

MEETING ABSTRACTS

Open Access

Challenges in integrating cervical cancer screening in HIV care clinics in West Africa: a pilot study in Abidjan, Côte d'Ivoire

Apollinaire Horo¹, Antoine Jaquet^{2*}, Badian Toure¹, Didier K Ekouevi^{2,3,4}, Séverin Lenaud⁴, Benjamin Effi⁵, Annie J Sasco², Eugene Messou⁶, Emmanuel Bissagniene⁷, Mamourou Kone¹, François Dabis²

From 12th International Conference on Malignancies in AIDS and Other Acquired Immunodeficiencies (ICMAOI)

Bethesda, MD, USA. 26-27 April, 2010

Background

The ongoing scale-up of antiretroviral therapy (ART) in low-resource settings continues to improve the prognosis of HIV-infected individuals, necessitating a focus on long-term case management especially in women. Facing the particularly high burden of cervical cancer in sub-Saharan Africa, preventive measures are therefore becoming an integral component of a comprehensive approach to the management of patients. We describe here some of the operational aspects of a cervical cancer screening procedure based on visual inspection among HIV-positive women attending ART clinics in Abidjan.

Methods

A cross-sectional study is being conducted in two HIV clinics of Abidjan, since August 2009. A mobile team composed of three trained midwives and a senior gynecologist is in charge of proposing cervical screening based on visual inspection to all HIV-infected women attending participating clinics. Midwives are in charge to perform visual inspection of the cervix with acetic acid (IVA) and lugol's iodine (IVL). Exclusion criteria are following: no previous cervical cancer or total hysterectomy, aged <25 or >59 years, pregnancy over 20 weeks. They refer positively screened women (IVA+ or IVL+), to a gynecologist in charge of the colposcopy examination (and biopsy if needed). Women with confirmed lesions are proposed an adapted treatment according to local available resources.

Results

Of the first 1,653 HIV-positive women, who attended the cervical screening consultations, 49 were not eligible and 103 were not assessable because of a prevalent cervical infection. The median age of the 1,501 screened women was 37 (IQR 32-43) years, and 1171 (78%) were on ART. 133 (9%) women were positively screened for cervical pre malignancy and referred for medical examination. 69 (4.6%, 95% CI 3.5-5.6) were confirmed by colposcopy and had histological investigation. Results of the 69 biopsy performed were as follows; 48 cervical intraepithelial neoplasia (CIN) of grade 1, 8 CIN grade 2 or 3, 2 invasive carcinoma and 10 nonmalignant findings. 22 patients were treated with cryotherapy, 16 were referred for surgical excision, and 31 were proposed a gynecological followup.

Conclusion

Several barriers were identified as limiting the ability of visual inspection used as a cervical screening method such as a high rate of cervical infection or a high rate of false-positive cervical lesions. Health care systems in West African countries cannot afford the financial and structural burdens of a conventional cervical screening program. Strategies adapted to HIV-infected women and relying on visual inspection appear feasible despite stated limitations and should be further evaluated.

Acknowledgements

This abstract is being submitted on behalf of the International Epidemiological Database to Evaluate AIDS in West Africa collaboration. This article has been published as part of *Infectious Agents and Cancer* Volume 5 Supplement 1, 2010: Proceedings of the 12th International

*Correspondence: antoine.jaquet@isped.u-bordeaux2.fr

²INSERM CRE U 897, ISPED, Université Victor Segalen, Bordeaux, France
Full list of author information is available at the end of the article

Conference on Malignancies in AIDS and Other Acquired Immunodeficiencies (ICMAOI). The full contents of the supplement are available online at <http://www.biomedcentral.com/1750-9378/5?issue=S1>.

Author details

¹Service de Gynécologie Obstétrique, CHU de Yopougon, Abidjan, Côte d'Ivoire. ²INSERM CRE U 897, ISPED, Université Victor Segalen, Bordeaux, France. ³Clinique MTCT+ Adultes, ACONDA, Abidjan, Côte d'Ivoire. ⁴Programme PAC-CI, CHU de Treichville, Abidjan, Côte d'Ivoire. ⁵Service d'Anatomo-Pathologie, CHU de Treichville, Abidjan, Côte d'Ivoire. ⁶CePReF, ACONDA, Abidjan, Côte d'Ivoire. ⁷Service de Maladies Infectieuses et Tropicales (SMIT), CHU de Treichville, Abidjan, Côte d'Ivoire.

Published: 11 October 2010

doi:10.1186/1750-9378-5-S1-A10

Cite this article as: Horo *et al.*: Challenges in integrating cervical cancer screening in HIV care clinics in West Africa: a pilot study in Abidjan, Côte d'Ivoire. *Infectious Agents and Cancer* 2010 **5**(Suppl 1):A10.

**Submit your next manuscript to BioMed Central
and take full advantage of:**

- Convenient online submission
- Thorough peer review
- No space constraints or color figure charges
- Immediate publication on acceptance
- Inclusion in PubMed, CAS, Scopus and Google Scholar
- Research which is freely available for redistribution

Submit your manuscript at
www.biomedcentral.com/submit

