

Conclusions: The role of physician and health system in spreading awareness and increase in acceptability for HPV vaccine needs careful consideration in developing countries.

Abstract #235: Human Papillomavirus Vaccine Uptake Amongst Children of Gynaecologists in Northern Nigeria

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Objective: Cervical cancer is the commonest genital tract malignancy in northern Nigeria. The World Health Organization has strategized that to be on the path towards cervical cancer elimination by the year 2030, 90% of girls must be fully vaccinated with human papillomavirus (HPV) vaccine by age 15 years. Coverage of HPV vaccination is still very low as only individuals who are aware of, and can afford the vaccine, give their children. Gynaecologists are expected to meet these two criteria. This study therefore aims to assess the HPV vaccine uptake amongst children of gynaecologists in northern Nigeria.

Design: A descriptive cross-sectional multi-institutional questionnaire-based study.

Method: Self-administered questionnaires were served to 198 consenting gynaecologists at a northern zonal conference who had children 9 to 15 years.

Results: The mean age of respondents was 42.6 ± 8.2 years. Fifty-three percent were males, 42.7% were females. Majority (64%) were consultants. Even though 96.1% of the respondents would consider vaccinating their children, only 12.9% had actually given at least one dose of the vaccine to their eligible children, with 92.3% of these being consultants. Reasons given for non-vaccination include lack of access in 19.4% followed by high cost in 14.6% of cases. There was a statistically significant positive correlation between higher cadre doctors and children's HPV vaccination uptake. Seventy percent were willing to vaccinate both males and female children.

Conclusion: Only 12.9% of Gynaecologists vaccinate their children and a significant 14.6% can't afford it.

Abstract #250: HPV Vaccination Programme—Hurdles & Challenges in a Tertiary Care Centre

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Objective: This study was done to explore reasons behind acceptance of HPV vaccine among parents who came for HPV vaccination in a tertiary care hospital. HPV is the most common STI worldwide, infecting 3of4 individuals at least once in lifetime. This virus exists in > 200 morphogenic strains and some of these are oncogenic. HPV is detected in virtually all cases of cervical carcinoma. So, HPV vaccination against high-risk HPV types is expected to reduce burden of cervical cancer.

Methods: In May 2018, HPV immunization program was started in Gynaecology oncology department, IGIMS, PATNA—a tertiary care centre of Bihar for girls of medical staffs and their relatives of age group 9–26 years. Bivalent Cervarix vaccine was used for vaccination. Questionnaire including the reason for acceptance for vaccine and from where they got knowledge of HPV vaccination was enquired both to parents and daughters. Total 60 girls got vaccinated under this program.

Result: Parents of HPV vaccine receiving girls have knowledge about cervical cancer but they lacked in knowledge regarding vaccine and

that HPV is the causative agent of cervical cancer. Young adolescents girls were not aware of this vaccine either.

Conclusion: Three-dose schedule was a major barrier to the delivery and uptake of the HPV vaccine. Had a single dose of HPV vaccine been effective, that would have been important logistics advancement. Lack of knowledge about vaccine is a problem that leads to low vaccination coverage. Government of India should introduce chapters related to cervical cancer and its vaccination in curriculum of high schools so that both parents and their children become aware of this deadly entity and its preventive measures in form of Cervarix/Gardasil.

Abstract #291: Barriers to compliance for cervical screening among HPV vaccinated women in low-resource settings

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Objective: To evaluate compliance with cervical screening after HPV vaccination and to determine barriers, if any.

Design: Prospective cohort study.

Method: In 2010, 1000 unmarried girls aged 10–18 years received qHPV vaccination as part of an Indian multicentric trial to evaluate two versus three doses of HPV vaccine. Cervical sampling was advised 18 months after marriage or 6 months after delivery, whichever was earlier. Cervical samples were collected at the health centre. Participants who did not attend were offered home collection with option of self-sampling.

Results: Of 463 participants who got married, 409 (88.34%) were eligible for first cervical sample. Among these, 334/409 (81.66%) complied with screening: at centre (n = 171, 51.19%); at home (n = 163, 48.81%). Only 2 (0.59%) came for screening on their own, 29 (8.68%) were motivated telephonically, 256 (76.65%) after personal counselling, and 47 (14.08%) required both telephonic and personal counselling. Among the non-compliant, 36 refused (self/family member), 25 never returned after marriage, 9 were pregnant, 3 because of corona pandemic, 1 was on treatment for infertility, and 1 cited duty hours. None accepted self-sampling.

There was a significant difference in mean age at marriage of compliant versus non-compliant participants (20.02 ± 2.7 vs 22.39 ± 2.5 ; $p < 0.01$) On univariate analysis, higher age at marriage (OR = 0.72, $p = 0.001$) and higher education level of participant (OR = 0.31, $p = 0.024$) and husband (OR = 0.113, $p = 0.036$) decreased compliance with screening after vaccination.

Conclusion: Awareness and reinforcement are even more important among educated participants to increase compliance with cervical screening post-vaccination. Self-sampling is not easily understood by the community.

7.0 Quality Assurance in Cervical Screening and Colposcopy

Abstract 11 #: Rate of overtreated cervical lesions in Ukraine

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Background: Despite HPV test significance in recognition, CIN2 + low specificity seeds unnecessary anxiety among HPV-positive women with reassuring cytology and colposcopy and requires triage and surveillance with lingering uncertainty how to manage

cases of LSIL and persistent HPV-infection. It is estimated that 30% women with LSIL undergo loop procedures (LEEP) that does not comply with current guidelines not to treat LSIL. In Ukraine, this number might be higher, because of failure to implement registry for LSIL and quality assurance for precancerous lesions management.

Objectives: To assess compliance with recommendation against routine treatment of confirmed LSIL ($CIN \leq 1$).

Methods: Study collated referral indications (only precancerous lesions) for LEEP with histological conclusion of samples from primary Gyn settings (not GynOnc).

Results: Among 378 cases, there were 64.8% (245) referrals with solely LSIL in women < 50 years, and among them 18% (44) were treated on the site of the first colposcopy provided at the random gynaecologic visit without specific indications (without Pap smear, HPV-testing and precedent biopsy) and none of them recognized $CIN2 +$. 49% (120) referrals due to persistent LSIL HPV-positive showed no discordant results of surveillance, 37% cases of treated long-lasting LSIL were hrHPV-negative. Just 2.9% (7) of long-lasting LSIL had been HPV mRNA E6/E7 tested (positive). When LSIL referrals were collated with definitive histologic conclusion $CIN \leq 1$ constituted 94.3%. Among 14 cases of $CIN2 +$ in initially LSIL referrals there were 5 HPV mRNA E6/E7 positive.

Conclusions: Overtreatment of LSIL in Ukraine is very common. The main hazard is cessation of routine screening due to ungrounded complacency.

Abstract #13 Quality assurance in the performance of a VIA-based “screen and treat” cervical screening in low-resource areas of Telangana, India

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Objectives: A VIA-based screen and treat approach for cervical cancer using trained nurses, is an effective tool for low-resource settings. Quality assurance is crucial. We report the role of digital colposcopy with image transfer using a smart phone and WhatsApp for screen test positives or doubtful cases. A decision is then made on the course of treatment—ablative treatment according to “screen and treat” protocol as a quick quality assurance process.

Method: Eligible women between 25–60 years were screened opportunistically using the VIA test performed by nurse midwives in three district hospital OPDs from January through December 2019. All women underwent VIA test followed by digital colposcopy. The screen-positive images and from doubtful cases were immediately captured from the monitor using a smartphone and then transferred by WhatsApp to an off-site physician who offered opinion or for record purposes. Cervical biopsies were taken for histopathological correlation. Screen positive women willing and eligible for thermocoagulation (TC) were treated at the same visit.

Results: A total of 14,417 women with a mean age of 35 years were screened with overall VIA positivity of 6.8%. Around 87.4% of screen positive women underwent colposcopy with image transfer. There were 81 (0.56%) invasive cancers detected and 0.54% of biopsy-proven precancers. A total of 152 women were treated by TC, with 5 times overtreatment rate.

Conclusions: Digital colposcope image capture and transfer by smartphone to remote experts can strengthen the diagnostic decisions by trained nurses as an adjunct to maintain quality care for programs in low-resource rural areas.

Abstract #22: A collaborative model to promote affordable, accessible and quality cervical cancer screening

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Objectives: Cervical cancer can be prevented if detected early. So as a need of the hour we planned a mini mobile colposcopy project. A collaborative model was planned by a mobile colposcopy unit for cervical cancer screening. The challenges faced and the outcomes were analyzed.

Methods: The mobile colposcopy unit and the Pathologist were from Chennai. The colposcopy extension clinic was done once in six weeks in a Gynaecologist Nursing Home in Cuddalore. Clinical breast examination and Colposcopy were performed. The reports were mailed to colposcopist and gynaecologist for follow-up.

Result: From May 2015–August 2018, 680 patients were given appointment for colposcopy of which 312 (46%) women attended the extension clinic. The mean age of the 312 women was 39 years. Out of the 312 patients, 132 (42%) had abnormal colposcopy findings and had directed biopsy. Of the 132 biopsies taken 30 (9.6% of total screened) women were positive for premalignancy (21— $CIN 1$, 8— $CIN 2$, 1— $CIN 3$), and 2 (0.6%) were positive for malignancy.

Conclusion: The collaborative effort increased the importance given to cervical cancer screening in a routine gynaecology practice. Those with confirmed cervical abnormalities were treated and cured in their latent phase itself. Key challenges faced were poor participation and loss to follow-up of women with abnormal findings. The limitations of the project are screening availability on only fixed dates and the need to pay for services.

Abstract #47: Problem solving using the A3 methodology for colposcopy

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Objectives: Most important aspect of any screening camp (which is often neglected) is the follow-up of women with abnormal pap smear for colposcopy. Using the A3 methodology tool we aimed at improving the colposcopy coverage from a baseline of 12.5% to 95% over a period of 10 months.

Methods: With the help of Equip India QIA3 problem-solving approach, we have identified the problems leading to low colposcopy follow-up among women screened in the community. Different tools used in the A3 methodology are the Process map, the GEMBA walk, Run chart, Fishbone and Pareto chart. All these tools aided in picking out the root causes for our low colposcopy coverage. These in turn helped in achieving key drivers and interventions to address the problem. The major root causes that we derived through this methodology were delay in report generation time, attitudinal change among the volunteers and women being screened, delayed follow-up schedules. Setting up an outreach colposcopy center and developing an application which helped in viewing all the pap smear results along with color code for abnormal results were among the major interventions with high benefits.

Results: With the help of A3 methodology tools we were able to follow-up all women requiring colposcopy and sustain it (12.5% to 100%).

Conclusion: The A3 methodology is found to be useful and continuous quality improvement and problem-solving tool.