ICSN Meeting 2017 – Abstract submission

ABSTRACT

Referral mechanism in a cervical cancer screening program in a district of southern India: Programmatic issues and outputs

Introduction

Cervical cancer is the fourth most common cancer in women worldwide and second in India. Cervical cancers have higher cure rates when detected early and treated. As per literature, screening followed by confirmation and management remained a public health challenge. Hence we evaluated the referral mechanism of cervical cancer screening program in a district of southern State of India.

Methods

We conducted a descriptive cross sectional study in Tiruchirappalli district of Tamil Nadu state during November 2015 to October 2016 on cervical cancer screening data for the period between the year 2012 and 2015.

We reviewed the program modules, monthly reports and collected the available line list of screened positive women. Diagnosis and treatment details were extracted from referral facilities. We estimated the proportions of dropouts at each level.

Results

About 373,643 women were screened and cumulative coverage for three years is 53.1% and of these 11639 (4.2%) were found positive.

Among the screened positive, 6801 (58.4%) had underwent colposcopy and resulted 4076(59.9%) for further evaluation. Of which, 3425(84%) were found to have biopsy done. 159(4.6%), 214(6.2%) and 314(9.3%) were diagnosed with cancer cervix, CIN II/CIN III and CIN I respectively. Among those diagnosed with cancer, 9(5.7%), were treated.

Comprehensive training, equipment availability, supportive supervision, linkage with private facilities were the major strengths of the program. Adherence to protocol, issues in delivery of colposcopy services, poor follow-up of referred patients, and delay in implementing online reporting system were considered the weaknesses.

Conclusions.

The mass cancer screening program had a meticulously planned referral mechanism within it. Despite various implementation challenges, the program could detect and treat substantial number of cancer cases. The weaknesses identified and measures adopted to rectify during the course of the program may remain a model to similar initiatives in early detection and reduction of disease burden in low resource settings.

Key words: Uterine cervical neoplasm, mass screening, referral and consultation