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### **Designing a pre-post intervention trial to assess the impact of community health worker-led counselling and navigation on the uptake of colposcopy among non-compliant women screened positive in a community-based screening program**

Cervical cancer is the fourth most common cancer among women globally. World Health Organization (WHO) estimated that cervical cancer affected about 604,127 women and caused about 341,831 deaths worldwide in 2020. In Southeast Asia, the estimates showed that about 38,530 women died due to cervical cancer in 2020. Based on the National Cancer Registry Programme, it is the second most common cancer by incidence in India and is projected to have affected about 75,209 women in 2020.

Cervical cancer is preventable as well as curable if detected early and treated adequately. To reduce the burden of cancer, the Government of India launched the National Cancer Control Programme (NCCP) in 1975 and recently merged with the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) in 2010. The programme envisages population-based screening. The women aged  $\geq 30$  years are screened for cervical cancer at the primary health care level using Visual Inspection with Acetic Acid (VIA). Women who turn positive during VIA examination are referred to the community health centre (CHC), district hospital or medical college hospitals for further evaluation using colposcopy and management.

Despite the NCCP in place for more than four decades, only 33% of women with cervical cancer were identified at a localized stage in India in 2020. In any population-based screening programme, ensuring proper referral mechanisms and high compliance of the beneficiaries to the referral decide the success of the programme. However, sub-optimal referral mechanisms, lack of a proper navigation system and non-compliance of the at-risk women to the referral remain a challenge in the cancer control and prevention programmes in the limited resourced settings. A study conducted in the Tamil Nadu state of India showed that about 42% of women who screened positive during VIA examination at primary health care level were non-compliant to colposcopy examination at secondary or tertiary care centres. Addressing this high drop-out rate at this stage of referral mechanism for diagnosis can help the cancer control programme successfully achieve its objectives.

Hence, our study aims to identify the reasons for non-compliance to colposcopy examination among women referred to a higher centre after testing positive in primary screening using VIA at primary health centres. Further, the study aims to identify the effect of an intervention (counselling and navigation) led by community health workers to improve compliance to colposcopy examination. The study will be nested in the ongoing public-funded community-based cervical cancer screening program in the state of Tamil Nadu, India.