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## Screen-and-treat colposcopy as public health strategy for cervical cancer early detection in high-risk population: The experience of the Centro de Estudios y Prevencion del Cancer (CEPREC) in indigenous population of Southern Mexico

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**Background:** The incidence of cervical cancer in Mexico remains high, due to ineffective Papanicolaou smear screening, social, educational, cultural and financial issues. Southern Mexico is a region with a high incidence of cervical cancer. CEPREC has designed educational, preventive and early cancer detection programs in that population (Onkologie 27:211). We propose screen-and-treat colposcopy for cervical cancer prevention as public health strategy in selected high-risk population. This study evaluates the feasibility and acceptability of this approach through an educational program.

**Methods:** From 12/2002 to 12/2005, women living in Southern Mexico were educated about cervical cancer and its prevention and were offered colposcopy either in CEPREC facilities or in ambulatory clinics. Colposcopy diagnosis and cervical cytology were established according to the 1990 IFPC criteria and the 2001 Bethesda System, respectively. A cone biopsy was indicated in patients diagnosed as having human papilloma virus (HPV), cervical intraepithelial neoplasia (CIN 1, CIN 2, CIN 3), or carcinoma. Patients diagnosed as having HPV, CIN 2 and CIN 3 were treated by large loop excision of the transformation zone under local anesthesia. **Results:** 8281 women (median age 39 years, range: 14–87) were evaluated. 5645 (68%) of them underwent colposcopy in ambulatory clinics. 1171 (14%) women were illiterates and the highest education level was 9 years in 4881 (59%). Median age at first intercourse and first Papanicolaou smear were 19 and 29 years, respectively. 4251 (51%) women had vaginal symptoms before colposcopy. Abnormal colposcopy (HPV, CIN 1, CIN 2 or CIN 3), was diagnosed in 1073 (13%) patients and 9 (<1%) had carcinoma. 238 (22%) of them were treated on site. Low-Grade (n = 190) (80%), and high-grade squamous intraepithelial lesions (n = 48) (20%), were diagnosed in those patients. **Conclusions:** Screen-and-treat colposcopy is a feasible public health strategy with high acceptability in selected high-risk population and could be an alternative to cytology-based screening programs.

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