

Factors Affecting Successful Linkage to Treatment in a Cervical Cancer Prevention Program in Kenya

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Background/Synopsis

Cervical cancer is the most common cancer in women in East Africa. In most low-resource countries, cytology-based screening is infeasible, so the World Health Organization recommends testing for high-risk human papillomavirus (hrHPV) as an effective strategy to reduce cervical cancer mortality in these settings. Cervical cancer prevention depends on effective screening, communication of results, and linkage to treatment, with previous work showing that linkage to treatment is the greatest challenge.

Objectives/Purpose

To identify individual- and systems-level factors associated with whether women who screened positive for hrHPV successfully accessed treatment in a cervical cancer prevention program in Kenya.

Design/Methods

A prospective cohort study was conducted as part of a trial of implementation strategies for hrHPV-based cervical cancer screening in western Kenya from January 2018 to February 2019. In this larger trial, women underwent hrHPV testing during community health campaigns (CHCs), and hrHPV+ women were referred to government facilities for cryotherapy. The study population for this analysis consisted of hrHPV+ women, and the primary outcome was presentation for treatment. Data came from questionnaires collected from patients at the time of hrHPV screening, assessments of treatment sites, and surveys with treatment providers. Multivariable logistic regression was used to determine which patient factors were associated with presentation for treatment.

Results

Of the 505 hrHPV+ women, 266 (53%) presented for treatment. Cryotherapy was performed in 236 women (89%), while 30 (11%) were not treated: 15 (6%) due to gas outage, six (2%) due to pregnancy, five (2%) due to concern for cervical cancer, and four (2%) due to an unknown or other reason. Education level and missing work to come to the CHC were associated with presenting for treatment after adjusting for other factors in the multivariable analysis. Treatment sites reported delays due to supply stockouts and provider shortages. Of the 16 providers surveyed, ten (67%) perceived lack of knowledge of hrHPV and cervical cancer as the main barrier in women's decision to get treated, and seven (47%) perceived financial barriers as the main barrier to accessing treatment.

Conclusion

The majority of hrHPV+ women who did not get treated were lost at the stage of decision-making or accessing treatment. Patient education and financial support are areas for intervention to increase rates of hrHPV+ women presenting for treatment. It is also essential to eliminate barriers that prevent treatment of women who present.