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# Monitoring, Evaluation, and Reporting (MER) Guidance (v.2.4): CERVICAL CANCER

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Date: December 2019

# Video Outline

1) **Section 1:** Overview of the technical area and related indicators
2) **Section 2:** Indicator changes in MER 2.4
3) **Section 3:** Review of numerator, denominator, and disaggregations.
   - What is the programmatic justification and intention for the data being collected?
   - How are program managers expected to use this data to make decisions that will improve PEPFAR programming?
   - How does it all come together? How should the data be visualized (e.g., cascades)? How do these indicators relate to other MER indicators?
4) **Section 4:** Overview of guiding narrative questions
5) **Section 5:** Data quality considerations for reporting and analysis
6) **Section 6:** Additional Resources and Acknowledgments

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# Section 1:

# Overview of the technical area and related indicators

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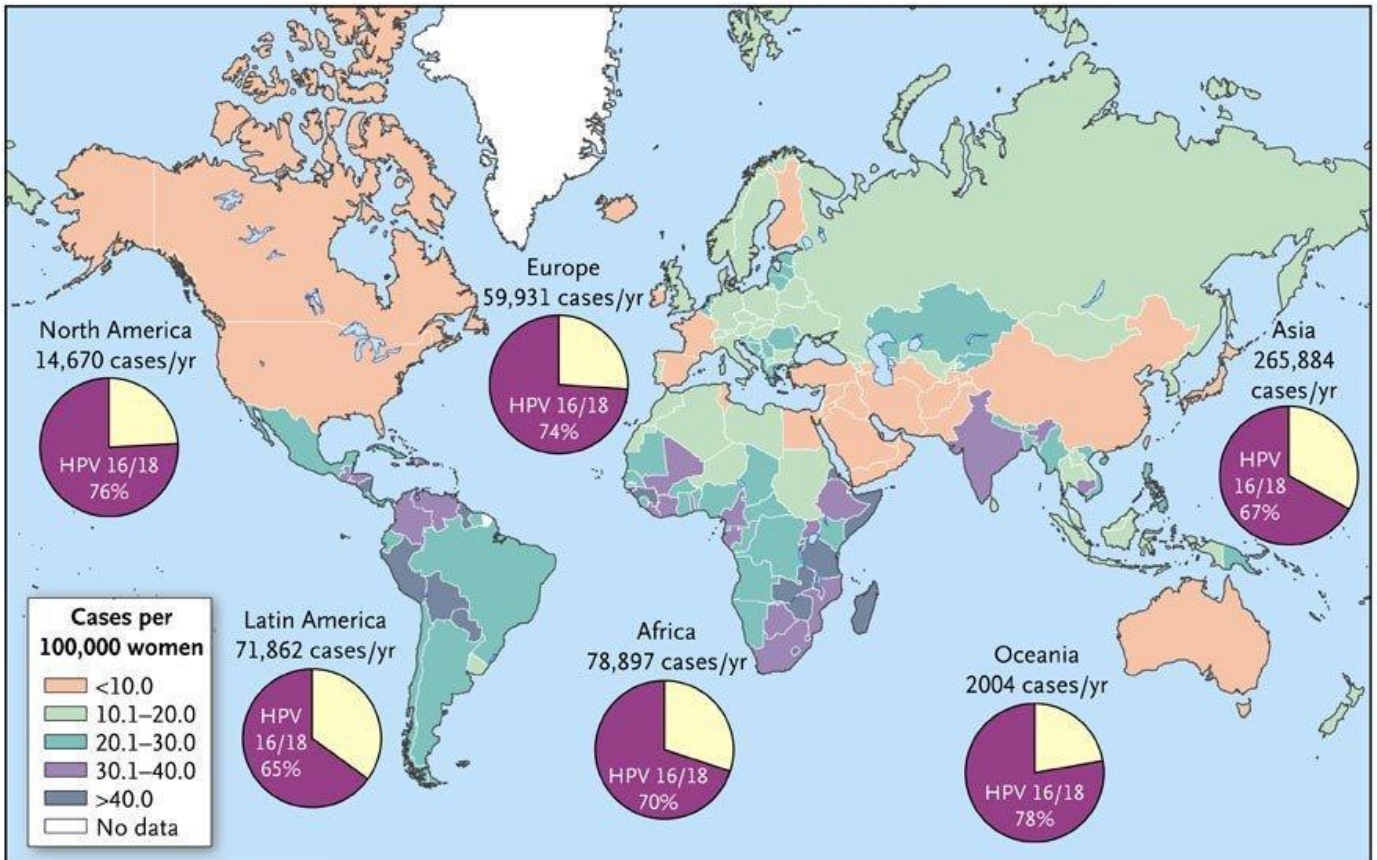
# Background

Cervical cancer is the number one cancer killer of women in Sub-Saharan Africa (SSA). Roughly 100,000 women in SSA are diagnosed annually with cervical cancer and of these about 62% will die from the disease. Women with HIV are four to five times more likely to develop persistent precancerous lesions and progress to cervical cancer, and often with more aggressive forms and with higher mortality.

PEPFAR plans to ensure all HIV-positive women over age 25 are being screened and treated for pre-invasive cervical lesions as rapidly as possible. To achieve this goal, a staged process will be used to increase the coverage of cervical cancer screening in PEPFAR-supported HIV treatment sites focusing on areas with high HIV-1 prevalence among women and high volume ART sites (in 8 countries initially). This strategy creates a pathway to ending cervical cancer in HIV-positive women at scale.

# World Prevalence of Cervical Cancer
# Countries with the highest HIV prevalence in women have the highest incidence of cervical cancer. Women with HIV are 4-5 times more likely to develop cervical cancer




275,000 deaths/year from cervical cancer, 85% in LMIC

# Go Further - Ending AIDS and Cervical Cancer

- Launched in May 2018, Go Further is an innovative public-private partnership between PEPFAR, the George W. Bush Institute, UNAIDS, and Merck. Go Further is committed to creating a healthier future for women. The partnership aims to reduce new cervical cancer cases by 95% among women living with HIV in eight African countries (Botswana, Eswatini, Lesotho, Malawi, Mozambique, Namibia, Zambia, and Zimbabwe).
- PEPFAR intends to provide catalytic support, roughly valued at $30 million in implementation through its country operational plans' (COPs) to ultimately transform the efforts into a host country sustainable investment.
- PEPFAR's investment will build on the earlier successes of Pink Ribbon Red Ribbon using new research, new modeling, and additional scientific evidence.
- By refocusing resources and advocacy efforts to where the HIV prevalence rate in women is over 10 percent and cervical cancer mortality among women is the highest, this partnership will accelerate our lifesaving impact.

> "We must ensure that women who are living with HIV and thriving do not succumb to cervical cancer." - *Ambassador Deborah L. Birx, M.D., U.S. Global AIDS Coordinator and Special Representative for Global Health Diplomacy*

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George W. Bush Institute

UNAIDS

# Ending cervical cancer in HIV+ women at scale

- Revised strategy will **reduce cervical cancer risk by 95% in HIV-positive women**
  - PEPFAR support to include **every-other-year cervical cancer screening** for HIV-positive women over age 25, and
  - **HPV vaccination** in younger girls and women LHIV

- Goal: Ensure all HIV-positive women over age 25 are being screened and treated for pre-invasive cervical lesions as rapidly as possible

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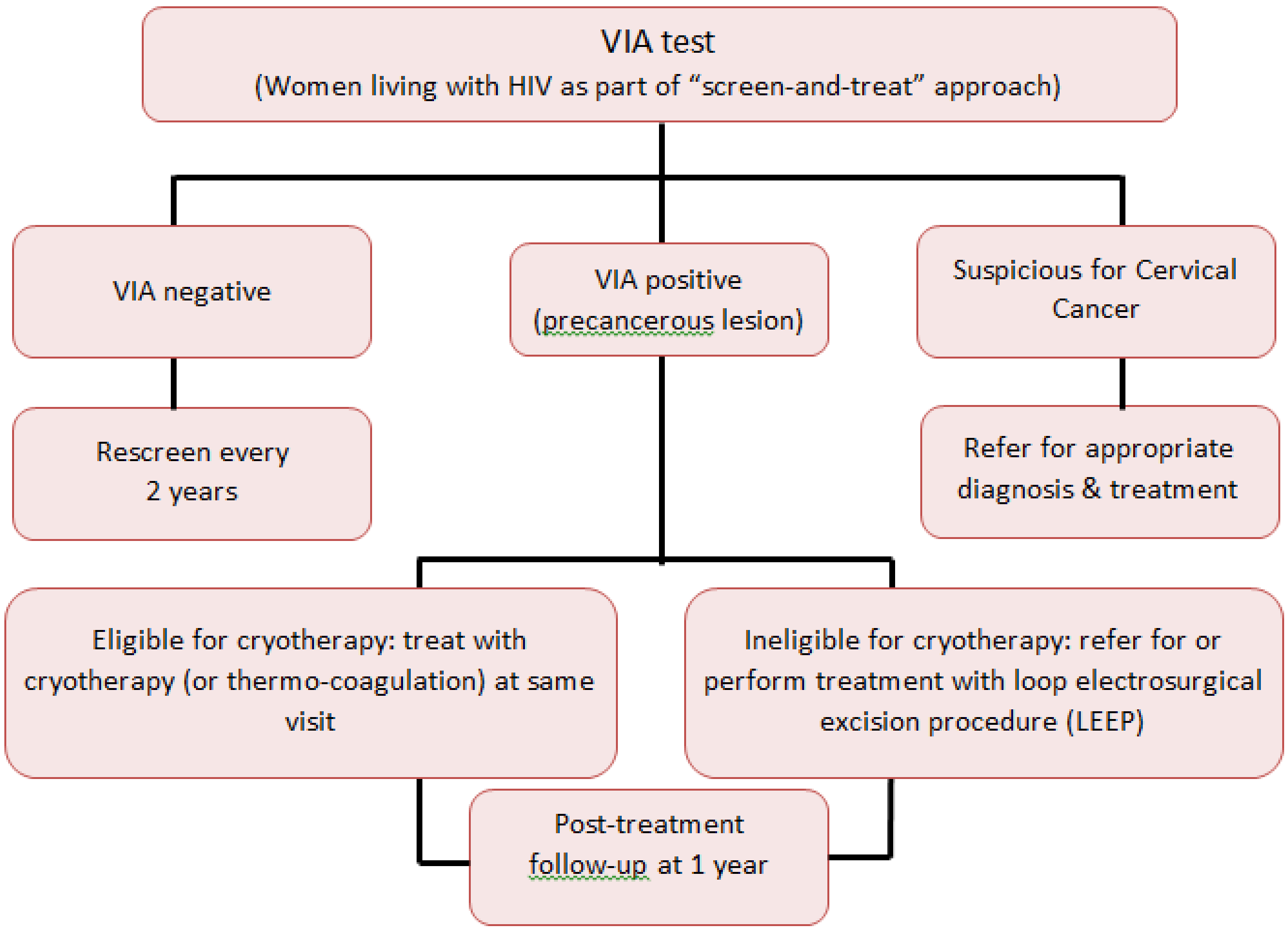
# PEPFAR Approach to Cervical Cancer Screening among HIV+ Women age 25-49

## HPV testing may be used to triage, with VIA for those HPV+



# Overview of Technical Area and Indicators

- Cervical cancer screening for HIV+ women should be integrated into routine HIV treatment services.
- A “screen-and-treat” approach is recommended for the management of precancerous lesions to maximize opportunities for immediate treatment for eligible women.
- Screening for cervical cancer should begin at high volume sites and be scaled to all women receiving ART in PEPFAR-ART sites either on-site or through referral to hub sites within the region.
- Screening may occur in the ART clinic or in affiliated clinics such as women’s health at the same site if already established.

| Program Area Group | Indicator Code | Indicator Name | Reporting Frequency | Reporting Level |
|---|---|---|---|---|
| Testing | **CXCA_SCRN** | Percentage of HIV-positive women on ART screened for cervical cancer | Semi-Annual | Facility |
| Treatment | **CXCA_TX** | Percentage of cervical cancer screen-positive women who are HIV-positive and on ART eligible for cryotherapy, thermocoagulation, or LEEP who received cryotherapy, thermocoagulation, or LEEP | Semi-Annual | Facility |

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# Section 2:

# Indicator changes in MER 2.4

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# What’s Changed?

- There are **no changes** for the indicators this year
- CXCA_SCRN and CXCA_TX
  - Semi-annual reporting began in FY18 Q4
  - Indicators were released on June 8, 2018
- In FY18, PEPFAR supported implementation of cervical cancer screening and treatment of precancerous cervical lesions in ART clinics among women with HIV on ART in **Botswana, Lesotho, Malawi, Mozambique, Namibia, eSwatini, Zambia, and Zimbabwe**.
  - However, the indicator was not limited to these countries.
  - **If PEPFAR funds were being utilized to support cervical cancer-related screening and treatment, country teams should report on this indicator, and countries must follow the PEPFAR clinical guidance.**

# Section 3:

# Review of numerator, denominator, and disaggregations

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# CXCA_SCRN

SEMI-ANNUAL

Indicator Definition: Percentage of HIV-positive women on ART screened for cervical cancer

**Numerator:** Number of HIV-positive women on ART screened for cervical cancer

**Denominator:** Number of HIV-positive women ages 15+ on ART at PEPFAR-supported sites (TX_CURR)

**Numerator Disaggregations:**

- Screening Visit Type and Result by Age:
  - 1st time screened (Negative, Positive, Suspected Cancer) by: 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50+, Unknown Age
  - Rescreened after previous negative (Negative, Positive, Suspected Cancer) by: 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50+, Unknown Age
  - Post-treatment follow-up (Negative, Positive, Suspected Cancer) by: 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50+, Unknown Age

# Definitions of Disaggregates: CXCA_SCRN

## Screening Visit Type:

| 1st time screening | Rescreening after previous negative result | Post-treatment follow-up screening |
|---|---|---|
| •Screening service provision (and positivity rate) in the screening-naïve HIV+ population – only women being screened for the first time should be counted under this disaggregate | •Screening service provision (and positivity rate) in the population of HIV+ women who have received at least one cervical cancer screening test<br><br>•PEPFAR recommends screening interval (for women with a negative result) of every 2 years for HIV+ women<br><br>•Countries should consider adding an additional performance indicator which measures whether women that should return for routine rescreening in a given time period are returning in that time period | •Screening service provision (and positivity rate) in the population of HIV+ women who have received at least one cervical cancer screening test, and who received precancerous lesion treatment due to a positive screening result on their last screening test<br><br>•Programs should use additional indicators to monitor additional follow-up time points (e.g. 6 mos & 12 mos), and this should be noted in the narrative. |

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# Definitions of Disaggregates: CXCA_SCRN

## Result:

### •Negative

•Indicates that neither a lesion, nor any indication of invasive cervical cancer were visualized during the VIA test.

### •Positive

•Indicates the visualized presence of aceto-white lesion on the cervix following the application of acetic acid.

•In practice, women with a positive result are further differentiated into 'eligible for cryotherapy' and 'ineligible for cryotherapy', based on the size and location of the lesion.

- Women with fulminating masses or other indication of suspected cervical cancer are not counted under this disaggregate.

### Suspected Cancer

•Indicates the visualized presence of a fulminating mass, or other clinical indicator suspicious for invasive cervical cancer.

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# How to Count CXCA_SCRN

- Data Source(s):
  - Registers or logbooks in use at the point of cervical cancer screening service delivery at PEPFAR supported ART sites.
  - Client and facility level data collection tools should include the data elements required for disaggregation.
- How to Calculate Annual Totals:
  - Sum results across reporting periods for the numerator.
  - Denominator (TX_CURR) is a snapshot indicator.

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# CXCA_TX

SEMI-ANNUAL

Indicator Definition: Percentage of cervical cancer screen-positive women who are HIV-positive and on ART eligible for cryotherapy, thermocoagulation or LEEP who received cryotherapy, thermocoagulation or LEEP

**Numerator:** Number of cervical cancer screen-positive women who are HIV-positive and on ART eligible for cryotherapy, thermocoagulation or LEEP who received cryotherapy, thermocoagulation or LEEP

**Denominator:** Number of HIV-positive women on ART at PEPFAR supported sites who are eligible for cryotherapy, thermocoagulation or LEEP (CXCA_SCRN_POS)

**Numerator Disaggregations:**

- Screening Visit Type and Treatment Type by Age
  - 1st time screened (cryotherapy, thermocoagulation or LEEP) by: 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50+, Unknown Age
  - Rescreened after previous negative (cryotherapy, thermocoagulation or LEEP) by: 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50+, Unknown Age
  - Post-treatment follow-up (cryotherapy, thermocoagulation or LEEP) by: 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50+, Unknown Age

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# Definitions of Disaggregates: CXCA_TX

## Screening Visit Type:

| •1st time screening | •Rescreening after previous negative result | Post-treatment follow-up screening |
| --- | --- | --- |
| •Screening service provision (and positivity rate) in the screening-naïve HIV+ population – only women being screened for the first time should be counted under this disaggregate | •Screening service provision (and positivity rate) in the population of HIV+ women who have received at least one cervical cancer screening test | •Screening service provision (and positivity rate) in the population of HIV+ women who have received at least one cervical cancer screening test, and who received precancerous lesion treatment due to a positive screening result on their last screening test |

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# Definitions of Disaggregates: CXCA_TX

## Treatment Type:

| •Cryotherapy | •Thermocoagulation | Loop Electrosurgical Excision Procedure (LEEP) |
|---|---|---|
| •The primary outpatient ablative treatment for small precancerous cervical lesions.<br><br>•Applying a highly cooled metal disc (cryoprobe) to the cervix and freezing the abnormal areas (along with normal areas) covered by it, cryotherapy eliminates precancerous areas on the cervix by freezing. | •An outpatient ablative treatment for small precancerous cervical lesions that is used instead of cryotherapy in some settings.<br><br>• It uses electricity to generate temperatures of 100–120 °C for ablation of cervical lesions and can be used for all stages of cervical cancer. | •The primary outpatient treatment for large precancerous cervical lesions.<br><br>• The removal of abnormal areas from the cervix and the entire transformation zone, using a loop made of thin wire powered by an electrosurgical unit; the loop tool cuts and coagulates at the same time; this is followed by use of a ball electrode to complete the coagulation. |

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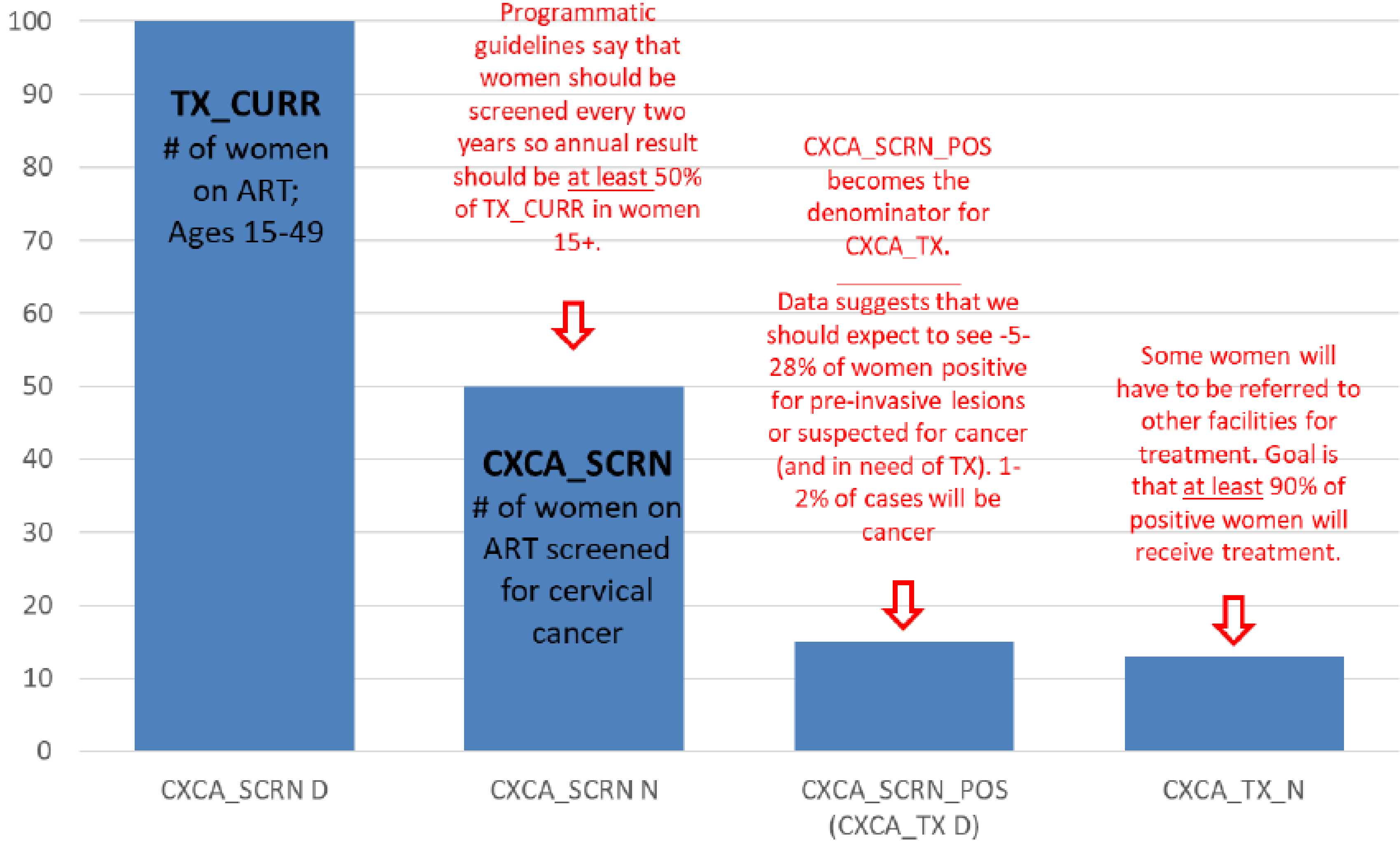
# How to Count CXCA_TX

- Data Source(s):
  - Registers or logbooks in use at the point of precancerous lesion treatment service delivery.
  - Client and facility level data collection tools should include the data elements required for disaggregation.
- How to Calculate Annual Totals:
  - Sum results across both reporting periods for the numerator.

# Bringing it all together visually

**HIV/Cervical Cancer Cascade:**

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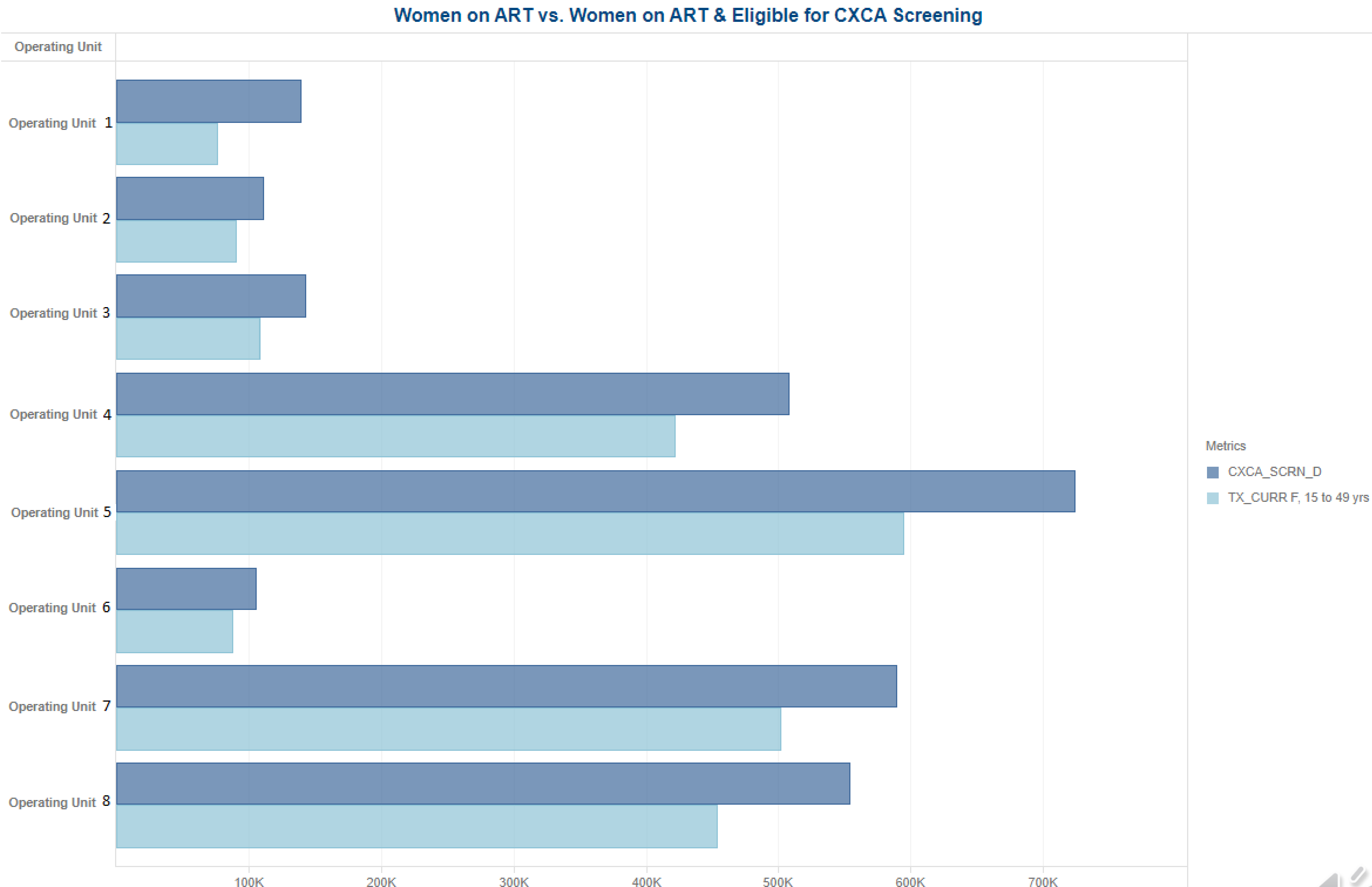
# Visual – Women on ART vs. Women on ART & Eligible for CXCA Screening

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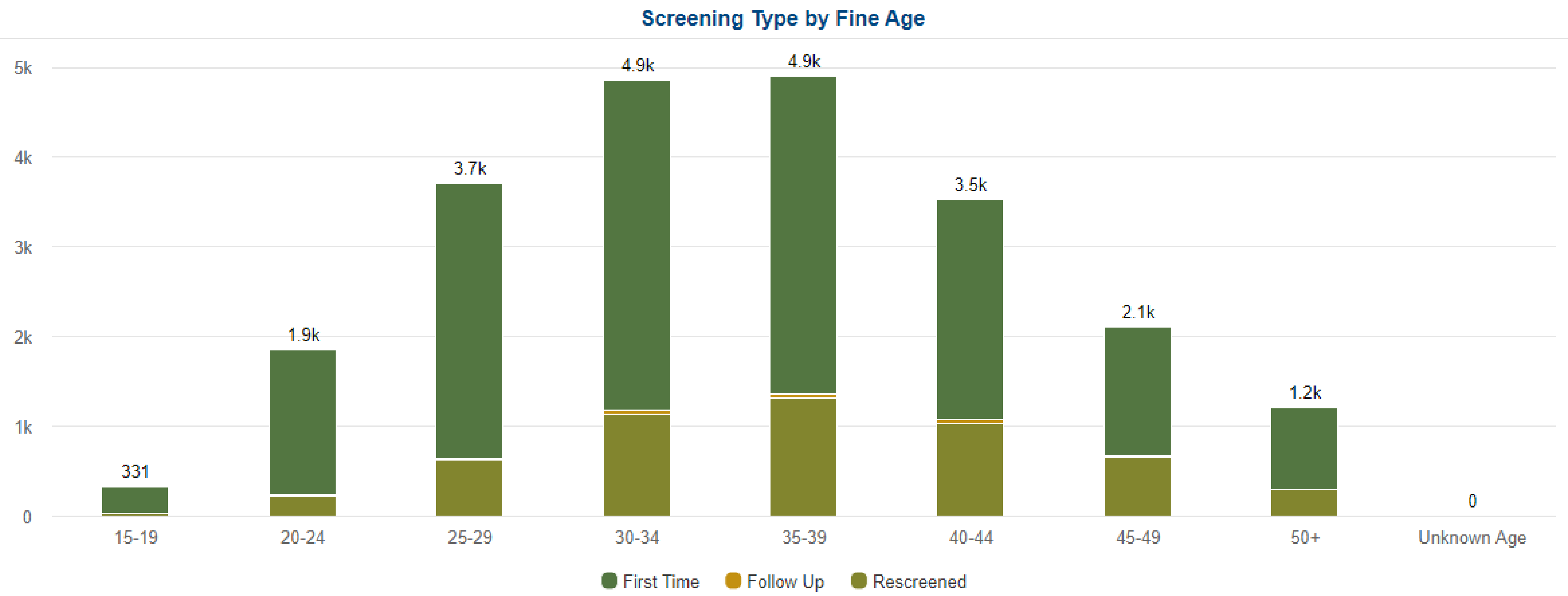
# Visual – Screening Type by Fine Age

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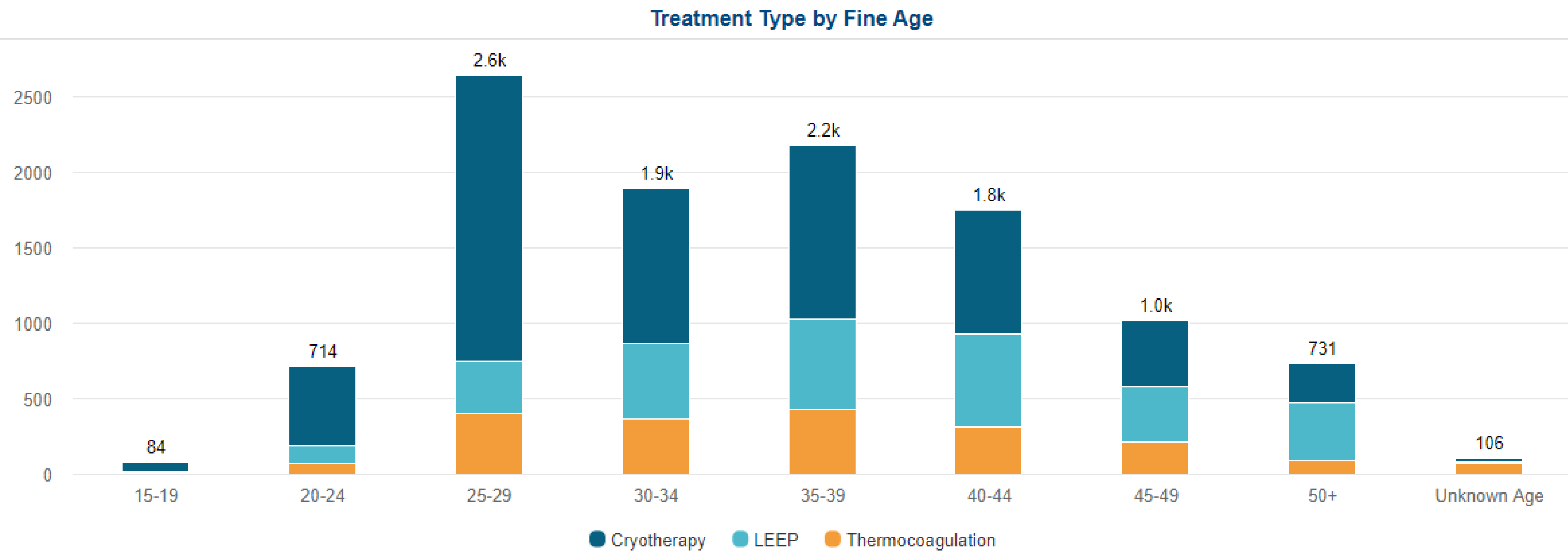
# Visual - Treatment Type by Fine Age

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# Section 4:

# Overview of guiding narrative questions

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# Guiding Narrative Questions: CXCA_SCRN

1. Are there any barriers you face encouraging HIV-positive women on ART to get screened for cervical cancer and, if so, what would be helpful to overcome these barriers?
2. Please provide the context for how real-time (or near real-time) imaging technologies are in use at your sites.
   - For instance, do you have the option to send images to a central location for review?
     - If so, do they provide feedback while the client is still at your site or does the delay in processing necessitate a return visit for the client?
3. For areas where VIA is not the preferred screening test (i.e., where HPV testing or Pap smear are more common), describe the challenges in promoting and scaling up this option.

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# Guiding Narrative Questions: CXCA_TX

1. Please describe challenges with the provision of same day treatment and/or with the return of women who postpone precancerous lesion treatment.
2. At sites where both thermocoagulation and cryotherapy are offered, what if any context is given by women choosing one treatment option over the other?
3. Please provide a summary of the outcomes of all women with suspected invasive cervical cancer.
   - How many were seen at the referral site?
   - How many were found to have invasive cancer?
     - Of those with invasive cancer, how were they treated?
   - Have there been any deaths from cervical cancer among women on ART?
   - What are the barriers to diagnosis and treatment?

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# Section 5:

# Data quality considerations for reporting and analysis

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# Data quality considerations for reporting and analysis

- CXCA_SCRN:
  - The numerator for this indicator **should not be larger** than TX_CURR among women 15+.
- CXCA_TX:
  - The numerator for this indicator **should not be larger** than CXCA_SCRN **and should be equal to 100% or less** of the CXCA_SCRN_POS disaggregate (*not including suspected cancer*).

# Section 6:

# Additional Resources and Acknowledgments

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# Additional Resources

- PEPFAR Partnership to Help End AIDS and Cervical Cancer in Africa Update: https://www.state.gov/go-further-partnership-reaches-over-half-a-million-hiv-positive-women-with-cervical-cancer-screening-in-its-first-year/
- PEPFAR Cervical Cancer Clinical Guidance
- WHO Improving Data for Decision-Making: A Toolkit for Cervical Cancer Prevention and Control Programmes: https://www.who.int/ncds/surveillance/data-toolkit-for-cervical-cancer-prevention-control/en/

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# Acknowledgments


- Heather Watts, S/GAC Program Quality
- Jennifer Albertini, S/GAC Program Quality
- Cervical Cancer ST3
- Edward Vallejo, S/GAC PRIME
- Pooja Vinayak, S/GAC PRIME

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# Thank you