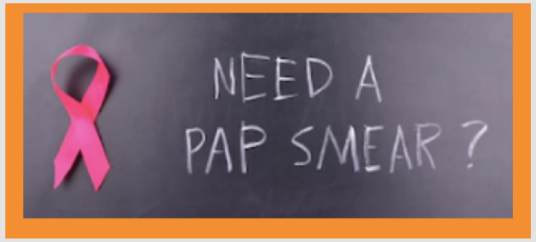
Women living with HIV and Cervical Cancer: a community webinar

With contributions from UNAIDS and WHO



Webinar: 20 November 2018

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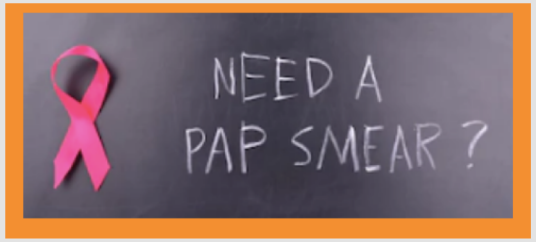
Introduction:

Dr Deborah von Zinkernagel,
Director, Community Support, Social Justice and Inclusion, UNAIDS



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Values and preferences

Women respondents participating in the GVPS articulated that cervical cancer screening for women living with HIV should be included in a standardized package of holistic, quality, woman-friendly, confidential, non-discriminatory and integrated HIV and SRH services, including in resource-limited and rural settings, and in restricted settings, such as prisons and detention centres *(37)*.

Why is this webinar taking place?

Webinar Agenda

- Introduction
- What do we know? Updates from UNAIDS
  - Dr Peter Godfrey-Faussett, Senior Science Adviser
  - Ms Kreena Govender, Programme Officer, Human Rights and Gender
- WHO
  - Dr Paul Bloem, Expanded Programme on Immunization Plus
- Discussion, Questions and Answers
- Next steps and actions

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UPDATES FROM UNAIDS

- Dr Peter Godfrey-Faussett, Senior Science Adviser
- Ms Kreena Govender, Programme Officer, Human Rights and Gender

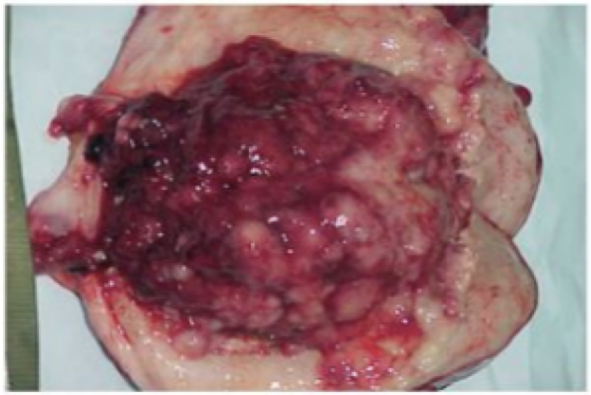
UPDATES FROM WHO

- Dr Paul Bloem, Expanded Programme on Immunization Plus

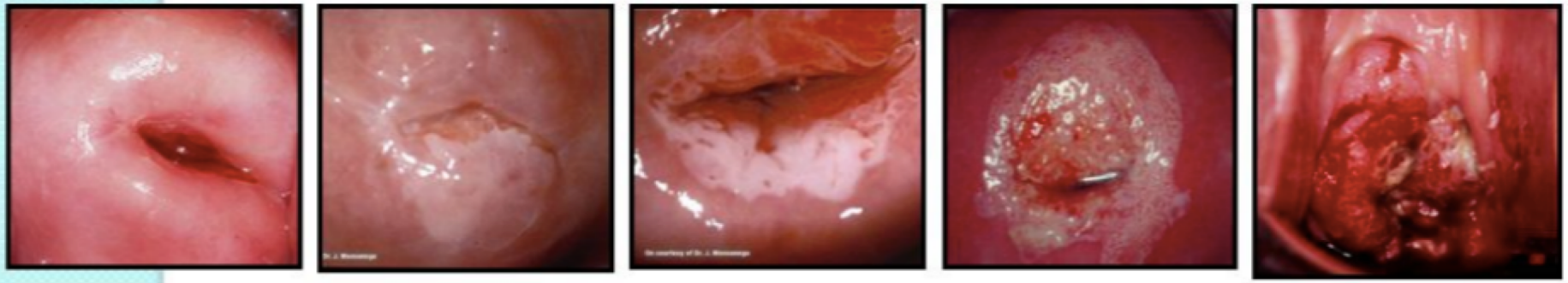
What does this all look like?

CERVICAL CANCER

- Abnormal cell growth in the cervix
- 2nd most common cause of cancer death among women
- **HPV 16, 18 cause 70% of cervical cancer**



Progression from CIN to Cancer



What theSRHR Guideline say should be happening on screening & treatment of cervical pre-cancer?

- **Screening** for cervical pre-cancer and cancer should be done in women and girls who have started having sex as soon as the woman or girl has tested positive for HIV, regardless of age; these women and girls living with HIV should be **re-screened** 12 months after treatment for pre-cancer, or within three years after negative screening results.
- Any of the **three screening tests** for cervical cancer (visual inspection with acetic acid [VIA], HPV testing or cytology) can be used for women living with HIV, as can cryotherapy and loop electrosurgical excision procedure (LEEP) treatments.
- Cervical cancer screening and treatment should be done with **informed choice and informed consent.**
- Women living with HIV whose screening results are **negative** (i.e. no evidence of precancer is found) should be **rescreened** within three years.
- Women living with HIV who have been **treated** for cervical pre-cancer should receive **post-treatment follow-up** after 12 months.
- Management of abnormalities, including colposcopy and biopsy, should not be modified on the basis of a woman's HIV status. During the **healing** process after any procedure, women living with HIV might have increased viral shedding. In counselling, it is very important for the provider to stress that the patient should discuss this with her partner(s) and **abstain** from intercourse until healing has occurred.

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What does it say around Managing cervical cancer for women living with HIV?

- Because there are no well-designed or longitudinal studies on the treatment of cervical cancer in women living with HIV, there are **no evidence-based guidelines** on this subject to include in this guide. In their absence, this section presents some **practices** that are commonly used in the international and national arenas.
- It is best for women living with HIV who have cervical cancer to be fully diagnosed, staged and treated at a **tertiary-level institution** with the appropriate expertise. Most institutions treating women living with HIV use multidisciplinary teams; each woman will be evaluated individually and an assessment made of her **overall health** and the existence of other chronic illnesses that may further compromise her immune system and her ability to tolerate immunosuppressive anti-cancer therapy (e.g. tuberculosis).
- Both radiotherapy and chemotherapy are immunosuppressive therapies and surgery requires women to be relatively healthy in order to avoid complications such as postoperative sepsis, bleeding or wound problems. Therefore, a **baseline CD_4 count** is a key element of care for women living with HIV and should be one of the initial evaluative tests obtained, regardless of the extent of the cancer. CD_4 counts will also be needed to monitor the patient's immune status throughout treatment. If the CD_4 count is or becomes low during therapy, she may be started on ART, which may delay treatment to allow for recovery of her immune system

Discussion, Questions and Answers

Next Steps

Thank you!

If you would like to join the conversation please contact us:
through our website, or Sophie Dilmitis directly

www.salamandertrust.net

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