
CERVICAL CANCER SCREENING IN SLOVAKIA

Organized Screening Working Group in Slovakia

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Annually approximately 220 women die of cervix cancer and 550 have cervix cancer newly diagnosed in Slovakia. As this malignant disease of woman genitals is the only one with long-time development the prevention programme is crucial. From the history, the prevention programme was occasional – more or less involved were woman hospitalized or visiting their gynaecologist who took mandatory cardiovascular and oncological programme, part of which were both gynaecological and cytological examination. However, this screening was bringing no relevant results. On the contrary, the mortality rate increased from 5.4/100,000 women to 7.9/100,000 women in 1980–2000. Also incidence – a number of new cases per 100,000 women per year – is not decreasing.

Nowadays we have two woman groups in Slovakia – first one with regular visits of their gynaecologist with the result of higher preinvasive stages detection and the second group of woman not visiting their gynaecologist, which results in an increasing incidence of advanced disease stages and increased mortality trends for cervical cancer. Although the preventive gynaecological examination is legally guaranteed in the Slovak Republic, only 20% of woman population is taking advantage of it. That is the reason, why we in Slovakia prepare national, organized mass screening. The function of such screening is to achieve the maximum attendance of target population. In the age group of 23 to 64 years there are approximately 1.6 million women in SR who should be included in the organized screening. The committee for organized cervix cancer screening is beginning to prepare the cytological examination standardization – taking of the sample, fixation, staining and interpretation (Bethesda system

2001) and is suggesting the screening interval of 1-1-3 years from the age of 23 and the last cytological examination at the age of 64 in case the last three cytological examinations had negative results. Using the Ministry of Health Special Regulation the preparatory committee suggests the hybridization test utilisation (HC2 Digene) of highly dangerous papillomaviruses detection in the situation where the result of cytological examination was ASC-US, no matter what age the patient is (the recommendation of the Slovak Gynaecological Association Committee). Finding of ASC-US is expected in 3–5% of cytological examination. In effort to support the organized screening in Slovakia the General Insurance Company took some measures such as workplace selection

where laboratory diagnostics of papillomaviruses is performed using hybridization test for those indications recommended by the professional association.

The solution is to intensively search for the „call-recall“ system operation – in order to ensure the invitation system for preventive check-ups, screening evaluation system, data flow and collection and standardization of all examinations related to the preventive check. The best-fit seems to establish the national reference center for cervix cancer screening. The result of this outlined effort should be the significant decrease of steady high incidence of this disease in the Slovak Republic (app. 20/100,000 woman per year).