



WHO COLLABORATING CENTRE
FOR RESEARCH IN HUMAN REPRODUCTION

HUG 
Hôpitaux Universitaires de Genève



INTERNATIONAL NETWORK ON CONTROL OF GYNAECOLOGICAL CANCERS

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AN INTERNATIONAL TASK-FORCE

COMPRISING EXPERTS FROM AROUND THE
WORLD (SCIENTISTS/CLINICIANS)

THE PHILOSOPHY

- **Spontaneous initiative based upon**
- **Good will and shared vision**
- **Apolitical**
- **Non-bureaucratic**
- **Non-hierarchical**
- **“Gynaecological Cancer & STD Control Without Walls”**

AIMS & OBJECTIVES OF THE NETWORK

- **To establish Collaboration amongst International Players**
- **To Exchange Experience & Knowledge**
- **To Translate Research Findings into Interventions**
- **To Strengthen Capacity in the Field**

“TO PUT SCIENCE INTO PRACTICE”

MEMBERSHIP OF THE NETWORK

- **PRINCIPAL INVESTIGATORS**
- **SCIENTIFIC ADVISORS**
 - **programmatic design & data analysis**
 - **subject experts**
- **STRATEGIC PARTNERS**

ANNUAL ESTIMATES OF NEW CASES GLOBALLY

	<u>Incidence</u>	<u>Mortality</u>
• Breast Cancer	795 000	313 000
• Cervical Cancer	450 000	300 000
• Ovarian Cancer	165 000	101 000
• Endometrial Cancer	142 000	42 000

Cancer of the Uterine Cervix

Size of the Problem

- **Most common cancer in women in developing countries**
- **Second most common cancer in women globally**
- **12% of all cancers in women**
- **Incidence: 450 000 new cases each year**
- **Mortality: 300 000 deaths each year**

source:WHO,1993

Estimated Cases of Cx Ca in Regions and Selected Countries

<u>Region/Country</u>	<u>New Cases/Year</u>
• North America	15 700
• Latin America	44 000
• Europe	47 200
• USSR	31 300
• Africa	36 900
• China	131 500
• India	120 000
• Japan	9 700
• Other Asian	70 300
• Australia/NZ	1 200

source:WHO,1985

Human Papillomavirus(HPV)

In general population

- Incidence: condyloma/warts - 0.24-13%
(Data not available)
- Prevalence: 4-44% (Data not comparable)

In cervical cancer

- Squamous carcinoma: 95% association
- Adenocarcinoma: 60% association

STATE OF THE ART-Cx Ca

- **IEC - empowerment of women**
- **Organized screening/early detection programmes**
- **Standard therapies**
- **New screening technologies / triaging**
- **HPV Vaccines**

Situational Analysis: Cervical Cancer Control in Developing Countries

- **80% of the new cases of cervical cancer worldwide**
- **5% of the world cancer resources**
- **5% of women screened compared to 40% in ICs**
- **80-85% cases diagnosed at late incurable stages (stage III & IV) if at all**

State-of-the-Art
Cervical Cancer Control
Developing Countries

- **Lack of public and professional awareness and national commitment**
- **Lack of, or inadequate, screening programmes and health care facilities especially in rural areas**
- **Lack of technical and fiscal resources**
- **None or poor Quality Control**

State-of-the-Art, DCs (contd.)

- **Difficult patient follow-up / compliance - socio-economic constraints**
- **Low priority for women's health issues, especially after reproductive age**

Result:

- **High prevalence**
- **Large proportion of unscreened population**
- **Incidence = Mortality**

INCGC's Activities to Date

- **Work/coordination plan: Website**

http//:

matweb.hcuge.ch/matweb/endo/International_network

- **Meeting of the Strategic Partners & Advisors**
- **Consensus conference on Cervical Cancer**
- **Recommendations**
- **Model Protocol for demo projects**
- **Training programmes (colposcopy, cytopathology)**

FIRST MEETING OF THE STRATEGIC PARTNERS & SAC

13 JUNE 1998

HUG, Geneva

CONCLUSIONS:

- To carry the **philosophy** of Network forward
- To work as a **joint Task Force** and share information and expertise
- To concentrate on one subject at a time and address it in a **consensus conference**.
- To first address '**Cervical Cancer**' in a consensus conference in Tunisia.

INCGC's FIRST

**“Consensus Conference on Cervical
Cancer Screening & Management**

Tunis, 28-31 January 1999

Consensus Conference

AIMS & OBJECTIVES

- **Review & assess completed & ongoing research studies on control of Cx Ca**
- **review & revise, current WHO recommendations on screening for Cx Ca**
- **devise strategies to successfully carry out these recommendations esp. in DCs**

Aims & Objectives contd.

- **Review & assess epidemiology of HPV/STD and their relevance to screening for Cx Ca**
- **identify gaps and set priorities for future research / interventions**

Consensus Conference Cx Ca Tunis, January 1999- HIGHLIGHTS

- **IEC + Organized screening programmes**
- **Pap-smear : the proven method**
- **Promising potentials (alternative or adjunct)**
 - **Visual Inspection with Acetic Acid (VIA)**
 - **HPV detection (screening, F/U after Rx)**
 - **?? Liquid based cytology**

Cx Ca Screening-Potential Solutions

- **Unaided Visual Inspection- “Clinical Downstaging”**
- **Aided Visual Inspection- “Acetic Acid Test”**
- **Cervicography**
- **Gynoscopy**
- **Speculoscopy**
- **Automated Cytology Screening**
- **HPV DNA Test & HPV Vaccines**

RCT/Demo Projects - Objectives

- To evaluate:
 - > **Specificity**
 - > **Cost-effectiveness**
 - > **Quality control**
 - > **Effect on incidence & mortality**

INCGC's Proposed Activities

- **RCTs / Demonstration projects;**
to evaluate: - VIA
 - HPV Test**
- **Training - Rx of cx dysplasia**
- **Technical Workshops - Regional**
- **2nd Consensus Conference**

Regional Technical Workshops

SCHEDULE:

- **Eastern Medit./S.E.Asia:** Pakistan; February 2000
- **Africa:** Nigeria; March 2000
- **Eastern Europe:** Russia; June 2000
- **Western Pacific:** China; September 2000
- **Latin America:** Brazil; October 2000

Regional Technical Workshops

(in collaboration with WHO Regional Offices)

Aims & Objectives:

- **Situation analysis - Regional**
- **Needs assessment - countries**
- **Recommendations for the Region**
- **Priorities & solutions**

Training

- **Cytopathology - ‘liquid based cytology’**
- **HPV/ STD diagnostics**
- **Colposcopy**
- **Dysplasia management**

INCGC STRATEGIC PARTNERS

- **WHO Special Programme of Research Development and Research Training in Human Reproduction (WHO.HQ/HRP), Geneva**
- **WHO Global Programme on Cancer Control (WHO/PCC), Lyon, France**
- **WHO Regional Offices**
- **European Organization for Genital Infections and Neoplasia (EUROGIN), Paris, France**
- **Common Wealth Medical Association (CMA), London, UK**
- **Johns Hopkins Programme on International Education and Training in Reproductive Health (JHPIEGO), An Affiliate of Johns Hopkins University, Baltimore, USA**
- **Commonwealth Regional Health Community Secretariat, Arusha, Tanzania**
- **Medicine for Humanity, California, USA**

INCGC'S STRATEGIC PARTNERS

- **International Clinical Epidemiology Network (INCLEN), USA**
- **AVSC International, New York, USA**
- **Tampere School of Public Health, Tampere University, Finland**
- **The Permanente Medical Group, Kaiser Permanente, California, USA**
- **The World Bank, Washington, USA**
- **International Federation of Gynaecology and Obstetrics (FIGO)**
- **United Nations Population Fund (UNFPA)**
- **Swedish International Development Cooperation Agency (SIDA)**
- **Family Health International (FHI), USA**
- **International Agency for Research on Cancer (IARC)**

INCGC's STRATEGIC PARTNERS

- **International Union Against Cancer (UICC), Geneva**
- **International Academy of Cytology, IAC**
- **King Fahad National Guard Health Affairs, NGHHA, Saudi Arabia**
- **Geneva University Hospital, HUG, Geneva**

**Principal
investigators**

**Scientific Advisors
Committee**

Strategic Partners

Secretariat "HUG"

**INTERNATIONAL
NETWORK**

ACTION PLAN

**Field visits
Consensus Conference**

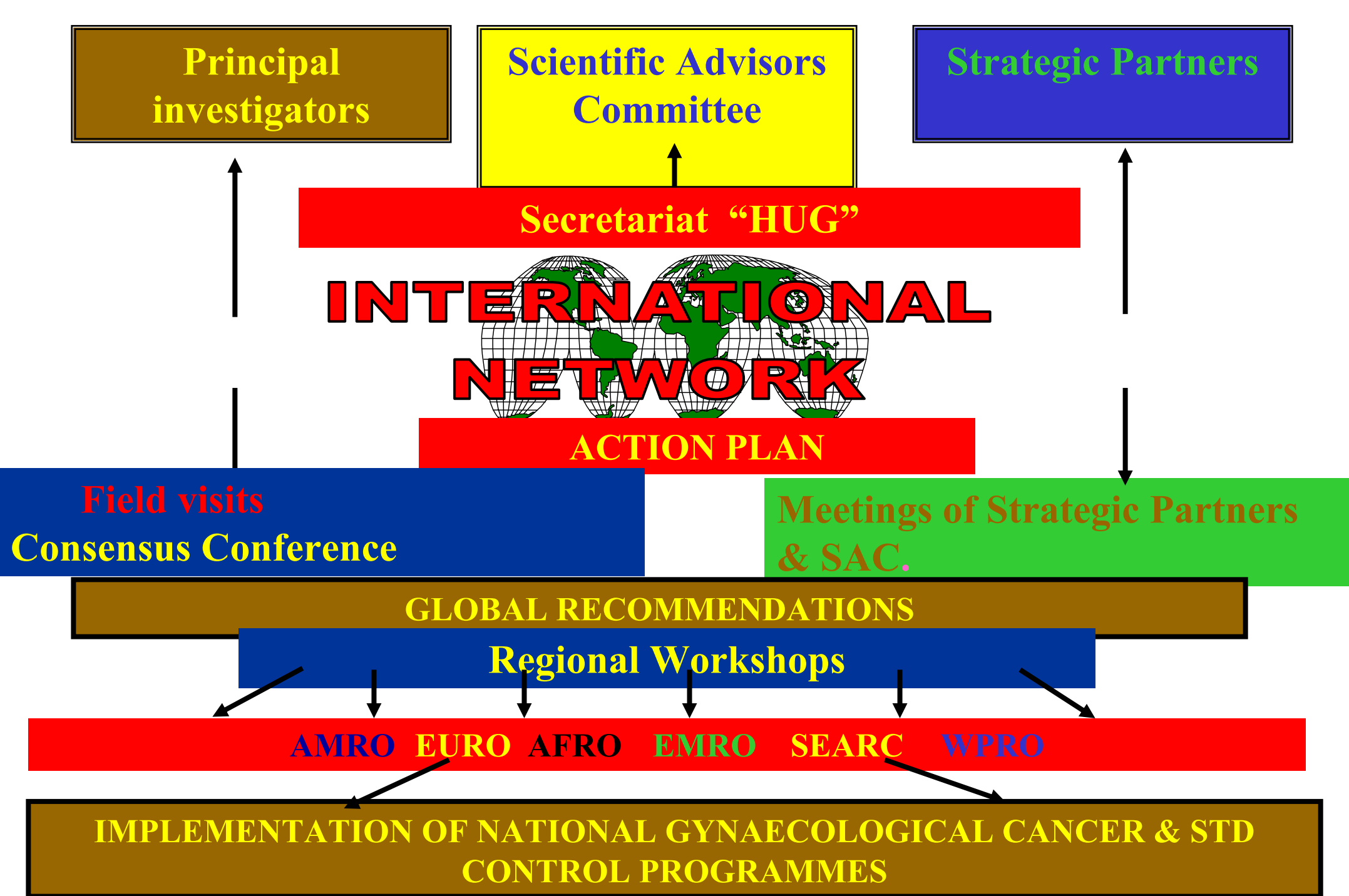
**Meetings of Strategic Partners
& SAC.**

GLOBAL RECOMMENDATIONS

Regional Workshops

AMRO EURO AFRO EMRO SEARC WPRO

**IMPLEMENTATION OF NATIONAL GYNAECOLOGICAL CANCER & STD
CONTROL PROGRAMMES**

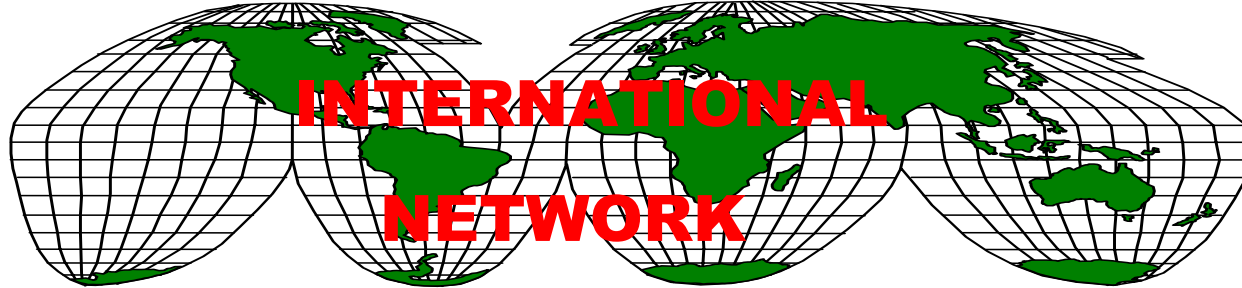


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