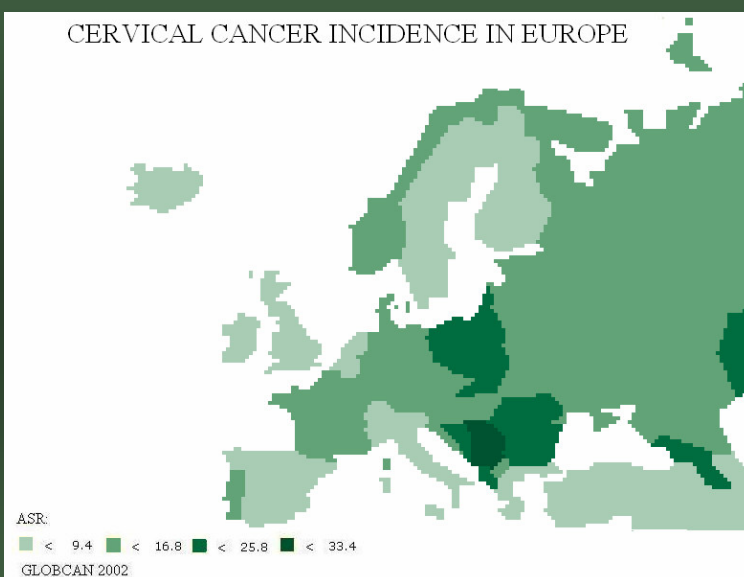


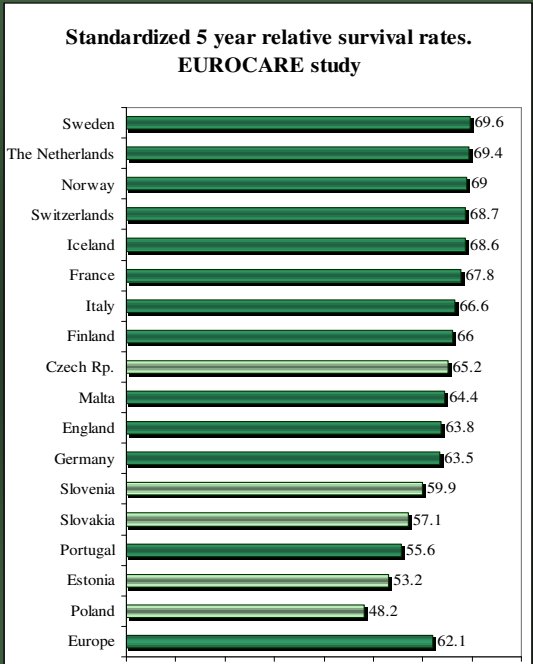
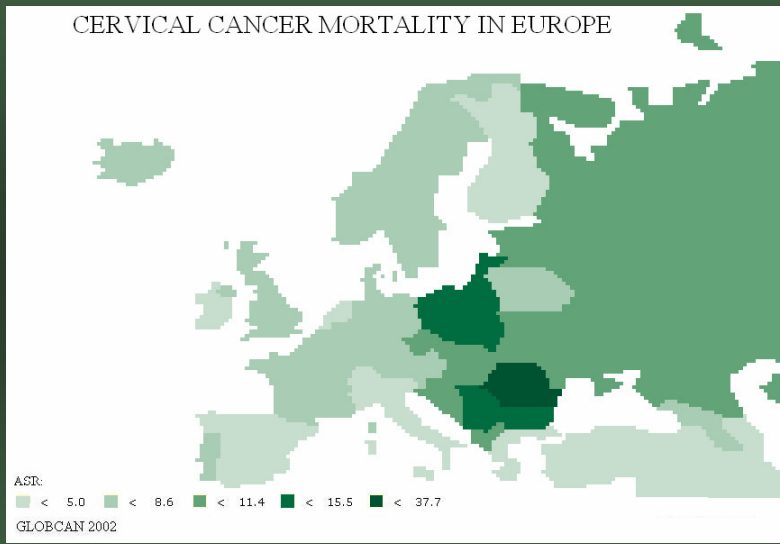
MAKING CANCER SCREENING A PRIORITY CERVICAL CANCER SCREENING

Magdalena Bielska-Lasota
Maria Skłodowska-Curie Cancer Center
and Institute of Oncology, Warsaw, Poland

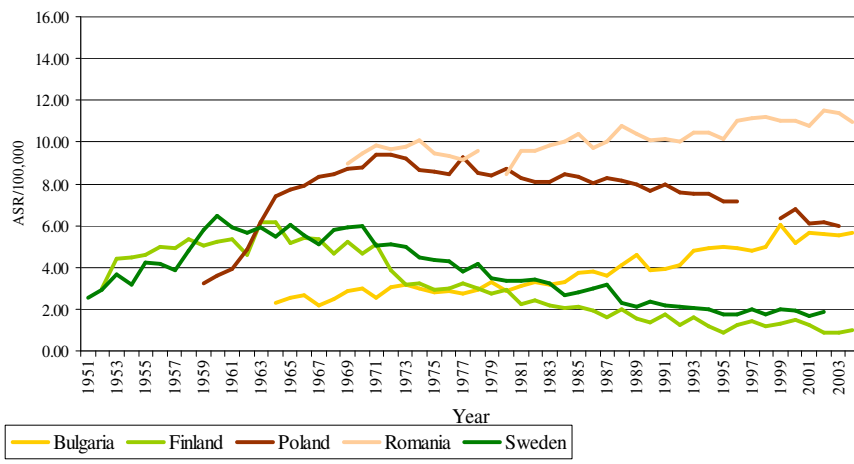
“United against cancer”
CEE region Cancer Summit in Slovenia
Ljubljana, 3-5 November 2006

CERVICAL CANCER INCIDENCE IN EUROPE





Trends in cervical cancer mortality in countries where screening programmes were active since 1960s (Finland, Sweden) vs other countries



58th World Health Assembly

Resolution on cancer prevention and control, 2005

“National health authorities may wish to consider the following outcome-oriented objectives for their cancer control programmes, according to type of cancer:

...

- cancers amenable to early detection and treatment (such as oral, cervical, breast and prostate cancers): to reduce late presentation and ensure appropriate treatment, in order to increase survival, reduce mortality and improve quality of life

...”

Cytology-based organized screening and treatment programmes have reduced cancer incidence and mortality by 80% in British Columbia (Canada) and some Nordic countries and by 50-60% in other European countries.

According to IARC estimation, to achieve the prevention up to 90%, high compliance and a high degree of organization are needed, as well as financial resources.

Recommendation for the EU member states are:

- Screening programmes should be on the population basis
- Should be organized
- Quality assurance should be guaranteed at all levels
- Screening interval: 3 to 5 years
- The lower and upper limit of age depend on the incidence pattern, usually 30 to 60 years. It is not recommended to start screening before the age of 25.

In high incidence countries

A large proportion of the population should be on screening at least once, rather than a smaller proportion more frequently

Areas where cervical cancer screenings fail

- 1. Low rates of population coverage**
- 2. Poor follow-up**
- 3. Low frequency of screening**
- 4. Lack of sensitivity of the test (inadequate quality control)**

Decision makers have to weigh the advantage of:

- Establishing of cervical cancer screening that needs financial investment, organization effort, personnel training and public education but brings long lasting beneficial effect**
- and**
- The extent of disability and death caused by other diseases, the efficacy, cost and impact of their diagnosis and treatment.**

Conclusion

- **Cervical cancer screening only in Central and Eastern Europe can save more than six thousand of woman lives, therefore, population based cervical cancer screening should be considered as a priority.**
- **Women living in this region of Europe should be given a chance of being protected by effective screening and have an easy access to standard prevention allowing an effective treatment.**