

PRECERCA: PREVENTION OF CERVICAL CANCER



KolGOTrg

Kolkata Gynaecological Oncology
Trials and Translational Research Group

**WHO 2030 elimination goal for cervical screening for tea
garden workers www.kolgotrg.org**

PRECERCA: PREvention of CERvical CAncer



➤ WHAT IS CERVICAL CANCER AND WHY SHOULD YOU CARE?

- Cervical cancer is a disease primarily affecting women, characterized by abnormal cell growth in the cervix—the lower part of the uterus. It is the leading cause of cancer related mortality among Indian women and is primarily caused by a sexually transmitted virus named the “Human Papillomavirus (HPV)”.
- **Every 8-minute, 1 woman dies of this cancer in India** - This is despite the fact that this cancer is **PREVENTABLE** through combination of vaccination and screening program and has been near eliminated from many parts of the world.
- **WHO** has set out a target for **2030** for **Cervical Cancer Elimination**, but India is far away from reaching this goal.

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➤ WHO ARE MOST VULNERABLE TO DEVELOPING THIS CANCER ?

- Access to cancer screening remains a major problem in rural areas and amongst **working women** especially those, who work as **daily and hourly wagers** and do not have time to attend screening programs.
- Women in **remote areas** may have limited education, which can impact their understanding of a disease and it's preventive measures. This **lack of education often leads to a lack of awareness** about fatal diseases like cervical cancer, it's causes, and the importance of screenings for it's prevention.
- **Limited access to healthcare** facilities and resources and **socio-economic constraints**, makes it more challenging to receive regular cervical cancer screenings and follow-up care.
- These women have **demanding work schedules** and the nature of their work and associated responsibilities may make it difficult for them to prioritize their health and attend regular screenings.
- **Cultural beliefs and stigmas** surrounding reproductive health and discussing sensitive topics like cervical cancer may hinder awareness and preventive measures these women in remote areas.

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➤ WHAT IS OUR PROJECT'S STRATEGY TO CONQUER CERVICAL CANCER BURDEN AND CONTRIBUTE TOWARDS WHO'S GOAL?

- Having discussed about the vulnerable condition of women workers in remote areas, it is to be noted that approximately **100,000 women work in the North Bengal Tea gardens** alone in the foothills of the Himalayas. These garden workers are captive, work hourly wages, mostly coming from tribal community and often are the sole bread earners in the family, belonging to the most vulnerable cohort of people getting affected by this cancer.
- Thus we are proposing a **same day screen and treat strategy among the working women of these remote Tea Gardens, on the Himalayan Foothills, at their working place itself** using point of care **HPV DNA testing gene Xpert** technology that will reduce the need for 2-3 visits at far away healthcare centres/ hospitals and improving acceptance and attrition rates for Cervical Care programs.
- This program is proposed to be **continued longitudinally over 10 years**, and along the screening and testing facility, **simultaneous training sessions** for the screening participants/ local healthcare workers/ garden members will be conducted.

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➤ HOW IS THIS STRATEGY UNIQUE/ COST-EFFECTIVE AND NECESSARY ?

- Cervical cancer is fatal if not checked timely, and due to lack of awareness and facilities, several working women are **dying unnecessarily at a young age** (30-50 years) being the sole bread earners of the family with infants/ toddlers totally dependent on them. Such cost of lives can not be measured in monetary terms.
- Treating one Cervical Cancer costs approximately **1-2 lakhs INR**, although this is **PREVENTABLE**.
- One screening worth **2000 INR per women protects for the next 5 years**; so, 400 rupees per year per women can prevent a leading cause of cancer mortality in women in India.
- PRECERCA's unique approach of conducting screening camps within the tea gardens itself, coupled with, free-of-cost HPV screening services (for initial visit) and training program, is crucial in overcoming barriers of **accessibility and affordability, ensuring health equality**.
- Thus, this model is necessary to halt the spread of cervical cancer by reaching the vulnerable population and providing them with timely interventions and education making them realize the importance of regular screenings for early diagnosis, so that they **prioritize their health over all barriers**.

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➤ HOW WILL THIS STRATEGY BE SUCCESSFUL IN LONG-TERM OVER OTHER STANDARD SCREENING STRATEGY?

- Majority of the screening programs done in India are , expensive and conducted within 50-100 km from the lead cancer centres/ metro cities, leaving women in remote areas suffer from health-inequality.
- Traditional cross-sectional programs thus fail to achieve the desired impact of cancer elimination, as the HPV virus can be acquired anytime during the lifetime while women are sexually active. Majority of the women will self-clear the virus, but periodic testing at an interval of 5 (or 10) years is necessary to pick up pre-cancerous lesions, if they develop from persistence of the virus in the cervix.
- The other benefit of a longitudinal program is training and capacity building of a regional and sustainable workforce for cancer prevention and public health. This program aims to train local health workers and nursing staff to develop a nurse led cancer screening program and follow up in the region, which will reduce the cost in the longer run and ensure sustainability, as doctors are more likely to change jobs especially when working in remote areas.

OUR CAMPS

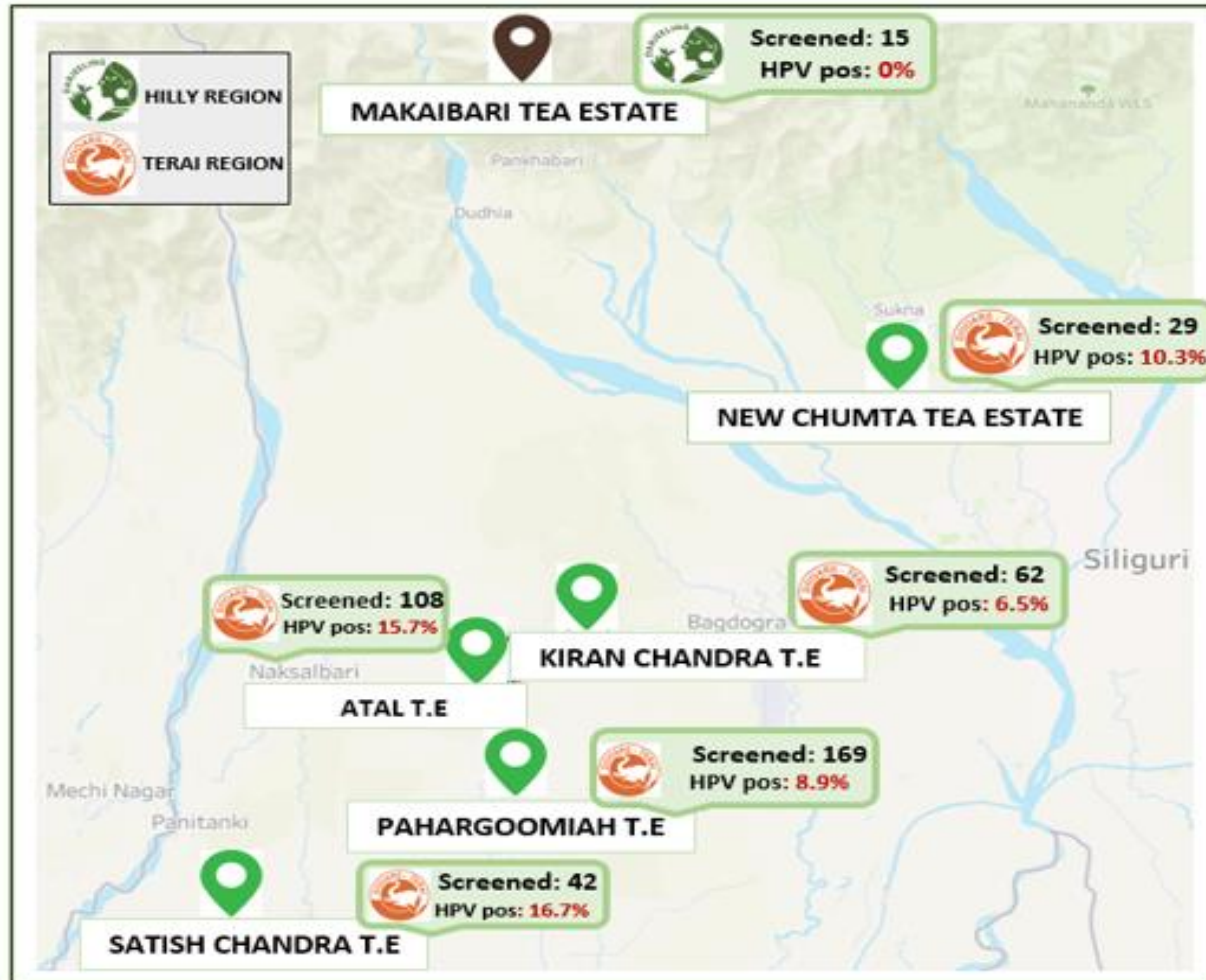


HPV TESTING/ COLPOSCOPY/ ABLATION (PRE CANCER TREATMENT)

SAMPLING DEVICES FOR HPV TESTING



INSIGHTS TO HPV POSITIVITY PATTERN



1 Woman dies **every 8 minutes** out of Cervical Cancer
But it is **PREVENTABLE !!**

• TOTAL SAMPLES TESTED FOR HPV: **425**

• TOTAL HPV POSITIVE PATIENTS: **46 (10.8%)**

• TOTAL COLPOSCOPY PERFORMED: **31 (7.3%)**

• TOTAL ABLATION TREATMENT DONE (FOR POSSIBLE PRE-CANCEROUS LESIONS): **22 (5.2%)**

▶ Please join us in this effort
– every cup of tea helps!

71% of women with HPV Positivity **are being identified for possible Pre-Cancerous Lesions** after colposcopy, and ablation is performed

TEA GARDENS (UNDER HILLY AND TERAJ REGIONS) SCREENED TILL DATE



- MAKAIBARI TEA ESTATE



- ATAL TEA ESTATE
- KIRAN CHANDRA TEA ESTATE
- NEW CHUMTA TEA ESTATE
- PAHARGOOMIAH TEA ESTATE
- SATISH CHANDRA TEA ESTATE

MEET OUR PARTNERS ►





THANK YOU