

**IPVC8-0729**  
**POSTER SESSION**

**PUBLIC HEALTH / EPIDEMIOLOGY - SCREENING FOR HPV RELATED DISEASE:  
IMPLEMENTATION, EVALUATION AND IMPACT**

**CHALLENGES TO IMPLEMENTING A COMPREHENSIVE CERVICAL CANCER SCREENING  
PROGRAM IN BRAZIL: LESSONS FROM THREE CITIES TO CONSIDER WHEN MOVING ON**

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**Background and Aims**

Cervical cancer mortality remains high in North, Northeast and Midwest Brazil, despite the Universal Health Care System (SUS) that provides free cytology-based cervical cancer screening and treatment. In 2014, Brazil started nationwide HPV vaccination among girls aged 9-14. Cytology performance is inferior to HPV testing and even worse among vaccinated women, pressing for a change in cervical screening strategy. Since HPV testing may be introduced soon, the challenges to the current screening program were identified in three cities with an elevated burden of cervical cancer.

**Methods**

Barriers to implementing a successful comprehensive screening program were identified through visits and interviews with personnel at primary screening clinics, laboratories, and referral hospitals.

**Results**

Several unique challenges were found in some cities. Access to screening was limited by excessive travel required to access clinics, inconvenient service hours, and lack of public education. Cytology had many unsatisfactory results and low positivity. Follow-up was incomplete at all steps. Laboratories provided delayed cytology and biopsy results (3+ months). Screening clinics did not arrange or track colposcopy referrals; colposcopy clinics received no information from referring clinics. Queues for colposcopy and treatment were long. Treatment services were offered in tertiary hospitals. Electronic medical records have not yet replaced paper recordkeeping, leading to errors and loss of medical records. Some services were excessive with women outside targeted age range and over-referral to colposcopy (i.e. minor abnormalities).

**Conclusions**

Cities are already improving program with additional clinic hours, educational campaigns and improved coordination. Further consideration of HPV testing will require consideration of these barriers.