CONCLUSION

Opportunistic screening in Croatia did reduce the incidence and the mortality rates of cervical cancer among Croatian women in the last two decades because it was and still is based on a high quality of conventional gynecological cytology but still, rates are very high compared to countries that implemented organised cervical cancer screening. Now, there is a very urgent need to move forward with the introduction of a comprehensive organised cervical cancer prevention programme in Croatia that will include organised cervical screening of adult women and organised HPV vaccination of adolescent girls. Indeed, this is the only way how to further reduce cervical cancer rates, while providing equitable, cost-effective protection to all women in Croatia.

REFERENCES

2. Arbyn M, Primic-Zakelj M, Raifu AO, Grce M, Paraskevaidis E, Dia-
14. Znaor A, Strnad M. Cervical cancer in Croatia: state of the art and poss-
18. Kašć B, Gjenero-Margan I, Brzović M, Lakoseljac D, Alerej B, Nemeth-

CERVICAL CANCER SCREENING IN SLOVAKIA

Organized Screening Working Group in Slovakia

Address for correspondence: H. Hupková, General Health Insurance Company, Mamateyova 17, 850 05 Bratislava, Slovak Republic. E-mail: helena.hupkova@vszp.sk

Key words: screening, cancer, papillomavirus, cervix, gynaecology, cytology

Annually approximately 220 women die of cervix cancer and 550 have cervix cancer newly diagnosed in Slovakia. As this malignant disease of woman genitals is the only one with long-time development the prevention programme is crucial. From the history, the prevention programme was occasional – more or less involved were woman hospitalized or visiting their gynaecologist who took mandatory cardiovascular and oncological programme, part of which were both gynaecological and cytological examination. However, this screening was bringing no relevant results. On the contrary, the mortality rate increased from 5.4/100,000 women to 7.9/100,000 women in 1980–2000. Also incidence – a number of new cases per 100,000 women per year – is not decreasing.

Nowadays we have two woman groups in Slovakia – first one with regular visits of their gynaecologist with the result of higher preinvasive stages detection and the second group of woman not visiting their gynaecologist, which results in an increasing incidence of advanced disease stages and increased mortality trends for cervical cancer. Although the preventive gynaecological examination is legally guaranteed in the Slovak Republic, only 20% of woman population is taking advantage of it. That is the reason, why we in Slovakia prepare national, organized mass screening. The function of such screening is to achieve the maximum attendance of target population. In the age group of 23 to 64 years there are approximately 1.6 million women in SR who should be included in the organized screening. The committee for organized cervix cancer screening is beginning to prepare the cytological examination standardization – taking of the sample, fixation, staining and interpretation (Bethesda system...
2001) and is suggesting the screening interval of 1-1-3 years from the age of 23 and the last cytological examination at the age of 64 in case the last three cytological examinations had negative results. Using the Ministry of Health Special Regulation the preparatory committee suggests the hybridization test utilisation (HC2 Digene) of highly dangerous papillomaviruses detection in the situation where the result of cytological examination was ASC-US, no matter what age the patient is (the recommendation of the Slovak Gynaecological Association Committee). Finding of ASC-US is expected in 3–5% of cytological examination. In effort to support the organized screening in Slovakia the General Insurance Company took some measures such as workplace selection where laboratory diagnostics of papillomaviruses is performed using hybridization test for those indications recommended by the professional association.

The solution is to intensively search for the „call-recall“ system operation – in order to ensure the invitation system for preventive check-ups, screening evaluation system, data flow and collection and standardization of all examinations related to the preventive check. The best-fit seems to establish the national reference center for cervix cancer screening. The result of this outlined effort should be the significant decrease of steady high incidence of this disease in the Slovak Republic (app. 20/100,000 woman per year).

CERVICAL CANCER SCREENING IN SLOVENIA

Maja Primic Žakelj
Epidemiology and Cancer Registry, Institute of Oncology, Ljubljana, Slovenia

Address for correspondence: M. Žakelj, Institute of Oncology Ljubljana, Epidemiology and Cancer Registry, Zaloška 2, 1000 Ljubljana, Slovenia. E-mail: mzakelj@onko-l.si

Key words: screening, cervical, cancer, organized, opportunistic

In Slovenia, opportunistic screening was introduced in regular gynaecological practice in 1960, but in some regions already in 1955 and 1956. A preventive gynaecological exam (smear included) has been practised since then on a yearly basis and recommended to women by gynaecologic community and paid by the health insurance. According to the data of the Cancer Registry of Slovenia, the crude incidence rate of invasive cervical cancer increased from 22.5/100,000 in 1950 to 34/100,000 in 1962 and then decreased to 14/100,000 in 1979, when the incidence was the lowest. Since then till 1993 there were no major changes (though nothing had changed in gynaecological recommendations) but in 1994 the incidence rate started to increase again. Furthermore, an increase of the invasive cancer incidence in the younger age groups (30-39) has been observed. In the period 1994–1998, the age specific incidence rate in the age groups 30–34 and 35–39 was nearly the same as in the period 1959–1963, at the start of the opportunistic screening. In 1996, a decision was made by the Ministry of Health and Health insurance Company to start a pilot study to gradually introduce organised CC screening. The pilot started in 1998 in the central region of Slovenia. First, a uniform smear report form and skeleton of a computer database were constructed. From the Central Population Register, samples of women from the target population were regularly made and invited to pre-arranged gynaecologic exams. In the period 1998–2001, 28,804 invitations were sent. Personal invitations have resulted in nearly 50% participation rate in the group of women who do not regularly attend the opportunistic screening. All smear reports (in the electronic form) from all cytological laboratories in the region were gathered. A central database of the Screening Registry was thus created and then regularly updated. In the following years the reporting of smears from all cytological laboratories from the whole country was established, so since 2003 the register is covering the whole country and constant monitoring of the coverage and quality has been established. National guidelines for quality assurance and control of all procedures involved in cervical cancer screening and treatment of intraepithelial lesions and of cervical cancer were determined. The legal basis for the programme was also established: the contents of the database is included in the law on health statistics, the special regulation for cytopathology laboratories was published by the Ministry of Health and laboratories have been reviewed to evaluate whether they comply with these standards. With the ministry’s recommendation on preventive examinations in primary reproductive health care where screening policy was introduced, the national programme started in 2003. It has a name ZORA after Slovenian initials for organised cervical cancer screening programme. The central coordination office with the Screening Registry is at the Ljubljana Institute of Oncology. Each woman between ages 20 and 64 is to be invited to perform a preventive gynaecological examination together with PAP smear once in every three years (after two negative smears) – either by her “personal” gynaecologist with whom she has already been registered or from the Screening Centre in case she has not been registered yet. Women aged 65 to 74 years are not invited but are offered screening when they attend gynaecologist for other reasons.

Four years after the start of the programme, 70% of women in the target age group (20–64 years) had at least one smear registered in the Screening Registry. The percentage is about 80% till the age of 45 and smaller among older women. In 2006, 245,416 smears have been registered from 220,820 women; 176,633 women attended for screening (80%), in others smears were taken as follow-up or because of clinical indications. 5.9%