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Barriers in cervical cancer screening programs in new European Union member states

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The European Union has provided straightforward recommendations to implement high-quality organized population-based screening programs for cervical cancer in the member states[1,2]. Related quality assurance guidelines also exist since February 2008[3,4], showing experiences of many member states, and indicating how high-quality screening programs for cervical cancer can be planned and implemented. It is essential to reach high level of information about screening and acceptance of it – both in the population, among medical professions, and decision-makers – and adherence to strict quality-assured protocols. Also continuous monitoring and scientific evaluation of the activity showing the benefits and potential harms is an integral part of the activity.

Within the Health Information framework of the European Commission, the EUROCHIP project performed a number of descriptive studies on cancer indicators in order to identify specific cancer control priorities and problems in various European countries[5]. The current reports, referring to cervical cancer screening in the Eastern European member states with highest burden of cervical cancer in the EU (i.e. Bulgaria, Estonia, Lithuania, Latvia and Romania)[6,7], show unanimously that screening does not yet work well across the EU[8-11]. It emerges that among the general public, but also among the professionals as well as decision makers, information on what is screening and on what principles it is based on, is yet not good enough to trigger adequate participation (in the case of the public), adequate collaboration (in the case of professionals) and necessary changes of legislation (in the case of decision makers). Very low compliance to population-based screening as documented in the reports, included in this issue of Tumori, is one consequence. One important consequence of insufficient awareness is very low compliance to population-based screening, as documented in the reports included in this issue of Tumori. It is likely that this has also impact on the validity and quality assurance of the screening programs, which are not consistent everywhere.

There are few aspects that the European countries still with a very high burden of the disease should consider:

– Due to the very high burden, it would be optimal to evaluate use also new methods for cervical cancer screening and prevention in these regions than the conventional cytology. Is it worthwhile considering how this can be achieved?
– As the resources in terms of well-trained staff and equipments are not yet available over the whole territory, it would be important to start with careful pilots and plan for expanding the programs to national ones only after the pilots have shown favorable results and when the limitations in providing all the necessary human and financial resources have been solved. Also, sufficient and appropriate resources to manage and evaluate the program are needed. Policies to start and stop screening as well as the screening interval should be chosen as cost-effective as possible

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avoiding overuse of scarce resources. Planning for cost-effective programs is particularly important under the current financial and economical conditions.
– Most new EU member countries (unlike many old member countries) have population-based cancer registrations already on-going, therefore, evaluations by linkage between screening and cancer registries should be integrated from the beginning. Unfortunately, several governments of the new EU member states have not provided the necessary legal basis for the registrations and linkages, in spite of the fact that the European directive on personal data safety enables such activities. It is a highly worrying notion that even though quite high volumes of non-population-based screening activities and high burden of cervical cancer, no such linkage studies have been published from these countries thus far.

Much work has been already done in planning and piloting effective population-based programs in these five countries. Establishing effective screening programs for cervical cancer requires a long time perspective, however; it is not time to discourage screening but continue the effort. Also, there is the European component and it is invaluable that exchanges and collaborations with centers from different countries are continuously shared within the European networks such as the EUROCHIP, also permitting to the direct stakeholders to lobby and engage the key dissemination media to flag for stronger political pressure towards the solution of the problems related to the current barriers. Moreover, in the 5 countries here engaged, there are also several strengths that are missing from the rich old member countries which might have huge overuse of screening services and resources[12]. If these countries will find their way to establish effective screening programs for cervical cancer, they will make an example for a large number of other countries also with medium or low level of resources in their health care.

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