

The screening histories of women with invasive cervical cancer

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Objectives. Presently, a few organizational patterns of screening against cervical cancer (CC) coexist in Russia. These include organized screening under a federal governmental program, opportunistic screening on visiting a gynecologist, obligatory annual medical checkup of working class people with inclusion of Pap-test for women and some regional programs. The organized screening under a federal governmental program was introduced in 2013. This program offers personal invitation and cervical smear every three year according to the year of birth. However, the referral of women with abnormal cytology is not under surveillance of the program. Quality of cervical cytology varies a lot in different region of Russia. In the Republic of Tatarstan liquid based cytology BD Sure Path is used.

The objectives of this observational study were: (1) to evaluate shortcomings and faults of the screening chain (attendance to a primary screening, screening test performance, management of abnormal results of cervical cytology, follow up after treatment etc.) which lead to invasive CC development or late diagnosis in Russian Federation; (2) to appreciate the effectiveness and limitations of the above mentioned organizational forms of CC screening.

Methods – 90 consecutive patients (pts) aged 21-65 years old with newly diagnosed invasive CC in the Tatarstan Cancer Center (Kazan, Russia) were carefully interviewed on their anamnesis morbi, previous screening history, history of attendance to governmental or private gynecologic care, history of their Pap-smears and other details. Medical records from primary hospitals and Pap-smear results for three years prior to the CC diagnosis were evaluated, where possible.

Results. From 90 consecutive patients with newly diagnosed invasive CC only 14 (15.5%) patients had no medical check-up with inclusion of gynecologic examination within 3 years before CC diagnosis.

Within 3 years before CC diagnosis 40 (44.4%) patients attended to their gynecologist for different purposes, however cervical cancer or CIN II-III/AIS was not diagnosed. 2 of these patients were scheduled for farther evaluation (1pts) or treatment (1 pts) due to abnormal cytology results but have not come to the next visit. Their doctors did not recall them.

Within 3 years before CC diagnosis 41(45.5%) women attended different medical check-ups with inclusion of gynecologic examination but were not diagnosed with cervical cancer or CIN II-III/AIS. All the cytology results obtained in these patients will be analyzed and reported later. However, until the moment it is stated, that at list 22 (24.4%) women had one or more abnormal cytology results without appropriate treatment or diagnostic investigation. 16 (17.7%) cases of cervical cancer were successfully diagnosed within the governmental program of organized screening. Data on the participation (attendance/non-attendance; cytology results) in the governmental program of organizing screening within two years before CC diagnosis were available for 66 of 90 pts. None of these 66 women had a false negative result of cervical cytology within the governmental program of organizing screening in 2 year period. However, for one woman with LSIL cytology, and one woman with HSIL cytology appropriate diagnostic investigation was not offered.

Conclusions.

- Non-attendance to CC screening is not a main cause of cervical cancer occurrence in Russia.
- Faults in the management of abnormal results of Pap-test are inappropriately common causes of CC development and late diagnosis.
- A well organized service (within the healthcare system) aimed on managing patients with abnormal results of Pap-smear, their subsequent treatment and follow up is needed.
- Screening under the federal governmental program is the best but not well organized way of CC screening in Russia. Further improvement and appropriate organization of all the screening chain according to the European guidelines for quality assurance in cervical cancer screening [1] is needed.

References

1. European guidelines for quality assurance in cervical cancer screening//European Communities. - 2008. – 291 p.

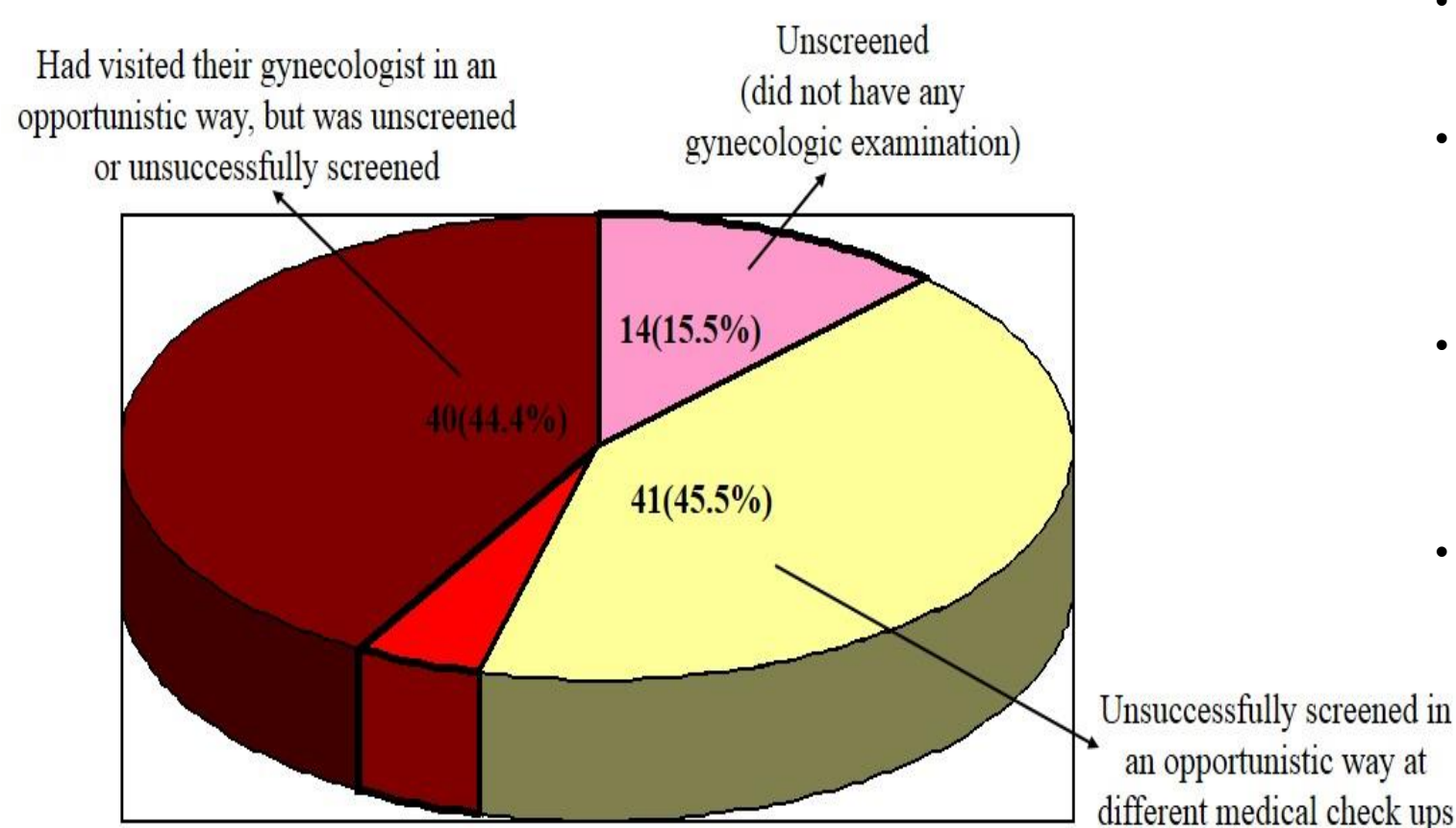


Fig. 1 Number (proportion) of cervical cancer (CC) patients (a) unscreened, (b) unsuccessfully screened in an opportunistic way at the visit to their gynecologist and (c) unsuccessfully screened in an opportunistic way at different medical check ups within a period of 3 years prior to CC diagnosis