

# Cervical Screening in low- and middle-income countries: A finalised project in Uganda

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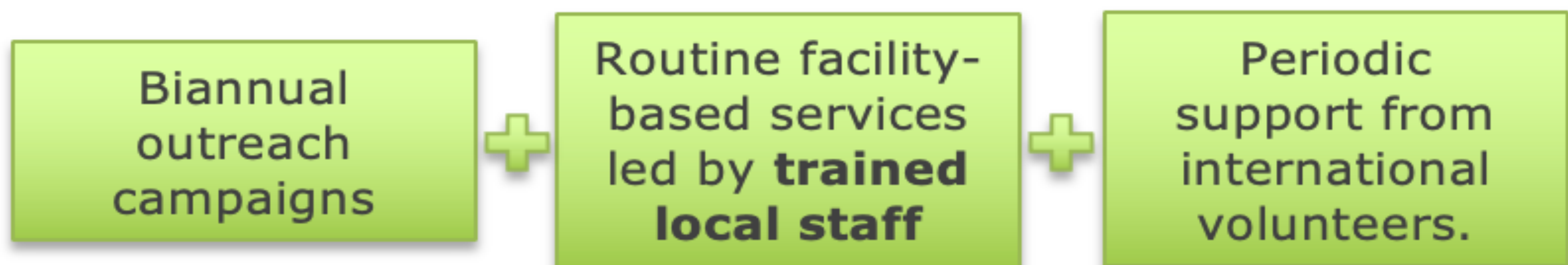
## Objectives

Outcomes of the cervical cancer screening program done in Kamwenge (Western Uganda), previously some of it reported at the Spanish Association for Cervical Pathology and Colposcopy (AEPCC) Congress 2025.



## Methods

- Cross-sectional study
- Screen-triage-and-treat model



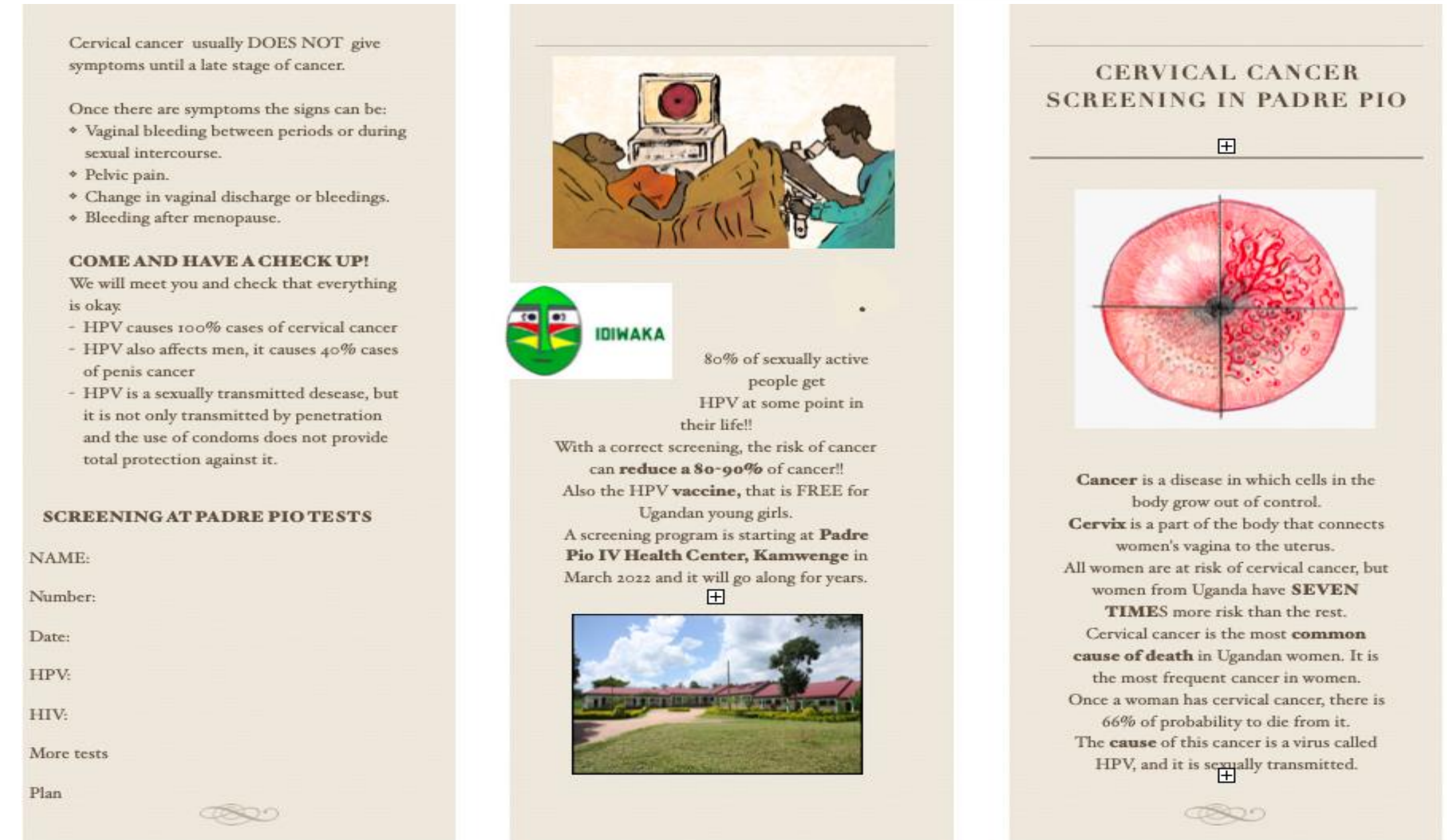
Study period: March 2022–October 2025.

Eligibility criteria: ≥25 years for WLWHIV; ≥30 years for HIV-negative women; up to 65 years.

### Process:

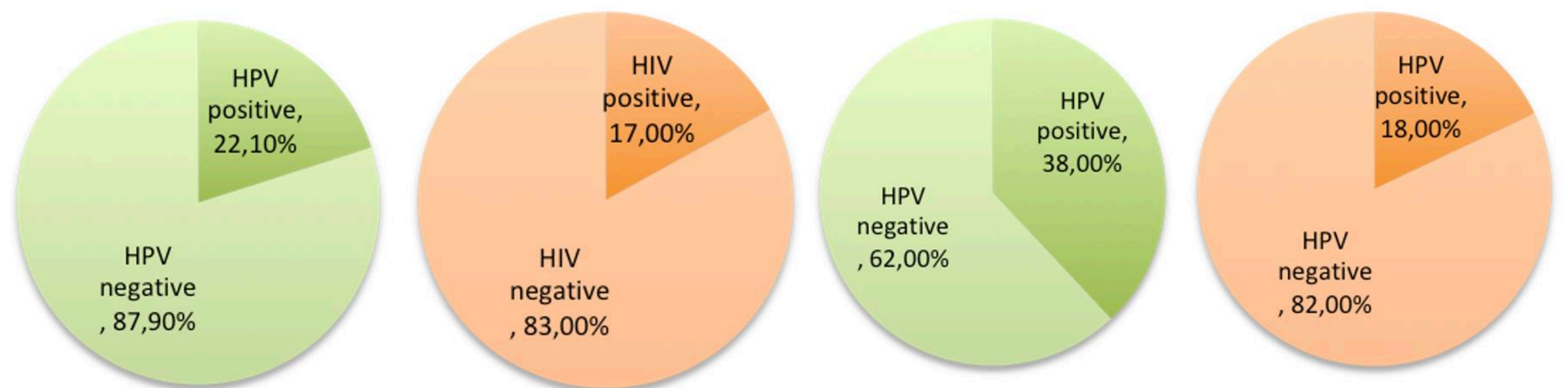
1. Standardized pre-test counselling
2. Structured questionnaire.
3. HIV and HPV test (**screening + extenden genotyping as triage**). GeneXpert®.
4. Colposcopic exam on HPV-positive women.
5. **Treatment based on colposcopy results:**

- 5.1. Thermal ablation (if transformation zone was fully visible)
- 5.2. LETZ (otherwise)



## Results

1138 women screened	WLWHVI	HIV negatives
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P3: 31-33-35-52-58 were the most frequent HPVserotype group

## Conclusions

- In a setting where women typically seek care only when symptomatic, **community engagement** and **continuous staff training** were critical to achieving program uptake and high-risk HPV detection.
- Given the substantial loss to follow-up, **same-day treatment**—particularly for HPV 16/18/45 and for other genotypes in WLWHIV—are prioritized.
- **WHO-aligned strategies** were adapted to local context through four years of sustained field engagement.