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Addressing the high cervical cancer rates along the Texas-Mexico border through community outreach, patient navigation, and provider training/telementoring

M. P. Salcedo

Federal University of Health Sciences of Porto Alegre

Rose Gowen

Su Clinica Familiar

M. Lopez

The University of Texas MD Anderson Cancer Center

E. Baker

The University of Texas MD Anderson Cancer Center

A. M. Rodriguez

University of Texas Medical Branch

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Authors

M. P. Salcedo, Rose Gowen, M. Lopez, E. Baker, A. M. Rodriguez, A. Milbourne, S. Fisher-Hoch, Tony Ogburn, M. Daheri, L. B. Guerra, P. Toscano, M. Gasca, J. Morales, L. Valdez, V.L.J. Nagle, B. Cavazos, Elena L. Marin, E. Robles, N. Burkhalter, B. Reininger, S. G. Parra, M. Fernandez, E. Hawk, and K. M. Schmeler

Addressing the high cervical cancer rates along the Texas-Mexico border through community outreach, patient navigation, and provider training/telementoring

M.P. Salcedo, R. Gowenb, M. Lopezc, E. Bakerc, A.M. Rodriguezd, A. Milbournec, S. Fisher-Hoche, T. Ogburnf, M. Daherig, L.B. Guerrah, P. Toscanoi, M. Gascaj, J. Moralesh, L. Valdezej, V.L.J. Naglec, B. Cavazosb, E.L. Marink, E. Roblesl, N. Burkhalter, B. Reiningere, S.G. Parran, M. Fernandezo, E. Hawkc, K.M. Schmelerc

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Objective: Cervical cancer incidence and mortality rates are 68% and 57% higher, respectively, along the Texas-Mexico border compared with the rest of the United States. This is likely due to a combination of low health literacy, limited access to affordable screening, and a lack of trained personnel to perform colposcopy, loop electrosurgical excision procedures (LEEP), and appropriate management of women with pre-invasive disease. The objective of our study was to increase cervical cancer screening, diagnosis, and treatment rates in the Rio Grande Valley (RGV).

Method: We initiated a comprehensive program at two health centers and one mobile clinic in the RGV consisting of (1) a public education program designed for community health workers to teach women about cervical cancer screening and HPV vaccination coupled with patient navigation to participating clinics; (2) colposcopy and LEEP training for physicians and advanced-practice providers through locally held hands-on courses and mentoring program; and (3) implementation of Project ECHO (Extension for Community Health Outcomes), a well-established telementoring program using video conferencing to connect academic specialists with community providers for case-based learning. We compared screening, diagnosis, and treatment rates pre- and post-program implementation.

Results: From November 2014 to June 2018, local providers screened 19,028 women with Pap ± HPV testing (baseline 12,460, 53% increase); performed colposcopy on 2,644 women with abnormal screening results (baseline 945, 180% increase); and performed 483 LEEP procedures for treatment of cervical dysplasia (baseline 0). Ten women were diagnosed with invasive cancer and navigated to one of the participating gynecologic oncologists for treatment (baseline N/A). Five additional providers in the RGV completed the mentoring program to be certified to perform colposcopy (100% increase from baseline of 5) and two additional providers to perform LEEP (baseline 0). ECHO telementoring video conferences have been held every two weeks for a total 94 sessions (average of 22 participants/session) with 182 patient cases presented and discussed.

Conclusion: Our comprehensive approach has led to an increase in the number of women undergoing cervical cancer screening and diagnosis/treatment of dysplasia. If sustained, we anticipate these efforts will decrease cervical

cancer rates in the RGV. The program is currently being expanded to additional medically underserved regions of Texas.