

UNFPA
Standard Progress Report 2014

GEO2U202
Support to Breast and Cervical Cancer Prevention



Country: Georgia

Reporting Period: 1 January – 31 December, 2014

Programme Component: Reproductive Health

Project IDs (use ATLAS code): GEO2U202

Project Title and ID (for co-financed projects): GEO2U202 / Improved access to quality SRH services.

Co-financing Donor(s): Health, Social and Cultural Affairs Department under the Municipality of Tbilisi, UNFPA.

Implementing partners: National Screening Center, UNFPA.

Responsible Programme Manager/Officer: G. Mataradze, Programme Analyst, UNFPA; L. Jugeli, Project National Consultant, National Screening Centre.

I. Introduction

The partnership between the Health and Social Affairs Department (HSAD) of the Tbilisi Municipality and UNFPA Georgia for Reproductive Tract (RT) cancers prevention and early detection was launched in Tbilisi in 2006. Based on analyses of the data and accumulated experience, the project was redesigned in early 2008 to focus on breast and cervical cancer screening for the targeted population in Tbilisi. The National Screening Centre (NSC) was selected to implement the project.

This innovative project is one of the first of its kind among the countries of Eastern Europe and Central Asia that aims to increase the detection of reproductive system cancers at early stages, in order to reduce the early mortality of women caused by these diseases; the project aims to achieve this through ensuring equitable access for the women of the target ages to the breast and cervical cancers screening services and at the same time to maintain high standards of the programme management, service delivery, monitoring & evaluation and accountability.

As a result of the remarkable achievements of the project, namely its contribution to the reduction of female morbidity and mortality, the federal government decided in 2009 to replicate the project at the national level. In 2010, the breast cancer screening programme was launched in four regions of Georgia, and starting from June 2011, the comprehensive cancer screening programme (breast, cervical, colorectal cancer screening and prostate cancer risk management) became available to the entire population of Georgia through the national programme under the National Centre for Diseases Control and Public Health NCDC&PH (MoLHSA), which is also implemented by NCS. The cancer screening program remains one of the main public health interventions/priorities of the Ministry of Labor, Health and Social Affairs (MoLHSA) leadership to reduce mortality and morbidity caused by the cancer. In response to these priorities, MoLHSA and NCDC Georgia, in partnership with UNFPA, elaborated a paper on Cancer Screening Strategy for Georgia to be part of the Cancer Control Strategy developed by NCDC&PH and a concept paper for piloting organized cervical cancer screening program was elaborated and agreed with the MoLHSA. MoLHSA also approved, the first phase state program on implementation of organized cervical cancer screening pilot project in Gurjaani district (East Georgia) which has been launched in the beginning of December 2014.

II. Purpose

UNDAF Outcome(s): Reduced poverty through support to sustainable economic growth and human development.

UNFPA SP Outcome U2: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access **Expected CP Outcome(s):** Vulnerable groups enjoy improved access to quality health, education and essential social services.

Expected CP Output: 1.2: Access to comprehensive SRH services and gender sensitive information improved, with special emphasis on most vulnerable groups, including IDPs and minorities.

Country programme output 2 (former 1.2) also **contributes to the National priority:** Protect the vulnerable and reduce poverty through the efficient provision of basic healthcare, education and community based child/family services.

Implementing partner(s): National Screening Centre, UNFPA.

III. Resources

IV. Results in the reporting period

Project management

The project management team consisted of the NSC Director and the Project National Consultant. The Monitoring Assistant was as a member of the Joint Inspection Group, to ensure monthly monitoring of screening programme implementation, following-up with the women who were screened within the scope of the project and conducting client satisfaction surveys. The UNFPA Country Office in Georgia provided overall managerial and technical support to the project. The Technical Assistant of The Black Sea Countries Coalition on Breast and Cervical Cancer Prevention also supported the program through various partnership activities.

UNFPA supported regular meetings of the project Steering Committee consisting of project donor and the management team to review the status of project implementation, discuss the progress and challenges and agree on future steps. The status of the project was also discussed several times at the NCDC&PH, at the Ministry of Labor, Health and Social Affairs and at the Tbilisi Municipality.

MoLHSA and NCDC&PH Georgia main priority in 2014 has been bringing cancer screening programme at the new stage through initiation and gradual implementation of population based organized cervical cancer screening program. In line with this Governmental demand, UNFPA applied for the technical assistance of European Cervical Cancer Association, and in close conjunction with local experts, the Cancer Screening Strategy has been elaborated, with the following main goals:

- *Implementation of effective screening program governance and coordination mechanisms*
- *Implementation of strict QA systems for cancer screening.*
- *Build the capacities of the existing health services to enable their delivery of cancer screening programs while maximizing the collateral benefits for other disease areas.*
- *Undertake the phased implementation of a national cervical screening program with the subsequent implementation of breast and colorectal screening programs, and prostate cancer risk management strategies.*

The documents emphasizes the implementation process of cancer screening program, key elements required for an organized cervical screening program and challenges of current screening program. The details of strategic implementation activities are described below:

- Prepare and publish the Cancer Screening Policy, Cancer Screening QA/CQI Policy, Cancer Screening Service Specification and Screening Coordination Office Service Specification.
- Update existing national policy documents facilitate screening program operation,
- Implement the cancer screening registry and related IT systems.
- Design and implement the screening quality assurance systems for each of the health services involved in the delivery of the screening programs.
- Based on the capacity assessment data, identify 2 suitable regions to pilot the implementation of the organized cervical screening program and initiate the pilots,
- Prepare the documentation required for implementation of the cervical screening programs (cervical screening policy, cervical screening service specification, standard service provider contracts, clinical guidelines and Standard Operational Procedures SOPs, performance indicators and standards)

- Undertake cost-effectiveness analyses within the pilot programs of new technologies for cervical screening and based on the results of these analyses, revise plans for program roll-out.

During the reporting period, with technical assistance of European Cervical Cancer Association and program national consultant, a conceptual vision for piloting organized cervical cancer screening program in Gurjaani district was developed and agreed with the MoLHSA.

All necessary data, including number of Primary Health Care (PHC) doctors, the number of target population, conditions of medical infrastructure have been collected and analysed. A national focus group study has been undertaken to assess knowledge and awareness among women of screening age in all 10 regions of Georgia. A national survey was also conducted to assess knowledge and awareness among village doctors and PHC providers in the larger towns and cities. The Educational and promotional campaigns will be prepared based on the findings of the focus group study.

Gurjaani district was selected to pilot cervical cancer screening. This region was selected on the basis of the situation analysis and capacity assessment, as a suitable model in terms of population density and distribution, number of village doctors and outfitting of village medical facilities; while also having a suitable district central medical facility, the Kakheti-Ioni Clinic (KIC), that could serve as both a regional referral centre and local coordinating partner. The three scenarios described below were developed with active involvement of village doctors to be piloted and evaluated in Gurjaani district.

Scenario 1:

- a) Village doctors will counsel women of cervical screening age (25-60 years) about cervical screening and refer them to the KIC for screening.
- b) Screening results will be sent to the referring doctor who will report them to the women and counsel those having an abnormal result.
- c) Women having an abnormal result will be referred to the KIC for follow-up (colposcopy and biopsy).
- d) Follow-up results will be sent to the referring doctor who will report them to the women and counsel those having an abnormal result.
- e) Women needing treatment for pre-cancerous disease (cervical intraepithelial neoplasia) will be referred to the KIC for treatment, with treatment results and further follow-up requirements sent to the referring doctor.
- f) Women needing treatment for cancer will be referred to the Tbilisi for treatment, with treatment results and further follow-up requirements sent to the referring doctor.

Scenario 2:

- g) Village doctors will counsel women about cervical screening and invite them to come back at a specific date and time to be screened by a gynaecologist from the KIC who will come to the village to do the screening.
- h) (b to f as above)

Scenario 3:

- i) Village doctors will counsel women about cervical screening and then take a Pap test. The Pap test will be sent to the KIC for processing.
- j) (b to f as above)

- k) Villages will be randomly assigned to one of the three scenarios noted above, but with each of the 3 groups matched for screening population size, number of doctors and average distance to the KIC.

On 26 August, a meeting was held at the (Kakheti-Ioni Clinic) KIC to present the project to village doctors from the region and seek their feedback about the proposed structure. The introductory part was followed by a one-day training of village doctors on organized screening model, attended by 34 of 37 doctors in the region.

By year fall, the Ministry formally approved Gurjaani pilot; but, only one screening scenario, when village doctors counsel women about cervical screening and refer them to the Kakheti-Ioni Clinic for screening, was sanctioned to be tested. While at this moment certain regulatory restrictions does not allow any other scenario implementation, in early 2015, MoLHSA is planning to enact relevant regulatory changes in family doctors job description – allow them to take pap tests. In case passed, this change might allow two screening scenario piloting for selection of the most optimal, in terms of financial efficiency and clinical outcome, for nationwide replication. The implications of the mentioned regulatory change in terms of actual implementation are yet to be seen.

Population behaviour change communication activities continued with distribution of the printed materials, maintaining the NSC website and posting PSAs free of charge on the National TV channels.

Breast, Cervical, Prostate and Colon cancer screening and early diagnostics services provided within the reporting period

The purpose of the screening programme is to maximise early detection of Breast, Cervical, Prostate and Colon cancer among the target population and to decrease morbidity and mortality caused by these diseases.

During January-December 2014 (see Table 1 for reference):

- **17,180** women aged 40-70, residing in Tbilisi and its surroundings were screened for **breast cancer**;
- **16,169** women aged 25-60, residing in Tbilisi and its surroundings were screened for **cervical cancer**;
- **4,449** men aged 50-70 were screened for **prostate cancer**; and,
- **1,116** individuals – both women and men aged 50-70 were screened for **colon cancer**.

Around 80 % of the cases screened in each direction were conducted at the National Screening Centre, the rest were conducted by the sub-contracted medical institutions at their diagnostic facilities.

Table 1. Number of Breast, Cervical, Prostate and Colon cancer screening cases, 2014

Screening program component	Number	Percent
Breast Cancer (mammography)	17 180	100%
National Screening Center (NSC)	14 533	84,6%
Tatishvili Medical Center (TMC)	1 250	7,3%
Tbilisi Cancer Center (TCC)	811	4,7%

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Tbilisi Balneology Center	76	0,4%
AVERSI Clinic	428	2,5%
Clinical Medicine Center	49	0,3%
Hippocrate	33	0,2%

Cervical Cancer (PAP Test)	16 169	100%
National Screening Center (NSC)	12 907	79,8%
Tatishvili Medical Center (TMC)	870	5,4%
Tbilisi Cancer Center (TCC)	630	3,9%
Tbilisi Balneology Center	16	0,1%
Med-Invest	12	0,1%
Reproductive Clinic #12	154	1,0%
Clinical Center "Vere XXI"	216	1,3%
Oncoprevention Center	90	0,6%
Reproductive Health Center "Gynex"	112	0,7%
PHC NewMed	450	2,8%
Reproductive Health Center "Medi"	323	2,0%
PHC Medicare	196	1,2%
Tbilisi #30 polyclinic	130	0,8%
Hippocrate	63	0,4%

Prostate Cancer (PSA)	4 449	100%
National Screening Center (NSC)	3 481	78,2%
Tatishvili Medical Center (TMC)	375	8,4%
Tbilisi Cancer Center (TCC)	63	1,4%
Tbilisi Balneology Center	57	1,3%
Reproductive Clinic #12	5	0,1%
Clinical Center "Vere XXI"	295	6,6%
AVERSI Clinic	72	1,6%
Oncoprevention Center	16	0,4%
PHC NewMed	48	1,1%
PHC Medicare	32	0,7%
Reproductive Health Center "Gynex"	5	0,1%

Colorectal Cancer (FOBT)	1 116	100%
National Screening Center (NSC)	727	65,1%
Tatishvili Medical Center (TMC)	304	27,2%
Tbilisi Cancer Center (TCC)	12	1,1%
Tbilisi Balneology Center	4	0,4%
Oncoprevention Center	64	5,7%
PHC NewMed	3	0,3%
PHC Medicare	2	0,2%

Further deeper epidemiological analysis was conducted for each program component. The scope and findings of this analysis will be discussed below per each component separately.

Breast Cancer Screening

During the reporting period, **17,180** women aged 40-70, residing in Tbilisi and its surroundings were screened for breast cancer within the screening program. Self-reporting patients to the National Screening Centre and to the sub-contracting screening units received mammography investigations [Table 1]. Additional clinical and ultrasound examinations that were performed during the reporting period are distributed as follows: ultrasound examination was conducted in 6,508 cases (37,8% of all women screened) and physical exam of breast was conducted in 6,508 cases (37,8% of all women screened). Cytology investigation was performed in 503 cases (2,9% of all women screened) [Table 2].

Table 2 Breast cancer screening: total number and percentage of performed services

Type of Investigation	Number	Percent (%)
Mammography	17,180	100,00%
Physical Examination	6,508	37,88%
Ultrasound	6,508	37,88%
Cytology	503	2,93%

According to the analysis of results 580 (3.38%) out of 17,180 mammography scans were considered to be abnormal [Table 3]. Results were grouped as suspicion for malignancy, malignancy and normal based on the BIRAD system; those with BIRAD 4 or 5 were coded as suspicion for malignancy and malignancy. In addition, 432 (6.64%) out of 6,508 ultrasounds conducted were identified as BIRAD (based on ultrasound BIRAD system) 4 or 5 and 164 (33%) out of 503 cytology investigations were evaluated as to be “Atypical”, “Suspicious for Malignancy” or “Malignant” (for detailed cytology investigation results refer to the [Table 3].

Table 3. Breast cancer screening: abnormalities identified by each diagnostic method and their distribution

Type of Investigation	Abnormal/Total (N)	Distribution (%)	(%) Among Total
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Mammography	580/17,180	3,38%	3,38%
Ultrasound	432/6,508	6,64%	2,51%
Cytology	164/503	33%	0,95%

Out of 503 women with abnormal breast cytological investigation results, 96 (19%) were detected to have malignant breast cancer, 32 (6%) were suspicious for malignancy, 36 (7%) atypical/undifferentiated, 275 (55%) benign cases; in addition, 64 (13%) were considered as non-adequate specimen for the test [Table 4].

Table 4. Cytological results of the Breast Cancer Screening

Cytology Results	N	%
Non-adequate	64	13%
Benign	275	55%
Atypical/Undifferentiated	36	7%
Suspicious for Malignancy	32	6%
Malignant	96	19%
Total	503	100%

A total of 575 women from Breast Screening program in Tbilisi suspected for cancer were referred by the assessment team (entailing radiologist, pat/cytologist and breast surgeon) to the specialized medical facilities for further examinations and treatment [Table 5]. According to the guideline, the assessment team recommends further referral to the specialized clinic in cases of abnormal cytology, abnormal mammography and Ultrasound results based on the investigator's clinical judgment.

Table 5. Referral from the Tbilisi Screening Program for Specialized Breast cancer care

Facility	Number of patients referred	% out of total (N=17,180)
# of Referral	575	3.3 %

4,327, 1,105, and 73 women attended second, third and fourth time the breast cancer screening at the two branches of National Screening Centre respectively; the data shows that regular attendance rate with 2 years interval is low. See [Table 6].

Table 6. Breast cancer screening Rounds*

Screening rounds	Screening 2	Screening 3	Screening 4
Mammography	4327	1105	73

*Note to Table 6: Screening rounds data are not available yet from rest of subcontractors.

Cervical Cancer Screening

During the reporting period, a total of **16,169 women** aged 25-60, residing in Tbilisi and its surroundings were screened for cervical cancer within the screening program. The National Screening Centre and its sub-contractor medical facilities have served for Pap smear test.

Further deeper medical investigations are distributed as follows: 2,738 (16,4%) & 213 (1.3%) women have undergone the colposcopy investigation and biopsy, respectively [Table 7].

Table 7. Cervical cancer screening: total number and percentage of performed investigations

Type of Investigation	Number	Percent (%)
PAP smear test	16169	100
Colposcopy	2 738	16,4
Biopsy	213	1,3

Out of 16,169 PAP tests conducted in 2014, 83% were evaluated as normal and 2,657 (16,4%) - as atypical. The results are distributed as follows: 1,059 (37,1%) were Atypical Cells of Undetermined Significance (ASCUS), 153 (5,4%) were Atypical Squamous Cell (ASC-H); 1,020 (35,7%) - Low-grade Squamous Intraepithelial Lesion (LSIL); 160 (5.6 %) - High-grade Squamous Intraepithelial Lesion (HSIL); 8 (0.3%) - Atypical Glandular cells of Uncertain Significance or Atypical Glandular Cells (AGUS/AGC); and, 12 (0.4%) results were classified as Carcinoma [Table 8]. Women with abnormal PAP-test result were given a recommendation to repeat PAP testing in 6-12 months. Among totally screened women the number of non-adequate pap smears were 245 (8,6%) cases.

Table 8. Cervical Cancer Screening: Cytological Results of PAP smears

Atypical PAP Test	Number	Distribution (%) of abnormal PAP Results (N=2657)	(%) abnormal PAP results among totally screened (N=16,169)
ASCUS	1059	37,1%	6,3%
ASC-H	153	5,4%	0,9%
LSIL	1020	35,7%	6,1%
HSIL	160	5,6%	1,0%
AGUS/AGC	8	0,3%	0,05%
Non-adequate	245	8,6%	1,5%
Carcinoma	12	0,4%	0,1%
Total	2 657	93,0%	15,8%

During the reporting period, 12,771 women were screened for Pap test at Didube and Varketili branches of National Screening Centre. Among them 7,315 were screened for the first time; 3,991 for the second round; 172 for the third round, and 1,169 for follow up (FU).

Table 9. Cervical Cancer Screening: Pap Screening Results: Screening 1, 2, 3 and FU

	I quarter	II quarter	III quarter	IV quarter	Total	%
Number of Women Screened	3,109	3,403	3,169	3,090	12,771	100
Screening I	1,832	1,888	1,851	1,744	7,315	57

Screening II	960	1,123	996	912	3,991	32
Screening III	0	30	36	106	172	1
FFU	317	362	286	328	1,293	10

The colposcopy investigations are performed according to the following indications: abnormal PAP test result, recommendation by gynaecologist and a Follow-up visit with normal PAP test result at follow up (FU norm). During the reporting period 2,520 colposcopy investigations were performed, comprising 19,7% of total women screened for the Pap test. 1,945 colposcopy investigations were conducted because of the atypical Pap test result, 285 based on gynaecologist's recommendation and 290 for FU norm.

Table 10. Cervical Cancer Screening: distribution of indications for colposcopy

	I quarter	II quarter	III quarter	IV quarter	Total	%
Colposcopy	577	615	621	707	2520	100
Atypical PAP Test	432	462	490	561	1945	77
Gynecologist's Recommendation	67	60	60	98	285	11
FU norm	78	93	71	48	290	12

The colposcopy investigation results among women for screening round I with atypical Pap test are as follows: in 40.7 % of cases of colposcopy exams were normal, in 12% - inadequate colposcopy; in 37% - CIN1; in 7,1 % - CIN2,3; in 0,9 % - Invasive Cancer and 2,3 % polyps [see Table 11]. For screening round I, 18,6 % of women were referred for colposcopy.

Table 11. Cervical Cancer Screening: The colposcopy investigation results for screening round 1 among women with atypical Pap test

Histology /Colposcopy Diagnosis	Norm	Inadequate Colposcopy	Gr I (CIN1)	Gr II (CIN2,3)	Carcinoma	Polyps	Total
ASCUS	281	72	196	13	1	0	563
ASC-H	19	22	15	14	2	0	72
LSIL	174	37	221	20	1	0	453
HSIL	1	8	8	45	5	0	67
AGUS/AGS	1	0	0	0	0	0	1
Carcinoma	0	0	0	0	2	0	2
Norm	79	24	63	4	1	31	202
Total	555/40,7%	163/12%	503/37%	96/7,1%	12/0,9%	31/2,3%	1360/100%

Table 12. Cervical Cancer Screening: the table below shows Atypical Pap test results for screening round I

	Number of atypical pap test	Distribution (%) of abnormal PAP Results (N=1079)	(%) abnormal PAP results among totally screened (N= 8492)
ASCUS	581	48,4	7,9
ASC-H	60	5	0,8
LSIL	481	40,1	6,6
HSIL	70	5,8	1
AGC	3	0,3	0
Carcinoma	5	0,4	0,1
Total	1200	100	16,4

The colposcopy investigation results among women for screening round II with atypical Pap test are as follows: in 43,8 % of cases of colposcopy exam were normal, in 17.4% - inadequate colposcopy, in 24% - CIN1, in 5,5 % - CIN2.3 and in 2,4 % polyps [see *Table 13*]. For screening round II - 12.4 % of women were referred for colposcopy.

Table 13. Cervical Cancer Screening: The colposcopy investigation results for screening round 2 among women with atypical Pap test

Histology /Colposcopy Diagnosis	N Norm	Inadequate Colposcopy	Gr I (CIN1)	Gr II (CIN2,3)	Carcinoma	Polyps	Total
ASCUS	117	44	74	3	0	0	238
ASC-H	7	9	9	5	0	0	30
LSIL	61	8	49	4	0	0	122
HSIL	0	3	4	13	2	0	22
AGC	0	2	0	0	0	0	2
Carcinoma	0	0	0	0	0	0	0
Norm	32	20	15	2	0	12	81
Total	217/43,8%	86/17,4%	151/30,5%	27/5,5%	2/0,4%	12/2,4%	495/100%

Table 14. Cervical Cancer Screening: Atypical Pap test results for screening round II.

Histology /Colposcopy Diagnosis	Number of atypical pap test	Distribution (%) of abnormal PAP Results (N=338)	(%) abnormal PAP results among totally screened (N= 3754)
ASCUS	271	57,6	6,8
ASC-H	33	7	0,8
LSIL	148	31,4	3,7
HSIL	18	3,8	0,5
AGC	1	0,2	0

Carcinoma	0	0	0
Total	471	100	11,8

The colposcopy investigation results among women for screening round III with atypical Pap test go as follows: in 58,3% of cases were normal, in 8,3 % - inadequate colposcopy and in 16,7 % polyps. For screening round III: 7 % of women were referred for colposcopy.

Table 15. Cervical Cancer Screening: The colposcopy investigation results for screening round 3 among women with atypical Pap test.

Histology /Colposcopy Diagnosis	N Norm	Inadequate Colposcopy	Gr I (CIN1)	Gr II (CIN2,3)	Carcinoma	Polyps	Total
ASCUS	6	0	1	0	0	0	7
ASC-H	0	1	0	0	0	0	1
LSIL	0	0	0	0	0	0	0
HSIL	0	0	0	0	0	0	0
AGC	0	0	0	0	0	0	0
Carcinoma	0	0	0	0	0	0	0
Norm	1	0	1	0	0	2	4
Total	7/58,3%	1/8,3%	2/16,7%	0	0	2/16,7%	12/100%

Table 16. Cancer Screening: Atypical Pap test results for screening round III

Histology /Colposcopy Diagnosis	Number of atypical pap test	Distribution (%) of abnormal PAP Results (N=338)	(%) abnormal PAP results among totally screened (N=3754)
ASCUS	11	73,3	6,4
ASC-H	1	6,7	0,6
LSIL	3	20	1,7
HSIL	0	0	0
AGC	0	0	0
Carcinoma	0	0	0
Total	15	100	8,7

The colposcopy investigation results among women for FU patients with atypical Pap test go as follows: in 37 % of cases of colposcopy exam were normal, in 20,3 % - inadequate colposcopy, in 38 % - CIN1, in 4 % - CIN2,3, in 0,2% - Invasive Cancer, and in 1,2 % polyps. For screening round III - 50,1 % of women were referred for colposcopy.

Table 17. Cervical Cancer Screening: The colposcopy investigation results for FU patients among women with atypical Pap test

Histology /Colposcopy Diagnosis	N Norm	Inadequate Colposcopy	Gr I (CIN1)	Gr II (CIN2,3)	Carcinoma	Polyps	Total
ASCUS	52	24	46	3	0	0	125
ASC-H	2	10	7	2	0	0	21
LSIL	62	22	109	4	0	0	197
HSIL	1	6	3	11	0	0	21
AGC	0	0	0	1	0	0	1
Carcinoma	0	0	0	0	0	0	0
Norm	119	71	86	5	1	8	290
Total	236/37%	133/20,3%	251/38,%	26/4%	1/0,2%	8/1,2%	655/100%

Table 18. Atypical Pap test results among FU patients.

Histology /Colposcopy Diagnosis	Number of atypical pap test	Distribution (%) of abnormal PAP Results (N= 359)	(%) abnormal PAP results among totally screened (N=1169)
ASCUS	137	33,2	10,6
ASC-H	35	8,4	2,7
LSIL	211	51,2	16,3
HSIL	27	6,7	2,1
AGC	2	0,5	0,2
Carcinoma	0	0	0
Total	412	100	31,9

The colposcopy investigation results among all women *screened at NSC branches* with atypical Pap test go as follows: in 40,2 % of cases the results of colposcopy exam were normal, in 15,2 % - inadequate colposcopy, in 36 % - CIN1, in 5.9% - CIN2.3, in 0,6 % - Invasive Cancer and 2,1% polyps. Detailed analysis of the colposcopy investigation results by Pap test results is shown in [Table 19].

Table 19. Total number of colposcopy investigation results (NSC branches) among women with atypical PAP test

Histology /Colposcopy Diagnosis	Norm	Inadequate Colposcopy	Gr I (CIN1)	Gr II (CIN2,3)	Carcinoma	Polyps	Total
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ASCUS	456	140	317	19	1	0	933
ASC-H	28	42	31	21	2	0	124
LSIL	297	67	379	28	1	0	772
HSIL	2	17	15	69	7	0	110
AGC	1	2	0	1	0	0	4
Carcinoma	0	0	0	0	2	0	2
Norm	231	115	165	11	2	53	577
Total	1,015/40,2%	383/15,2%	907/36%	149/5,9%	15/0,6%	53/2,1%	2,522/100%

Table 20. Atypical Pap test results among women screened at National Screening Centres

Histology /Colposcopy Diagnosis	Number of atypical pap test	Distribution (%) of abnormal PAP Results (N-1776)	(%) abnormal PAP results among totally screened (N-13415)
ASCUS	1000	47,6	7,9
ASC-H	129	6,1	1
LSIL	843	40,3	6,6
HSIL	115	5,5	0,9
AGC	6	0,3	0
Carcinoma	5	0,2	0
Total	2098	100	16.4

In 2014, the participation rate for cervical cancer screening in two branches of NSC was low in comparison to enrolment in 2013. Also, compared to Screening Round I, in 2013, 8,495 (63%) women attended the first screening; while only 7,315 (57%) in 2014. With regard to screening round II and III, if we'll assume that for screening round III are eligible those women that have been screened in 2008; and respectively, for screening round II - women screened in 2011; then, it appears that out of 4,776 screened from 2008 cohort, only 172 (3,6%) underwent screening. As far as II round screening is concerned, out of 11,844 women screened in 2011 only 3,991 (34%) attended screening in 2014¹. Based on the above said, it can be argued that the main characteristic of Pap test based cervical screening - **regularity of attendance** is violated; which in its turn negatively affects the screening program efficiency and effectiveness.

This observation indicates that there is a great need to launch gradually the organized cervical cancer screening. Moreover, it would be advisable to also explore opportunities with policy makers for introducing more sensitive and efficient screening test such as HPV DNA testing.

In 2014, 171 target biopsies were performed with further morphology investigations. Patients with CIN 2, 3 or suspicion for invasive cancer were referred to specialized facilities for appropriate treatment.

¹ While in reality, II round screening is conducted for all women who applied for screening during 2008-2011 period.

Table 21. Cervical Cancer Screening: distribution of morphology investigation results

	I quarter	II quarter	III quarter	IV quarter	Total	%
Total number of Biopsy	49	44	38	62	193	100
Norm	17	21	18	25	81	42
Keratozis	6	7	0	4	17	8,9
CIN 1	17	10	15	20	62	32,1
CIN 2,3	8	5	5	11	29	15
Carcinoma	1	1	0	0	2	1
Non-adequate	0	0	0	2	2	1

144 excision and 3 ablation procedures were performed at the National Screening Centre. As a result of patho-morphology investigation, CIN1- (N87.0) 44, CIN2 (N87.1) 47, CIN 3-is (N87.2), 38 CIS (D06), 7 cases cervical invasive cancer (C 53) cases were indentified, in 11 cases no pathologies were indentified.

Prostate Cancer Screening

During January-December 2014, a total of **4,449** men aged 50-70 were screened for prostate cancer within the Screening Program. Patients who self-reported to the National Screening Centre and to the sub-contracting screening units were screened using Prostate Specific Antigen (PSA) test [Table 22]. Out of the 4,884 PSAs conducted among males, 809 (18.1%) were referred to a specialized clinic.

Table 22. Prostate cancer screening: total number and percentage of performed investigations

Prostate Cancer Screening	Number	Percent (%)
Number of Men Screened by the Screening Program using PSA	4,449	100%
Number of Men with PSA level above Norm	809	18,1%

Colorectal Cancer Screening

During January-December 2014, a total of **1,116** men and women aged 45-70 were screened for colorectal cancer within the Screening Program. Patients who self-reported to the National Screening Centre and to the sub-contracting screening units were screened using Faecal Occult Blood Test (FOBT) [Table 23]. Out of the 1,116 FOBT conducted 104 subjects (9%) tested positive; in 37 cases (36%) colonoscopy was conducted; in 13 (35%) cases biopsy was conducted. and 8 cases of colon cancer were diagnosed after biopsy.

Table 23. Colorectal cancer screening: total number and percentage of performed investigations

Colorectal Cancer Screening	Number	Percent (%)	Percent (%)out of Total
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Number of Individuals Screened by the Screening Program using Faecal Occult Blood Test (FOBT)	1116	100%	100%
Number of Individuals with positive FOBT Result	104	9%	9%
Number of Conducted Colonoscopy Investigations	37	36%	3%
Number of Conducted Biopsies	13	35%	1%
Number of Cancer Biopsy Results	8	62%	1%

Ambulatory surgery

522 patients underwent surgical operations and manipulations for precancerous conditions during the reporting period at the National Screening Center and Tbilisi Cancer Center.

Table 24. Ambulatory care (surgery)

Manipulation with local anaesthesia cyst aspiration	24
Sectoral resection with local anaesthesia	101
Bilateral Sectoral resection with local anaesthesia	7
Resection of cancerous skin lesion with local anaesthesia	13
Ablation	6
LEEP	165
Total	316

Knowledge gained from research, monitoring and evaluation activities

At the beginning of the Screening Program indicators were defined and set by the Tbilisi Municipality and UNFPA. The annual performance indicator for all cancer screening components is defined as screening services allocated *budget utilization rate*, with target of $\approx 100\%$.

Table 25. Screening Programme accomplishments in Tbilisi, 2014

Cancer Screening Component	Budgeted population (N)	Number Screened	Percent Screened (Indicator)
Breast Cancer	17,800	17,180	96,5%
Cervical cancer	17,850	16,169	90,6%
Prostate cancer	4,830	4,449	92,1%
Colorectal Cancer	1,500	1,116	74,4%

As part of the monitoring and evaluation activities and internal quality control of the program, the National Screening Centre routinely performs the Patient/Client Satisfaction Survey. In 2014, a **Client Satisfaction Survey** was conducted using phone interviews with randomly selected patients. In total, 397 patients were interviewed, from National Screening Centre

branches and its subcontractor organizations. The survey was anonymous and no personal information was collected. The questionnaire included statements characterizing patient satisfaction or dissatisfaction with the services provided as well as how the patient learnt about the screening programme. The possible answers were scored on a scale of 1 to 5, where 1 is “agrees strongly” with the statement, 3 is “neutral” and 5 is “disagrees strongly”. Collected data was analysed using Epi Info (version 3.5.1) programme. For survey questionnaire and survey results please refer to *Annex I*.

Overall, more than 85% of beneficiaries surveyed were satisfied with the services they received and the attitude of personnel, and are likely to recommend the screening program to their relatives and friends. Around 3% of respondents had difficulties with making an appointment at screening facilities. No one was referred to a specific treatment facility or a doctor, but rather was given a recommendation for further analysis and treatment in a specialized medical facility of their choice. 38% of patients responded that they have learned about the screening program from the television; 35,8% from friends and relatives; and 26% from other sources such as press, radio and outdoor advertisements on public transport. More than 99% of those surveyed responded that they would return as recommended and would recommend to their friends and relatives to visit the screening facility.

Partnerships

The project cultivated a productive collaboration with the the National Centre for Diseases Control and Public Health NCDC&PH (MoLHSA).

Partnerships with the European Cervical Cancer Association (ECCA), with Union for International Cancer Control (UICC), with the European School of Oncology (ESO) and within the Black Sea Countries Coalition on Breast and Cervical Cancer Prevention (BSC) have been further strengthened through this project.

Partnership was established with American society of clinical oncologists (ASCO). With UNFPA support and in coordination with MoLHSA, by spring 2015, ASCO plans to conduct training for nearly 35 primary care doctors who will be involved in organized cervical cancer screening pilot in Gurjaani district, covering main aspects of screening and cancer diagnosis in primary care setting, with main focus on breast and cervical cancer screening. This course can be accredited by the Ministry and used as national curriculum to train primary care providers nationwide.

ASCO can play an important role in capacity building for health professional engaged in cancer care not only primary care, but also in nursing education. Georgia can serve as hub for black sea countries region as an educational centre in various disciplines of cancer care.

The Black Sea Countries Coalition on Breast and Cervical Cancer Prevention

During 2014, the activities of the Secretariat of the Black Sea Countries Coalition on Breast and Cervical Cancer Prevention were focused on advocacy and capacity building. In January, a Cervical Cancer Prevention Week was marked by an event organized in collaboration of art gallery “Vanda”. An exhibition “Nino, Nino, Nino” was held on January 24th, 2014. Up to 50 artworks of three famous Georgian painters: Nino Peradze, Nino Chakvetadze and Nino Morbedadze were exhibited. The event was dedicated to cervical cancer awareness. The partner of the event together with art gallery “Vanda” was UNFPA Georgia Country Office. Informational brochures on cervical cancer screening, Human Papilloma Virus (HPV), vaccination against HPV and cervical cancer, and follow-up treatment of an abnormal cervical

smear, were distributed among exhibition visitors together with the Pearl of Wisdom pins-symbol of cervical cancer prevention. In addition, a special video was prepared with the participation of the Chairperson of BSC Coalition Steering Committee supporting Cervical Cancer Prevention Week, and calling on to join the campaign against cervical cancer. The video was published on social media networks.

In June 2014, the Secretariat of BSC Coalition supported the organization of the training for Oncology Nurses in Georgia in collaboration with University of Washington and Tbilisi State Medical University. The training brought together 39 participants.

The Secretariat of the Black Sea Countries Coalition on Breast and Cervical Cancer Prevention organized the fourth meeting of BSC Coalition Steering Committee. The meeting was held on September 11th, in Ankara, Turkey. It was organized with the support of UNFPA in collaboration with Hacettepe University of Ankara and Ministry of Health of Turkey. The meeting was attended by Coalition Steering Committee members, representatives of UNFPA EECARO and country offices, as well as experts/partners of the Coalition. The main goal of the meeting was to discuss the opportunities and challenges for carrying out the activities identified by the member countries in the South-South Cooperation Map which had been developed on the last meeting of the Steering Committee. The results of Coalition work and resources for further joint activities and country reports from Coalition member countries were presented. Good practices in advocacy and fundraising, and examples of South-South cooperation were shared. Funding opportunities for the joint regional projects and UNFPA regional perspective on cervical cancer prevention was also shared with the participants. The last session of the meeting was dedicated to the discussion of operational issues of the Coalition.

During the follow-up period of the 4th meeting of BSC Coalition Steering Committee the BSC Coalition Secretariat held consultations with candidate host countries of BSC Coalition for the following two-year term. At the end of 2014 it was decided that BSC Coalition Secretariat would move to Turkey.

Lessons Learned

Based on the analysis of statistical and epidemiological data for January-December 2014, it becomes obvious that the regular participation rate for screening round 2, 3, and 4 of women in breast and cervical cancer screening is low.

The low attendance on regular screening within the program is likely producing little reductions in cancer rates while still costing the health system a substantial amount of money. Therefore, it is essential that the coverage of the Cervical Cancer Screening Programme be gradually increased through planning and introduction of the organized screening programme, integration of screening into the primary health care system and securing adequate and long-term funding from the state budget.

UNFPA financial support combined with capacity building and knowledge sharing activities positively impacted the effectiveness and efficiency of project implementation. The project benefited through partnerships with leading European & USA cancer control institutions as well as linkages with other projects supported by UNFPA under the Country Programme.

Capacity Development

30 primary care doctors and 3 managers of Gurjaani district were trained on organized cervical cancer screening beginning of December. All elements of organized cervical cancer screening

including quality assurance, referral, managerial and logistics were discussed among the doctors. Also a lead O&B of National Screening program gave a presentation on basic clinical aspects of organized cervical cancer screening and diagnostics.

Regular training of program managers and medical professionals was conducted by key management and national consultant of the screening program.

V. Changes to the CPAP as required

No changes are required in CPAP output.

VI. Financial Implementation

The Project Implementation and expenditure followed the approved project budget. Delivery rate for core funds almost totals to 100%; for non-core resources it amounts 90,6% (financial implementation details please see Annex 2).

VII. Future Work plan

Change occurred in the financing modality of the cancer screening program in Tbilisi. Over seven years of Tbilisi Municipality, UNFPA and NSC partnership for breast & cervical cancer screening programme implementation has yielded remarkable progress in terms of strengthening local capacities for programme management. As a result, and considering UNFPA's changed business model in MIC countries, starting from 2015, city Municipality leadership and UNFPA decided not to renew the existing CFA agreement, implying transferring funds to UNFPA for reimbursement of services. This change and priority actions for the next year were discussed and agreed with the IP – National Screening Center.

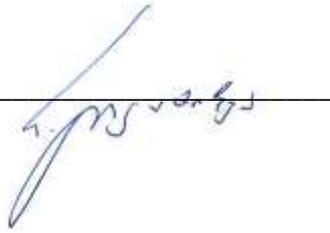
UNFPA remains the main partner for the federal government, as well as the Municipality of Tbilisi in this area, and partnership will be continued with the NCDC&PH and Tbilisi Municipality directed at the gradual increase of the Cervical Cancer Screening Programme coverage through planning and introduction of the pilot organized screening programmes in Gurjaani region (east Georgia) and one of Tbilisi districts, serving as a model for further nationwide replication.

The WP for 2015 will encompass the following:

- I. To support implementation of the cervical cancer organized screening pilot in Gurjaani region and one of the districts in Tbilisi in close collaboration with the NCDC&PH, Healthcare Department of Tbilisi Municipality and the National Screening Centre;
- II. To advocate and provide policy advice to MoLHSA on necessary policy & regulatory changes for full scale implementation of cervical cancer screening pilot project in Kakheti.
- III. To provide support in preparation of the recommendations for roll-out in the city and country-wide;
- IV. To provide technical advice to NCDC&PH in implementation of Cancer control strategy components related to cancer screening and prevention, on a needed basis.
- V. To provide technical support in monitoring the implementation and evaluation of cervical cancer screening pilot project in Kakheti and Tbilisi, through elaboration of the performance indicators, standards and reporting requirements; development of Standard Operating Procedures (SOPs) for screening services, referrals and follow-up;

- VI. To provide technical support in designing and introducing the Continuous Quality Improvement (CQI) system for NCDC and Tbilisi Municipality screening programmes;
- VII. Provide knowledge resources to increase quality of cervical cancer screening programme.

Dr. Rema Gvamichava: _____
Director, National Screening Centre

A handwritten signature in blue ink, written over a horizontal line. The signature is stylized and appears to read 'R. Gvamichava'.

UNDAF outcome:		Reduced poverty through support to sustainable economic growth and human development		
Country Programme Output 2 (former 1.2):		Access to comprehensive sexual and reproductive health services and gender sensitive information improved, with special emphasis on the most vulnerable groups		
Country Programme Output indicators	Baseline	Target for the year	Updated indicator values for the year	Means of verification of indicator values
<u>2014 AWP Indicators:</u> # of women of the target age screened for breast cancer by the end of 2014 (first-time screening and second-time screening together)		17,800 women screened for breast cancer	17,180 ~96,5 %	NSC Reports
# of women of the target age screened for cervical cancer by the end of 2014 (first-time screening and second-time screening together)		18,100 women screened for cervical cancer	16169 ~90 %	NSC Reports
% of target population covered in Tbilisi		Breast cancer screening: 12,5%	13 %	NSC Reports
		Cervical cancer screening 14,5%./	14 %	
# of medical professionals trained on RT cancer screening and prevention		10 medical professionals trained on RT cancer screening and prevention	30 primary care doctors and 3 managers of Gurjaani district and Kakheti Ioni Medical Center	NSC Reports
A plan for piloting organized cervical cancer screening endorsed by the MoHSA/NCDC (Yes/No)		A Plan for piloting organize cervical cancer screening	The Concept For piloting organized cervical cancer screening program in Gurjaani district was developed and agreed with the MoLHSA. By year fall, the Ministry formally approved Gurjaani pilot; BUT,	Developed Plan

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			only one screening scenario,
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Annex 1

Patient Satisfaction Survey Results 2014

Didube Branch of National Screening Center N=101

Statement	Strongly Agree	Agree	Partially Agree	Disagree	Strongly Disagree
I am satisfied with the received medical service	88%	11%			1%
<u>It takes a while to receive a service</u>	3%		1%	21%	75%
Investigation was performed on time according to schedule	85%	12%	1%	1%	1%
Doctors are friendly and cordial	89%	10%	1%		
<u>Administrative personal working at the Screening Center are very superficial</u>				10%	90%
<u>It took a long while to make an appointment with a doctor</u>	1%			12%	87%
<u>I am not happy with the received medical service</u>		1%		10%	89%
I would recommend the Screening Center to my friends and relatives	96%	2%			2%
<u>Medical personnel advised me to refer to particular treatment facility or to particular doctor</u>	1%	1%		2%	96%

Did you pay any fee service provided within the programme? If yes please specify in which investigations

Manipulation/intervention	No	Yes
1. Mammography	100%	
2. Ultrasound	100%	
3. Paptest	100%	
4. Colposcopy	100%	

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5. Cytological investigation	100%	
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Maria Kachinska Branch of National Screening Center (Varketili) N=100

Statement	Strongly Agree	Agree	Partially Agree	Disagree	Strongly Disagree
I am satisfied with the received medical service	81%	18%			1%
<u>It takes a while to receive a service</u>	1%	2%	2%	28%	67%
Investigation was performed on time according to schedule	72%	27%		1%	
Doctors are friendly and cordial	79%	19%	1%		1%
<u>Administrative personal working at the Screening Center are very superficial</u>			1%	20%	79%
<u>It took a long while to make an appointment with a doctor</u>		1%	1%	36%	62%
<u>I am not happy with the received medical service</u>		1%		11%	88%
I would recommend the Screening Center to my friends and relatives	98%	1%	1%		
<u>Medical personnel advised me to refer to particular treatment facility or to particular doctor</u>		2%	1%	16%	81%

Did you pay any fee service provided within the programme? If yes please specify in which investigations

Manipulation/Intervention	No	Yes
6. Mammography	100%	
7. Ultrasound	100%	
8. Paptest	100%	
9. Colposcopy	100%	
10. Cytological investigation	100%	

Tbilisi Oncology Center N=40

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Statement	Strongly Agree	Agree	Partially Agree	Disagree	Strongly Disagree
I am satisfied with the received medical service	90%	8%	3%		
<u>It takes a while to receive a service</u>	5%		3%	67%	26%
Investigation was performed on time according to schedule	73%	20%	5%	3%	
Doctors are friendly and cordial	82%	18%			
<u>Administrative personal working at the Screening Center are very superficial</u>			3%	57%	40%
<u>It took a long while to make an appointment with a doctor</u>	3%			67%	30%
<u>I am not happy with the received medical service</u>	10%		3%	53%	35%
I would recommend the Screening Center to my friends and relatives	88%	10%	3%		
<u>Medical personnel advised me to refer to particular treatment facility or to particular doctor</u>			3%	50%	47%

Did you pay any fee service provided within the programme? If yes please specify in which investigations

Manipulation/Intervention	No	Yes
11. Mammography	100%	
12. Ultrasound	100%	
13. Paptest	100%	
14. Colposcopy	100%	
15. Cytological investigation	100%	

Tatishvili Medical Center N=60

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Statement	Strongly Agree	Agree	Partially Agree	Disagree	Strongly Disagree
I am satisfied with the received medical service	77%	22%	2%		
<u>It takes a while to receive a service</u>			2%	25%	73%
Investigation was performed on time according to schedule	70%	28%			2%
Doctors are friendly and cordial	82%	17%	2%		
<u>Administrative personal working at the Screening Center are very superficial</u>		2%		25%	73%
<u>It took a long while to make an appointment with a doctor</u>				27%	73%
<u>I am not happy with the received medical service</u>		3%		23%	73%
I would recommend the Screening Center to my friends and relatives	78%	20%		2%	
<u>Medical personnel advised me to refer to particular treatment facility or to particular doctor</u>		2%		30%	68%

Did you pay any fee service provided within the programme? If yes please specify in which investigations

Manipulation/Intervention	No	Yes
16. Mammography	100%	
17. Ultrasound	100%	
18. Pap test	100%	
19. Colposcopy	100%	
20. Cytological investigation	100%	

Other subcontractors N-96

Did you pay any fee service provided within the programme? If yes please specify in which investigations

Manipulation/Intervention	No	Yes
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21.	Mammography	100%	
22.	Ultrasound	100%	
23.	Pap test	100%	
24.	Colposcopy	100%	
25.	Cytological investigation	100%	

How did you learn about the Screening Programme?	Frequency	Percent
Poster on the buses	1	0,3%
Friends	142	35,8%
Press	3	0,8%
Radio	5	1,3%
Other	95	23,9%
Television	151	38,0%
Total	397	100%
Reasons for not coming for the follow up planned screening		
Not satisfied with the received medical service	1	50%
Not satisfied with the doctors qualification	1	50%
Total	2	100%
Will you return to the planned follow up visit as it was recommended to you		
Yes	395	99%
No	2	1%
Total	397	100%

