

*executive committee of
the directing council*

PAN AMERICAN
HEALTH
ORGANIZATION

*working party of
the regional committee*

WORLD
HEALTH
ORGANIZATION



92nd Meeting
Washington, D.C.
June 1984

CE92/INF/1 (Eng.)
25 May 1984
ORIGINAL: SPANISH

FINAL REPORT

MEETING ON CERVICAL CANCER CONTROL

México, D.F., 17-20 January 1984

FINAL REPORT

MEETING ON CERVICAL CANCER CONTROL

México, D.F: 17-20 January 1984

CONTENTS

	<u>Page</u>
INAUGURATION	1
Theme 1. Registration Strategies.	1
Theme 2. Role of Cancer Societies	4
1. Information	4
2. Fund Raising.	5
3. Daily Operations of Control Programs.	5
4. Political Activity.	5
Theme 3. Laboratory Organization	5
Theme 4. Diagnosis and Treatment	7
Thema 5. Administrative Structure.	8
CONCLUSIONS.	9
ACKNOWLEDGEMENTS	10
LIST OF PARTICIPANTS	11
PROGRAM.	35

INAUGURATION

The meeting was inaugurated on 17 January 1984. Dr. Pablo Isaza, PAHO/WHO Representative in Mexico, welcomed the participants on behalf of the Director, Dr. Carlyle Guerra de Macedo, and expressed the interest that the Pan American Health Organization has in the cervical cancer control programs. In addition, he discussed the magnitude of this problem in the countries of the Region. Next, Dr. Jose Laguna, "Subsecretario de Asistencia", spoke on behalf of the host country for this important event and officially opened the meeting.

Dr. Jorge Litvak, Coordinator of the Adult Health Program, pointed out that the objective of the meeting was to discuss new strategies to tie-in the diversity of components of the cervical cancer control programs, so as to decrease the incidence and mortality due to this disease in the countries of our Region. He also explained that the meeting was composed of five panels, each one identified with one of the fundamental components of the programs. He explained that the participants, divided into three working groups, would meet after each session and discuss the theme, expose their experiences and present the pertinent recommendations. He emphasized that the goal of the meeting was to formulate a Plan of Action that would allow the countries to revise their strategies so as to structure a control program, either on a limited or national scale, and to identify concrete actions for PAHO's technical cooperation to the countries.

The group appointed Dr. Julieta Calderón de Laguna as President, Dr. Armando López Scavino as Vice-President; and Dr. William C. Reeves and Dr. Rodrigo Prado as General Rapporteurs.

Theme 1. Registration Strategies

All three working groups emphasized that cancer registries must function as part of an integrated cervical cancer control program (and not as independent entities). In addition, considerable discussion was devoted to the importance of reliable cancer mortality registry in addition to cancer incidence. The objective of cervical cancer control programs is to reduce female morbidity as well as excess female mortality due to this cancer. Mortality statistics are routinely collected by all governments and cancer registries must work with existing Vital Statistics units to insure that complete, precise, and current cancer mortality data is available to the Cancer Registry and that information from the

cancer registry is available to the Vital Statistics Unit. Efforts should be made to correct deficiencies in death statistics (such as the proportion of deaths due to ill-defined symptoms).

Population based cervical cancer incidence data collected by a registry is desirable to operate a control program. However, establishing such a registry should not take priority over initiating screening programs. Population-based cancer registries exist in many areas (national, state, county, and city) and should collaborate closely with cervical control programs. Where such registries do not exist, some type of registration system should be initiated as part of the control program. Existing data services which might be used to support a registry include: hospitals, pathology, and cytology laboratories and specialty clinics such as radiotherapy and gynecology. The type of registry and extent of coverage will be defined by local conditions. The main objective of all registries is to provide information for use in planning, monitoring, and evaluating control programs. This information is especially important for providing continuity of care.

All three working groups also discussed the type of information registries should collect and the type of statistical analysis they should prepare. There was general agreement that basic information outlined in the Manual of Norms and Procedures for Cervical Cancer Control should be included in all registries. Several examples of data collection forms from functioning Latin American registries are included in Annexes of the WHO Handbook for Standardized Cancer Registries, OMS-Geneva 1976 (Serie Offset No. 25) and "Seminarios sobre registros de cáncer en América Latina (Cali, Colombia, septiembre 1969) (Publicación Científica No. 215, Serie 2, 1970)"; these deal in detail with collection and coding of registry data.

Complete individual identification is necessary to avoid duplicate registration and to insure follow-up but individual confidentiality need to be protected. Use of national identification numbers such as the identification card (cédula de ciudadanía) is the best way to achieve this.

Other information which should be collected by registries includes the total number of women screened, the number of cytology specimens evaluated, the number of positive cases, the number of tissue diagnoses and the number of treated cases.

Standardized current nomenclature and numerical codes such as ICD-9* and ICD-0** should be used by registries. Similarly, Cancer Incidence in Five Continents,*** is an excellent international reference for standard statistical analysis.

The following suggestions were presented by the working groups with respect to registration strategies.

1. PAHO research grant program give high priorities to funding operational research concerning cancer registration and epidemiologic evaluation of cancer control programs.
2. Emphasis should be placed in using computer data processing in health registries and control programs and that PAHO serve as a coordinating or reference center regarding standardization of hardware and software.
3. That PAHO continue to collaborate in the training in cancer epidemiology, cancer registries, and other cancer control methods.
4. It was suggested that PAHO give support to existing cancer registries in the Region and facilitate the exchange of information among them.

* International Classification of Diseases, Revision 9, OPS, 1978. (Scientific Publications Nos. 353 and 353-A),

** International Classification of Diseases for Oncology. WHO-Geneva, 1976.

*** Cancer Incidence in Five Continents, Volume IV, World Health Organization, Geneva, Switzerland; International Agency for Research on Cancer and International Association of Cancer Registries, Lyon, France. IARC Publications No. 42, 1982.

Theme 2. Role of Cancer Societies

This meeting had a special significance because it is one of the first international meetings designed for Government representatives, health professionals, and voluntary cancer societies to discuss implementation of collaborative cervical cancer control programs. Formal presentation by panelists and discussions by the working groups reflected considerable differences in norms and operating procedures. However, there was unanimous agreement that formally constituted volunteer cancer societies must function collaboratively with the Ministry of Health in accord with national policy. The Cancer Society should follow the norms for cervical cancer control elaborated by the Ministry of Health with the different medical institutions. The cancer society provides a link between the Ministry of Health cancer control programs and the community, especially in public education. Thus cancer societies should include representatives of professional groups (medical societies, hospitals, cancer institutes, etc.), prominent public figures, and members of the general community. Community representation in cancer societies must include representatives from high risk minority groups. Cancer societies must have an important role in cancer programs so that qualified people from all levels will decide to participate.

All three working groups agreed that cancer societies have four functions regarding cervical cancer control:

1. Information and Education

The societies should actively participate in education programs for health professionals at all levels. The societies should be a major source of community education concerning cervical cancer and its control. Available resources for community education include the Ministry of Education; mass media (including press, radio, and television, with local dialects used when appropriate); places where people work; places where people meet, such as clubs and organizations, churches, health fairs, schools, in small groups at homes, doctor's offices, and clinics, etc. Community education concerning cervical cancer should not be limited to women; men should be included. Societies also serve as source for the political decision that representatives must take in local, state, and national governments.

2. Fund Raising

Societies are the major source of nongovernmental funds available for the control and treatment of cervical cancer. The utilization of funds should be determined by local and national society priorities and are for cervical screening programs best coordinated with governmental activities. Funds are used for initial training of health professionals (cytotechnology courses, conferences, fellowships), small equipment (microscopes, specula) capital expenses (computers, radiotherapy apparatus, mobile clinics, new buildings) when other sources are not available, such as: patient aid (purchase of pharmaceuticals, transportation, childcare, temporary lodging) and research (in epidemiology, health services, treatment).

3. Daily operations of control programs

Cancer society volunteers frequently play a key role in the operation of screening programs. Specific activities include recruiting participants working at neighborhood screening clinics, and patient follow-up. Volunteer cancer societies are uniquely suited to assure patient follow-up at the neighborhood level. Cancer society volunteers may also work in cancer registry programs and at cancer treatment centers. Cancer leagues should not directly operate the cancer control programs and neither should they be responsible for totally financing the respective programs.

4. Political activity

A unique characteristic of cancer societies is that they include representatives from all society levels (public health, professional societies, business leaders, and the community). These societies can influence the allocation of public funding, the emphasis on legislation and other norms concerning public health and can assist in cooperation with legislative programs at all levels.

Theme 3. Laboratory Organization

There was consensus among the three working groups that the Cytology Laboratory is a fundamental element of a cervical cancer control program because they are responsible for pap-smear interpretation. The laboratory responsibilities can include not only the processing and timely report of the cervical cytology specimens, but also all functions necessary to coordinate the several components of the program (follow-up, histopathologic diagnosis, and treatment).

It is important that the organization of cytology laboratories be planned in accord with the area their screening program will cover. The area and its population must be characterized to allow evaluation of the coverage and effect of the screening program. Because of this, it is most efficient to organize a central laboratory in each region. This will ensure lower operational costs and greater diagnostic accuracy. Cervical cytology program cost-benefit analyses show that the operational cost of laboratories, which process at least 50,000 exams annually, do so at a third the cost of a laboratory processing 10,000 or fewer specimens annually. In addition, a large number of samples insures a large number of positive cases, which are fundamental to maintain a high level of proficiency of laboratory staff.

The cytological results must be reported using standard nomenclature such as presented in the Manual both to assure quality control and to allow comparison of results with other laboratories. When a numerical system of classification is used, the report must also include a description suggesting the histologic diagnosis.

It is preferable that the cytology laboratories be coordinated with the country laboratory network; their distribution and level of complexity must be in accordance with the overall distribution of the country's diagnostic and treatment services.

Two levels of professional training are required for a cytology service.

a) Cytopathologists

Must be physicians, preferably pathologists, or gynecologists, with formal training in cytology, and should be certified according to the country legislation and actual norms.

b) Cytotechnologists

The minimum requirements must be similar to those of other medical technical personnel in the country, they must have formal training in cytotechnology and be certified according to the legislation and current norms in the country.

It is necessary to plan cytology training programs to reflect projected utilization, so as not to have a great number of trained personnel without employment. There was consensus in the importance of having facilities for continuing education of personnel to maintain high levels of proficiency and as an incentive to retain experienced technical personnel.

The laboratory must have a data registration system that allows internal quality control and adequate follow-up and control of abnormal cytology cases. There was consensus that follow up of positive cases must be initiated through the primary and secondary level of the general health system (screening test or cervical pathology centers), but that the responsibility for rapid notification belongs to the cytology laboratory. In this sense, the follow-up of cases is related with the Registry system.

Theme 4. Diagnosis and Treatment

In all the discussion groups, it was clear that the majority of countries are well equipped for treating cervical cancer patients—but this did not universally apply to the newly independent small member states with populations of circa 100,000. The major problem is adequate screening of women from high risk populations to detect cases with pre-invasive lesions. Therefore, countries must analyze and define high risk female populations and use this information as a basis for planning adequate use of resources not only for detection, but also for subsequent definitive diagnosis, treatment, and evaluation.

Resource planning for diagnosis and treatment should be carried out at the level of the Ministry. The program coverage should be taken into consideration, so that the resources assigned are sufficient to cover the number of cases detected.

The definitive diagnosis of abnormal cytology cases should be carried out at the secondary care level of the country's health services program, in gynecology specialty clinics. The definitive diagnosis should always be histopathological, based on colposcopic or cone biopsies. It is essential that the histopathological results are reported based on uniform descriptive nomenclatures, preferably those suggested in the Manual.

Those cases with confirmed diagnosis of intraepithelial neoplasia (dysplasia and carcinoma in situ) should be treated by the gynecology services of secondary care level hospitals, according to internationally accepted therapeutic protocols which are standardized by the Ministry of Health in collaboration with specialists in tertiary level health care.

The participants of all the groups agreed that conservative treatment of intraepithelial lesions with cryotherapy diathermocoagulation or laser was quite satisfactory but only under expert guidance.

Treatment of patients with confirmed diagnosis of invasive carcinoma should be carried out in specialized tertiary care health centers, by specialists well versed in all branches of oncology. The diagnostic evaluation and therapeutic decisions should be in agreement with internationally accepted protocols as standardized by the Ministry of Health in collaboration with tertiary health specialists. In planning for the control program it is necessary to estimate the additional demand which will be placed on tertiary care services early in the screening programs.

The diagnosis and treatment activities implemented at the secondary and tertiary levels are part of cervical cancer control and the results must be communicated in timely fashion to existing cancer registry systems to insure proper overall program coordination and assure patient follow-up.

It was recommended that emphasis be given to the development of clinical trials for evaluating the different modalities of cervical cancer treatment in Latin America and that the collaboration of the Pan American Health Organization be requested in this area.

Theme 5. Administrative Structure

It was the consensus of all three working groups that cervical cancer control programs derive from the Ministry of Health in relation to national health policy. The program must be formally constituted by the Ministry of Health; this is necessary not only for planning and organization, but also to assure continuous future operation. The medical community and the Cancer Society should work closely with the Ministry of Health to achieve this.

It was the consensus of all three working groups that the Ministry of Health had responsibility for planning, establishing procedures and norms, monitoring the program, and assuring that it evolves over time. The Ministry should delegate responsibility for the cervical cancer control program to an existing unit (such as Maternal and Child Health or Health of the Adult) or should create a new special unit. To assure maximal efficiency, the central level cancer control program must be completely integrated with existing ministry of Health Divisions as well as nongovernmental institutions such as the Cancer Society.

A major problem in initiating and operating cancer control programs concerns utilization of human and physical resources. A balance must be achieved at the national level between preventive and curative services. Formal analyses must be made as to existing resources which can be dedicated to the cancer program or which can be shared with other programs. Before purchasing expensive new equipment an analysis should be made as to less expensive options and whether maintenance facilities for the new equipment exist.

Administration of resources for the program depends upon the political-administrative conditions of each country. In all cases precise demographic and epidemiologic information is necessary to assure optimal local allocation of resources. Administration should be from a central level (national, regional, state, or local) and adequate funding must be designated for the program. At the local operational level a complete census should be made of all resources in the area and the cancer control program should be coordinated with these resources. Such resources include the Ministry of Health, medical societies, cancer societies, universities, and comunal groups.

International as well as national cooperation is very important for the success of such cancer control programs. It was recommended by one working group that PAHO compile data concerning Latin American cervical cancer control programs and also compile lists of technical support (for example in the maintenance of diagnostic, treatment, and data processing apparatus).

CONCLUSIONS

Cervical cancer remains a major cause of mortality in young women in the countries of the Region, in spite of the spectacular decrease in cervical cancer mortality achieved by several countries with national control programs organized according to the principles discussed in this meeting.

The organization of effective cervical cancer control programs requires a political decision by the Ministry of Health, formal planning of the various program components, coordination of different official and voluntary agencies related to these components and integration of the program into all levels of women's health care.

Those countries that do not already have this type of program and intend to initiate one, whether on a limited or the countrywide level, must analyze the existing situation so as to prepare a plan of action.

This plan will permit the identification of the resources that must be obtained as well as the enumeration of existing resources. The Pan American Health Organization will collaborate in this planning with countries that request it; collaboration will generally be in the form of specialized temporary consultants.

Technical cooperation is necessary for the planning and implementation of effective control programs. This must be requested by Governments from international agencies, and coordinated through PAHO.

ACKNOWLEDGEMENTS

The President, the general Rapporteurs, the participants, and the Members of the Secretariat express their sincere thanks and appreciation to the American Cancer Society for its cosponsorship and valuable contribution to this meeting.

LIST OF PARTICIPANTS

ARGENTINA

Dr. S. Felicitas Lewis
Programa Nacional de Control de cáncer
Ministerio de Salud Pública
Defensa 120 - 4o. piso, Oficina 4014
Buenos Aires

Dr. Guillermo di Paola
Médico Asesor, Ministerio de Salud Pública
Arribeños 1212
Buenos Aires 1426

CANCER LEAGUE

Dr. Oscar José Verdier
Liga Argentina de Lucha contra el Cáncer (LAILEC)
Virrey Lorelo 1756
Buenos Aires

BARBADOS

Dr. Jean Lenore Harney
Chief Medical Officer, Ministry of Health
Bridgetown

Dr. Harry Jerome Skeete
Head, Department of Radiotherapy
Queen Elizabeth Hospital
Bridgetown

CANCER LEAGUE

Mrs. Dorothy Cooke-Johnson
Honorary Secretary
Barbados Cancer Society
Uplands Medical Centre
Bellevue, St. Michael

BRAZIL

Dr. Maria das Mercês Pontes Lima Cunha
Prof. Universidade Federal de Pernambuco
Departamento de Patología-CCS
Rua das Gracas, 262, Gracas
Recife, PE 50.000

Dr. Rui Luzzatto
Patologista e Citopatologista
Secretaria da Saúde
Av. Carlos Gomes, 1973
90.000 Porto Alegre, RS

CANCER LEAGUE

Mrs. Lygia Pratini de Moraes
Presidenta
Liga Femenina Combate al Cancer
Rua Sarmento Leite 187
Sala 13, Hospital Santa Rita
90,000 Porto Alegre, RS

Av. José Bonifácio, 529, Apt. 51
90,000 Porto Alegre, RS

CHILE

Dr. Juan Arraztoa
Profesor Cirugía
Hospital Universidad Católica
Santiago

Dr. Mario González Rojas
Jefe, Departamento de Programación
Ministerio de Salud
Mac Ives 541
Santiago

CANCER LEAGUE

Mrs. Teresa Consolaro de Simonetti
Presidenta Ejecutiva
Voluntariado Damas Verde
Santiago

COLOMBIA

Dr. Francisco Soto

Jefe, Servicio de Salud de Caldas
Gobernación 2o. piso, oficina 205
Manizales

Dr. Jairo Alberto Barragán Espinosa

Jefe, Sección Atención Materna
Ministerio de Salud Pública
Calle 16 No. 7-39
Bogotá, D.E.

Calle 96 No. 28-70, Apt. 207, Torre 2
Bogotá, D.E.

COSTA RICA

Dr. Francisco Fuster
Ginecólogo Oncólogo
Ministerio de Salud
San José

CANCER LEAGUE

Mrs. Virginia León de Mekbel
Presidenta
Liga contra el cáncer
P. O. Box 6782
1,000 San José

CUBA

Dr. Miguel Sosa Marín
Funcionario Nivel Central
Ministerio de Salud Pública
Departamento Nacional Maternoinfantil
Calle 23 No. 201
Vedado

O'Tarril No. 10 e/. 10 de octubre y
Felipe Poey Vibona
Habana

Dr. Evelio Cabezas
Director del Programa de Diagnóstico Precoz
Ministerio de Salud Pública
H 15018 Alta-Habana
Habana

CANCER LEAGUE

Dr. Zoilo Marinello Vidaurreti
Director
Instituto Nacional de Oncología y Radiobiología
Calle 8 No. 512 Miramar-Habana
Habana

DOMINICAN REPUBLIC

Dr. Andrés Emilio Peralta Cornielle
Vice-Rector Académico
Universidad Católica Madre y Maestra
Director Médico Instituto Oncológico Regional del Cibao
Santo Domingo

Autopista Duarte Km 1 1/2
Pedro Francisco Bono No. 33
Santiago de los Caballeros

Dr. Luis Rojas Grullón
Gineco-oncólogo Adscrito
Servicio Oncología
Hospital Nuestra Señora Altagracia
Calle Pedro H. Ureña
Santo Domingo

Avenida Coyoacan 1120
Col del Valle, Dpto. 8
Santo Domingo

CANCER LEAGUE

Dr. Rosa América Martínez de Paredes
Ginecóloga
Instituto Heriberto Peter
Apartado 21396
Santo Domingo

ECUADOR

Dr. Héctor Donoso Velasco
Jefe, División Enfermedades Crónicas
Ministerio de Salud
Estrada No. 125
Quito

Dr. Silvio Torres Sánchez
Director Técnico
Subsecretaría de Salud, Región II
Cerro del Carmen
Guayaquil

CANCER LEAGUE

Dr. Fernando Terán Camacho
Director, Instituto del Cáncer
Sociedad de Lucha contra el Cáncer (SOLCA)
Núcleo de Quito
Rafael Almeida No. 325
Quito

GUATEMALA

Dr. Oswaldo Chinchilla Aguilar
Director General de Salud
Ministerio de Salud Pública y Asistencia Social
9a. Avenida 14-65, Zona 1
Guatemala

Dr. César Enrique Monroy Maldonado
Director Ejecutivo
Hospital General San Juan de Dios
11 Avenida A 11-46, Zona 2
Guatemala

CANCER LEAGUE

Dr. Carlos Lizama Rubio
Cirujano Jefe, Instituto de Cancerología
Liga contra el cáncer
Guatemala

HONDURAS

Dr. Manuel Sandoval
Encargado Programa Nacional Control del Cáncer
División de Epidemiología
Ministerio de Salud Pública
Tegucigalpa

Dr. Ricardo Bulnes Molina
Jefe, Depto. de Oncología, Hospital General San Felipe
Ministerio de Salud Pública
Tegucigalpa

Dr. Rolando Calderón Salinas
Director Centro Salud "Dr. M. Paz Barahona"
San Pedro Sula

JAMAICA

Dr. Alma Dyer
Principal Medical Officer (Epidemiology)
Ministry of Health
10 Caledonia Avenue
Kingston 5

Dr. Vernon Spence
Senior Radiation Oncologist
Kingston Public Hospital
Kingston

CANCER LEAGUE

Dr. J. St. Elmo Hall
Senior Lecturer in Obstetrics and Gynecology
University Hospital of the West Indies
Kingston

The Jamaica Cancer Society
16 Lady Musgrove Road
Kingston

MEXICO

Dra. Julieta Calderón de Laguna
Jefe de la Oficina Normativa de Oncología
Centro Hospitalario 20 de Noviembre
ISSSTE
México, D.F., México

Dr. Francisco Tenorio González
Jefe, Servicio de Ginecología Oncológica
Instituto Mexicano de Seguro Social
México 18, D.F.

Agransuro 208, 701
México 18, D.F.

Dr. Rodolfo Díaz-Perchés
Director, Centro Regional Secundario de
Calibración y Dosimetría de S.S.R.
Hospital General
Dr. Balmis No. 143
México, D.F.

PANAMA

Dr. María Luisa García de Aybar
Jefa, Programa Maternal,
Depto. Maternoinfantil
Ministerio de Salud
6-1989 El Dorado
Panamá

Dr. Rosa Crespo de Britton
Directora
Instituto Oncológico Nacional
Apartado 6-108, El Dorado
Panamá

PERU

Dr. Eliseo A. Barron Hidalgo
Director General de Salud de la Región XVII - Callao
Ministerio de Salud
Jr. Colina No. 789
Bellavista, Callao (Tel:29-0578)

Los Cisnes 260 - San Isidro
Lima

Dr. Felipe Romero Oliva
Jefe, Depto. de Ginecología
y Obstetricia
Hospital General San Juan de Dios
Av. Guardia Chalaca No. 1860
Bellavista, Callao (Tel: 29-9784)
Lima

Cabo Blanco 160, Orrantia del Mar
San Isidro
Lima

CANCER LEAGUE

Mrs. Frieda Heller
Presidenta, Fundación Peruana del Cáncer
Jr. Carabaya No. 831, Of. 309 (Tel: 27-4783)
Lima

Casilla 4408
Lima 100

TRINIDAD & TOBAGO

Dr. Stanley S. Lutchman
Principal Medical Officer
Ministry of Health and Environment
9 Grenada Aven, Federation Pk, POS
Port of Spain

35 Sackville Street
Port of Spain

Dr. Jean Wong
Hospital Medical Director
Port of Spain General Hospital
Port of Spain

20 Ellerslie Park
Haraval, Trinidad

CANCER LEAGUE

Mrs. Patricia E. Clarke
Education Officer
Trinidad and Tobago Cancer Society
157A Western Main Rd.
St. James

URUGUAY

Dr. Armando López Scavino
Viceministro de Salud Pública
Ministerio de Salud Pública
Av. Agraciada 3355
Montevideo

Dr. Eduardo Lasalvia Prisco
Director, Instituto de Oncología
Director de la Cátedra de Medicina
Montevideo

Duvimioso Terra 1623
Montevideo

Dr. Américo Stabile Sanguinetti
Subdirector Hospital Pereira Rossell
Ministerio de Salud Pública
Montevideo

Soriano 1335
Montevideo

CANCER LEAGUE

Dr. Tabare Carlevaro Elizondo
Médico-Jefe, Servicio Oncología Médica
Instituto de Oncología
Ministerio de Salud Pública
Calle Luis de la Torre 427
Montevideo

Arismendi 1430
Uruguay

VENEZUELA

Dr. Aquiles Erminy Russián
Director, Oncología
Ministerio de Sanidad y
Asistencia Social
Caracas

Quinta Aliesgra, Calle Tamanaco
San Bernardino
Caracas

Dr. Imelda Lucena Sierralta
Médico-Director
Instituto Oncológico Luis Razetti
Ministerio de Sanidad y Asistencia Social
Caracas

1021 Calle Sanabria
Quinta San Martín
El Paraíso, Caracas

CANCER LEAGUE

Dr. Rubén Merenfeld
Presidente, Sociedad Anticancerosa
Canónigos a Esperanza 43
Caracas

TEMPORARY ADVISERS

Dr. David A. Boyes
Director, Cancer Control Agency
of British Columbia
700-686 West Broadway
Vancouver, B.C.
Canada V5Z 1G1

Dr. Alan Robert (Robin) Hutchinson
Director, Vancouver U.B.C. Area
Ministry of Health Prov. of British Columbia
1515 Blanchard Street
Victoria, B.C. V8W 3C8
Canada

Mrs. Phyllis H. Hood
Executive Director
Canadian Cancer Society
955 West Broadway
Vancouver, B.C. V5Z 3X8
Canada

3254 E 7th Avenue
Vancouver, B.C.
Canada

Dr. Nubia Aristizábal
Profesora
Universidad del Valle, Depto. de Patología
Apartado Aéreo 2188
Calí, Colombia

Dr. Rodrigo Prado
Servicio de Citopatología y
Control de Cáncer
Universidad de Chile
Casilla 6606, Correo 7
Santiago, Chile

Dr. Luis Rodolfo Lorenzana Fernández
Hospital Herrera Llerandi
6a. Av. 7-55, Zona 10
Guatemala

Dr. William E. Reeves
Chief, Epidemiology Department
Gorgas Memorial Laboratory
APO Miami, 34002
Miami, FLA

AMERICAN CANCER SOCIETY

Saul B. Gusberg, M.D.
Professor of Gynecology
Consultant, American Cancer Society, Inc.
777 - 3rd Avenue
New York, N.Y. 10017

Mrs. Gerry Ann de Harven
Vice President, International Activities
American Cancer Society, Inc.
777 - 3rd Avenue
New York, N.Y. 10017

OBSERVERS

CHILE

Col. Mr. Víctor Manuel Molina Moscoso
Presidente Ejecutivo
Corporación Nacional Cáncer
Santos Dumontt 999
Santiago

Mrs. Norma Elisa Augier de Molina
Directora de Relaciones Públicas
Corporación Nacional de Cáncer
Santos Dumontt 999
Santiago

Mrs. Sylvia Patricia Retamal de Claude
Directora
Hogar Lucía Hiriart de Pinochet
para Enfermos en Tránsito
Corporación Nacional del Cáncer
Santos Dumont 999
Santiago

ICELAND

Dr. Gunnlaugur Geirsson
Head, Cytolaboratories
Icelandic Cancer Society
Reykjavik

P. O. Box 236
Kópavogur, Iceland

MEXICO

Dr. Carlos McGregor
Subdirector General Médico del IMSS
y Ginecólogo
México, D.F.

Mrs. María Teresa Cisneros de Cárdenas
Coordinadora, Detección del Cáncer de la SSA
México, D.F.

WORLD HEALTH ORGANIZATION
PAN AMERICAN HEALTH ORGANIZATION

Dr. Pablo Isaza
PAHO/WHO Representative in México
Mexico, D.F.

Dr. Jorge Litvak
Coordinator, Adult Health Program

Dr. L. Dobrossy
Cancer EURO
Copenhagen, Denmark

Lic. Tracy Enright
Women in Health and Development
Program (WHD)

Dr. Mervyn U. Henry
Caribbean Program Coordinator
Bridgetown, Barbados

Dr. Helena E. Restrepo
Regional Adviser in Chronic Diseases

Dr. K. E. Stanley
Cancer Unit
Geneva, Switzerland

Dr. Néstor Suárez Ojeda
Maternal-and-Child Health, HPM

CERVICAL CANCER CONTROL MEETING

México, D.F.: 17-20 June 1984

Agenda

Monday, enero 16

14:00 - 17:00 Registration

Tuesday, January 17

8:00 - 9:00 Registration

9:00 - 10:00 Opening

Dr. G. Soberón A.
Dr. J. C. de Laguna
Dr. P. Isaza

Objetives of the Meeting

Dr. J. Litvak

10:00 - 10:30 Carcinoma of the Cervix as a
Public Health Problem in Latin America

Dr. W. C. Reeves

10:30 - 11:00 BREAK

11:00 - 11:30 Cervical Cancer in Screened vs.
Unscreened Populations

Dr. D. A. Boyes

11:30 - 12:00 Cost-effectiveness and Political
Aspects of Screening

Dr. R. Hutchinson

12:00 - 14:00 LUNCH

14:00 - 15:30 Panel 1. Registration Strategies

Chairman:	Dr. W. C. Reeves	(Panamá)
Participants:	Dr. Rodrigo Prado	(Chile)
	Dr. Nubia Aristizábal	(Colombia)
	Dr. Zoilo Marinello	(Cuba)

15:30 - 15:45 BREAK

15:45 - 17:45 Group Discussions on Subject Panel 1

Wednesday, January 18

8:30 - 10:00 Panel 2. Role of the Leagues Against Cancer in Public and Professional Education.

Chairman: Ms. Gerry Ann de Harven (American Cancer Society)
Participants: Mrs. Phillys Hood (Canadian Cancer Society)
 Mrs. Virginia de Mekbel (Costa Rica)
 Dr. Fernando Terán Camacho (Ecuador)
 Dr. Teresa Consolaro de Simonetti (Chile)

10:00 - 10:15 BREAK

10:15 - 12:30 Group Discussions on Subject Panel 2

12:30 - 14:00 LUNCH

14:00 - 15:30 Panel 3. Laboratory Organization

Chairman: Dr. J. Laguna (Mexico)
Participants: Dr. M. Pontes Cunha (Brazil)
 Dr. R. Lorenzana (Guatemala)
 Dr. R. Prado (Chile)

15:30 - 15:45 BREAK

15:45 - 17:45 Group Discussions on Subject Panel 3

Thursday, January 19

- 8:30 - 10:00 Panel 4. Diagnosis and Treatment
- Chairman: Dr. S. B. Gusberg (U.S.A.)
 Participants: Dr. R. Britton (Panamá)
 Dr. F. Tenorio (México)
 Dr. R. Diaz-Perches (México)
- 10:00 - 10:15 BREAK
- 10:15 - 12:30 Group Discussions on Subject Panel 4
- 12:30 - 14:00 LUNCH
- 14:00 - 15:30 Panel 5. Administrative Structure of Screening Programs
- Chairman: Dr. D. A. Boyes (Canada)
 Participants: Dr. R. Hutchinson (Canada)
 Dr. J. St. Elmo Hall (Jamaica)
 Dr. M. L. G. de Aybar (Panama)
 Dr. Edmur F. Pastorello (Brazil)
- 15:30 - 15:45 BREAK
- 15:45 - 17:45 Group Discussions on Subject Panel 5

Friday, January 20

- 8:30 - 10:00 Plenary Session
- Summary and Conclusions
- 10:00 - 10:15 BREAK
- 10:15 - 12:30 Visit to Screening Program in Mexico City.