
A COMPARISON OF PERFORMANCE PARAMETERS FOR CERVICAL CANCER SCREENING IN EUROPEAN COUNTRIES

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Background: Monitoring cervical screening is recommended by the recently published European Guidelines for quality assurance in cervical cancer screening, in order to improve quality and reduce undesired effects.

Materials and Methods: We collected from European national or regional screening programmes the standardised tables of aggregated data and computed the key performance indicators reported in such Guidelines.

Results: The proportion of national female population included in the target population of population-based organised screening programmes was 100% in 10 countries and 69% in one, while in 5

other countries only regional programmes, encompassing 1 to 16% of the relevant population, were present and there was no population based organised programme in the remaining. Overall some 35% of European women aged 30–60 were included in organised programmes. The percent of women invited in a screening round ranged from 19% (Slovenia, where only women not spontaneously covered are invited) to 98% (England). Screening coverage in round varied from 10% in Cluj County, Romania to over 70% in Finland, Alsace (France), the Netherlands, England and Sweden. Referral rates to repeat cytology or to colposcopy and the Positive Predictive Value (PPV) of colposcopy were strongly influenced by management protocols. For example the PPV of colposcopy was low in Italy (16%) because most programmes directly refer to colposcopy women with ASCUS and LSIL cytology. However in the Netherlands both referral to repeat cytology (2.9% of screened women) and to colposcopy (1.4%) were low and colposcopy PPV was 52%. The detection rate of histologically confirmed CIN2+ ranged from 0.23% of screened women in Finland to 1.1% in England. However such differences were reduced when taking into account the actual interval between screening rounds.

Conclusions: We are not aware of previous studies comparing performance parameters between many European countries. Their relevance for improving the quality of cervical screening will be even larger as long as HPV testing and vaccination will be introduced.