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Monitoring, Evaluation, and Reporting (MER) Guidance (v.2.6): CERVICAL CANCER

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Video Outline

1) **Section 1:** Overview of the technical area and related indicators
2) **Section 2:** Indicator changes in MER 2.6
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

Section 1:

Overview of the technical area and related indicators

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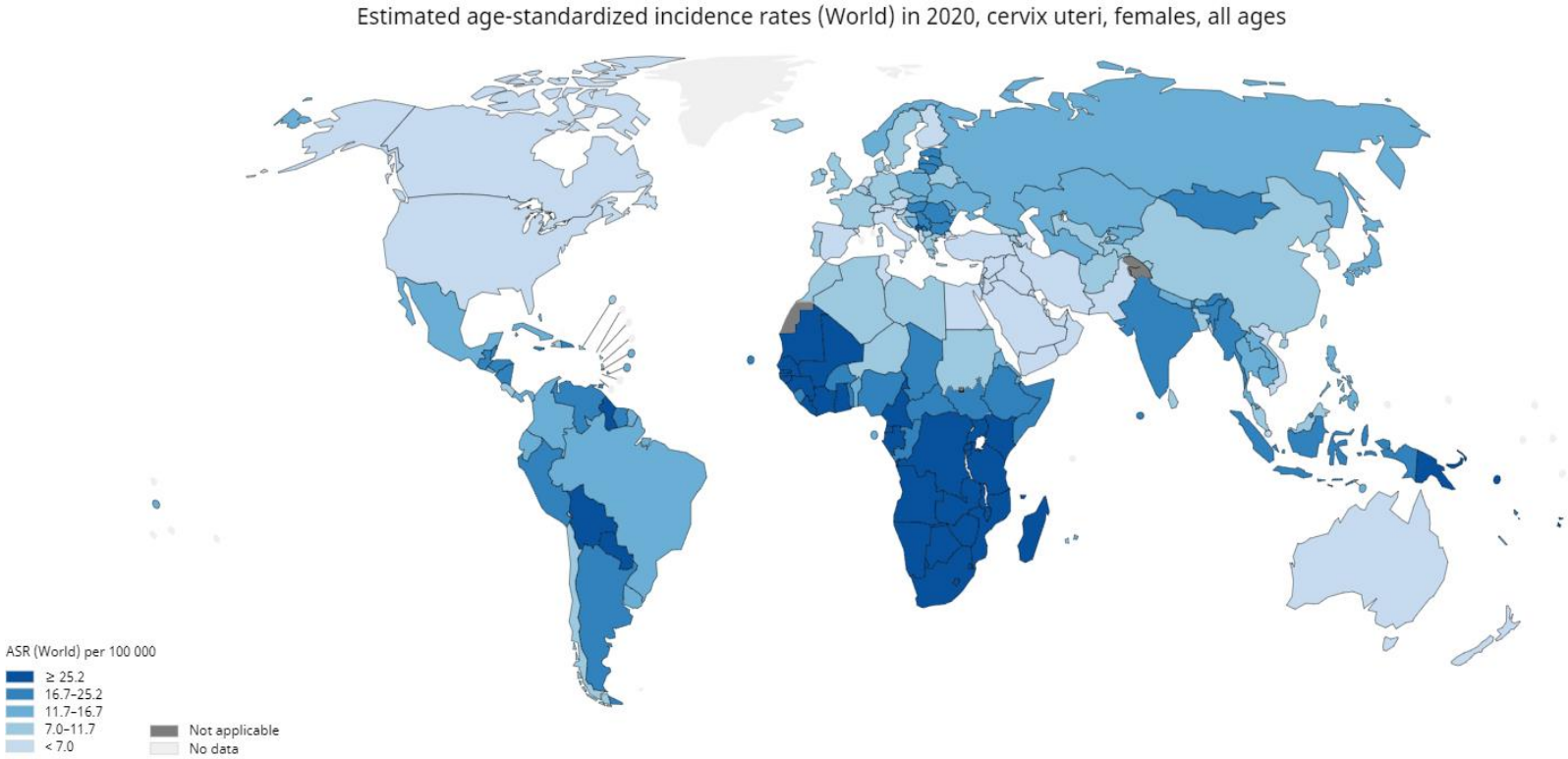
World Prevalence of Cervical Cancer



- 342,000 deaths/year from cervical cancer, 90% in LMIC
- Cervical cancer is the number one cancer killer of women in Sub-Saharan Africa (SSA) Roughly 70,000 women in SSA are diagnosed with cervical cancer in 2020 and of these about 67% died from the disease.
- Countries with the highest HIV prevalence in women have the highest incidence of cervical cancer.
- Women with HIV are 6 times more likely to develop cervical cancer

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Global Cancer Observatory: https://gco.iarc.fr

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, Merck, and Roche. 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 12 African countries (Botswana, Eswatini, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Namibia, Tanzania, Uganda, Zambia, and Zimbabwe).
- PEPFAR has invested more than $129M via Go Further since 2018
- PEPFAR's investment builds 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 5 percent and cervical cancer mortality among women is the highest, this partnership accelerates our lifesaving impact.

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MERCK INVENTING FOR LIFE

GEORGE W. BUSH INSTITUTE

Roche

UNAIDS

Overview of Technical Area

- Cervical cancer screening for WLHIV should be integrated into routine HIV treatment services.
- 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 within the same site if already established.
- Cervical Cancer screening modalities in PEPFAR Programs include visual inspection with acetic acid (VIA) and HPV DNA testing.
  Identified precancerous lesions can be treated with cryotherapy, thermal ablation and loop electrosurgical excision procedure (LEEP).
- Women with suspected invasive cervical cancer are referred to treatment referral sites within the same facility or to established regional cancer treatment facilities with the OU.

Overview of Indicators

Program Area Group	Indicator Code	Indicator Name	Reporting Frequency	Reporting Level
Testing	**CXCA_SCRN**	Number of WLHIV 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

Section 2:

Indicator changes in MER 2.6

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What's Changed?

- **CXCA_TX**: Added clarifying language in the "Disaggregations" section to list the nine disaggregate categories.

Section 3:

Review of numerator, denominator, and disaggregations

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CXCA_SCRN

Indicator Definition: Number of WLHIV on ART screened for cervical cancer

Numerator:	Number of WLHIV on ART screened for cervical cancer
Denominator:	N/A

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 WLHIV 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 WLHIV who have received at least one cervical cancer screening test in their lifetime, and who received a negative result on their most recent screening test PEPFAR recommends screening interval (for women with a negative result) of every 2 years for WLHIV	Screening service provision (and positivity rate) in the population of WLHIV who have received at least one cervical cancer screening test in their lifetime, and who received precancerous lesion treatment due to a positive screening result on their last screening test Some national guidelines require post-treatment follow-up screening at intervals other than or in addition to 1 year (e.g., 6 months and 12 months) – programs should use additional indicators to monitor the additional follow-up time points

Definitions of Disaggregates: CXCA_SCRN

Result:

Negative	Positive (**CXCA_SCRN_POS**)	Suspected Cancer
Indicates that neither a lesion, nor any indication of invasive cervical cancer were visualized during the VIA test.	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.	Indicates the visualized presence of a fulminating mass, or other clinical indicator suspicious for invasive cervical cancer.

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.
  - Data for the numerator should be generated by counting the total number of WLHIV on ART who received a cervical cancer screening test and only completed screenings should be counted under this indicator
  - "Screened" is defined as receiving the tests necessary to determine the need for treatment of precancerous lesions – or referral for suspected invasive cervical cancer.
    - For programs using a VIA based test-and-treat strategy, the number of women receiving a VIA result should be counted here.
    - For programs using a test-triage-treat strategy (e.g., HPV test with VIA triage, with treatment only if the woman is VIA positive), the number of women who received a negative result on the initial screening test (e.g., HPV test) should be counted

- How to Calculate Annual Totals:
  - Sum results across reporting periods for the numerator.

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 WLHIV on ART at PEPFAR supported sites who are eligible for cryotherapy, thermocoagulation or LEEP (CXCA_SCRN_POS)

The purpose of this indicator is to monitor whether women requiring (and eligible for) treatment for precancerous lesions received treatment.

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CXCA_TX

Numerator Disaggregations: (nine disaggregate categories)

- **1st time screened, Cryotherapy** by: 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50+, Unknown Age
- **1st time screened: Thermocoagulation** by: 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50+, Unknown Age
- **1st time screened, LEEP** by: 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50+, Unknown Age
- **Rescreened after previous negative, Cryotherapy** by: 15-19, 20-24, 25-29, 30- 34, 35-39, 40-44, 45-49, 50+, Unknown Age
- **Rescreened after previous negative, Thermocoagulation** by: 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50+, Unknown Age
- **Rescreened after previous negative, LEEP** by: 15-19, 20- 24, 25-29, 30-34, 35-39, 40-44, 45-49, 50+, Unknown Age
- **Post-treatment follow-up, Cryotherapy** by: 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50+, Unknown Age
- **Post-treatment follow-up, Thermocoagulation** by: 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50+, Unknown Age
- **Post-treatment follow-up, LEEP** by: 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50+, Unknown Age

Definitions of Disaggregates: CXCA_TX

Screening Visit Type:

1st time screening	Rescreening after previous negative result	Post-treatment follow-up screening
This disaggregate allows the monitoring of screening service provision (and positivity rate) in the screening-naïve WLHIV population. Only women being screened for the first time in their lifetime should be counted under this disaggregate.	Screening service provision (and positivity rate) in the population of WLHIV who have received at least one cervical cancer screening test in their lifetime, and who received a negative result on their most recent screening test.	Screening service provision (and positivity rate) in the population of WLHIV who have received at least one cervical cancer screening test in their lifetime, and who received precancerous lesion treatment due to a positive screening result on their last screening test

Definitions of Disaggregates: CXCA_TX

Treatment Type:

Cryotherapy	Thermocoagulation	Loop Electrosurgical Excision Procedure (LEEP)
The primary outpatient ablative treatment for small precancerous cervical lesions. 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. It uses electricity to generate temperatures of 100–120 °C for ablation of cervical lesions.	The primary outpatient treatment for large precancerous cervical lesions. 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.

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.

Cervical Cancer Cascade

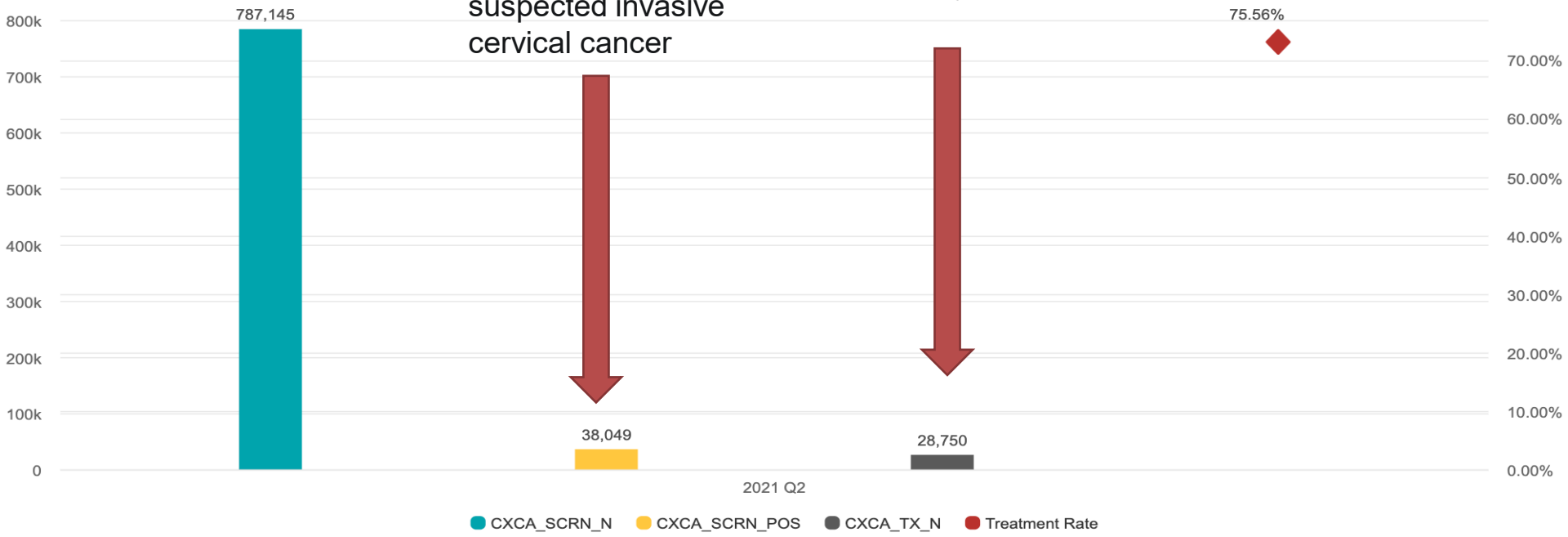
Programmatic guidelines say that women should be screened every two years so annual result should be at least 50% of TX_CURR in women 15+ at the global or national level

CXCA_SCRN_POS becomes the denominator for CXCA_TX.

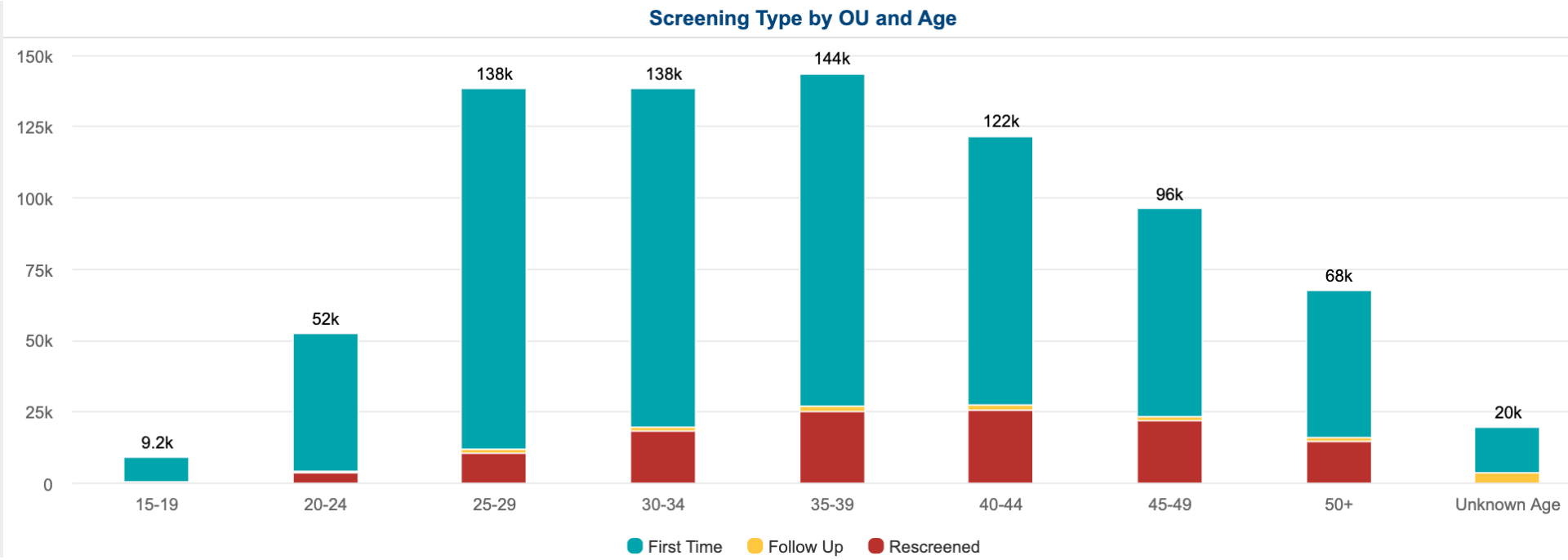
Data suggests that we should expect to see 5-28% of women positive for pre-invasive lesions (and in need of TX) 1-2% of cases will be suspected invasive cervical cancer

Cryotherapy and/or thermocoagulation should be available at all facilities, but some women will have to be referred to other facilities for treatment, especially LEEP

Goal is that at least 90% of positive women will receive treatment.

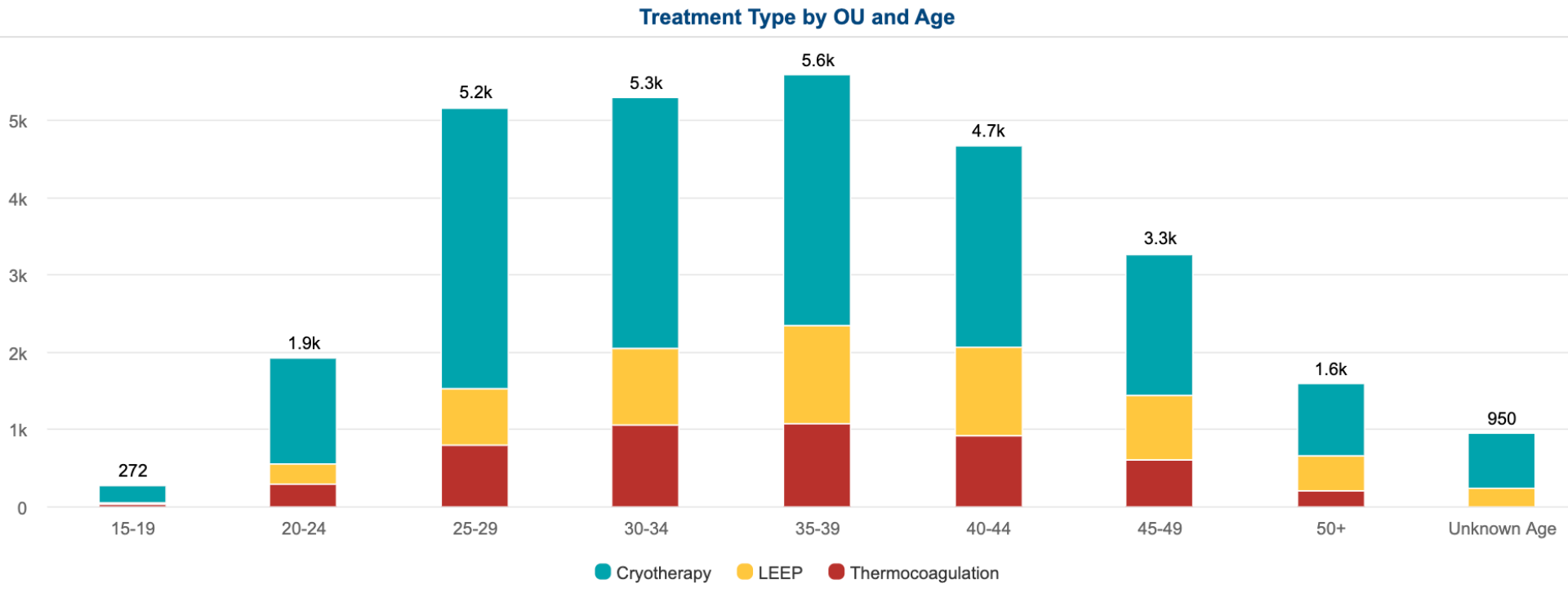


CXCA_SCRN – Screening Type by Fine Age



Cervical Cancer Global Dossier > Screening Type Overview > Screening Type by OU and Age

CXCA_TX - Treatment Type by Fine Age



Cervical Cancer Global Dossier > Treatment Type Overview > Treatment Type by OU and 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 WLHIV 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 require 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.

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?

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+ years at the national level.
- 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/partnership-to-end-aids-and-cervical-cancer/
- Go Further
- PEPFAR Cervical Cancer Clinical Guidance
- WHO Improving Data for Decision-Making: A Toolkit for Cervical Cancer Prevention and Control Programmes: https://apps.who.int/iris/handle/10665/279420

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Thank you!