

The Dynamic Optimal Control Model for Analyzing the Cost-effectiveness of Cervical Cancer Prevention in South-Asian Developing Countries

Mengqi Liu (Mandy), Alok K. Bohara

Economics Department, University of New Mexico

Oct. 11th, Madison



Table of content

- Introduction and background
- Theoretical framework
- Model
- Discussion
- Future work

Introduction: Cervical cancer

- Fourth most frequent cancer in women
 - “Every two minutes, somewhere in the world, one woman will lose her life to the disease.” (*WHO, 2018*)
 - Estimated 530,000 incident cases in 2012, representing 7.9% of all female cancers (*WHO 2012*)
- 80% of the 274,000 deaths from cervical cancer each year occurred in developing countries (*Agosti and Goldie, 2007*)
- Poverty trap

Background: HPV vaccine

- Human papilloma virus (HPV) infection is the major cause of cervical cancer (*Schiffman, et al, 1993; Walboomers, et al, 1999; Bosch, et al, 2002; ACS, 2017*)
- HPV vaccine can prevent certain types of HPV which can further prevent cervical cancer (*Saslow, et al, 2007*)
- Types of HPV vaccine
 - Cervarix: type 16 and 18
 - Gardasil: type 6, 11, 16 and 18
 - Gardasil 9: types 6, 11, 16, 18, 31, 33, 45, 52, and 58
- Price of the vaccine: \$4.55/dose ~\$40/dose (*Campos, et al, 2016*)

Background: Screening

- Vaccine does not eliminate the need for regular screening (*WHO*)
 - The vaccines do not protect against all high risk HPV types
 - Non-vaccinated girls continue to be at risk
- Types of screening
 - Visual Inspection with Acetic Acid (VIA)
 - Pap Smear test
 - HPV DNA test

Research Question

- What is the most cost-effective HPV vaccination rate and screening rate in developing countries?
- Can fully coverage rate be cost-effective?

Theoretical Model

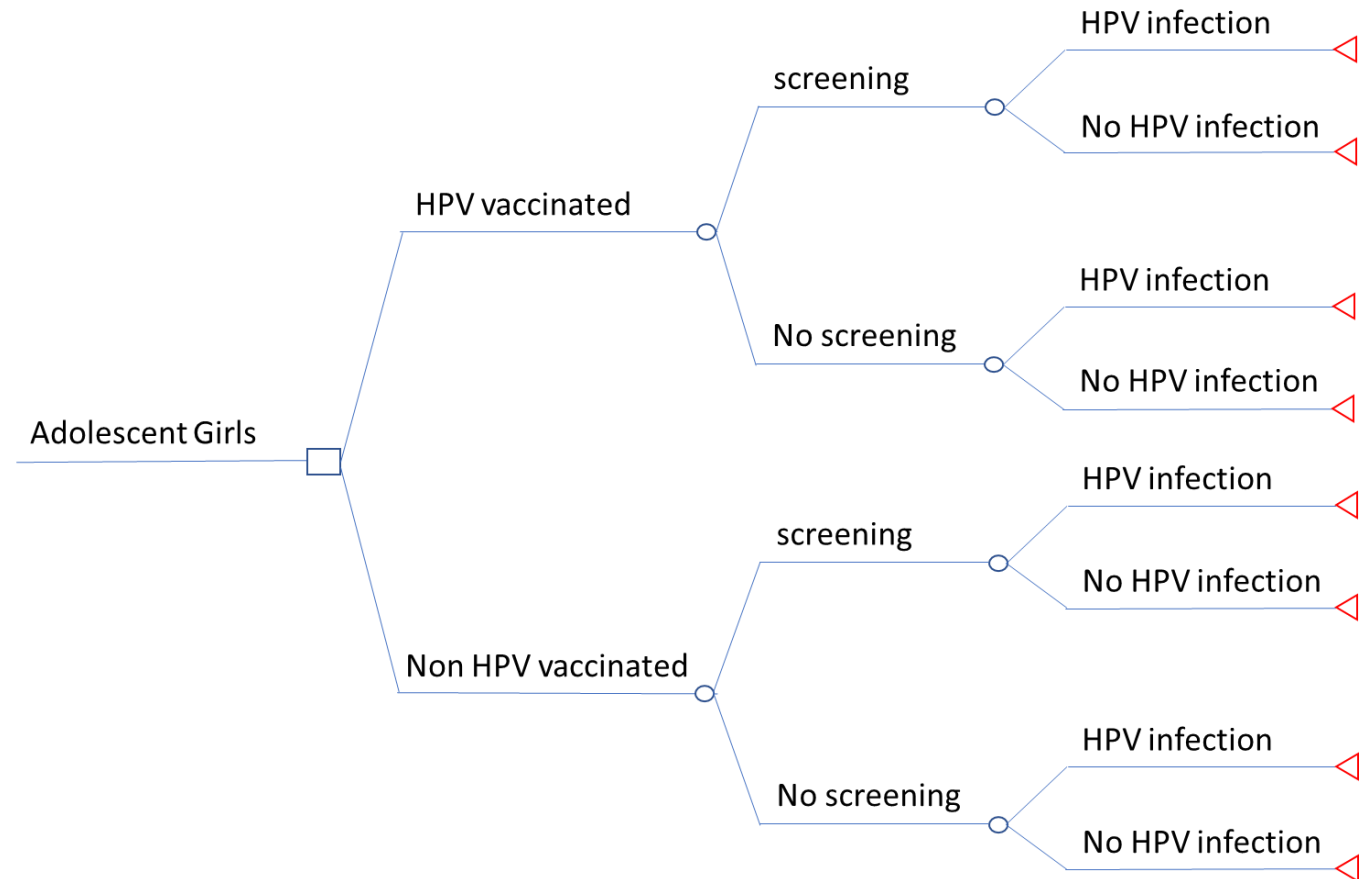


Figure 1 The health behavior decision tree of HPV vaccine and cervical cancer screening

Theoretical Model

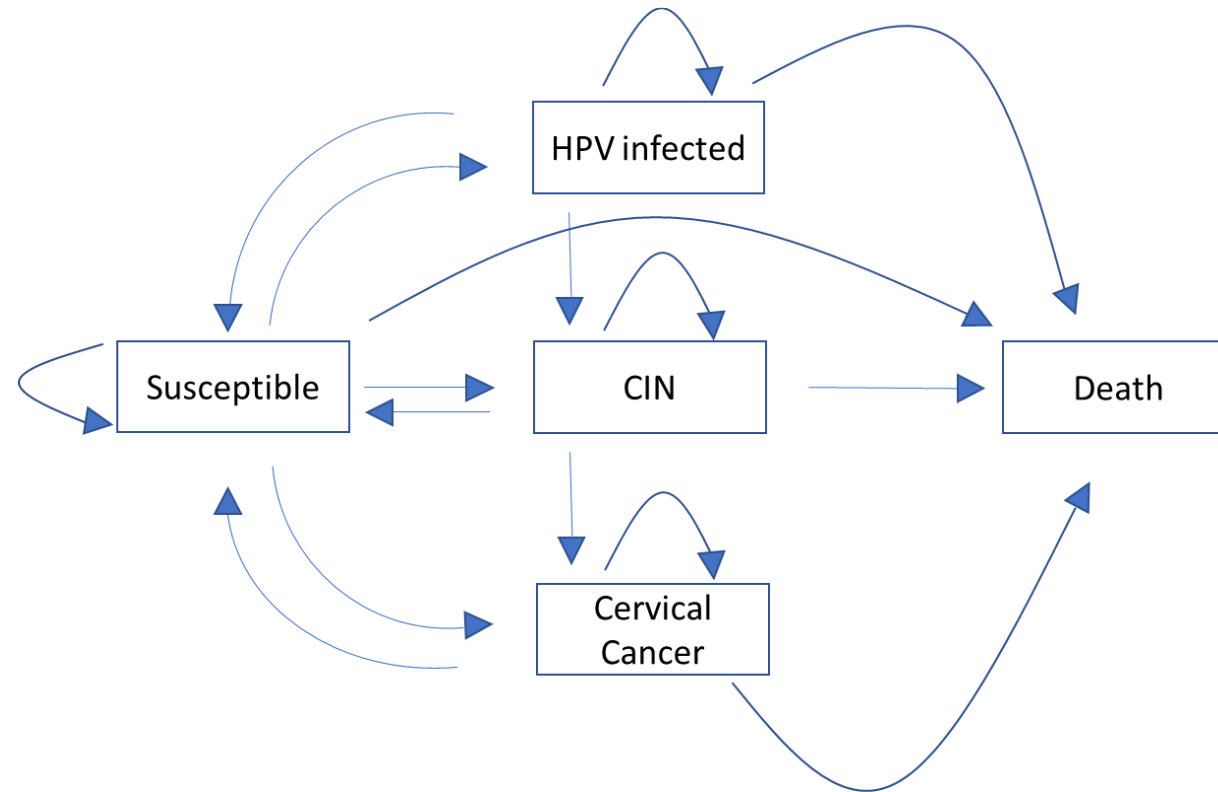


Figure 2 Transition of stages with the HPV

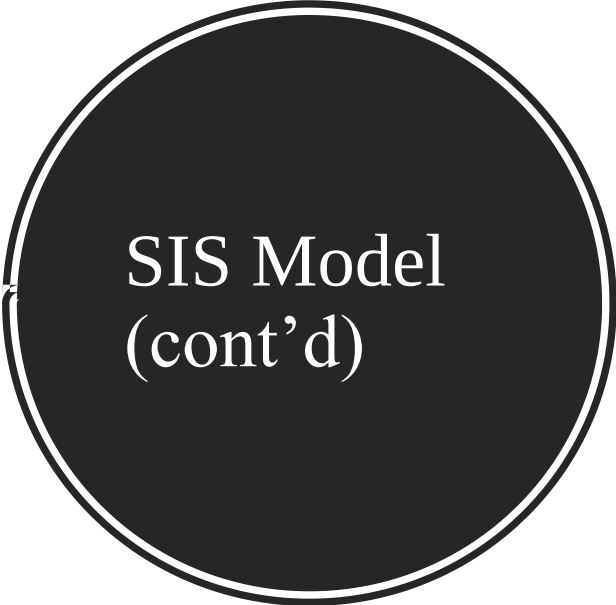
Theoretical Model

SIS Model

*Ribassin-Majed
and Lounes 2010*

- Non-vaccinated Susceptible women
 - $\frac{dXs}{dt} = (1 - \varphi(t))\Lambda - \gamma Xs + \delta Xi - \mu Xs$
- Non-vaccinated Infected women
 - $\frac{dXi}{dt} = \gamma Xs - (\delta + \mu) Xi$
- Vaccinated Susceptible women
 - $\frac{dVs}{dt} = \varphi(t)\Lambda - (1 - \tau)\gamma Vs + \delta Vi - \mu Vs$
- Vaccinated Infected women
 - $\frac{dVi}{dt} = (1 - \tau)\gamma Vs - (\delta + \mu) Vi$

Theoretical Model



SIS Model
(cont'd)

- Population size (only women in this case)

$$N_f = X_s + X_i + V_s + V_i$$

$$\dot{N}_f = \Lambda - \mu N_f \longrightarrow N^* = \frac{\Lambda}{\mu}$$

$$M = \{(X_s, X_i, V_s, V_i) \in \mathbb{R}_+^4, X_s + X_i + V_s + V_i \leq \frac{\Lambda}{\mu}\}.$$

- Screening population

$$\dot{S} = \omega(t) \dot{N}_f$$

Dynamic Optimal Control Model

- Objective function:
 - Minimize the total social welfare cost (*Brown and White, 2011*):
 - The cost of the vaccine
 - The cost of the screening
 - The cost of HPV infection treatment
 - The cost of precancerous stage (CIN) and cervical cancer treatment

$$\min_{v(t), \omega(t)} C = \int_0^T [A(V_s + V_i) + B(\omega(t)N_f) + C(X_i + V_i) + D + E] dt$$

Dynamic Optimal Control Model

$$\min_{v(t), \omega(t)} C = \int_0^T [A(V_s + V_i) + B(\omega(t)N_f) + C(X_i + V_i) + D + E] dt$$

$$\begin{aligned} \text{s.t.: } \frac{dX_s}{dt} &= (1 - \varphi(t))\Lambda - \gamma X_s + \delta X_i - \mu X_s \\ \frac{dX_i}{dt} &= \gamma X_s - (\delta + \mu) X_i \\ \frac{dV_s}{dt} &= \varphi(t)\Lambda - (1 - \tau)\gamma V_s + \delta V_i - \mu V_s \\ \frac{dV_i}{dt} &= (1 - \tau)\gamma V_s - (\delta + \mu) V_i \end{aligned}$$

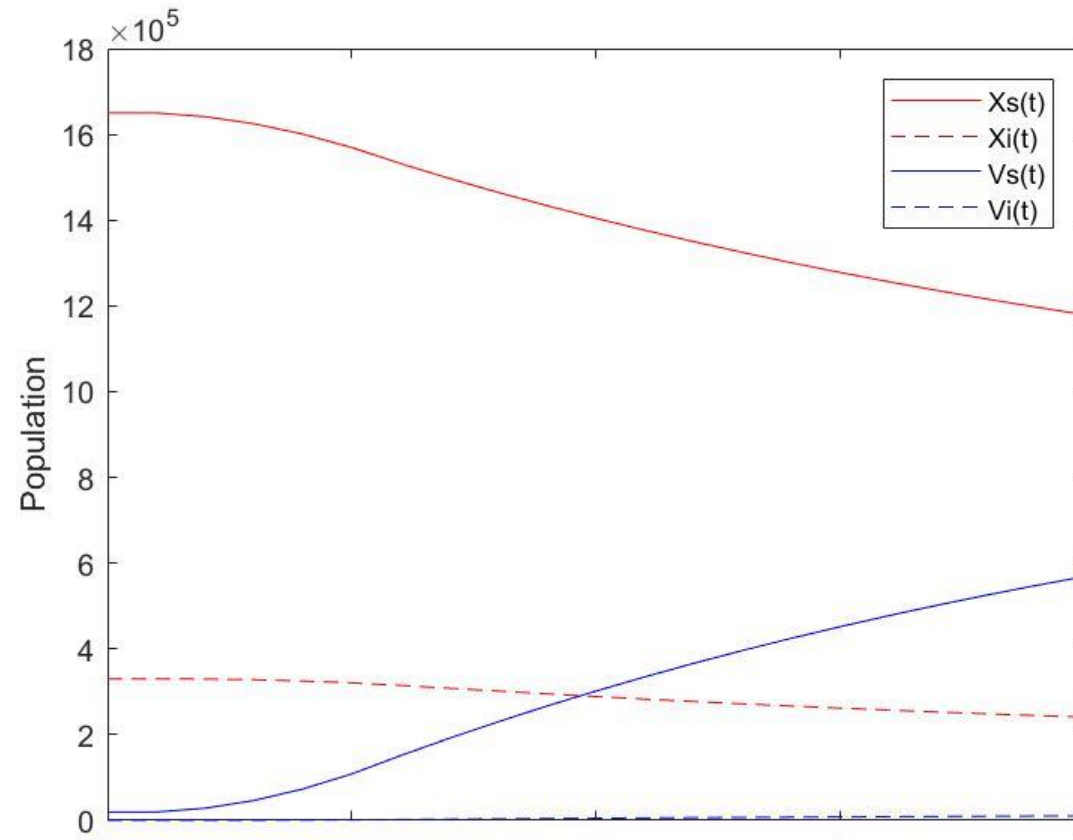
To solve the model, we need to set up the initial conditions for the state variables, which lead us to do the simulation with real world data.

Simulation: Facts and assumptions

- Low-income country scenario:
 - Vaccine: *2 doses for the 10 years old girls*
 - Screening: *screen every 5 years for the women age from 25 to 65*
- Costs do not change for the time period
- Time period: *10 years*
- HPV vaccine effectiveness of protection: *90% and lifetime*

Discussion: Simulation

- Use APMoniter with Matlab



Discussion: Add two more variables

- Precancerous-stage (CIN) population:

- $\frac{dCp}{d\varphi} < 0$
- $\frac{dCp}{d\omega} \leq 0$?

- Cervical cancer patient population

- $\frac{dCc}{d\varphi} < 0$
- $\frac{dCp}{d\omega} < 0$

Future work

- Extend the model with dynamic CIN population and cervical cancer population, as well as variate Λ (the new population enter sexual activity)
- Apply data from different south-Asian countries (Nepal, Bangladesh, Pakistan, etc.) to find the optimal vaccination and screening rates
- Compare the cost-effectiveness of vaccination and screening for developing countries by calculating the disability-adjusted life years (DALYs) and incremental cost-effectiveness ratios (ICERs) separately for vaccination and screening, then compare ICERs to the countries' per capita gross domestic product

Thank you!

