

4<sup>th</sup> Annual Conference on  
**Preventive Oncology**  
&

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**Gynecologic Oncology, Reproductive Disorders Maternal-Fetal Medicine & Obstetrics**

July 18-19, 2018 | Atlanta, USA

**High risk human papilloma virus acquisition pattern in a general population with a special view to the HIV positive women in Tanzania**

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**Introduction:** HPV role as a causative agent for invasive cervical has been well established. International agency on research on cancer estimates a substantial proportion of the global incidence and deaths from cervical cancer originates from low and middle-income countries including Tanzania. Disproportionately, large portion of evidence that describe acquisition pattern of cervical HPV stem from western countries, with contribution from sub-Saharan Africa being relatively insignificant. The attained wide ART coverage for HIV patients in sub-Saharan comes with its ramification of increase in lifespan and increase longevity of HIV. The later may potentially have a role in the burden of HIV related malignancies including cervical cancer. An attempt to uncover regional specific interplays between HIV, immunological markers and HPV infection is of a paramount significance. Information gathered from this investigation may provide insight into a role of ART, immunological markers in acquiring HPV. Despite some foreseeable logistical challenges in HPV screening in resource constraint settings, a considerable effort is being addressed to introduce HPV based primary screening for cervical cancer in sub-Saharan Africa. Evidence suggest that, it may increase sensitivity of detection of premalignant lesions, reduce follow up visits, and decrease over-diagnosis and over-treatment of cervical premalignant lesions. In view of that, gathered information from this study may be used to devise HPV based primary screening, formulate triage, devise effective guidelines for diagnosis of premalignant lesions tailored to suite regional specific HPV and HIV pattern. Moreover, this information will potentially inform HPV vaccination programmes as they plan expand country wide.

**Methodology:** A two site prospective cohort study is being conducted in Ocean Road Cancer Institute (National cancer centre) in Dar-es-salaam and Kilimanjaro Christian Medical Centre (Tanzanian Northern zonal referral hospital). A total of 4000 women attending respective routine cervical cancer screening clinic and consented are recruited since July 2016. A 25%(1000) HIV Positive women are oversampled with HIV negative as a comparison group (3000). Follow up visits are conducted after 14 months. HPV acquisition will be defined as attainment of a high-risk HPV type in a previously high-risk HPV negative client or attainment of a different type of high-risk HPV type over the course of 14 months. Moreover, type specific and multiple acquisition of high-risk HPV and its associated risk factors will be ascertained among women normal and abnormal cytology.

**Progress:** Currently the study is recruiting clients on the first follow up visit (14 months) post baseline recruitment. A total of 1500 clients have been recruited. 500 of these are HIV positive and 1000 are HIV Negative.

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