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## Cervical cancer screening in Serbia: how we did it

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**Key words:** Uterine Cervical Neoplasms; Mass Screening; Vaginal Smears; Early Detection of Cancer; Serbia

Cervical cancer is the second most common female malignancy in Serbia, after breast cancer. In 2002, it was the fourth leading cause of cancer death with 452 deaths with an age-standardized death rate of 7.2 per 100,000 women. With 1,089 new cases registered and an age-standardized incidence rate of 27.2 per 100,000 women, the Central Serbia has the highest incidence of cervical cancer compared with other European countries.

A comprehensive, centralized screening program for cervical cancer has never been implemented in Serbia. Cervical cancer prevention has relied on opportunistic screening. This type of screening has been characterized by high coverage in younger and low coverage in middle-aged and older women. Screening of selected groups of women employed in large companies is performed annually by many regional hospitals. This approach, however, has had little effect on morbidity and mortality.

In spite of some efforts to initiate screening during the period between 1990 and 1999, the difficult situation in the country did not enable approach that is more organized. From the beginning of 2000, a number of pilot projects have been undertaken and the results were used for the development of a national program for an organized cervical cancer screening. The Program has been finalized in 2007 and approved by the Serbian Government in May 2008. The preparatory activities for the implementation have been finished and the Program is to be launched in order to cover all women aged 25-69 in entire Serbia. Approximately 2,300,000 women will be invited for a Pap smear over a period of 3 years. The Program will be run on an organized, decentralized model. The main advantages are the network of primary health care units all over Serbia, involving more than 500 gynecologists, coordinated system of public health services and well-developed colposcopy service.

The major disadvantage of the Program is an inherited system of cytology reporting performed by gynecologists trained for cytology and the insufficient number of pathologists subspecialized for cytology. This means that the two important professional groups- cytotechnicians and pathologists subspecialized for cytology are lacking. To overcome this obstacle and ensure the quality control system will be the major challenge of an organized cervical cancer screening in Serbia. Until the new profiles are educated for cytoscreening, the gynecologists with an experience in cytology longer than 15 years, with at least 2000 cytological examinations per year will function as cytotechnicians. The re-education of this group has already started and one of the most difficult parts of this process appeared to be the shift to Bethesda system from the standard Papanicolaou cytological reporting.

The last period, even before the actual implementation of the screening, is characterized by largely increased awareness of the women, medical professionals and decision-making politicians about the importance of cervical cancer screening. As a result, the incidence of cervical cancer has been steadily decreasing ( $y=25.3-0.49x$ ) during the last few years. According to the last available data from the Cancer Registry (2006), it now accounts for 25.8 per 100,000 women.

## References

- 1 American College of Obstetricians and Gynecologists. COG Practice Bulletin No. 99: management of abnormal cervical cytology and histology. *Obstet Gynecol.* 2008;112(6):1419-44.
- 2 IARC. World Cancer Report 2008. Lyon, France: International Agency for Research on Cancer;2008.
- 3 Jordan J, Arbyn M, Martin-Hirsch P, Schenck U, Baldauf JJ, Da Silva D, et al. European guidelines for quality assurance in cervical cancer screening: recommendations for clinical management of abnormal cervical cytology, part 1. *Cytopathology.* 2008;19(6):342-54.
- 4 Jordan J, Martin-Hirsch P, Arbyn M, Schenck U, Baldauf JJ, Da Silva D, et al. European guidelines for clinical management of abnormal cervical cytology, part 2. *Cytopathology.* 2009;20(1):5-16.
- 5 Meijer CJ, Berkhof J, Castle PE, Hesselink AT, Franco EL, Ronco G, et al. Guidelines for human papillomavirus DNA test requirements for primary cervical cancer screening in women 30 years and older. *Int J Cancer.* 2009;124(3):516-20.
- 6 WHO. Comprehensive Cervical Cancer Control. A guide to essential practice. Geneva: World Health Organization; 2006.
- 7 Wright TC Jr, Massad LS, Dunton CJ, Spitzer M, Wilkinson EJ, Solomon D; 2006 ASCCP-Sponsored Consensus Conference. 2006 consensus guidelines for the management of women with abnormal cervical screening tests. *J Low Genit Tract Dis.* 2007;11(4):201-22.

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## The French screening program for cervical carcinomas

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## Epidemiology

In France, in 2005, the estimated number of new cases of cervix carcinomas was 3068 and the estimated number of deaths was close to 1100. Cancer of the cervix is a long-term consequence (up to fifteen years) of an infection caused by viruses of the family of papilloma virus (HPV). By screening for cervical cancer of the uterus, it is possible to detect precancerous lesions of the cervix and act very early.

## Who is affected?

Screening for cervical cancer of the uterus is recommended for women aged 25 to 65, every 3 years (after the first two normal smears performed 1 year apart). This testing is done usually on a proposal from the attending physician or gynecologist. Depending on the personal history of each woman, a closer follow-up may be suggested.

Regardless of age, it is important that women be aware of the presence of unusual signs and consult their doctor or gynecologist at the onset of pain or bleeding after intercourse or between periods. These signs are not specific for cervix cancer but must bring the woman to consult her doctor.

## How testing is conducted?

The PAP test is the screening of cervical cancer of the uterus currently recommended. During a pelvic exam, after introduction of a speculum, the doctor or gynecologist collects cells from the cervix using a small brush or spatula. This simple and painless procedure only takes a few minutes. The sample is sent to a specialist, pathologist, for reading and interpretation.

The smear is covered by health insurance at 65%, excluding fees and reimbursement, which exceeded supplementary insurance. If the test is positive, additional tests are performed to determine the nature of the anomaly.

## Who to contact?

A physician, gynecologist or general practitioner or a midwife. It is also possible to smear at the health examination centers of health insurance, hospitals as part of a consultation, mutual centers, the Maternal and Child Health Organization, some pathology laboratories and some testing laboratories in laboratory medicine prescription.

## Is there an organized screening program for cervical cancer of the uterus?

Thirteen departments are conducting an experiment of an organized screening program for cervical cancer of the uterus. This program combines the actions of screening (invitation letters to women who did not have their smear taken for 3 years, reminding the women who did not respond to the announcement of an abnormality on their smear...), preventive actions (campaign for vaccination...) and health education (information for girls, working with groups of insecure women...).

## Final French recommendation from the Health Authorities

Screening of cervical cancer for all women aged 25 to 65, organized in France, is based on a PAP test performed every 3 years. The value of the screening using the detection of HPV is not well established and this test is actually not recommended as a part of a national, organized, screening program.