

Monitoring the effectiveness of cancer control in Slovenia

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Population-based cancer registries are an essential component of a fully developed cancer-control programme. In addition to providing information on current and future needs for services, they are used to monitor programmes of prevention, early detection and treatment. In Slovenia, there is the oldest obligatory population based Cancer Registry in Europe, founded in 1950, so besides mortality, data on cancer incidence, prevalence and survival of cancer patients are available to monitor the cancer burden in our country. In 2003, there were nearly 10,000 new cancer cases diagnosed and 5058 deaths registered. As in other central and eastern European countries, lung is still the most frequent cancer site in males and breast in females. The lung cancer incidence started to decline in males, reflecting decreasing smoking prevalence in the last three decades, but not in females.

In females, cervical cancer is ranked the sixth, but compared to other western European countries, the incidence is among the highest; that's why the national organised screening programme has started in 2002. The results from the screening registry show that in some regions the goal of 70% of women having a smear in the last three years has already been achieved and preliminary data from the Cancer Registry do not show an upward trend of cervical cancer any more.

Increasing trend in breast cancer is followed by slow decreasing mortality in ages 40-69, but not in older women. Currently, the breast screening is opportunistic and no official data are available on its extent. The organised programme according to European guidelines for quality assurance in breast cancer screening and diagnosis is in preparation and a pilot will start in 2007.

The most worrying in Slovenia is an increasing trend in colorectal cancer in both sexes that can be ascribed to unhealthy lifestyle (diet, obesity and lack of physical activity). No organized screening is available currently.

Systematic screening is a public health intervention, often performed in primary health care. For its sustainability it should receive political support, supporting legislation and professional education. The key for success of such a programme is organisation, existence of national standards for quality assurance and control and constant monitoring of short- and long-term indicators. Financial support for implementation of evidence based screening programmes in central and eastern European countries could be found in EU Structural Funds, while professional support could come from experiences of European Cancer Screening Network (ECN).

The Registry follows the survival of cancer patients and contributes the data to international comparisons studies (EUROCORE II-IV). At European level, the survival of Slovenian cancer patients is somewhere between western and eastern European countries, especially in the most common cancers (breast, colorectal, prostate). One of reasons is not only diagnosis at a later stage, but also lack of national guidelines and different standards of treatment in several hospitals.

Not all of the indicators, as agreed in EUROCHIP-I, are available to monitor the effectiveness of cancer control programme in Slovenia, so it is hoped that in the following years they will be gathered and the national cancer control programme formally developed.

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