

WHO Framework for strengthening and scaling-up services for the management of invasive cervical cancer





WHO Framework for strengthening and scaling-up services for the management of invasive cervical cancer

WHO Framework for strengthening and scalingup of services for the management of invasive cervical cancer

ISBN 978-92-4-000323-1 (electronic version)
ISBN 978-92-4-000324-8 (print version)

© World Health Organization 2020

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; https://creativecommons.org/licenses/by-nc-sa/3.0/igo).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: "This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition".

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization.

Suggested citation. WHO framework for strengthening and scaling-up of services for the management of invasive cervical cancer. Geneva: World Health Organization; 2020. Licence: <u>CC BY-NC-SA 3.0 IGO</u>.

Cataloguing-in-Publication (CIP) data. CIP data are available at http://apps.who.int/iris.

Sales, rights and licensing. To purchase WHO publications, see http://apps.who.int/bookorders. To submit requests for commercial use and queries on rights and licensing, see http://www.who.int/about/licensing.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

Design and layout: Café

contents

FOREWORD	V
ACKNOWLEDGEMENTS	vi
ABBREVIATIONS AND ACRONYMS	ix
PURPOSE, SCOPE AND AUDIENCE	xi
STRUCTURE OF THE FRAMEWORK	xii
SECTION 1. SETTING THE SCENE	1
1.1 What is cervical cancer?	2
1.2 Global burden of cervical cancer ·····	2
1.3 Comprehensive cervical cancer control	5
1.4 Global strategy to accelerate the elimination of cervical cancer as a public health problem	7
1.5 Availability of cancer management services: global snapshot ······	8
1.6 Cervical cancer management: imperative to invest	9
Section 1: References	12
SECTION 2 . CORE ELEMENTS OF CERVICAL CANCER MANAGEMENT	15
2.1 Cervical cancer care pathways	16
2.1.1 Diagnosis and staging	18
2.1.2 Treatment	24
2.1.2.1 Surgery	24
2.1.2.2 Radiotherapy	27
2.1.2.3 Systemic treatment	31
2.1.3 Palliative care	33
2.1.4 Survivorship care ·····	35
2.2 Common barriers and delays	37
Section 2: References	41

ECTION 3. EFFECTIVE IMPLEMENTATION OF QUALITY CERVICAL CANCER 1ANAGEMENT SERVICES	45
3.1 Elements of quality care ······	
·	46
3.2 Assessment and planning ·····	48
3.2.1 Strengthening governance for cervical cancer control ······	48
3.2.2 Situation analysis ·····	50
3.2.3 Optimizing service delivery model ·····	50
3.3 . Implementation and scale-up	54
3.3.1 Developing guidelines for cervical cancer management ······	54
3.3.2 Ensuring competence in cancer workforce ·····	57
3.3.3 Improving access to medicines and medical devices ·····	61
3.3.4 Sustainable financing	69
3.3.5 Strengthening surveillance and information systems	70
3.4 . Monitoring and evaluation (M&E)	74
3.4.1 Role of M&E ·····	74
3.4.2 Implementing high-quality M&E ·····	74
3.4.3 Population-level monitoring ·····	75
3.4.4 Facility-level monitoring ·····	76
Section 3: References	77
NNEXES	83
Annex 1 FIGO 2009 and 2018 staging and TNM classification of malignant tumours systems	84
Annex 2 Minimum requirements for pathology reporting for cervical cancer	86
Annex 3 Sample pathology synoptic reporting form	87
Annex 4 Essential package of palliative care for cervical cancer (EPPCCC) ······	91
Annex 5 Patient referral form	93
Annex 6 WHO PEN protocol for cervical cancer	95
Annex 7 Checklist for safe handling of hazardous drugs during administration	96
Annex 8 Clinical quality performance indicators for cervical cancer management	97

foreword

"Cervical cancer is an NCD we can overcome"

That is World Health Organization (WHO) Director–General Dr Tedros Adhanom Ghebreyesus's rallying call to eliminate cervical cancer as a public health problem. The burden of cervical cancer cannot be ignored. Each year more than half a million women are diagnosed and more than 310 000 women die. It is preventable or avoidable and disproportionately affects the most vulnerable women globally. Regrettably, the majority of affected women live in low-and middle-income countries, where they are not diagnosed early enough and lack access to life-saving treatment and care. Even in many high-income countries, highly available, effective and cost-effective cervical cancer interventions are under-utilized, and for the most socially and economically vulnerable populations, largely inaccessible. Overcoming cervical cancer is not only feasible, then, but equitable. As a global community, we have been entrusted with one of public health's most ambitious, yet realistic, goals – to eliminate cervical cancer as a public health problem for the next generation and generations to come. This is achievable, and the resultant benefits for women, families, communities and economies are immense. To succeed, we must act now and must act jointly.

WHO is pleased to bring out the WHO Framework for strengthening and scaling-up services for the management of invasive cervical cancer. This Framework is vitally impelled by the WHA 2020 adoption of the Global Strategy to Accelerate the Elimination of Cervical Cancer as a Public Health Problem. The Elimination Strategy sets out a quantified goal – reaching an age-standardized incidence rate of less than 4 per 100 000 women. To achieve this goal everywhere within this century, implementation targets for 2030 that are linked to three pillars of action have been set: to vaccinate more than 90% of girls, to screen more than 70% of eligible women, and to ensure that 90% of women with cervical pre-cancer and invasive disease are able to access treatment and palliative care. We cannot realize accelerated reductions in cervical cancer cases and deaths without the coordinated attainment of all three targets.

Scaling-up capacity in the third pillar – to promote access to care for women diagnosed with invasive cervical cancer – is driven by striking disparities in survival from cervical cancer. Whereas 5-year overall survival in high-income countries is close to 80%, it is only about 20% or less in low-income countries. Attainment of the third target has the potential to save more than 300 000 women lives over the next decade and ensure that no woman with cervical cancer suffers without palliative care.

The Framework presented in this document provides the "how to" for governments seeking to scale-up capacity in cervical cancer management and reap the social and economic benefits of doing so. It provides an important perspective on how quality is an essential principle of cancer programmes. Regardless of the level of resources available to a country, each aspect of invasive cancer management – diagnosis, staging, treatment, palliative care and survivorship care – should be and can be delivered with the utmost attention to quality to increase the likelihood of improving and saving lives. It is not only unethical to ignore quality, it is also a waste of precious resources.

For decades, cervical cancer management has been ignored or deprioritized because of perceptions of high cost and implementation challenges. This is not accurate. Through strategic investments and by following the guidance provided in this technical document, governments can immediately improve access to high-quality cervical cancer management services, including palliative care.

We, at WHO, are ready to fully support governments get on the path to cervical cancer elimination and to save lives through an integrated approach. To succeed, we will need to have everyone involved – governments, private sector, professional societies, educational programmes, service providers, civil society, people of all ages and creed. The elimination of cervical cancer is a global ambition with a global benefit.

Let's work together to beat the burden of noncommunicable disease, to vanquish cervical cancer and to improve the lives of women and families around the world today. We have no reason to wait.





DR BENTE MIKKELSEN

Director, Department of Noncommunicable Diseases (NCDs)

Universal Health Coverage/Communicable and Noncommunicable Diseases (UCN)

acknowledgements

The WHO Framework for strengthening and scaling-up services for the management of invasive cervical cancer was developed by the Department of Noncommunicable Diseases of the World Health Organization (WHO), Geneva, Switzerland, under the leadership of Ren Minghui, Assistant Director-General, Universal Health Coverage/Communicable and Noncommunicable Diseases, and Princess Nothemba Simelela, Assistant Director-General for Strategic Priorities and Special Advisor to the Director-General. Bente Mikkelsen, Director, Department of Noncommunicable Diseases (NCDs), provided overall strategic guidance in the preparation of this publication.

THE EXECUTIVE WHO WRITING TEAM:

Elena Fidarova, André Ilbawi, and Cherian Varghese.

PROFOUND APPRECIATION IS EXPRESSED TO THOSE WHO CONTRIBUTED TO DRAFTING OF THE DOCUMENT:

Freddie Bray, Ann Chao, Allison Colbert, Shona Dalal, Yuri Fedoriw, Cindy Gauvreau, Francesco Giammarile, Surbhi Grover, Rei Haruyama, Brendan Healy, Eric Krakauer, Morkor Newman-Owiredu, Groesbeck Parham, Olivier Pellet, Marion Piñeros, Anita Sands, and Dario Trapani.

CASE STUDIES WERE PREPARED BY:

SUBSTANTIAL CONTRIBUTION FOR EDITING AND OVERALL COMPILATION OF THE PUBLICATION WAS PROVIDED BY:

Cindy Gauvreau and Rei Haruyama.

WHO WOULD LIKE TO ADDRESS ITS SINCERE GRATITUDE TO THE FOLLOWING PEOPLE FOR THEIR EXPERTISE, DEDICATION AND REVIEW OF THE DOCUMENT:

Gauhar Afshan, Roberto Angioli, Prebo Barango, Partha Basu, Melanie Bertram, Neerja Bhatla, Paul Bloem, Marie-Charlotte Bouësseau, Freddie Bray, Nathalie Broutet, Rolando Camacho-Rodriquez, Jesus Paula Carvalho, Heloisa de Andrade Carvalho, Ann Chao, Allison Colbert, Marilys Corbex, Ian Cree, Raimundo Correa Bulnes, Shona Dalal, Jean-Marie Dangou, Gampo Dorji, Yuri Fedoriw, Lailatul Ferdous, Richard Freeman, Francesco Giammarile, Soehartati Gondhowiardjo, Satish Gopal, Surbhi Grover, Scott Howard, Raymond Hutubessy, Anoma Chandani Jayathilaka, Warrick Kim, Eric Krakauer, Suresh Kumar, Catherine Lam, Amy Lilly, Kennedy Lishimpi, Doug Lowy, Silvana Luciani, Umesh Mahantshetty, Leo Masamba, Filip Meheus, Danny A Milner, Arie Munandar, Mohana S Narasimhamurthy, Morkor Newman-Owiredu, Groesbeck Parham, Olivier Pellet, Maria Del Rosario Perez, Marion Piñeros, Alfredo Polo, Nasim Pourghazian, Denis Querleu, Thomas S Ram, Leanne Riley, Felipe Roitberg, Anita Sands, Hai-Rim Shin, Slim Slama, Dario Trapani, Edward L Trimble, and Adriana Velazquez-Berumen.

预览已结束,完整报告链接和二维码如下:

https://www.yunbaogao.cn/report/index/report?reportId=5_24216

