

PRESS RELEASE

Project ROSE (Removing Obstacles to cervical ScrEening): design thinking applied to cervical screening as one of the three finalists for UICC Collaboration Award

KUALA LUMPUR, October 2018 Project ROSE, a novel cervical screening programme employing self-sampling, HPV DNA testing and digital technology, led by University of Malaya and VCS Foundation in partnership with the Ministry of Health of Malaysia, Cancer Research Malaysia, Celcom Axiata Sdn Bhd, Axiata Business Services Sdn Bhd, George Washington University and Cepheid, has been announced as one of the three finalists for the Union for International Cancer Control (UICC) Collaboration Award 2018. The UICC Awards aim to identify and celebrate best practice across UICC members and inspire the cancer control community through their efforts. The collaborative award recognizes collaborative initiatives, whether national, regional or international, that exhibit innovative models of engagements and outcomes. The winners will be announced at the Award Ceremony on 2 October 2018, following the UICC General Assembly during the World Cancer Congress in Kuala Lumpur from 1 to 4 October 2018.

Project ROSE is a paradigm shift from the conventional cervical screening programme. Its uniqueness is the application of design thinking principles in the development of a prototype solution for Malaysia and potentially other countries where population-based organized screening remains a challenge. The uptake of conventional Pap smear remains low in Malaysia, despite regular campaigns and easy access to healthcare facilities. Barriers include 'patient factors' such as fear, embarrassment, inconvenience, and lack of awareness and 'health system factors' such as poor infrastructure and lack of dedicated resources/staff due to competing health priorities in busy clinical settings.

The 'human centered approach' towards cervical screening adopted by Project ROSE includes a combination of (i) self-sampling by women instead of a physician acquired specimen requiring an uncomfortable pelvic examination (ii) the adoption and implementation of registry support and (iii) communication by mobile technology, facilitating efficient tracking of women along the screening pathway, and real time, real world program monitoring.

Human Papillomavirus (HPV) testing which has higher sensitivity compared to conventional Pap smear, has been recommended by the World Health Organization (WHO) as the primary test for cervical screening programs. The objective nature of the test and its high negative predictive value allow for an extended screening interval. Furthermore, self-sampling for HPV has been shown to be a convenient and cost-effective method to increase screening participation among hard-to-reach women.

In designing a solution, The Project ROSE team spent significant time understanding the issues / barriers of cervical screening within the Malaysian context. They visited clinics and spoke to the staff on the ground to define their daily challenges in the context of cervical screening. Much planning was dedicated to maximizing the use of existing resources within the local clinic setting. Strategic utilization of existing infrastructure and resources was a key part of the innovation of Pilot Project ROSE. The idea was not to disrupt the daily service provision in these busy clinics or invest in additional infrastructure, but to integrate within the clinic's eco-system to maximize opportunities for cervical screening. As with any new intervention, careful attention was also paid to educating the health providers. The strategy is now being refined towards the goal of making cervical cancer a rare disease by increasing the uptake of cervical screening among women.

The Project is a true partnership between universities, NGOs, government and for profit companies to support cancer prevention in Malaysia. This collaboration is an example where health system strengthening can take place within the wider context of international relationships, and made possible through charitable funding. Codevelopment and mutual contribution, rather than one-way knowledge transfer has resulted in the 'ROSE intervention' within the Malaysian context. University of Malaya initiated partnerships, and co-led the implementation of the project with VCS Foundation in collaboration with the Ministry of Health, Malaysia. The Malaysian Ministry of Health has been an important and central partner, supporting the need to address current cervical screening challenges, providing access to Klinik Kesihatan and evaluating the feasibility and acceptability of the intervention.

Experts from VCS Foundation brought their expertise in pathology, population health and digital health in support of the project. In particular, VCS Foundation's population screening platform, canSCREENTM was adapted and configured to meet the needs of Malaysian women, doctors and nurses for Project ROSE. It will also provide a platform for ongoing evaluation of the performance of the Pilot program in advising and developing the protocols.

The collaborative team was significantly supported by Cancer Research Malaysia through the provision of crucial project funding and research expertise, George Washington University USA (Prof. Patti Gravitt) with provision of implementation research expertise and advice, Celcom Axiata Berhad's provision of critical telecommunications support, and Cepheid's generous contribution of the Point of Care X-pert HPV testing platform and tests.

https://www.uicc.org/who-we-work/members/uicc-awards/uicc-awards-2018-finalists#accitem22871

Notes to editor

For enquiries regarding Project ROSE, please contact:

Dr Jananezwary Kanapathy
 Head of Community Programmes
 Cancer Research Malaysia
 Email: jananezwary.kanapathy@cancerresearch.my

• Prof. Dr. Woo Yin Ling Co-Principal Investigator Project ROSE (Malaysia) University of Malaya Tel: 012-6700335; Email: ylwoo@ummc.edu.my

• Prof. Marion Saville

Co-Principle Investigator of Project ROSE (Australia)

VCS Foundation

Email: masaville@vcs.org.au