

HPV SCREENING FOR CERVICAL CANCER USING THE SELF-SAMPLING MODEL IN UKRAINE DURING THE WAR



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The Covid pandemic and the war created the conditions for the growth of cancer in Ukraine. Mass population migration has increased the risk of HPV infection in women, which may trigger a surge in the incidence of cervical cancer in the near future (1). In a country at war with a devastated economy and a scarcity of health resources, it is not possible to organize screening using a cytological Pap test.

MATERIAL AND METHODS

In the front-line city of Zaporozhye (eastern Ukraine), from the first weeks of the war, HPV screening for cervical cancer was organized using the Self-sampling model (the Swedish Qvintip Aprovix AB test was used). Women aged 25-60 were offered to take part in the screening at the refugee reception center where they received humanitarian assistance. Screening participants returned the test through volunteers to a certified PCR laboratory, where they tested viral DNA for six oncogenic HPV strains. Women received a response with further recommendations for monitoring and treatment via SMS or email. The organization and financing of screening in Ukraine during the war was taken over by the charitable foundation "World Against Cancer".

RESULTS

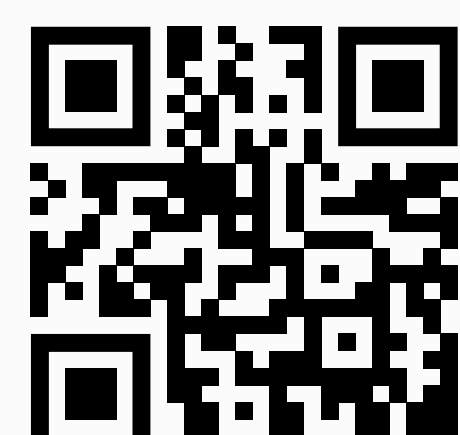
Consent for HPV screening was obtained from 180 women. 8% of women for unknown reasons refused to participate in screening. 21 women (11.6%) did not return the test. A positive result of HPV testing was obtained in 12 (6.7%) women. The further fate of 47 (26.1%) women is unknown due to their resettlement in the western regions of Ukraine.



The systematic analysis of screening results and the application of the “Test and treat” tactics is the goal of our further research.

DISCUSSION AND CONCLUSIONS

Our pilot study showed that in the context of a military conflict, the Self-sampling model is the most optimal for HPV cervical cancer screening. However, this model can only be applied after the end of active hostilities in the region and the low probability of a missile and bomb strike on the city, when relative stability sets in after the phase of a humanitarian catastrophe. This model of cancer prevention can be used not only during the war, but also during the mass migration of refugees in the aftermath of environmental and man-made disasters as part of a program of humanitarian assistance to the population.



1. Aitken M. Gulf war leaves legacy of cancer. BMJ. 1999; 319(7207): 401.