Important principles for cervical cancer screening
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Record Status
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Citation

Authors' objectives
This report aims to assess the screening programme for cervical carcinoma in Switzerland.

Authors' conclusions
1. Important disease: Cervical carcinoma can be classed as an important disease. It is a malignant tumour which occurs relatively frequently among women from a certain age onwards. The psychological stress caused to women by this disease is considerable.

2. Possibility of effective treatment: The possibilities for treating cervical carcinoma and its preliminary stages are good, and will probably improve further in the future. Indications for treatment should always be updated to take account of recent findings. Corresponding guidelines should be issued by the FMH [Swiss Medical Association] and adapted regularly.

3. Diagnostic clarification and treatment options: Switzerland has a very good network of offers: practising doctors, specialists (gynaecologists), hospitals and specialised centres are available. Use of guidelines for diagnostic procedure also allows the benefits of interventions to be judged better.

4. Detectable early stage: Early detection with the aid of the Papanicolaou test is acceptable. New screening procedures are currently entering the market and must be evaluated more precisely for implementation in practice. A consensus for classifying the various diagnostic stages is necessary.

5. Adequate test and examination procedure: The Papanicolaou test is practical, but is increasingly being replaced by new tests. Regular appraisal of such methods should be carried out by an independent group. Improved monitoring of both HPV (Human Papilloma Virus) and the incidence of cervical carcinoma must be promoted in Switzerland.

6. Acceptable for the population: The acceptance of screening among women is generally good. However, there are great differences which must be eliminated if necessary. Today's screening procedure is relatively costly (both for women, as well as in terms of the technology). Improvement of acceptance amongst women who are currently not adequately reached by this screening programme is indicated.

7. Natural progression of the disease known: Surprisingly, the natural progression of the disease is still too little understood in precise terms. Through the screening programme, preliminary stages or abnormal findings are diagnosed, of which a very considerable portion regress or do not progress further. Presumably too aggressive a procedure is still the rule in practice. Newer screening methods must be checked in practice, otherwise there is a risk of increased widening of indications for unnecessary interventions.

8. Clear treatment indications: For an organised screening programme, indications must be established for further procedure at the various preliminary stages and in the case of abnormal findings. Indicators for treatment are to be included in the guidelines.

9. Cost:benefit ratio clarified: An adequate cost : benefit ratio would be expected if, by means of organised screening,
those women were also reached who carry a higher risk. Otherwise, the expenditure measured against the benefits remains unclear.

10. Continuous process with evaluation: Switzerland does not yet have an organised screening programme. Motivated women are more likely to ask for a screening test and do so more frequently. Evaluation in Switzerland is lacking with the exception of local evaluations. The necessary data collection does not take place in a suitable form. Evaluation of long-term organised screening programmes abroad with screening intervals of around 3 years shows that it has been possible to achieve a decrease in mortality and incidence of up to over 70%. In the case of non-organised cervical screening, as it exists in Switzerland and also in Austria, a falling trend in mortality and incidence can likewise be observed.

11. Detailed programme description available: A coherent programme must be developed in Switzerland at all costs. This is sensible even if in the end no organised screening programme is realised. At least then the present shortfalls would be made transparent. In such programmes, increased attention should also be given to ethical aspects.

Conclusion: In Switzerland, a non-organised screening programme has become established for cervical carcinoma. There is a lack of guidelines which would enable meaningful evaluation in the first place. A coherent programme development would highlight the various weak points.