

# SCGO-JSOG project on Cervical Cancer in Cambodia

Present by

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# Presentation outline

1. SCGO / JSOG collaborative, previous (2015-2018)
2. SCGO / JSOG collaborative, next (2019-2022)

## SCGO-JSOG Joint Project - Women's Health and Cervical Cancer-



29 July 2015  
Signing of Minutes  
of Memorandum of  
the Project  
at the Ministry of  
Health, Cambodia

## JICA Grassroots Technical Cooperation Project

## ■ BACKGROUND:

- SCGO and JSOG have started a project entitled :

**“Project for Improving Women’s Health care of Factory Workers Focusing on Cervical Cancer” in 2015 because:**

- cervical cancer is the leading cause of cancer in Cambodia.
- Health The female factory workers are valuable group to support their family and Cambodian economy but it is difficult for them to consult doctors because of their working shift and lack of knowledge about health.

## ■ The project aims :

- To increase awareness on cervical cancer and sexual and reproductive health among female factory workers and
- Improve the capacity of gynecologists working at the three national hospitals in Phnom Penh for diagnosis and treatment of cervical cancer.
- Only 5 Cambodian pathologists are working in nationwide and the pathology system is vulnerable in Cambodia. Our project chose HPV test as a screening

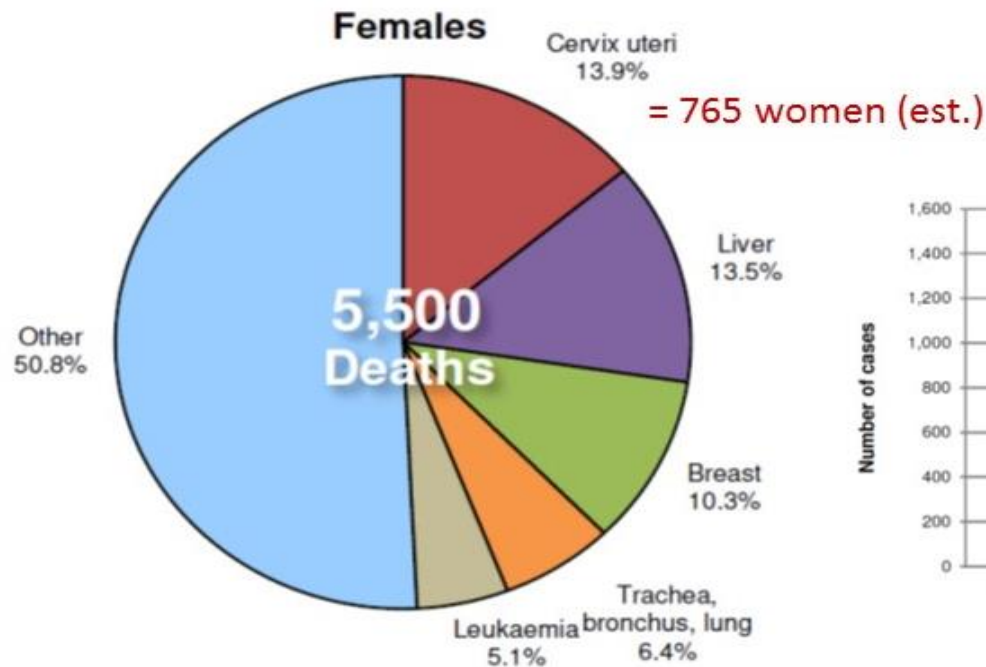
## ■ Objective:

1. To find out the feasible cervical cancer screening method with quality in low resource settings.
2. To expand SCGO capacity of conducting cervical cancer screening.

# 1. Scope of the problem

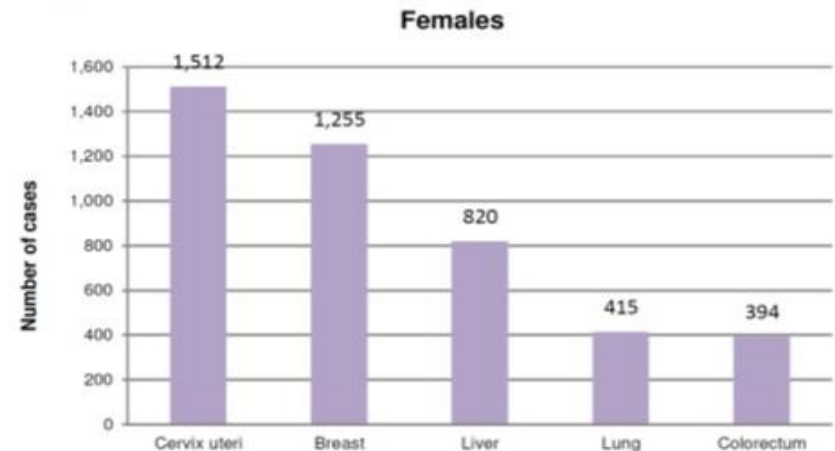
It is estimated that there are about 1500 new cervical cancer cases per year and about 800 mortality cases due to cervical cancer in Cambodia in 2014. Cervical cancer is the top causes of cancer mortality and highest incidence of cancer in women in Cambodia.

## Cancer mortality profile\*



## Cancer incidence\*\*

Number of new cases per year



\* No mortality data available. Figures are based on national incidence estimates and modelled survival.

\*\* No incidence data available. Figures are based on national incidence estimates from neighbouring countries.

## **2. Cervical cancer screening, detection of early cancer, provision of early treatment in three major national hospitals in Cambodia**

- At the three national hospitals:
  - Many cervical cancer cases were treated as advanced cancer.
  - Certain amount of cervical cancer screening and treatment services were provided. However, there is space to improve in the number of cervical cancer screening, early diagnoses and early treatment of cervical cancer
- Nationwide:
  - Only part of the cervical cancer cases may have been registered
  - Most women who need early diagnosis and treatment likely do not have access to appropriate early diagnosis and treatment



# **SCGO/JSOG activities (2015-2018)**

**I- Human Resource Capacity building**

**II-Screening protocols**

**for cervical pre-cancer and cancer**

**III-Introduction of HPV test for cervical cancer  
screening in Cambodia as low resource setting**

**IV-Health Education**

# **I. Training course for development of Human Resource and systems for cervical early diagnosis and treatment in Cambodia**

**A-Training course for development of humans resources and systems for cervical cancer early diagnosis and treatment in Cambodia to our SCGO implementor team (Year 2015-2016)**

\* First groups 6 peoples in Sept. 2015 at NCGM & OSAKA University

\* Second group 7peoples in September 2016

- 5 peoples to attend training workshop on Clinical Management for Cervical Cancer
- 2 peoples to attend training workshop on Cytology for Cervical Cancer

**B-Training course for careHPV test to our Laboratory Technician at NMCHC in May 2017 and Calmette in April 2017**

- 2 Laboratory Technician was recruited and started working in March 2017

**C-Mini-Lecture by Japanese expert during their visit by Japanese Expert**

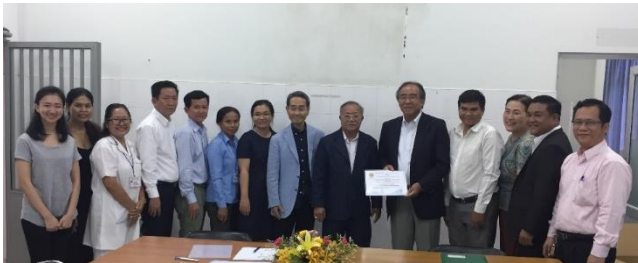
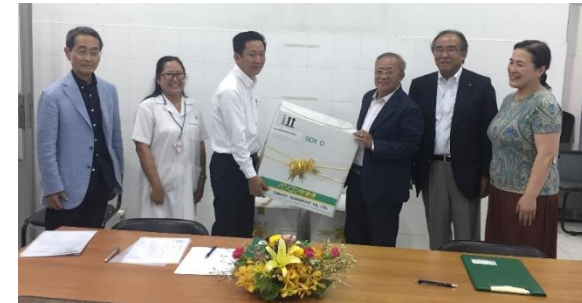
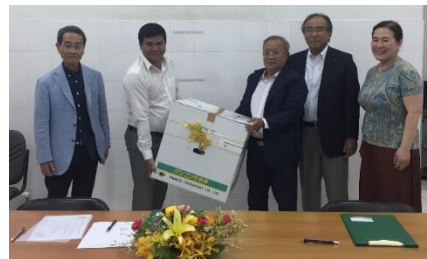
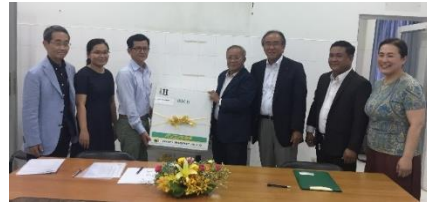
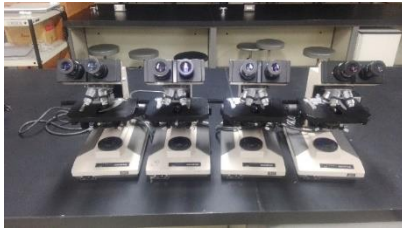
D- Pathology Training☺26 Oct-20Nov.17) 4 pathologist and 4 Technologists

# Handover ceremony (22-June-2016)

- JSOG provided equipment including Biopsies Punch, Shimodaira Machine to do LEEP and HPV Machine to NMCHC, Calmette and Khmer Soviet Friendship Hospital for screening and early treatment
- Research screening Cx Ca for factories women workers in Cambodia



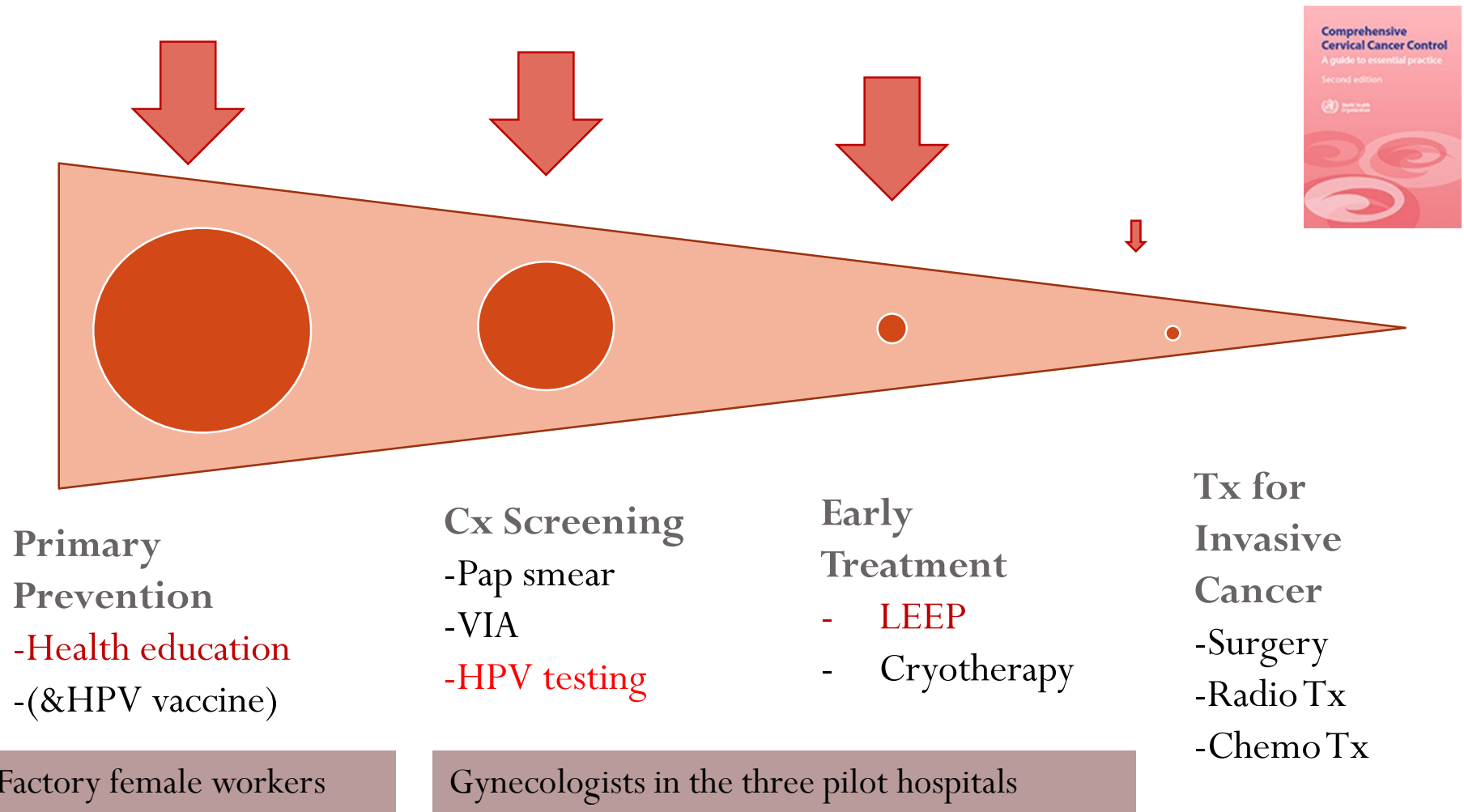
## Stereoscopic Microscopes received from Foundation for Kobe International Medical Alliance (Kobe IMA).



This 5 stereoscopic Microscopes were distributed to NMCHC, University of Health Science, Calmette Hospital, Khmer Soviet Friendship Hospital, Preah Kossamak Hospital on 19 June 2018

## **II . Screening protocols for cervical pre-cancer and cancer**

# SCGO-JSOG Project's Strategic Focus



Source: *Comprehensive cervical cancer control- A Guide to essential practice – Second edition* ,WHO, 2014 (The figure was made by H Obara, based on the content of the Guide)

- ***Primary Prevention*** : Health education and HPV vaccination. For health education, communication materials and brochures have been developed to improve awareness of women's health including cervical cancer.
- ***Secondary prevention*** : Early diagnosis and treatment of precancerous cervical lesions. In our project, “screen and treat” strategy with HPV test and conization (LEEP) was chosen for outreach setting to ensure effective coverage. In the three national hospitals, “screen-diagnose-treat” strategy with Pap smear, colposcopy, biopsy, and conization (LEEP) was chosen, as this strategy had been in the place for many years for educational purpose.

# Hospital, Calmette, KSKH and NMCHC

**1-Target population:** women who have ever experienced intercourse and wish to have screening from 25-49 years old.

**2-Clinical procedures and materials:** Flow charts, Interpretation of the cytology results, Colposcopy procedure and records, Interpretation of the colposcopy results, Interpretation of the pathology results

**3-Forms:** Cytology request form, Colposcopy record form, Pathology request form, Patient information form for follow-up, Informed consent form for LEEP, Referral letter.

**4- Registration:** Register all clients who underwent screening tests at hospital-basis

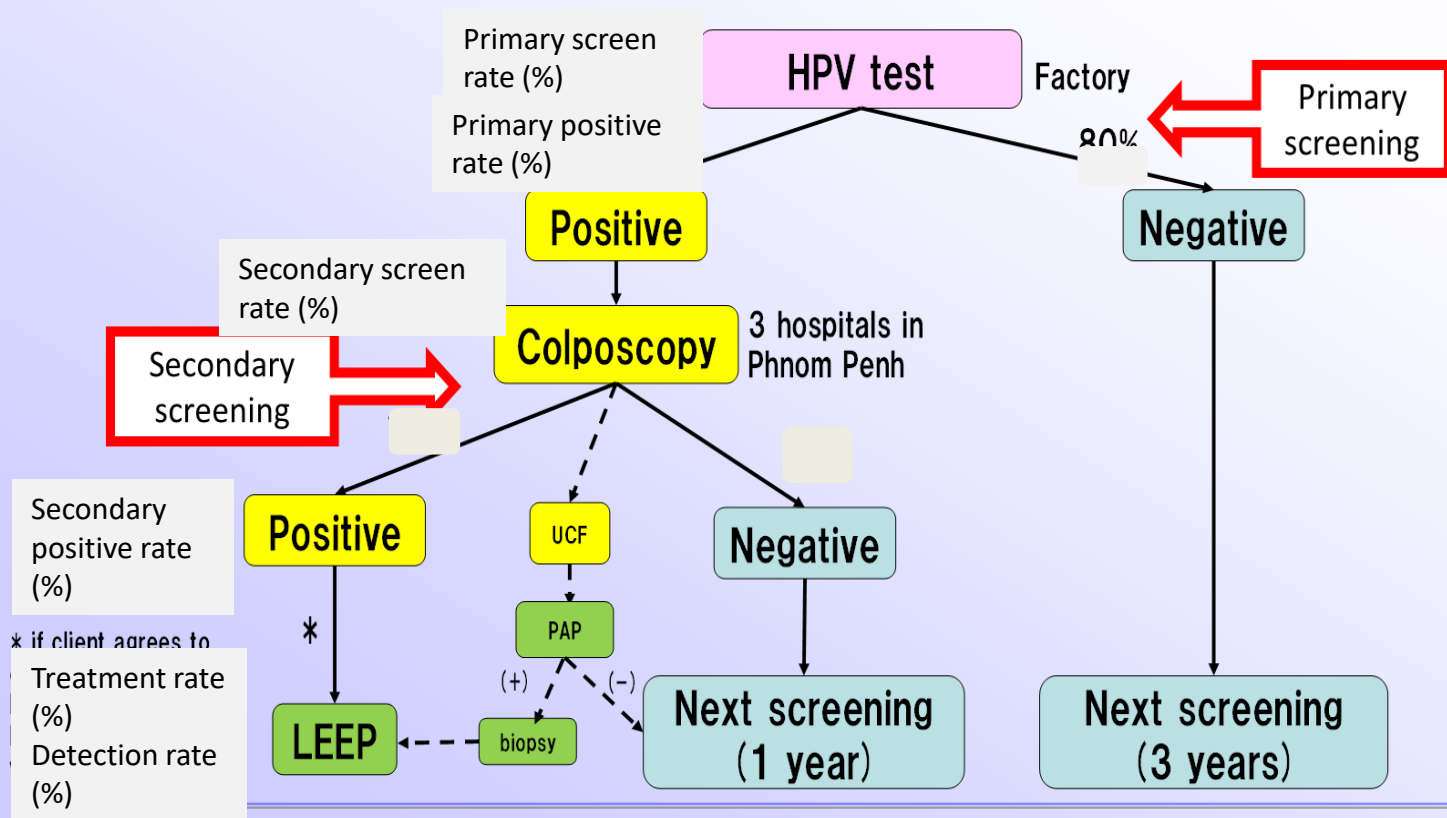


# **III-Introduction of HPV test for cervical cancer screening in Cambodia as low resource setting**

**from June 2017 to September 2018**

- In January 2017, SCGO project implementer team started preparation by advise of JSOG and decided to use hybrid capture HPV detection for the screening because of its simple procedure and cost benefit.
- We made the protocols, trained lab technicians for HPV test, established barcode registration system and prepared materials for screening.
- The team is composed of 2 doctors, 3 nurses and 2 secretaries.
- We conducted cervical cancer screening **Six** times in the project from **June 2017 to September 2018**.

# Cervical cancer screening by HPV test



# Screening in factory setting



Registration



Q&A after the screening for factory workers by health education team



Setting of examination rooms



# 1-Screening current activities

## 1. First screening at PPSEZ (18-June-2017)

- ✍ Target: PPSEZ company A
- ✍ Registration=44ps, Come=31ps

## 2. Second screening at NMCHC (14-16 Jan 2018)

- ✍ Target: Japanese company in PP, PP JICA Bus, Patient in NMCHC
- ✍ Registration=150ps, Come=133ps, New comer=9ps

## 3-Third screening at KSFH (06-Feb-2018)

- ✍ Target: Japanese company in PP, Patients in KSFH
- ✍ Registration=90ps, Come=77ps, Replace=13ps

## 4- Forth screening at PPSEZ (29-April-2018)

- ✍ Target: PPSEZ company A, B,C,D and E
- ✍ Registration= 165ps, Come=97ps

## 5-Fifth screening at KSFH (18-May-2018)

- ✍ Target: Patients in KSFH
- ✍ Registration=83ps, Come=64ps, Replace=19ps

## 6-Sixth screening at NMCHC (09-August-2018)

- ✍ Target: Patients in NMCHC
- ✍ Registration=90ps, Come=69ps, Replace=21ps

## 2-Finding

After the screening...

1. Flow chart of Cervical Cancer screening by HPV test
2. HPV test results and Flow of secondary screening

### 3-Distribution by HPV positive rate

#### Number of screening at factory : 2 screenings

Number of women screened	Medium age	HPV Positive
128	29 yo	15 ( 11.7%)

➡ 6 out of 15 = 40% of screening at Factory had been done secondary screening by colposcopy.

#### Number of screening at Hospital : 4 screenings

Number of women screened	Medium age	HPV Positive
405	45 yo	22 ( 5.4%)

➡ 16 out of 22 = 73% ( 5 will do in late September) of screening at Hospital had been done secondary screening by colposcopy.

## 4-Summary

1. 128 of our target population in the factory had screening. 40% of HPV positive women in the factory came for the secondary screening at the hospital.
2. 405 of normal population had been screening by HPV at two national hospitals. 72% of HPV positive women came for the secondary screening.
3. HPV positive rate was 11.7% in factory and 5.4% in hospitals.



# Cervical cancer screening by HPV test conducted by Implementer Teams of SCGO

- Implementation strategy (HPV test + LEEP) by SCGO with the collaboration of JSOG.
- Target: female factory workers older than 25 years old, ever married (about 20% of targeted people in the factory)
- Starting from health education to increase awareness for cervical cancer, primary screening with HPV test, and secondary check at national hospitals with colposcopy and early treatment with LEEP if the women agreed
- HPV test costs 5 US\$ per test, and it took only one month for laboratory technicians to handle HPV test properly under the quality control with JSOG support
- Main challenges are to promote cervical cancer screening and to connect first screening and secondary check.

# **IV-Health Education**

# 1. Background

- Key messages for health education on Cervical Cancer?
- **KAP Survey** : Assessment of knowledge, attitude and practice concerning cervical cancer and sexual and reproductive health will contribute to the development of key health messages for health education and an effective advocacy for factory management to support cervical cancer screening for female factory workers.

**KAP Survey** Conducted by NIPH in March 2016

Knowledge, Attitude and Practice  
concerning cervical cancer and sexual and reproductive health  
among 443 female workers Factory A at PPSEZ

## 2. Health Education

### Objectives of the health education at PPSEZ

- Increase awareness of **factory works** on women's health
- Encourage **female workers** to participate cervical cancer screening
- Advocate with **factory manager** to promote awareness of women's health for the workers
- Provide **lessons learnt** for future policy direction of cervical cancer management program in Cambodia

## Pattern of Health education Program

Time	Contents	Remarks
	Departure from SCGO office	
	Arrive at Factory at PPSEZ, Preparation	
10 minutes	Pre test	1 Day
20 minutes	Basic Hygiene	
30 minutes	Women's body & Family Planning	
10 minutes	Break time	
20 minutes	Care During Pregnancy	
20 minutes	Cervical Cancer	
10 minutes	Post test	
30 minutes	Question and Answer	

Health Education  
at Factory  
Since 2016 to August  
2018

Factory Name	# Session	# Participants
A	6times	1114 ps
B	9times	1320 ps
C	11times	1254 ps
D	2times	35 ps
E	3times	352 ps
F	1time	28 ps
G	2times	92 ps
H	1time	22 ps
<b>Total</b>	<b>35 times</b>	<b>4247ps</b>

## PARTICIPANTS SCREENED AFTER HEALTH EDUCATION

Facilities	Registered	Screened	Percentage
PPSEZ	209	128	61%
Hospital	413	405	98%

# 3.Recommendation

- **Health education on Cervix Cancer for other population such as:**
  - Khmer factories,
  - Community people,
  - School teacher etc.
- **Health Education on cervical cancer by SCGO Members**



**SCGO/JSOG Future plan  
(November 2019- October 2022)**

# WHO Global Strategy Towards the Elimination of Cx Ca 90-70-90 Targets by 2030

90%: Fully HPV vaccinated by 15y.o

70%: Screening by High precision test(at 35& 45 y.o.)

90%: Received therapy and care of those identified with cervical disease

Global Target By 2030

Prevention

Screening

Treatment

Early Ca  
Early Tx

Advanced Ca  
Tx

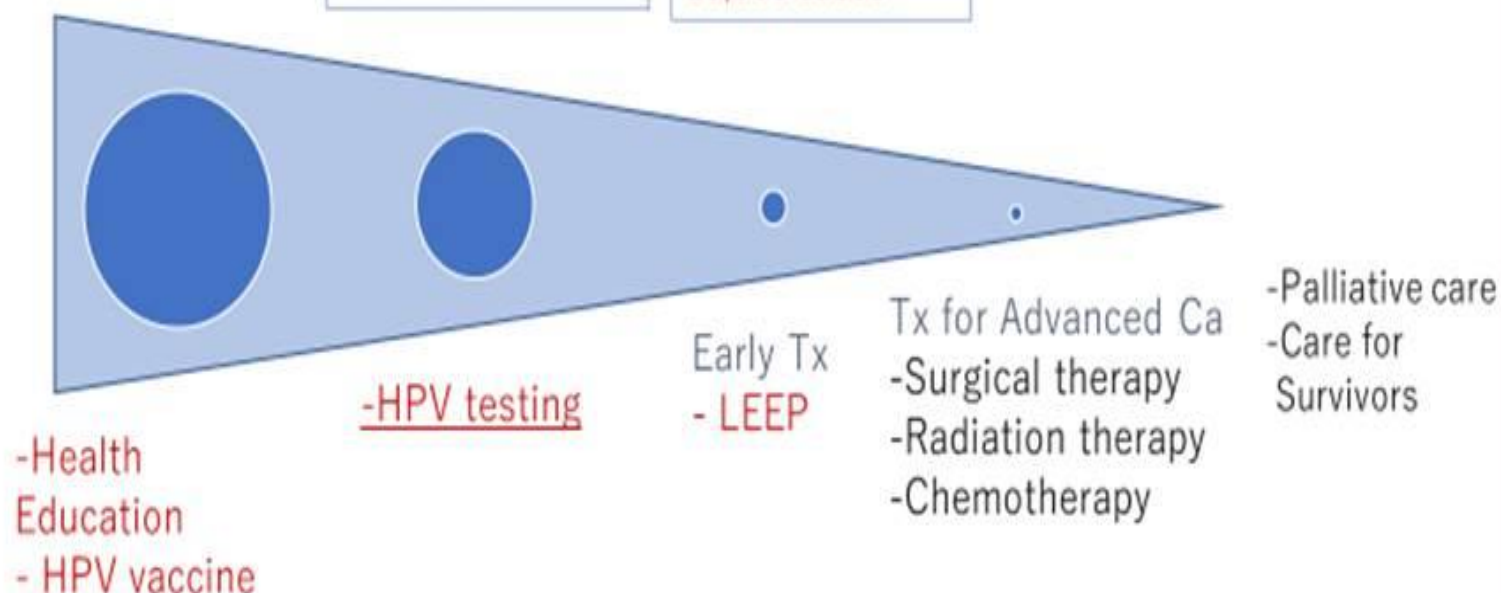
Cohort of 10-14 y.o. girls  
740,000 (\*)

Cohort of 35-45 y.o. female  
770,000 (\*)

If 2% of 35 – 44y.o. female,  
15,000 cases

Estimated cervical cancer  
1500 cases/ year (\*\*)

Estimated Numbers In Cambodia



Source: Comprehensive cervical cancer control- A Guide to essential practice – Second edition , WHO, 2014 (The figure was made by NCGM, based on the content of the Guide with updates based on zero draft of global strategy toward cervical cancer elimination) (\*) UN DESA (\*\*) WHO Cancer Profile 2014

# Global and Country Policy Frames



# Project for improving the quality of comprehensive services for cervical cancer/Nov 2019-Oct 2022

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## Target Group

- Primary school teachers in Phnom Penh (Mainly female, 20's -50's, approx. 2000 people)
- Factory workers (8 factories involved in the previous project + 5 factories, 20's to early 30's, mainly female workers, but male workers are included as well, approx. 2000 people)
- MOH staff approx. 100 people

# Project Purpose

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## Expected Output

1. Effective health education is provided for the target populations (Primary school teachers, school directors, MoE officers, factory workers, factory managers, and MoH staff, are able to increase awareness of women's health and cervical cancer)
2. Capacity of cervical cancer screening is increased
3. Enabling environment for scaling up health education and cervical cancer screening is prepared

# Activities plan for Health Education

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1-1. Discuss with school directors, MOEYS officers (in the Phnom Penh), factory managers (PPSEZ and others), and MOH staff to plan health education and cervical cancer screening

1-2. Assess the needs in health education on women's health and cervical cancer for primary school teachers and MoH staff

1-3. Develop and/or improve program contents on women's health and cervical cancer

1-4. Advocate factory managers and school directors

1-5. Increase the number of health education teams in collaboration with the Cambodian Midwifery Association

1-6. Conduct health education at schools and factories

1-7. Evaluate health education activities

# Activities plan for Capacity of Cx Cancer Screening

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2-1. Introduce self-sampling HPV-test as screening

2-2. Conduct mobile and hospital-based screening activities

2-3. Introduce a simple cancer registration system at the target hospitals

2-4. Review and revise the screening manual

2-5. SCGO and JSOG strengthen the capacity of trainers

2-6. JSOG technically assists in strengthening capacities in the cervical cancer screening program including analysis of the results and findings

# Activities plan for enabling environment for scaling up health education and cervical cancer screening

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3-1. Develop and introduce a mobile phone application and/or video and/or other means of promoting cervical cancer screening

3-2. Promote cervical cancer screening to the general population through mobile phone application or video or other means

3-3. Promote cervical cancer screening through the SCGO website or other occasions/platforms

3-4. Promote services by providing feedback of the results to SCGO members, MOH and other relevant stakeholders in relevant seminars and opportunities including women's seminar

3-5. Share outputs and lessons with relevant department(s) of MOH and MOEYS





Thank You for Your Attention!