

Title: Preliminary report of a study on “effectiveness, safety and acceptability of cervical cancer screening (CCS) using a visual inspection with acetic acid (VIA) and cold coagulation (CC) based single-visit approach in Yat Sauk Township in Shan State, Myanmar”

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Cervical cancer is the second most frequent woman cancer in Myanmar and screen coverage was lower than one percent in Myanmar (WHO, 2014). Cryotherapy for treatment of premalignant lesion has been found not feasible for women in rural area. Being a preventable cancer, the organized screening program using simple, practical and cost effective technology is necessary to improve coverage. The aim of this study is to evaluate the effectiveness, safety and acceptability of visual inspection with acetic acid (VIA) and cold coagulation (CC) based single-visit approach in cervical cancer prevention (CCP). A descriptive community-based action research was conducted from June 2016 to March 2017. Well-trained central CCP mobile team from Women and Children Hospital, Taungyi and medical officers from Yat Sauk township, visited to Yat Sauk Township, Shan State fortnightly during the weekends and mass screening was conducted using VIA and CC based single-visit approach. During 9 visits, 1867 married women of 30-49 years aged group were screened and screen coverage was 2.66%. Test was positive in 48 women and screen-positive rate was 2.57%. All VIA positive women were eligible to CC and all agreed to have treatment on the same visit after proper counseling and treatment rate was 100%. On one-month follow up visit, watery vaginal discharge for 2 to 3 weeks was the only symptom reported by all except two women. One needed antibiotics for infection and another one needed reassurance for symptom of burning sensation at SPA. On one-year follow up visit, VIA will be repeated to check persistence after CC and will assess women’s satisfaction on CCS program. CC is a safe alternative way of treatment for VIA positive women of CCS program for areas where cryotherapy is not feasible because of difficulty to have

medical grade carbon-dioxide. We need to wait one year follow up visit to assess the effectiveness of CC.  
During screening visits, VIA training was given to 42 local basic health staff to sustain CCS.

Key words: Cervical cancer, Screening, Prevention, VIA, Cold coagulator

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