

# Cervical Cancer Screening and Treatment



**Cervical cancer is one of the leading causes of death from cancer for women in the developing world. It is also one of the most preventable cancers through early detection and treatment of pre-cancerous lesions, which many women globally do not have access to. MCDI is working to reduce this coverage gap.**

## “Screen-and-Treat”

MCDI uses a one-visit “screen-and-treat” approach for our cervical cancer programs. This is the key to the 70% or higher reduction rate in more economically developed countries, and is critical to reducing the burden of cervical cancer in low-resource countries.

Visual Inspection of the cervix using acetic acid (VIA) allows for reliable detection of most abnormalities and precancerous lesions. For VIA-positive cases, treatment with cryotherapy can prevent the progression to cancerous lesions. Patients that are detected to have cervical cancer lesions, or are ineligible for cryotherapy, are referred to specialized gynecological services for cytology, follow-up, and more advanced treatment if necessary. “Screen and Treat” helps to prevent the loss of follow-up treatment for patients thanks to its convenience, and also reduces any time lag for women to receive vital treatment.

MCDI also uses mobile phones in the screening and treatment process, offering a digital solution for record keeping and quality control in support of a strong continuum of care. MobileODT is a portable colposcope that allows clinicians to provide an Enhanced Visual Assessment of the cervix to better detect abnormalities. The device records and stores an image of the cervix which can be included in a patient’s medical record. Because the device is internet-connected images are able to be shared securely with specialized providers for purposes of follow-up. In addition, the images are used to verify results and provide continuous quality assurance.

## A comprehensive program in Equatorial Guinea

Equatorial Guinea faces the third highest incidence rate of cervical cancer in Africa. To combat this, MCDI launched a Cervical Cancer Screening and Treatment (CCST) project in October 2016, funded by the Government of Equatorial Guinea and Noble Energy. The project works to decrease the prevalence of cervical cancer amongst women in Equatorial Guinea through increased detection and treatment of cervical cancer cases.

The Equatorial Guinea CCST project intends to decrease the prevalence of cervical cancer using a one-visit “screen and treat” approach, plus referral of patients with detected cervical lesions that might need specialized follow-up and treatment. The project has established cancer screening rooms at two government Regional Hospitals in Malabo and Bata, Equatorial Guinea, as well as three provincial hospitals and two health centers. MCDI has trained doctors, registered nurses and midwives on the screening process and in cold coagulation therapy.

The project also implements mobile screening and treatment campaigns. In 2017, the project screened over 2,500 women on both Bioko Island and on the Continental Region through these mobile campaigns. MCDI also trained over 200 community leaders to promote these activities and about the importance of cervical cancer screening.

These screening rooms and mobile campaigns have expanded access to cervical cancer screenings and treatment options for tens of thousands of women who previously had no options. In total, MCDI has screened over 8,000 women for cervical cancer in Equatorial Guinea since 2016.

### Mobile clinics in Myanmar

In Myanmar, MCDI conducted the Improving Myanmar Maternal and Neonatal Health Pilot project, which was primarily focused on CCST mobile clinics. Between 2016 and 2017, over 3,450 women in Yat Sawk Township were screened for cervical cancer, with women testing positive for precancerous lesions being treated with cold coagulation. MCDI was the first organization to test cold coagulation as a method of treatment in Myanmar. MCDI trained health workers in VIA and cold coagulation, donated cold coagulation devices for use in health centers, and conducted informational campaigns to draw women towards the mobile screening clinics.

### Mobilizing communities

Rallying community support and encouraging women to get screened is vital in the movement towards reducing cervical cancer rates. In Equatorial Guinea, Information Education Communication (IEC) and Behavior Change Communication (BCC) are crucial interventions towards ensuring that women are visiting clinics and attending mobile screening campaigns. The project conducts mass media campaigns through radio and television, organizes home visits, encourages local government outreach, and distributes informational materials at public markets, amongst other communications activities. In Myanmar, outreach activities included public announcements and brochure distribution. Public information meetings were held at each screening location prior to screening campaigns to inform women about the importance of these screenings and their benefits.



Promoting screenings in Equatorial Guinea



Women registering for screenings in Yat Sauk Township, Myanmar



Women attending a clinic in Niefang, Equatorial Guinea



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