Abstract

Invasive cervical cancer is the second most common cancer among women worldwide and Thailand. However, with the implementation of cervical cancer screening programs, the incidence and mortality have declined dramatically in developed countries. This decline in mortality due to cervical cancer is largely attributed to the increased use of the Pap test to detect early stage cervical cancer and precancerous lesions. Thailand, under universal coverage Scheme campaigns made higher number of Pap test screening women in Bangkok area. The Lady Check project aimed to follow up women who had abnormal result of Pap test (Class 3-4 categories) and Bethesda System from Low-grade SIL to Invasive carcinoma for continuing the services. All the health care providers in the project reviewed the consent forms and phone numbers of women who enrolled in the campaigns from 26 private clinics and hospitals. Less than half access to treatment and care. More than half of women who had abnormal result decided to pay the services by their own pocket instead of receiving support from universal coverage scheme. Most of women rejected to receive the treatment because of their inconvenience; such as works, economics, and travel.

Campaign for screening test in Thailand need to improve the friendly system to support women to access the treatment and care as soon as possible for reducing cervical cancer mortality rate and improving quality of life among Thai women.

Keywords: Continuing Care, Abnormal Pap Test
Introduction

Invasive cervical cancer is the second most common cancer among women worldwide and Thailand. (Kanjanavirojkul, 2004). However, with the implementation of cervical cancer screening programs, the incidence and mortality have declined dramatically in developed countries. This decline in mortality due to cervical cancer is largely attributed to the increased use of the Pap test to detect early stage cervical cancer and precancerous lesions. The incidence of cervical cancer in Thailand have been decreasing from 24.1 to 18.1 per 100,000 women. However, cervical cancer is still the first leading cause of death among all cancers in Thai women (Lawahutanon, 2013). Thailand, under the universal coverage scheme campaign for Pap test, raised the Lady Check campaign to promote cervical cancer screening among Bangkok women.

The Lady Check Project tracked to improve the referral system

The Lady Check project aimed to increase the follow up and referral NHSO (National Health Security office) system among abnormal results of Pap test screening women in Bangkok by follow up women who had abnormal result of Pap test (Class 3-4 categories) and Bethesda System from Low-grade SIL to Invasive carcinoma for continuing the services. There were 26 private clinics and hospitals enrolled in the Lady Check Program. The program provided trainings to nurses and health care personnel’s, together with outreach programs and mobile clinics for Pap test to communities. By reviewing the consent form and phone numbers of women who had abnormal result of Pap test followed Papanicolaou class system, from class 3-5 and Bethesda System from Low-grade SIL to Invasive carcinoma (Solomon, 2002). The Lady Check officers were trained by an expert from National Cancer Institute, reviewed the consent form and phone numbers of women who enrolled in the campaigns from 26 private clinics and hospitals, asking for comfortable date and time for telephone call followed up together with record the related conversations. The questions leaded to ask whether they received the Pap test results, how they knew their own results and continuing the services. The officers called women at least 1 time for asking the pap’s results, and made twice and third calls for unreachable or uncomfortable to answer the first call.
The interview guideline and check lists’ services of Lady Check Project were developed by NHSO area 13 and PATH organization to be a pioneer to track abnormal Pap test result women. Also medical records were reviewed before making telephone calls.

**Patient Rights**

The protocols were approved by Board of the Society for Anti-AIDS Danger and Life Quality Development and all the NHSO policy. Women were asked for permission in every conversation. All data were kept in safe cabinet and e-file of NHSO in clinics and hospitals of Lady Check projects in order to continue services. Identification number was used to record in the NHSO system for payment purpose.

**Finding from Lady Check project**

There were 26 private clinics and hospitals enrolled in the Lady Check Program. After reviewed the records found that the average age was 42 years. The youngest participant was 17 years and oldest was 62 years. Around 1 of 3 were being first time screening, and less than 20 percent were being annual screening.

Most of cases known their results by calling back to lady check’s clinics or hospitals by themselves, some returned to lady check’s clinics or hospitals, and received pap’s result letters from lady check’s clinics or hospitals.

The finding found that some cases left their wrong telephone number (mobile phone), therefore not all cases could reached by telephone calls. However, from total HSIL/CLASS III only half can be followed up and accessed to treatment and care. Only 1 of 4 received preinvasive treatment; few cases recieved Cryotherapy, LEEP, Conization and treatment for cervical cancer (TAH BSO/ Hysterectomy/Radiation.

Most of the reachable cases, around 70 percent could access to treatment and care from their own right payment system. In serious results, HSIL/CLASS III only 60 percent can be reached.

The unreachable cases were wrong telephone number, the telephones were switch off, and felt uncomfortable to receive call. Some of them did not receive any care and treatment because they did not have time and the services’ place took time and costs to travel. Some of them gave the reason that they did not receive the pap’s results. Some of them felt that it was unnecessary to continue treatment and care.

The 2001 Bethesda System Report (Kanjanavirojkul N. 2004):

<table>
<thead>
<tr>
<th>Adequacy of smear for evaluation</th>
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<tbody>
<tr>
<td>Negative for intraepithelial lesion or malignancy</td>
</tr>
<tr>
<td>Squamous cell</td>
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<td></td>
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<tr>
<td></td>
</tr>
<tr>
<td>Low grade squamous intraepithelial lesion (LSIL)</td>
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<tr>
<td>High grade squamous intraepithelial lesion (HSIL)</td>
</tr>
<tr>
<td>Squamous cell carcinoma (SCC)</td>
</tr>
<tr>
<td>Atypical glandular cells, not otherwise specified (AGC-NOS)</td>
</tr>
<tr>
<td>Endocervical adenocarcinoma in situ (AIS)</td>
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</tbody>
</table>
Lesson Learnt

From finding found that the obstacles for the Pap test screening were knowledge and economics. Most of the women failed to access treatment because of no time to find their own right treatment and care. Some of them choose to pay by their own money in order to relief their anxiety about the Pap test. Moreover, Health care providers were the key of success in screening campaign. All abnormal result women need more information about the results. Some of them found that after repeat the test, the results came back as normal; therefore, not only provide the training of services to Health care providers, but also standard of collecting the specimen need to improve. Universal coverage scheme campaign for pap test under Lady Check Project” should provide the friendly services system to support women to access the treatment and care as soon as possible for reducing cervical cancer mortality rate and improving quality of life among Thai women. Moreover, health education about early detecting should conduct before testing. Pre and Posttest counselling of Thai women are also needed. Moreover, the payment and recording systems should be friendly to access for the Health care providers (physicians, nurses, technician, and others) in order to improve the referral systems.

Conclusion

Although, The mortality rate of cervical cancer in Thailand has be decreased (Lawahutanon, 2013), The effective of screening will be productivity if having accuracy screening for the targeted women and coverage. NHSO raised the coverage policy by “80 percent screening coverage” by using existing resources (From 2009 to 2014). Target women age between 30-60 years receive screening at least 1 time every 5 years. To reach the target, not only increase the number of screening, but also access to treatment and care are more needed to reduce the mortality.

References