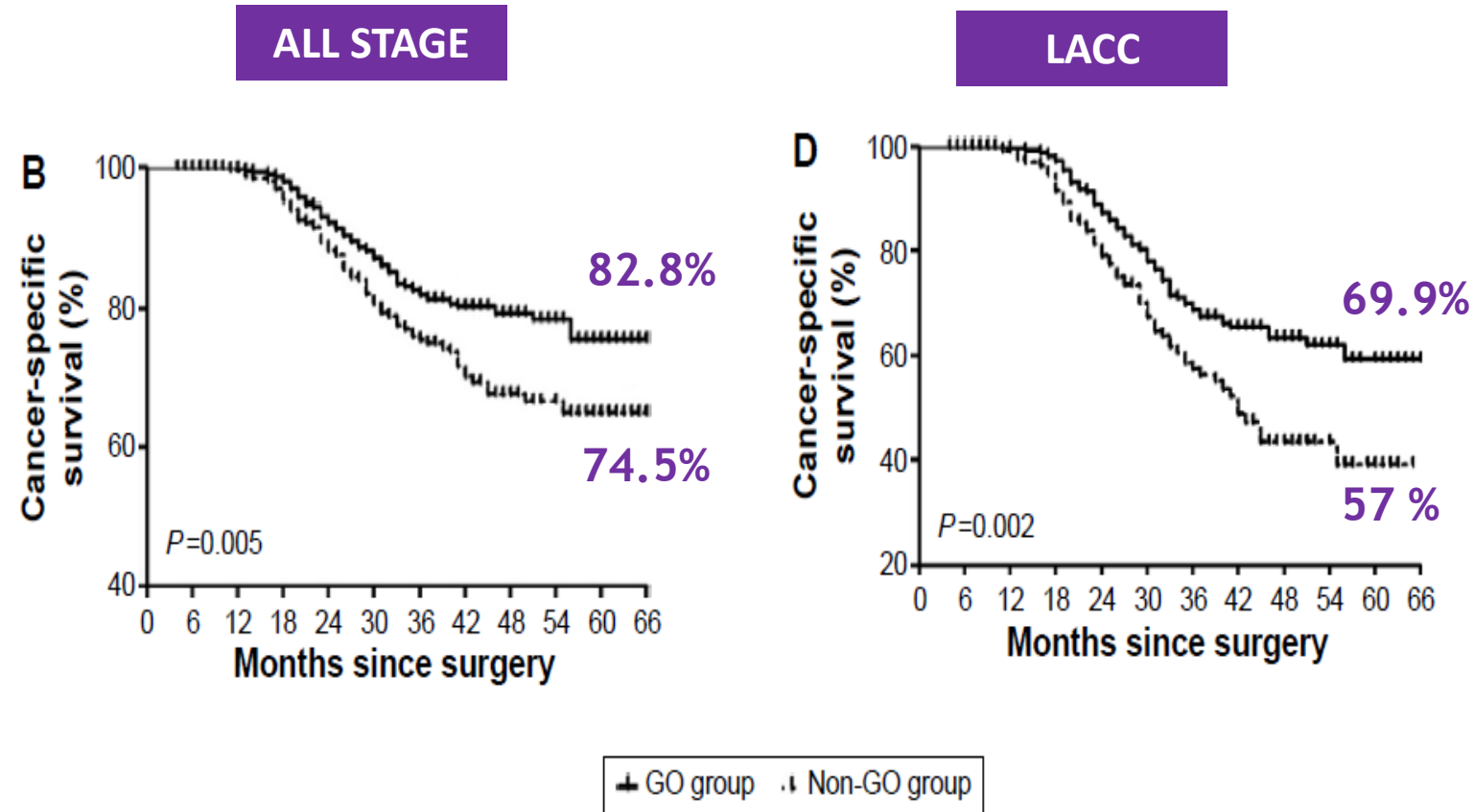
Why Staging?

- Prognostic factor
- Selection of treatment (stage-appropriate)

Stage		Description	Primary Treatment
Stage I	A	Tumour confined to cervix	Surgery
	B		
Stage II	A	Tumour invades adjacent tissues	Radiotherapy+ concurrent chemo
	B		
Stage III	A	Dissemination to lymph nodes, spread to the pelvic wall and/or lower 1/3 of vagina	
	B		
	C		
Stage IV	A	Tumour invades adjacent organs (bladder, rectum) and/or spread to distant organs	Palliative treatment
	B		

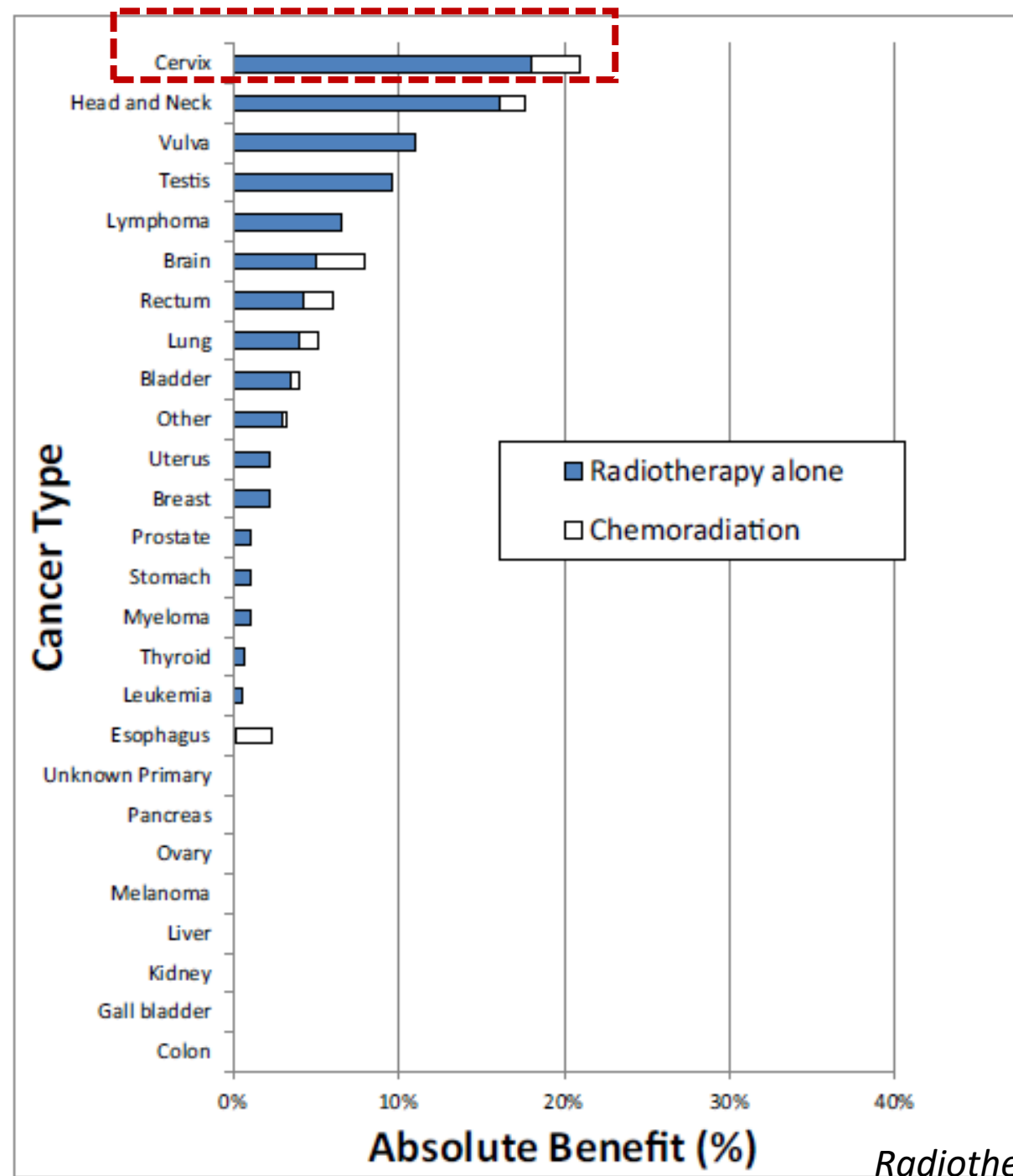
Cancer Surgery

- Complex surgery
- Requires special training
- Quality of surgery influences outcomes



Radiotherapy

- Population 5-year overall survival benefit 18%
- Additional 3% OS benefit for chemoradiation
- Quality of radiotherapy has impact on outcomes



Chemotherapy

- Off patent cancer medicines
- WHO EML recently updated to extend indications

Cytotoxic and adjuvant medicines

cisplatin

carboplatin

paclitaxel

fluorouracil

gemcitabine

docetaxel

ifosfamide

filgrastim

Palliative care

- Symptom management is complex
- Pain is not the only symptom
- Palliative care is not only end-of life care
- Early integration of palliative care is essential

Common Symptoms:

- Pain
- Ureteric obstruction +/- renal failure
- Bleeding
- Malodorous vaginal discharge
- Lymphoedema
- Fistulae

Multidisciplinary care

- Improves patients' assessment and management practice
- Impact on quality of care
- MDTs also within individual disciplines

MDT:

- Pathologist
- Radiologist
- Gyn Oncologist
- Radiation Oncologist
- Medical Oncologist
- Palliative Care Specialist
- Oncology Nurse

Health System Lens

Service Delivery

- Analyzing and removing barriers to care
- Integrated service delivery models
- Guidelines adapted to local context
- Quality of care and patient safety

Health Workforce

- Optimizing performance and quality of cancer health workforce
- Aligning investments in human resources with current and future needs and investments in infrastructure
- Policies to improve retention and regulate the private sector

Registries and Information Systems

- Strengthening of population-based cancer registries: survival and stage distribution
- Monitoring and evaluation of clinically relevant facility level data (e.g. quality of care indicators)

Access to Technology and Medicines

- Selection, procurement, supply, storage and distribution chain management
- National lists of priority medical devices and essential medicines

Financing

- Efficient use of domestic funding
- Financial protection: inclusion in UHC benefit package
- Innovative solutions for sustainable financing of cancer programme

Governance

- Integrated national cervical cancer control programme
- Strengthening of regulatory framework

*“It is time to consign
cervical cancer to the
history books”*

THANK YOU!

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