

MAKING CANCER SCREENING A PRIORITY

CERVICAL CANCER SCREENING

ABSTRACT

In developed countries, there is a tendency for diminishing the risk of cervical cancer due to change in life style, higher level of public concern, but mainly because of the effects of organized population screening based on cytological test (Pap smear) and treatment programs. Although randomized clinical trials were not performed, over 40 years of experience in screening programs proved their effectiveness in cervical cancer control. Screening has reduced incidence and mortality by 80% in Nordic countries and by 50-60% in other European countries. The current recommendation for EU member states is that cancer screening should only be offered on a population-basis as organized programs, with quality assurance ensured at all levels. Women should be screened at 3-5 years interval, as the effectiveness is similar to that of the 1-year interval. Managerial guidelines have been published by the WHO and IARC and there are also national guidelines describing how to organize, manage and monitor a program in individual countries.

The present-day epidemiological studies disclosed significant differences in cervical cancer control between the European countries with the most unfavorable patterns in Central and Eastern Europe. The other reports showed that European countries do not have a uniform health policy on cervical cancer prevention and treatment. Various health priorities recognized in the country as more urgent, scarce resources, sometimes underestimation of delay effect of prevention measures and lack of political will underlie these previously mentioned differences. In the countries with scarce resources, WHO recommends the implementation of population-based organized screening (which is more effective than opportunistic) and proposes more economical variants. Screening should not start before the age of 30 due to lower cost-effectiveness. Intervals should not be shorter than 3 years. If resources are limited, the screening intervals can be extended to 5-10 years which is still effective in reducing cancer mortality. In high incidence countries, a large proportion of population should be on screen at least once, rather than a smaller proportion screen more frequently.

However, other conditions are essential for a successful screening: a high coverage (80%) of the population at risk, appropriate follow-up and management for those who are

positive on screening, effective links between program components (e.g. from screening to diagnosis and treatment), high quality screening tests, diagnosis, treatment and follow up, and also adequate financial resources.

Effective screening changes the patients' population toward earlier stages of disease advancement and younger age. Therefore, the treatment is more effective (higher proportion of patients radically cured) and cheaper (less adjuvant radiotherapy and chemotherapy) and less expensive for social security.

In the countries with scarce resources, decisions are not easy for health providers. They have to weigh between providing well organized screening with disadvantage of delayed effects but lasting benefits and other health priorities connected with the extend of disability and death caused by other diseases. Moreover, screening needs financial investment, organizational effort, personnel training and public education.

It is easy to estimate that this approach could save more than six thousand woman lives in Central and Eastern Europe alone. Population-based, organized cervical cancer screening should be considered as a priority in European cervical cancer prevention to enable each woman to be protected by having an easy access to standard prevention allowing an effective treatment.

References:

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