PERGAMON

European Journal of Cancer 36 (2000) 2175–2176

European Journal of Cancer

www.ejconline.com

Introduction: cervical cancer screening

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The first organised screening programmes in Europe were initiated in 1959 (Østfold county, Norway) and 1960 (Grampian region, Scotland). Since then cervical cancer screening programmes have been introduced in almost all the Member States of the European Union (opportunistic, pilot, organised, etc.). Despite the existence of an accurate and reliable method for the early detection of cervical cancer, the Papanicolaou smear test, the disease remains a public health problem in the European Union (EU). According to the International Agency for Research on Cancer, the estimates for 1995 in all 15 Member States were 27 015 new cases and 11 191 deaths [1]. Moreover, many women are exposed to the potentially negative side-effects of cervical cancer screening and a large proportion of health resources are allocated to cervical cancer screening. Thus, there are good reasons for putting effort into improving the quality assurance of screening.

In the early 1990s, the European Commission, 'Europe Against Cancer' programme (DG/V) set up the European Network for Cervical Cancer Screening. In 1993, a committee of cancer experts issued on behalf of the Commission the European Guidelines for Quality Assurance in Cervical Cancer Screening. The aim was to set standards, improve the quality of cervical cancer screening, as well as increasing coverage and optimising the use of resources in order to achieve a substantial reduction in the incidence and mortality from cervical cancer in the European Member States. This set of guidelines addressed all cervical cancer screening programmes supported by the European Commission [2].

The Epidemiology Group of the European Cervical Cancer Screening Network under the co-ordination of the Department of Public Health–Erasmus University Rotterdam, undertook the responsibility of producing an update on the progress of cervical cancer screening quality assurance within the Network.

Quality assurance in cervical cancer screening is of paramount importance and requires close adherence to set standards. On the one hand, owing to the diversity of the health systems and the specific conditions in each country, the application of a single approach in organising quality assurance on the national level in all Member States is not a realistic target. As a result, great variability exists among different screening programmes even within the same Member State in terms of organisation, application of screening methodologies, monitoring and evaluation, management of suspicious cases, use of resources and training of personnel. On the other hand, the definition of outcome measures to be used as indicators of the quality of screening activities, are in principal, independent of the screening setting. This is the reason why a set of required monitoring tables was included in the European Commission's Quality Assurance Guidelines for Cervical Cancer Screening (1993).

To account for both the diversity in the organisation of cervical cancer screening among countries and regions and the importance of a comprehensive outcome measurement, the Epidemiology group decided to work on two levels. The Greek member of the Epidemiology group (A. Linos assisted by E. Riza) was assigned the compilation and editing of country-specific publications that would give a concise picture of the state of the art in cervical cancer screening in Europe. The Dutch member and co-ordinator of this work by the Epidemiology group (M. van Ballegooijen) was assigned the writing-up of a paper on quantitative outcomes of cervical cancer screening among the European Member States. The detailed results as required by the European Guidelines of 1993, were considered ideal, but impractical, for most Member States. The aim was to look for and experiment with a more restricted and practical set of tables, still carrying a high impact for quality assurance. The question posed was whether a useful and hands-on approach could be found, despite the uncertainty with which the data from each Member State were collected and coded.

This report is a compilation of papers on the state of the art in cervical cancer screening in the European Union. All participants of the European Network for Cervical Cancer Screening were contacted and their

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PII: S0959-8049(00)00307-5

participation was requested. The scientific reports of the 15 Member States are presented in alphabetical order.

Owing to differences in data collection and coding, information collected by the various screening programmes was obviously not comparable. There was large diversity in the duration, the structure, the organisation and the methodology of the cervical cancer screening activities in each Member State. In order to secure some degree of comparability, a set of guidelines was created for all Network participants relating to the structure of their scientific report and presentation of their screening programme. This part of the work focused on the non-quantitative data of each screening programme. In greater detail, information was required by each participant on the way the screening programme was organised (regional, national), the year of initiation, sources of financing, the target population and invitation methodology, local organisational and screening practices, quality assurance, professional qualifications and training of screening personnel and organisation of data collection.

It must be noted that the responsibility for the accuracy of the scientific information regarding the situation of cervical cancer screening in the Member States lies solely with the authors of each paper.

The Special Issue also includes a report by Levi and colleagues [3] on the patterns and trends of cervical cancer mortality in young women in Europe, as well as a presentation of the future trends in cervical cancer screening such as HPV-testing, liquid- and computer-based cytology, vaccination strategies by Franceschi and colleagues [4].

Acknowledgements

The project received financial support from the European Commission (Contract grant sponsor: European Union, Commission of the European Communities, Directorate-General for Employment, Industrial Relations and Social Affairs; Contract grant number: SOC 97 201143).

Neither the European Commission nor any person acting on its behalf is liable for any use made of this information.

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