



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

April 16, 2015

DEPARTMENT MEMORANDUM

No. 2015 - 0120

FOR: ALL UNDERSECRETARIES, ASSISTANT SECRETARIES, DIRECTORS OF BUREAUS, REGIONAL HEALTH OFFICES, SERVICES AND SPECIALTY HOSPITALS, CHIEFS OF MEDICAL CENTERS & HOSPITALS, PRESIDENT OF THE PHILIPPINE HEALTH INSURANCE CORPORATION AND EXECUTIVE DIRECTORS OF THE PHILIPPINE NATIONAL AIDS COUNCIL AND THE PHILIPPINE INSTITUTE OF TRADITIONAL AND ALTERNATIVE HEALTH CARE, NATIONAL NUTRITION COUNCIL, COMMISSION ON POPULATION REHABILITATION AND TRAINING CENTERS, AND OTHER CONCERNED

SUBJECT: Guidelines on Free Cervical Cancer screening in DOH Hospitals

Attached is a copy of the Guidelines on the Conduct of Free Cervical Cancer Screening in DOH Hospitals. This is in relation to the forthcoming celebration of the Cervical Cancer Awareness Month (CCAM) this May with the theme "*Babae, Mahalaga Ka. Laban ng Kababaihan, Proteksyon sa Kinsabukasan.*"

For strict compliance.

By authority of the Secretary of Health:

A handwritten signature in black ink, appearing to read "Vicente Y. Belizario, Jr.", is written over the typed name.

VICENTE Y. BELIZARIO, JR., MD, MTM&H
Undersecretary of Health
Office for Technical Services

Guidelines in the Conduct of Free Cervical Cancer Screening among Women of Reproductive Age in DOH Hospitals

I. Rationale

Cervical cancer has remained to be a major public health problem worldwide. About 500,000 women are diagnosed with cervical cancer with an estimated 273,505 deaths from the disease annually. Nine out of ten cervical cancer cases are from the developing countries.

In the Philippine data from 1980 to 1995, the incidence rate of cervical cancer has remained relatively high 20.5-26.4 per 100,000 women. In 2010, an estimated 4,812 new cases and 1,984 deaths will occur in the country. Every year, an estimated 6000 women are diagnosed with cervical cancer and 4,349 die from the disease. The 2010 Philippine Cancer facts and estimates showed that cervical cancer ranks fifth in the estimated ten leading causes of cancer cases for both sexes and ranks second in the estimated ten leading cancer sites among female. For cancer deaths it ranks 2nd among females. Approximately 12 women would have the likelihood of getting cervix cancer and died before age 75.

Cervical Cancer Screening is one of the effective interventions to early detect cervical cancer cases, gynecological disorders and identify risk factor causing the development of the disease. The screening was started in 2009 in 12 hospitals in Metro Manila and has been expanding in other health facilities nationwide. This initiative helps to catch-up precancerous lesions that prevent the progression of cervix into an invasive stage.

Although, screening is done in an opportunistic way of detecting cervical cancer this is crucial for the health of women especially among the disadvantaged group and at risk of getting the disease. Thus, this Free Cervical Cancer Screening shall be done on May in line with the celebration of the Cervical Cancer Awareness Month of this year.

II. Areas of Coverage

A free cervical cancer screening among women 21 years old and above shall be done in all DOH hospitals once a week in each hospital for the whole month of May this year. The participation of public, private hospitals, government and non-government agency, initiated local government units and all other stakeholders trained on cervical cancer screening using acetic acid wash are also enjoined to participate in screening to cater those women in their own localities (see attached list of additional cervical cancer screening)

Region	Cervical Cancer Screening Sites
CHD –NCR	Jose Reyes Memorial Medical Center Dr. Jose Fabella Memorial Hospital East Avenue Medical Center Tondo Medical Center Quirino Memorial Medical Center Amang Rodriguez Medical Center Rizal Medical Center Las Pinas General Hospital & Satellite Trauma Center Valenzuela General Hospital San Lorenzo Ruiz Memorial Hospital Jose N. Rodriguez Memorial Hospital
CHD for Ilocos	Region I Medical Center Ilocos Training and Regional Medical Center Mariano Marcos Memorial Medical Center
CHD CAR	Baguio General Hospital And Medical Center Luis Hora Memorial Hospital Far North General Hospital and Training Center Conner District Hospital
CHD for Cagayan Valley	Cagayan Valley Medical Center Veterans Regional Hospital Southern Isabela General Hospital Batanes General Hospital
CHD for Luzon	Paulino J. Garcia Mem. Research and Medical Center Jose B. Lingad Mem. Regional Hospital Talavera Extension Hospital Bataan General Hospital
CHD for Southern Tagalog (CHD IV-A)	Batangas Regional Hospital
CHD IV-B	Culion Sanitarium Ospital ng Palawan
CHD for Bicol	Bicol Medical Center Bicol Regional Training and Teaching Hospital Bicol Sanitarium
CHD for Western Visayas	Western Visayas Medical Center Don Jose Monfort Medical Center Extension Hospital Corazon Locsin Montelibano Regional Hospital Western Visayas Sanitarium
CHD for Central Visayas	Vicente Sotto Memorial Medical Center Celestino Gallares Memorial Medical Center St. Anthony Mother & Child Hospital Eversely Child Sanitarium Talisay District Hospital
CHD for Eastern Visayas	Eastern Visayas Memorial Medical Center Schistosomiasis Control and Research Hospital
CHD for Western Mindanao	Zamboanga City Medical Center Dr. Jose Rizal Memorial Hospital Mindanao Central Sanitarium Basilan General Hospital Margosa Tubig Regional Hospital

	Labuan Public Hospital
CHD for Northern Mindanao	Northern Mindanao Medical Center Hilarion A. Ramiro SR. Regional & Teaching Hospital
CHD for Southern Mindanao	Southern Philippines Medical Center Davao Medical Center
CHD for Central Mindanao	Cotabato Regional Medical Center Cotabato Sanitarium AMAI Pakpak Medical Center
CHD for CARAGA	CARAGA Regional Hospital Adela Serna Ty Memorial Medical Center
ARMM	Maguindanao Provincial Hospital Buluan District Hospital Datu Blah Sinsuat District Hospital Dr. Serapio Montaner Memorial Hospital Tamaparan District Hospital Sulu Provincial Hospital Datu Halum Sakilen Provincial Hospital

III. Targets

Women of reproductive age group from 21 years old and above are eligible for cervical cancer screening. Pre-registration of women shall be done in all designated hospitals providing cervical cancer screening. At least a minimum of 100 women shall be screened per facility based on the targeted age group specified on the said activity. For facilities with capability to screen and treat patient with cervical cancer may have to screen more than the number of patient expected within their area of coverage.

IV. Screening Dates in all DOH Retained Hospitals and Health Centers

Areas	Days/Month of Screening
Metro Manila	All Wednesdays
Luzon	All Fridays
Visayas	All Tuesdays
Mindanao	All Thursdays

V. Team Composition

A team must be created in the hospital and other local health centers for the conduct of the cervical cancer screening. They shall play an active role mainly in carrying out activities such as counseling, screening and treatment of cervical cancer. The team is composed of:

1. Team Leader (Obstetric / Gynecologic (OB/Gyne) - Chair of OB/Gyne or designated person such as doctor, nurse, midwife)
2. Counsellor/Educator (POGS/SGOP members, nurse, midwife)
3. Recorder (Health Education & Promotion Officer)

VI. Methods of Screening to be Utilized

Cervical cancer screening is the best way to detect cervical changes in the cervix. Visual Inspection using Acetic acid wash (VIA) is the most cost effective and practical method for cervical cancer screening among women of reproductive age in the country. In cases which pre-malignant lesion is noted, a single visit approach shall be applied in facilities with cryotherapy equipment. This means that women found positive for cervical cancer screening using acetic acid wash are treated using cryotherapy. In that manner women are screened and at the same time treated immediately in one visit alone. For those facilities without the capability of doing the Single Visit Approach (SVA) the patient is referred for possible treatment option to the nearest facility. It is important also to advise the patient the importance of returning back to the hospital to know the result of screening. The role of OB/Gyne in advising the patient is very vital for early detection of cases and improving the health condition of women.

VII. Roles and Functions of Team Members on Cervical Cancer Screening

A. Recorder (Health Education and Promotion Office / Nurse)

- Do the registration of eligible women ages 21 years old and above using the master list form in their respective hospitals/health centers/clinics. Registration can be done in OB/Gyne department, out-patient department, and in the rural health units, barangay health centers or clinics identified from selected local government units giving priority to the most targeted age group and high risk women.
- Determine the number of women to be screened in coordination with the OB/Gyne department and selected health centers and private clinics considering the capacity, waiting time of patient and availability of resources of the facility.
- Prepare all recording and reporting forms and other supplies and materials needed to make things ready for use.
- Advise patient during the registration day on the following:
 - Not to douche within 48 hours before cervical cancer screening
 - Not to have sexual contact within 48 hours before cervical cancer screening
- Record all women screened using standard recording and reporting form
- Collects accomplishment report following the prescribe flow of reporting
- Consolidate reports for ready collection and submission to their respective Regional NCD Coordinators for final data analysis and submission to the National Center for Disease Prevention and Control, Department of Health Center for Health.

B. Team Leader (Obstetric / Gynecologic (OB/Gyne) -Chair of Dept of OB/Gyne or designated person)

- Ensure the smooth running operations of each team in carrying out cervical cancer activities.
- Ensure to have adequate supplies (acetic acid , cotton swab, gloves, alcohol, etc) necessary for cervical cancer screening services

- For facilities with cryotherapy equipment must have an adequate supply of carbon dioxide in the tank in order not to disrupt treatment procedure.
- Establish rapport and give comfort to the patient to alleviate fear during examination
- Examine the cervix using acetic acid wash/Pap Smear among eligible women depending on the capability and availability of resources.
- Analyze the accomplishment using the standard reporting form.

C. Counselor/Educator (POGS/SGOP members, Doctor, Nurse, Midwife)

- Conduct lecture on cervical cancer maybe before or during the actual conduct of screening in the hospital/health centers/clinic
- Provide additional counselor /educator coming from within or outside their facility to provide psychological support to women who need the service for individual counseling
- Emphasize to the patient the importance of returning back to the facility for follow-up (screening, treatment,etc) as deemed necessary

VIII. Referral

For facilities without the capability to treat patient (ie, no cryotherapy, etc) with Positive VIA/Positive PAP Smear may refer patient to the nearest facility with trained manpower and presence of equipment used for treating cervical cancer (see annex I).

IX. Advocacy/Social Mobilization and Health Promotion Activity

Advocacy is essential to build partnership and support from other local counter parts. This can be initiated to help maximize available resources (manpower, equipment and supplies, use of facility) that can contribute to the success of the activity. Relative to this, an awareness campaign can be done in your area of jurisdiction to create awareness to the general public.

X. Recording and Reporting forms

There are five (7) sets of recording forms to be accomplished (see annex). These include the Informed Consent (Form 1), Client Assessment, Screening, Diagnosis and Treatment (CASDT) (Form 2), the Cervical Cancer Referral Form (CCR) (Form 3), VIA Screening Result Form (Form 4) Target Client List (Form 5) Consolidated Accomplishment Report Form (Form 6) and Masterlist Form (Form 8). Standard recording forms 1 to 8 shall be utilized by the DOH hospitals in recording clients data and in reporting of the accomplishments (Form 6) (see annex).

The health education and promotion officer / nurse incharge (HEPO) in hospitals shall collect and submit the accomplishment form (Form 6) to Department of Health, Disease Prevention and Control Bureau, Lifestyle Related Disease Division: Cancer Component on or before July 31, 2015 through email at ddo.ncdpc@gmail.com or doh.ncdpc@gmail.com.

XI. Monitoring and Evaluation

Monitoring and evaluation is a way of overseeing the implementation of the activity to monitor issues and concerns and its success. A monitoring team shall be created at the Central Office and Regional Health Office to oversee its implementation. Proper documentation report in the conduct of cervical cancer screening day shall be submitted by all concerned monitoring teams in their areas of assignment.

**Annex 1. List of Possible Cervical Cancer Sites and Referral Centers for Cryotherapy
CHD's can collaborate**

A. Province/ City/ Municipality	CECAP Sites/ Health centers as Cervical Cancer Screening Sites established at the Local Government Unit
Muntinlupa	Alabang Bayanan Tunascan
Marikina	Concepcion Uno Parang Nangka
Pampanga	Brgy. Dampe, Florida Blanca Brgy., Babo Sacan, Porac Brgy. Mamatitang, Mabalacat
Tarlac	Brgy. Manaois, Paniqui Brgy. San Vicente, City of Tarlac Brgy. Bueno, Capas
Cavite	Brgy. Baccao I, General Trias Brgy. Sahud Ulan, Tanza Brgy. Malagasang I-B, Imus
Rizal	Brgy. Mayamot, City of Antipolo Brgy. Palangoy, Binangonan Brgy. Mambog, Binangonan
Bohol	Brgy. Lagtangan, Maribojoc Brgy. Calinga-an, Sevilla Brgy. Basdio, guindulman Brgy. Minglanilla
Cebu	Brgy. Inayawan, Cebu city Brgy. Babag, Lapu- Lapu City Brgy. Bakyawan, Tuburan
Leyte	Brgy. Macupa, Leyte Brgy. Libas, Merida Brgy. Poblacion District V, Barugo
Western Visayas	Brgy. Catalina, Jiabong Brgy. Tominamos, Santa Rita Brgy. Campelipa, Daram

Annex 2. Informed Consent Form Cervical Cancer Screening, Diagnosis and Treatment

**Form 1. Informed Consent Form
Cervical Cancer Screening, Diagnosis and Treatment**

Name of Health Facility: _____

I hereby authorize the health care provider/s of this facility to examine and perform the necessary procedure/s in the interest of _____ (Name of Patient, _____ years old) for cervical cancer screening, diagnosis and/or treatment.

The health care provider has fully explained to me the procedure as well as its possible complications, and I clearly understand the information provided. I shall not hold this health facility and any of its staff responsible for untoward effect/complication beyond their control.

Patient Printed Name and Signature

Date

*Legal Guardian Printed and Signature
(if patient is minor)*

Date

Attending Health Care Provider

Date

Witness (any member of health facility)

Date

Thumb Mark

Annex 3. Client Assessment, Screening, Diagnosis and Treatment for Cervical Cancer (CASDT)

FORM 2. Client Assessment, Screening, Diagnosis and Treatment for Cervical Cancer (CASDT)

Instructions: Accomplish this Form for every client who decides to undergo screening for cervical cancer using either VIA or pap smear. For items that require specific data/responses, write them on the spaces provided. For items that checks for the presence or absence of a certain condition, place a check (/) mark on the parentheses provided and cross (X) mark if this is absent. For particular items that may not be applicable to a certain client, place NA (not applicable).

I. Client Information

Date: _____

Name: _____ Address: _____

Age (as of last birthday): _____ No. of Children: _____

Civil Status: () Single () Married () Widowed () Living together () Separated/Annulled/Divorced

II. History Taking

A. OB-GYNE History

1. Menstrual History

First Menstrual Period (menarche): _____ LMP: _____ AOG: _____, if applicable
Menstrual Bleeding Pattern: () regular (23-35 day interval) () irregular No. of Pads/day: _____

2. Pregnancy History

Gravida _____ Parity (no. of deliveries) _____

No. of Full Term: _____ No. of Pre-Term: _____ No. of Abortion: _____ No. of Living Children: _____

Age at first full term pregnancy (high risk if below 17 years old): _____

3. Oral Contraceptives Use: Duration (previous and current): _____ No. of years: _____ No. of months

4. History of previous cervical cancer screening: () Yes, specify result () No
VIA (result) _____ Pap smear (result) _____

5. History of abnormal vaginal discharge: () Yes () No

6. History of abnormal vaginal bleeding: () Yes () No

B. Sexual History

Age at first intercourse : _____ No. of sexual partners: _____

Spouse/Partner/s : () Circumcised () Uncircumcised

STI History : () Client, specify _____ () any of spouse/partner, specify _____

C. Family and Social History

Family History of Cancer : () Yes, specify: _____ () No

Smoking: () Yes, Year Started: _____ No. of cigarette sticks/day: _____
() No

D. Medical History

Current medication : () Yes, specify _____ () No

Allergies : () Yes, specify _____ () No

Abdominal Surgery: () Yes, specify _____ () No

III. Physical Examination

Vital Signs : BP : _____ Temp: _____ HR: _____ RR: _____

Anthropometric : Height: _____ Weight: _____ BMI: _____

Skin : () Pallor () Rashes () Jaundice

HEENT : () anicteric sclerae () aural discharge () nasal discharge () neck

FORM 1. Client Assessment, Screening, Diagnosis and Treatment for Cervical Cancer

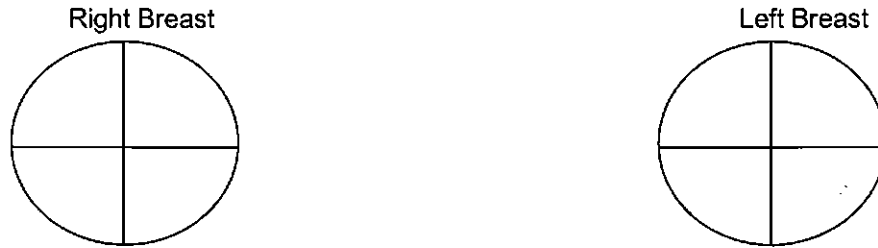
III. Physical Examination

For Doctors Only

Chest and Lungs: () clear breath sounds () crackles/rales () wheezes
 HEART : () normal rate () regular rhythm () murmur
 Abdomen : () scars () stretch marks () presence of mass
 () enlarged liver () tenderness () presence of fluid wave

Breast:

() Mass () Nipple Discharge () Skin-orange peel or dimpling () Enlarged axillary lymph nodes



Pelvic:

Vulva: () redness (inflammation) () tenderness () ulcers () blisters
 () warts () cyst () skin tags () Other mass: _____





Bartholin's and Skene's glands: () swelling () tenderness () discharge
 Speculum Exam: () vaginal or cervical lesion () tears () ulcers
 () other abnormalities: _____

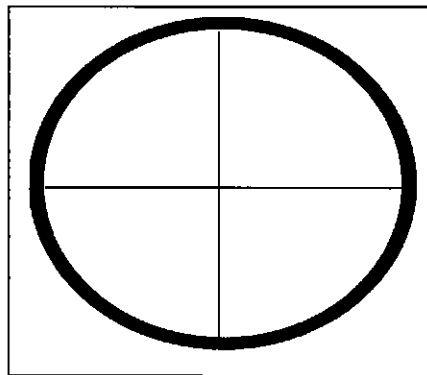
For Doctors Only:

Pelvic :
 Bimanual Exam: size: _____ shape, _____ position of uterus: _____
 () cervical motion tenderness () adnexal masses or tenderness
 Recto-vaginal: (if the bimanual is confusing): _____

IV. Screening Results

A. VIA Findings

-  Outline of SCJ
-  White Epithelium
-  Actual Cervical Os
-  Cancer



- () positive
- () negative
- () suspect cancer

B. Pap Smear Results

Attach Pap smear Results from Pathologist

V. Counselling Given: _____

VI. Treatment and Other Care Given: _____

VII. Referral (Accomplish Cervical Cancer Referral Form)

Signature Over Printed Name

Annex 4. Cervical Cancer Referral Form

Form 3. Cervical Cancer Referral Form

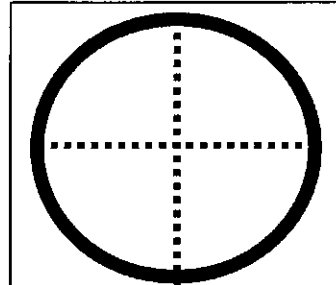
Name: _____ Date: _____

Address: _____ Age: _____





Referred By: _____ Referred To: _____

Reason for Referral:

(1) Draw VIA Findings



VIA Pertinent Findings:

-  Outline of squamo columnar junction(SCJ)
-  White Epithelium
-  Actual Cervical Os
-  Cancer

(2) Attach Pap smear Results
(3) Attach other pertinent records

Print Name and Sign: _____
(Referring Unit)

(to be returned to the referring unit)

Diagnosis: _____

Action taken by referred level: _____

Print Name and Sign: _____ Date: _____
(Referred Unit)

Annex 5.

Form 4. VIA Screening Result

Name: _____

Age: _____

Address: _____



Outline of SCJ



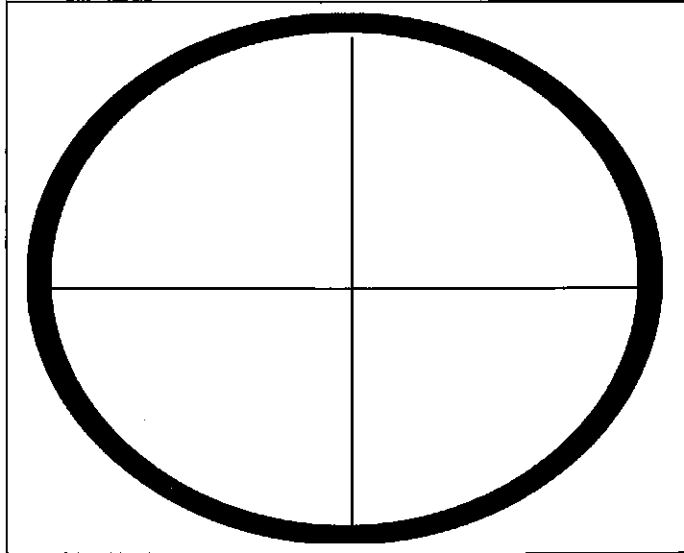
White Epithelium



Actual Cervical Os



Cancer



() negative

() positive

() suspect cancer

Examined by:

Date:

Name of Health Facility:

Remarks:

