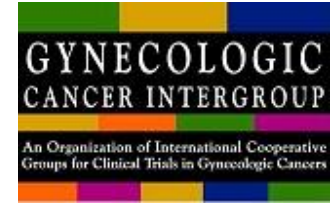




CERVICAL SCREENING IN MOROCCO : CURRENT STATUS & FUTURE



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Rabat**

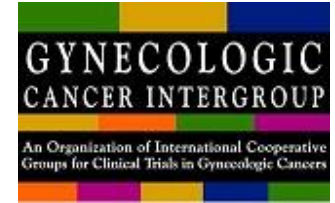
**International Symposium about Ovarian
and Cervical Cancer,
April 6-7th 2018, Marrakech/Morocco**

Introduction

- Cervical cancer is a big public health problem in Morocco :
 - ✓ High frequency ;
 - ✓ High Mortality ;
 - ✓ Delay in diagnosis in more 2/3 cases.



Epidemiological data of cervical cancer in Morocco

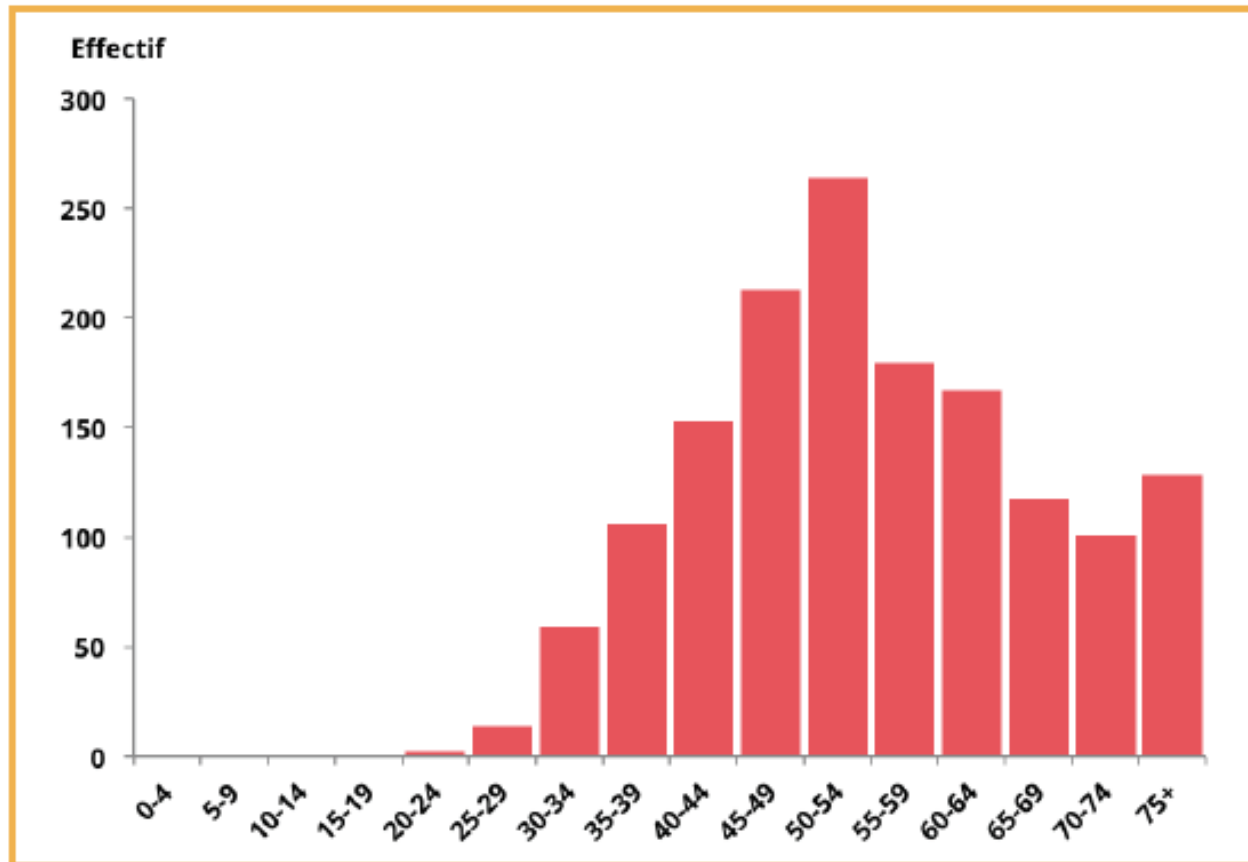


[Casablanca Registry 2004-2008-2012]

- 2th cancer of women.
- **11.2 %** of women cancers.
- Incidence : 14,8 / 100.000 women.
- $\frac{3}{4}$ cases advanced stage (2 et 3).

Cervical cancer repartition / age

[RCGC 2008-2012]



32% of cases between 2008 et 2012 :
45 - 54 years old

- Before 2010

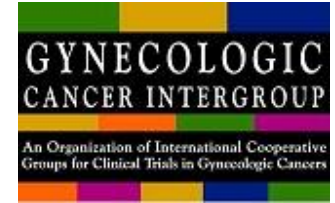
NO strategy

- After 2010

Strategy of organised screening
endorsed



In Morocco



- STRONG WILL TO FIGHT CANCER
- LEADERSHIP
 - HIGHNESS PRINCESS
LALLA SALMA
 - FLCC (Lalla Salma Fondation against cancer)

Practitioners
Gynecologists
Surgeons
Radiologists
Pathologists

Administrator
Decision Makers
NGO

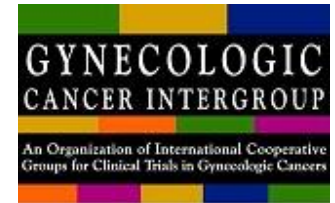


-
- To Reduce Mortality and Morbidity of cervical cancer
 - To Reduce the Incidence of cervical cancer



National Plan Against Cancer

2010 - 2019



Prevention

Early Detection

Diagnosis

Treatment

palliative care

Social back

Communication & social mobilization

Follow up and evaluation

Screening of cervical cancer

- TARGET :
Women aged : 30 - 50 years old
- TEST : VIA at primary health structure
- Repeat : every three years

Cervical cancer screening steps

Women
Invitation

Screening by VIA

L
E
V
E
L
I

Abnormal Results

Normal Results

Invitation after 3 years

Complementary evaluation

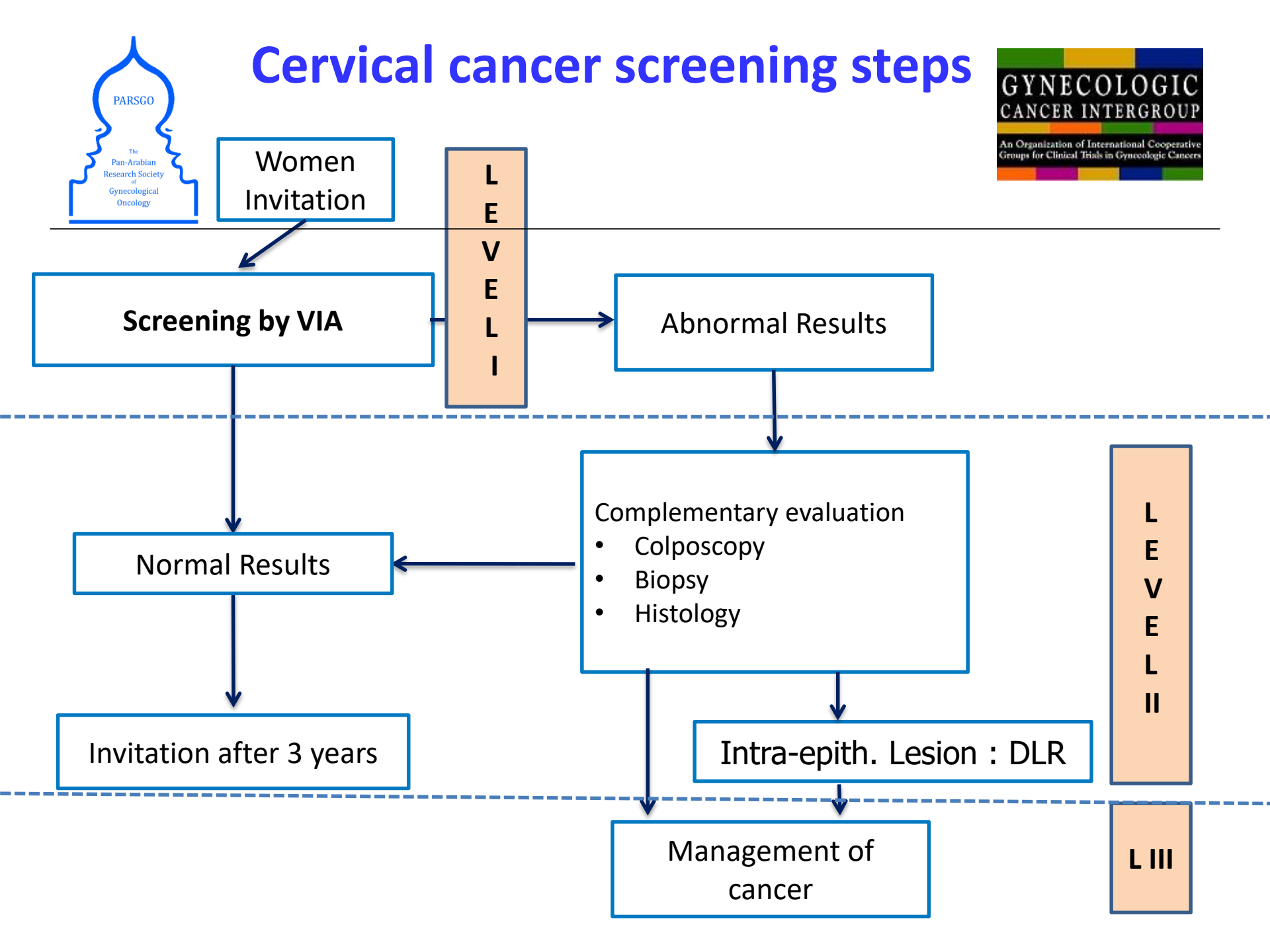
- Colposcopy
- Biopsy
- Histology

L
E
V
E
L
II

Intra-epith. Lesion : DLR

Management of
cancer

L III



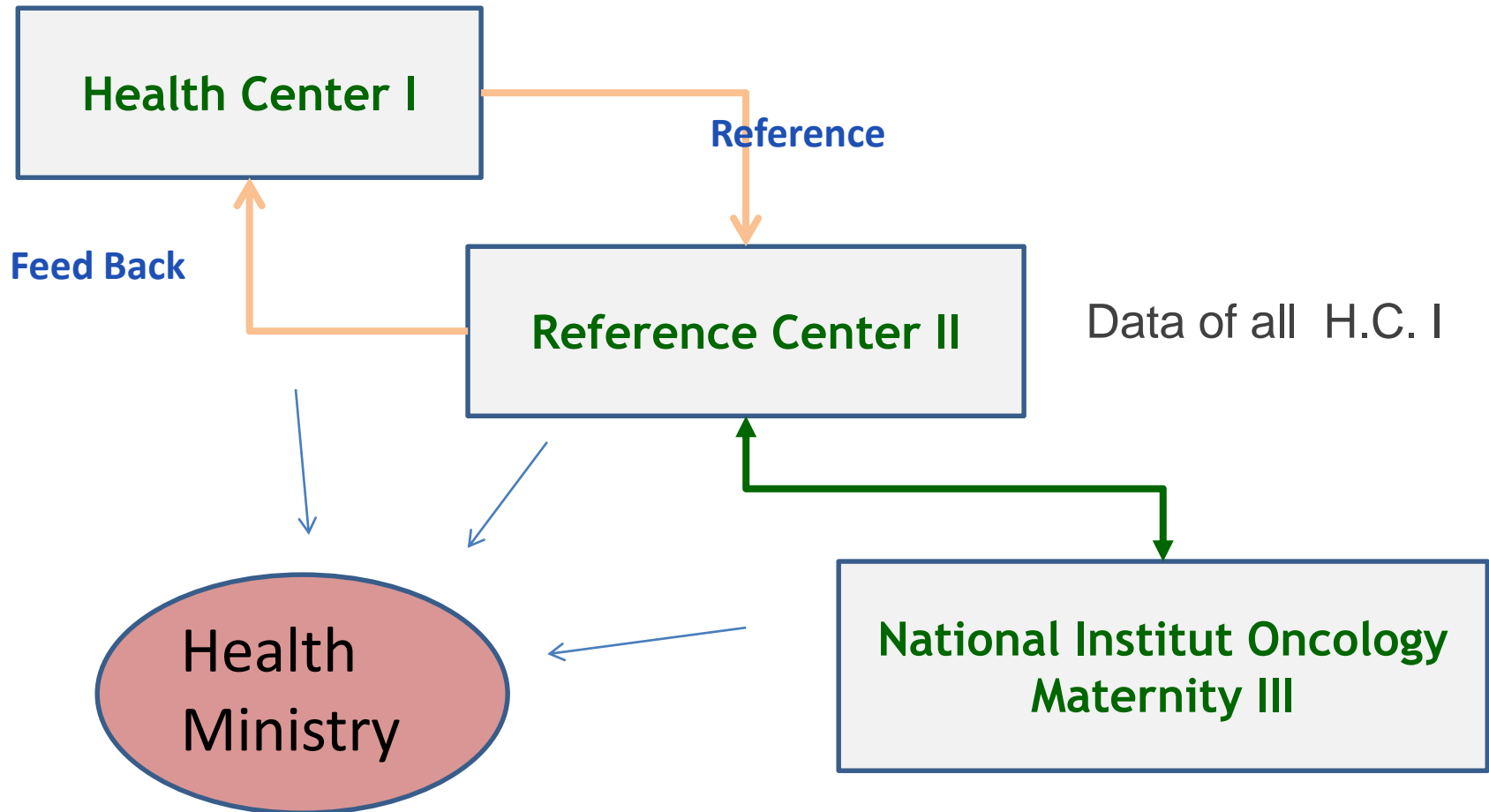


Strategic orientations



Fonction	Actions	Assurance Quality Norms
Structures	Suffisant number of health center I Activity in public health system	
Humans Ressources	Personnel in charge of screening in suffisant number, skill	Obligatory training with certification; verification of individual performance; reorientation
Equipement and laboratory	Availability and maintenance equipement; use of standard shape for creation of repports; proper quality of tests	Process of quality control conducted by medical physicists ; Quality control of Laboratories
Information System	Suitable System to collect data , analysis and repports; follow of women with abnormal results	Update of registries or computerized register
Direction	Chief identified to manage of changes , improve of quality and manage of incidents	Coordinator of the program is mandatory

Register and information technology



Quality Assurance

Evaluation



Structure

- Indicators
- Norms

Process

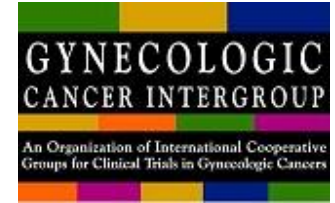
- Indicators
- Norms

Results

- Indicators
- Norms



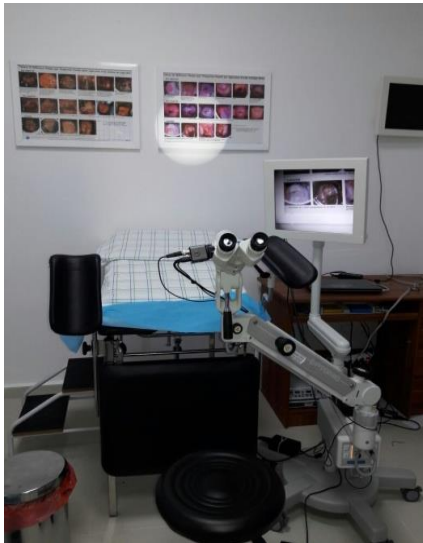
Improve the quality



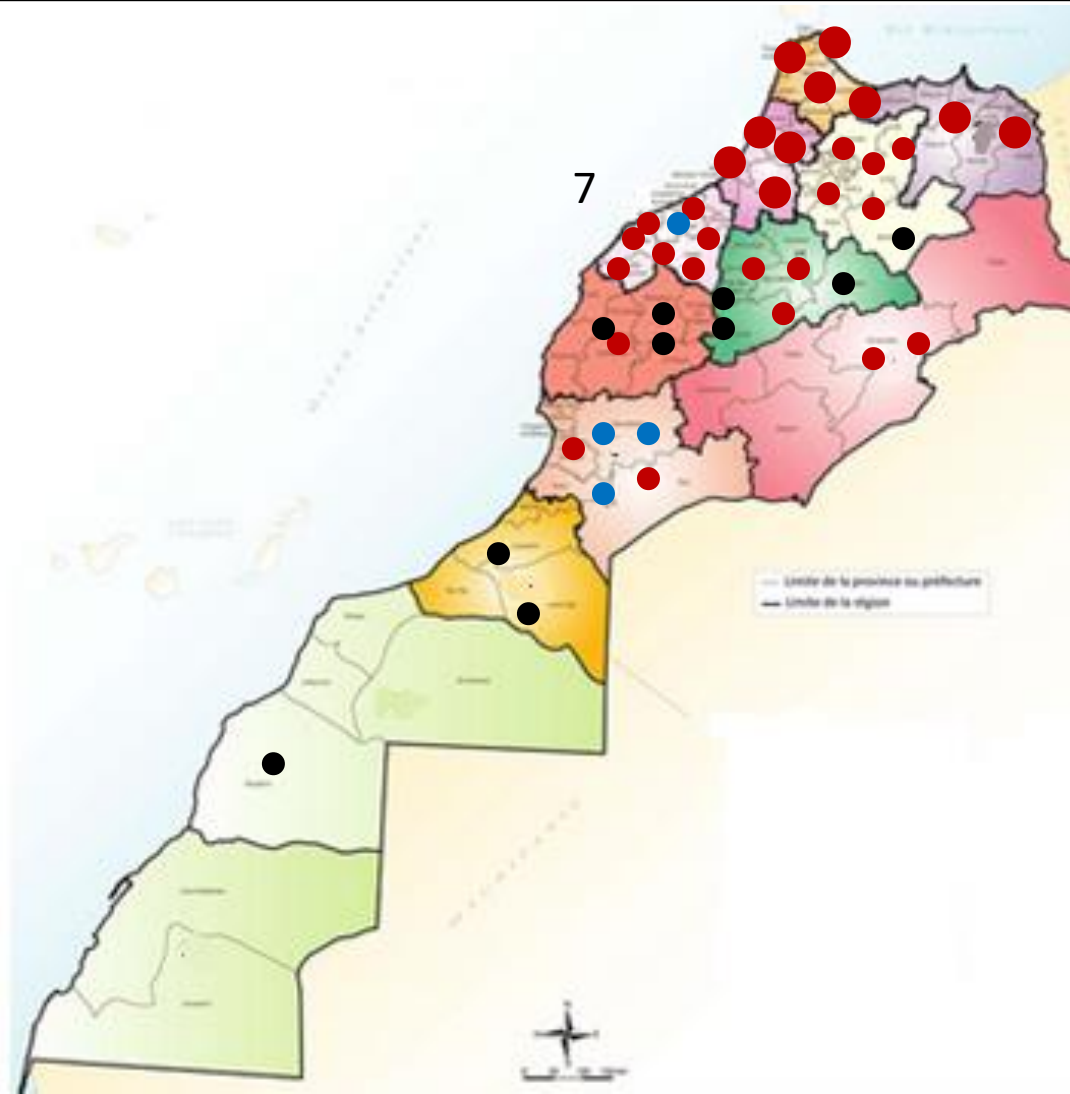
Principal implementations

Improvement of service's availability

- Construction of Reference Centers
- Aquirement of necessary equipments



Reference Centers



- 30 centers functioning
- 4 sooner
- 10 in project

Strategy of training

- Elaboration guide;
- Training of teachers ;
- Training of **3000** personnels;
- Training in Communication and Counseling;
- Training in matters of management and follow up of program;
- Including the early detection in nurses school, ISPITS (**2015**)



Communication about the program

Breast cancer :

- Annual campaign ;
- Plans of regional communication ;
- Supports (posters and folds);
- NGO



Cervical cancer :

Regions : yes

National : Not yet

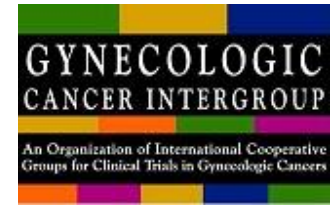


Follow up / Evaluation

- First evaluation of the whole activity :
2016
Fondation LC , IARC commission
- Accompaniment et oversight of activities.



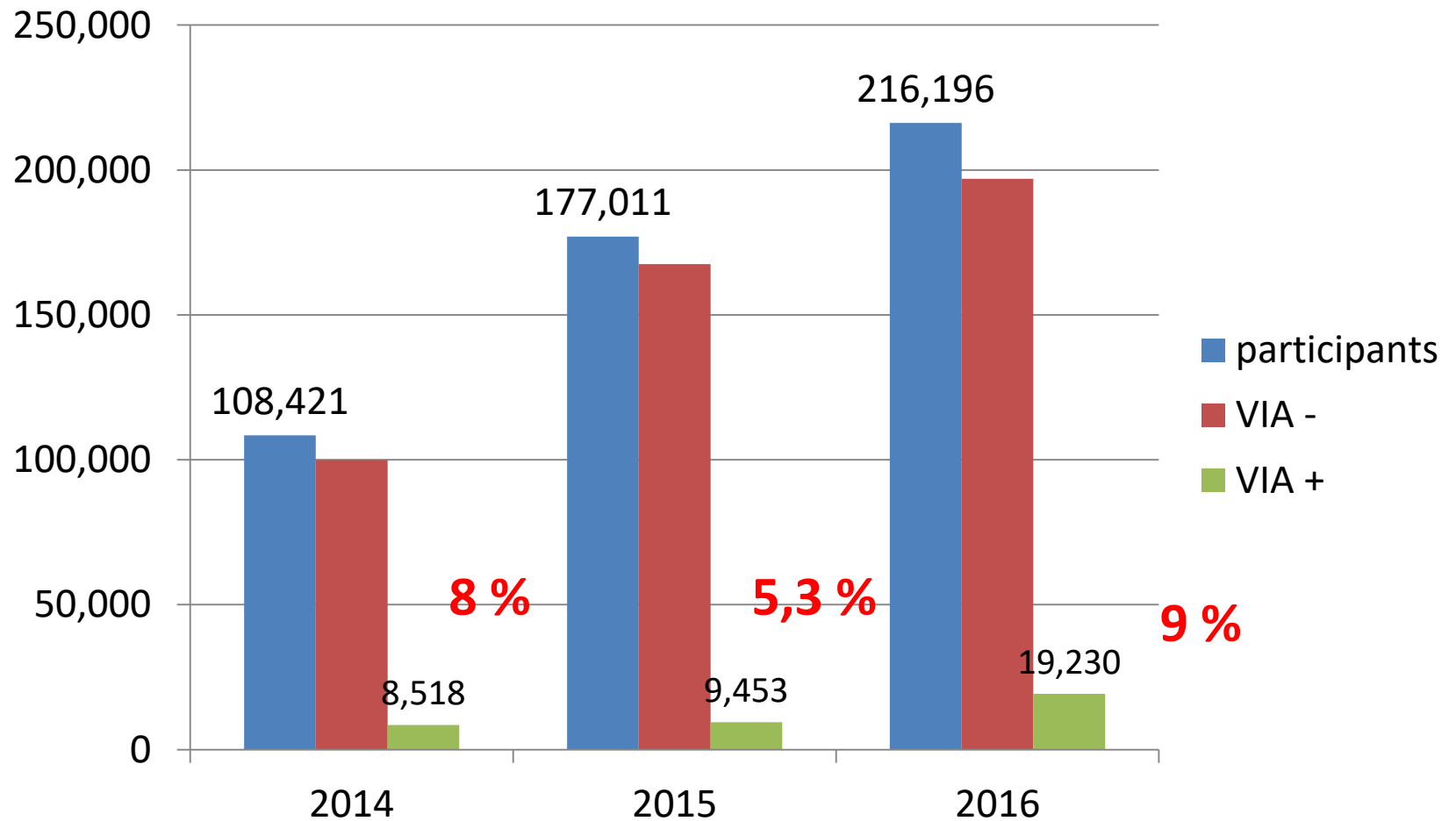
Studies and research



- Prospective study about patient circuit (2010-2012) ;
- Global study of the program (2013);
- Study about profile, reasons and the becoming of women lost after being screened for cervical cancer (2015-2016);
- Retrospective study about the becoming women screened for cervical cancer (2015-2016);

Indicators of performance

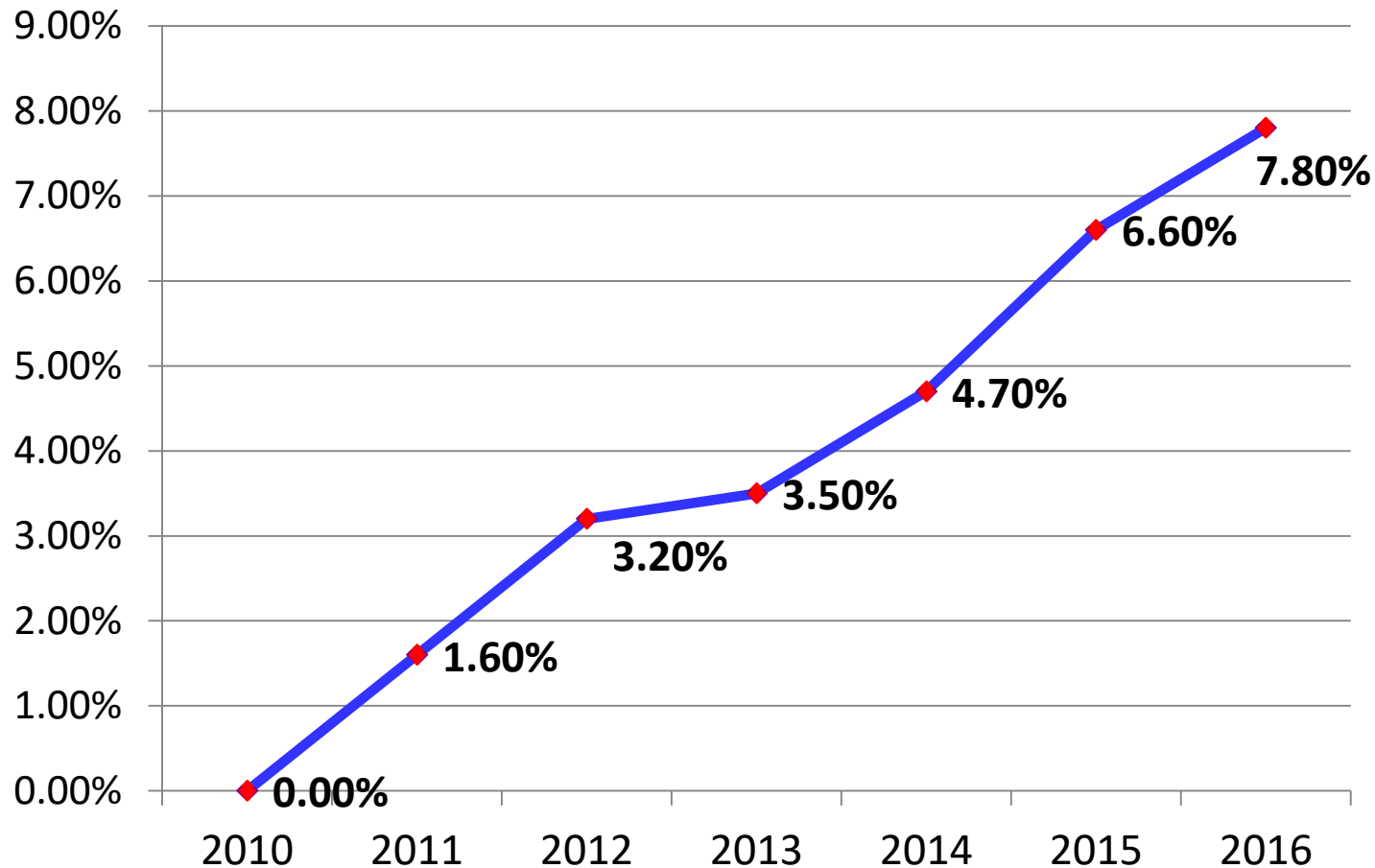
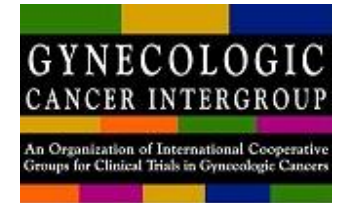
Screening test results



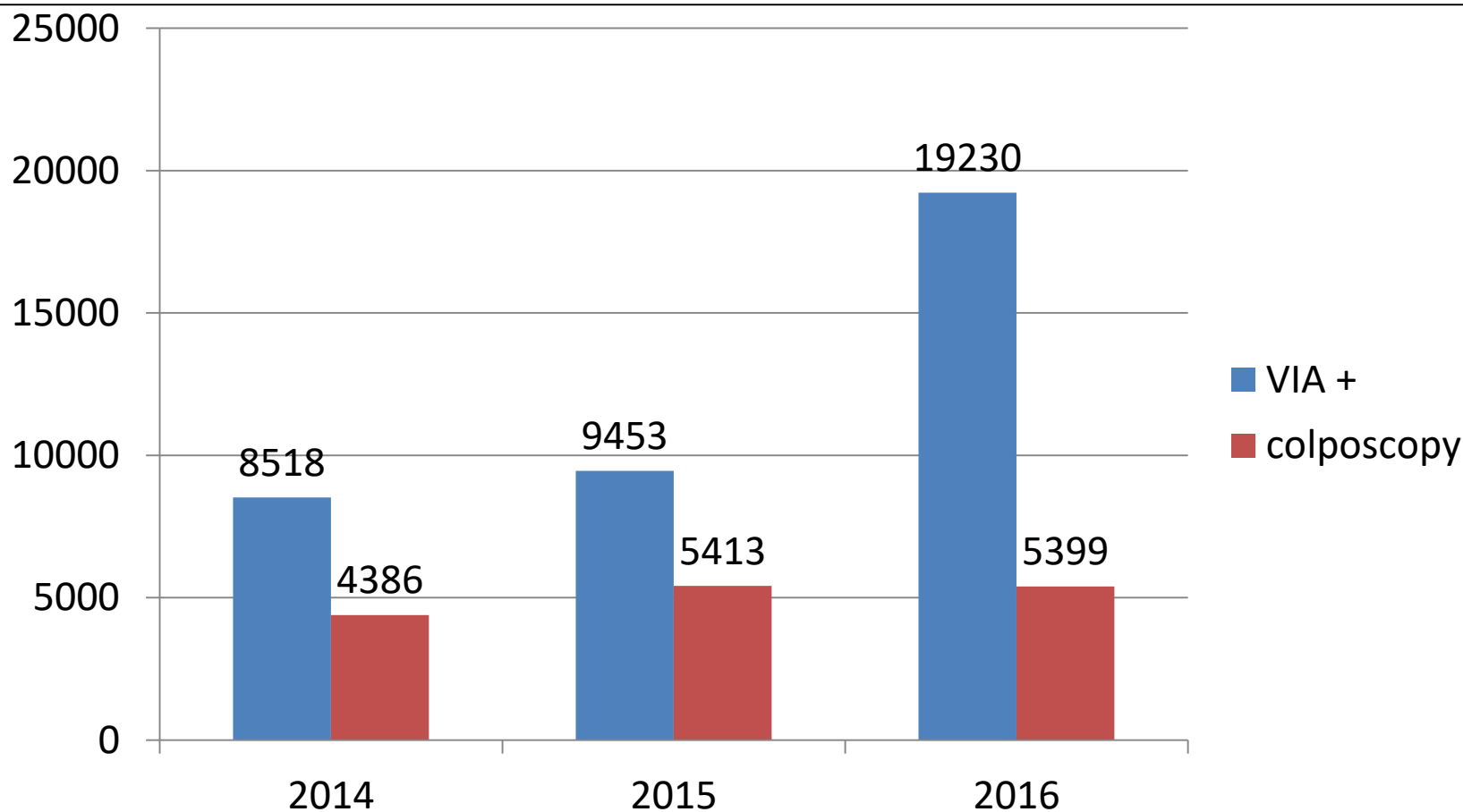
≈ 167209 per year



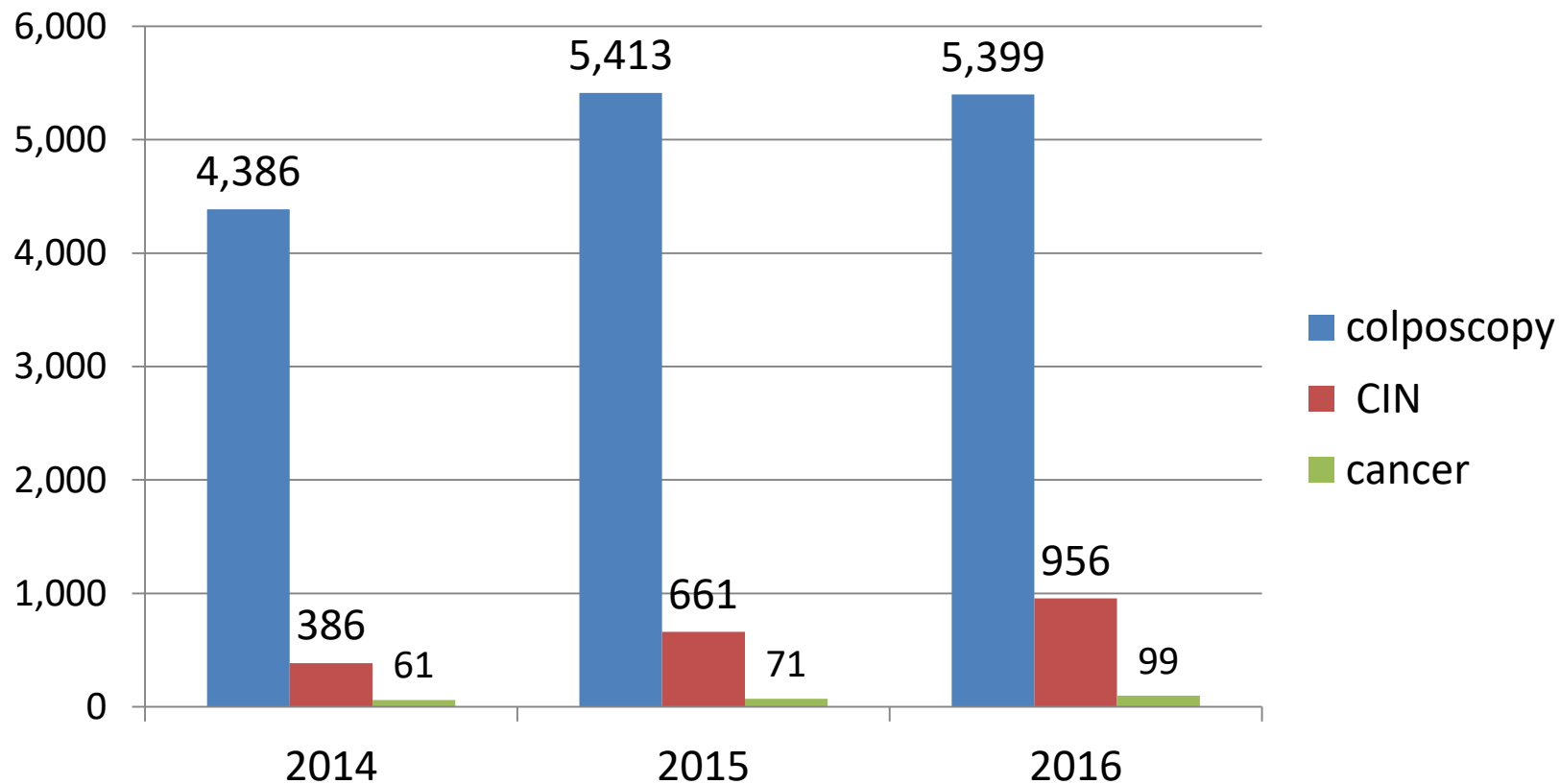
Participation rate evolution 2010 - 2015



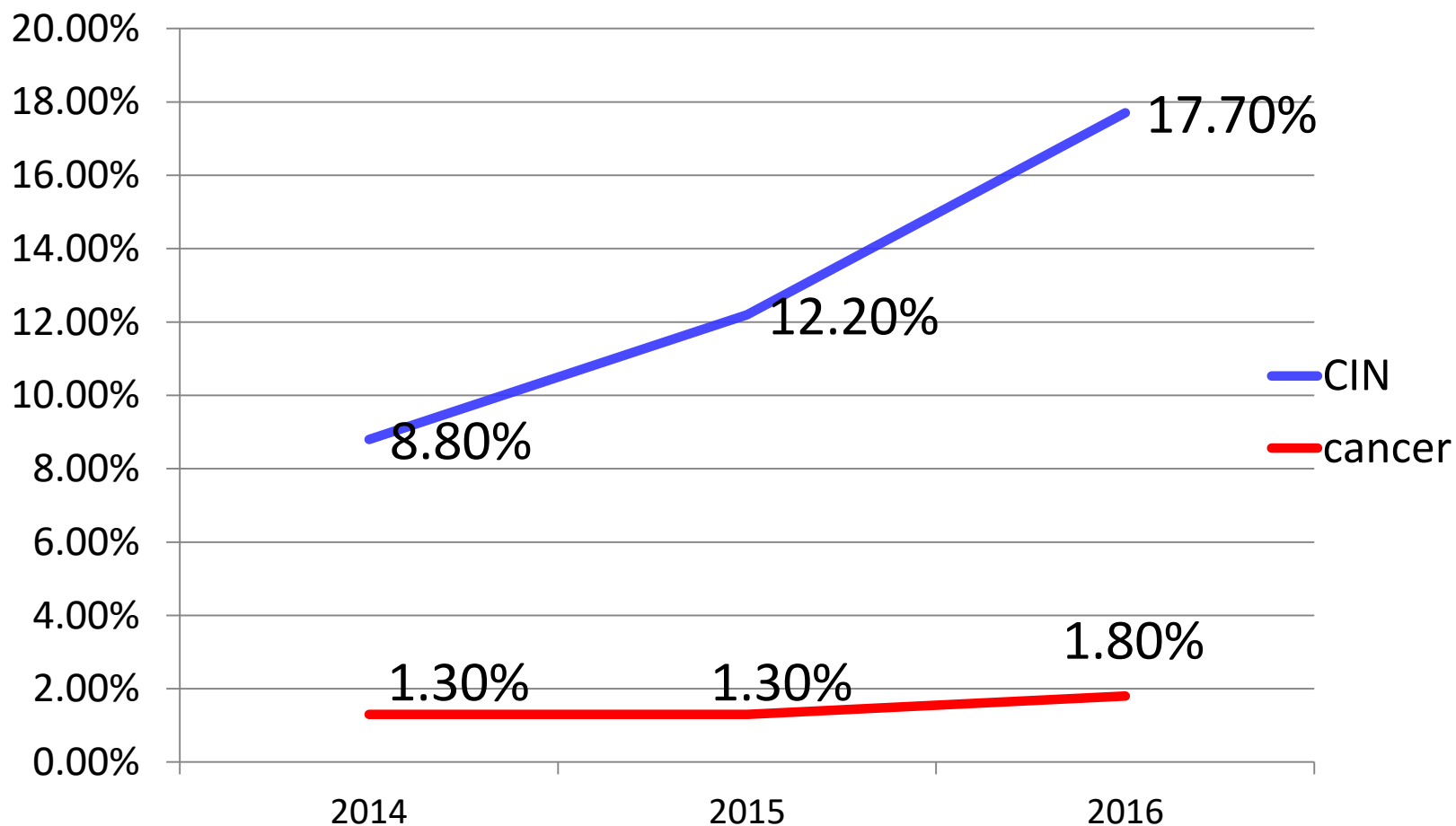
Colposcopy



Results of colposcopy

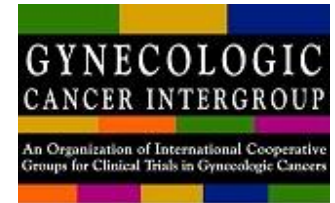


CIN and cervical cancer





Results of cervical cancer screening program evaluation in Morocco



- **Low coverage rate :**
 - No campaign about cervical cancer
 - Screening no available every where
- **Positif VIA test is high and variable**
- **Low rate of colposcopy :**
 - Number of gynecologist is not sufficient
- **Low rate of diathermic loop excision :**
 - Number of gynecologist is not sufficient
 - Not all gynecologist have the skill of ER or have fear to do it at the Reference Center.

Challenge and perspectives

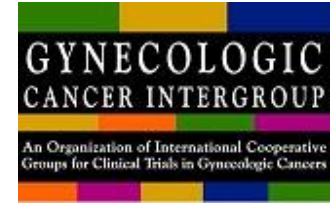
- To reinforce the **AVAILABILITY** of structures and equipments all around the country ;
- To **INCREASE** the rate of participants ;
- To ensure the **DIAGNOSIS** of all women with positive VIA;
- TO ensure the **TREATMENT** of all women with CIN or cervical cancer

Challenge and perspectives

- To be sure that every participant return every 3 years ;
- To implement an efficient information technology in order to follow up all participant in every steps.
- To reinforce the evaluation of the program.



How to be sure that every woman with a positive VIA could have a colposcopy ?



- Training more caregivers in coposcopy :
 - Gynecologists
 - General practitionners ++++
- To organize a certified training
- Good accompaniment

Vaccine

- **Quadrivalent Vaccine : 6 11 16 18**
 - Prevention of CIN 2/3
 - Cervical cancer
 - VIN 2/3
 - VaIN 2/3
 - Genital wart
- **Bivalent Vaccine : 16 18**
 - Prevention of CIN 2/3
 - Cervical cancers

**Individual
vaccination**

Available in Morocco since 2008

Conclusion

Evolution very good of the program :

- Successful partnership between Health Ministry and LS Fondation ;
- Commitment and involvement of all collaborators.



Thank you

