A single-visit approach to cervical cancer prevention in rural Thailand

Ana I. Tergasa, Lynne Gaffikinb, Khunying Kobchitt Limpaphayомc, Elaine Charuradt, Wachara Eamratsameekool, Enriquito Lu

Johns Hopkins University, Baltimore, MD, USA
Evaluation and Research Technologies for Health, Woodside, CA, USA
Department of Obstetrics and Gynecology, Faculty of Medicine, Chulalongkorn University, Bangkok, Thailand
Jhpiego, Baltimore, MD, USA
Provincial Health Office, Rot Et, Thailand

Article info
Article history:
Received 2 January 2014
Received in revised form 14 February 2014
Accepted 18 March 2014

Keywords:
Acetic acid
Cervical cancer
Prevention
Screening
Thailand

Cervical cancer incidence and mortality in Thailand are nearly 3 and 4 times higher, respectively, than rates in more developed countries [1,2]. Visual inspection with acetic acid (VIA), an effective method of accurately detecting precancerous lesions and testing and treatment within a single visit [3], has proven safe and acceptable in rural Thailand. The objective of the present study was to assess long-term results among women 7 years after VIA screening.

The women were participants in the SAFE Study, a demonstration project involving VIA among 5999 women from rural Thailand in 2000 [4]. National cancer and public health data identified 5179 (86%) SAFE Study participants for potential follow-up in 2007: 4127 (80%) agreed to participate, 894 could not be found, 145 declined, and 13 were deceased. The follow-up protocol varied according to the initial VIA results. Those originally VIA positive (Group A) received VIA testing, colposcopically-directed biopsy, and endocervical curettage (ECC). Women who were originally VIA negative (Group B) attended the local health center for VIA. Any VIA-positive women were referred for colposcopically-directed biopsy and ECC. All biopsy-positive women were offered treatment according to national guidelines. Informed consent was obtained from all participants. The protocol was approved by the Western Institutional Review Board and the Ethical Review Committee for Research in Human Subjects of the Ministry of Public Health.

Of 565 women in Group A: 28 (5.0%) had no visible squamo-columnar junction (SCJ); 464 (82.1%) were VIA negative; 54 (9.6%) were VIA positive; 1 (0.2%) had suspect cancer; and 18 (3.2%) were classified as other. A total of 526 women received ECC and/or biopsy, of whom 2 had cervical intraepithelial neoplasia (CIN) grade 2/3. Of 3562 women in Group B: 147 (4.1%) had no visible SCJ; 3275 (91.9%) had negative VIA results; 133 (3.7%) were VIA positive; 0 had suspect cancer; and 7 (0.1%) were classified as other. There were 287 women who received colposcopy at the district hospital; of these 287 women, 133 (46.3%) were VIA positive, 147 (51.2%) had no visible SCJ, and 2 (0.7%) were unknown. Five women subsequently underwent hysterectomy, and 3 of 277 women who received ECC and/or biopsy had CIN 2/3.

The VIA positivity rate on follow-up testing for both previously VIA negative and positive cohorts was exceedingly low (3.7% and 9.6%, respectively). Based on these results, rescreening with VIA at longer intervals may be warranted in low-resource settings.

Conflict of interest
The authors declare no conflicts of interest.

References