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BACKGROUND

- Acquisition and persistence of carcinogenic human papillomavirus (HPV) infections and the incidence of precancerous lesions and invasive cervical cancers are all increased for women living with HIV (WLHIV) compared with their HIV-negative peers.
- The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) in partnership with the George W. Bush Institute, UNAIDS, Merck, and Roche formed the Go Further initiative to reduce new cervical cancer cases by 95% among WLHIV.
- We describe cervical cancer screening and treatment results among WLHIV in PEPFAR-supported programs.

METHODS

- We analyzed PEPFAR Monitoring, Evaluation, and Reporting results from the 14 PEPFAR countries that reported data between April 2018 and September 2022. Data covering the last six months were reported at the end of each March and September.
- Women accessing routine HIV care and treatment services are offered screening with visual inspection with acetic acid, or HPV DNA testing where available; treatment of precancerous lesions; and referral for management of suspected invasive cervical cancers.
- WLHIV are screened for cervical cancer for their first lifetime screen, for routine follow up after prior negative screens, and after precancerous lesion treatment. Screen results are reported as negative, positive for precancerous lesions, and positive for suspected invasive cervical cancer. Precancerous lesions are treated with ablative and excisional therapies.

ADDITIONAL KEY INFORMATION

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With the successful integration of cervical cancer prevention into ART services, PEPFAR has supported 5.7 million screens, and continues to improve the treatment rates for women with precancerous cervical lesions identified at screening.

RESULTS

- Of the 5.7 million cervical cancer screenings completed; 4.6 million (79.7%) were first time screens. Screen positivity for precancerous lesions was 5.0% (285,077 positive screens), and 0.8% (47,051 women) were referred to a higher level of care for suspected cancers.
- A total of 217,376 (76.2%) precancerous lesions were treated, 18.5% (40,144 women) with excisional treatment, and the remainder with ablative therapies. The proportion of treatments done with cryotherapy declined by 28.6%, while the proportion using thermal ablation increased by 36.6%. The precancerous lesion treatment rate increased from 58.1% to 86.6% (Figure).

CONCLUSIONS

- Offering cervical cancer screening services within ART clinics reached 5.7 million WLHIV at risk for cervical cancer, representing a significant contribution to the ongoing global effort to eliminate cervical cancer.
- By ensuring that women have access to screening, optimizing the cervical cancer treatment modalities best suited to each location, and further increasing the rising precancerous lesion treatment rates, PEPFAR programs will contribute to the elimination of cervical among WLHIV.

