

# CERVICAL CANCER SCREENING AND GPs IN ITALY

Wonca Europe , Basel 2009

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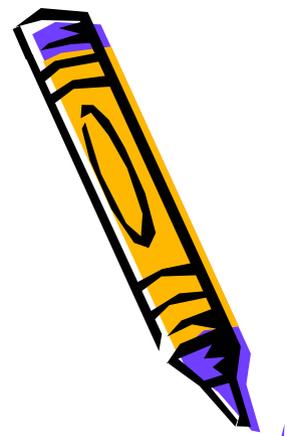
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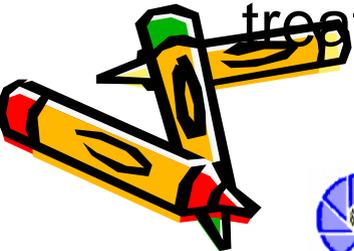


# CERVICAL CANCER SCREENING AND GPs IN ITALY

## Background



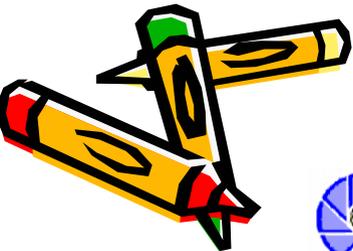
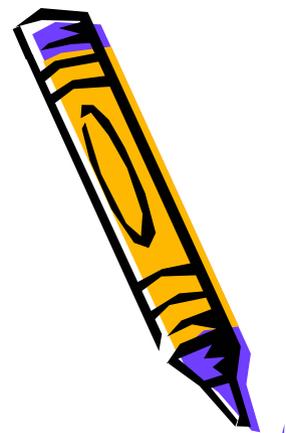
- All over the world the standard method for cervical cancer screening is Papanicolaou smear.
- The Pap Smear was introduced more than 50 years ago and routine use of Pap smears; whose false negative rate is 20%, has been associated with a dramatic reduction in the incidence rate of cervical cancer (by 60-90%) and in mortality (by 90%).
- The test is a simple procedure which can detect the disease at the start as a pre-cancerous and treatable condition.



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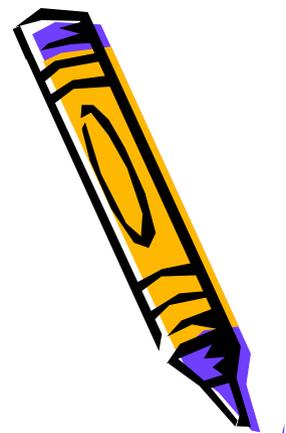
## Background

- Cervical cancer ranks third of the female cancers that affect women in Italy, that is after breast and ovarian.
- The principal risks factors are considered sexual activity at an early age and multiple sex partners for either woman or their sexual partner.



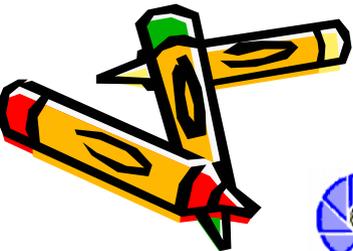
## Background

- According to the Italian Screening Programme, Papanicolaou smear is offered to all women age 25-64y who are sexually active.
- The screening interval is every three years.



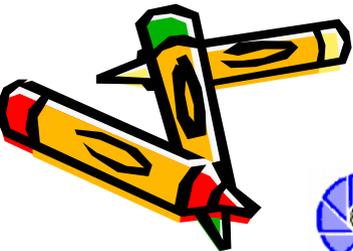
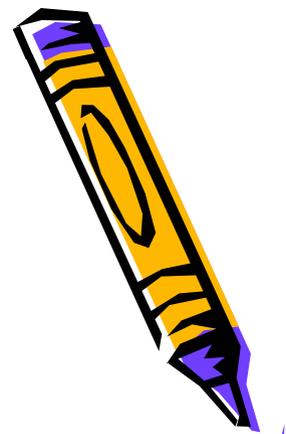
## Background

- It is estimated that screening efficacy is very high when the 85% of the target population is screened .
- Thanks to the screening programme started in Italy in 1996, 60% of cervical cancers has been prevented, even if only the 66.7% of the target population has been screened, in the period 1999-2005



## Background

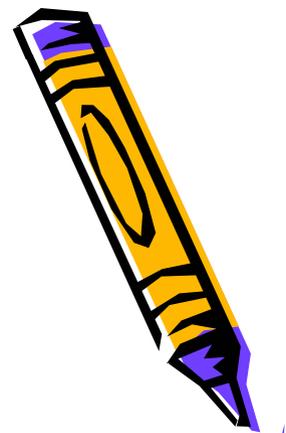
The low rate of eligible women screened is not the only problem in our country: the first smear is done on average, at 31y and the compliance among the unmarried is only 51.8%



## Background

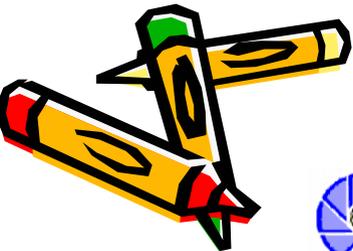
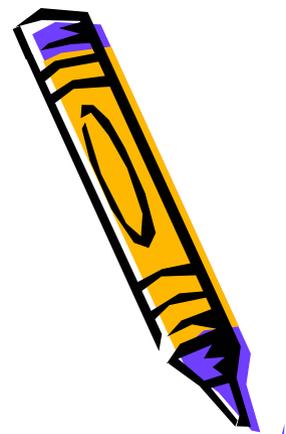
In Italy Pap Test tests are carried out by Gynaecologists and a specific survey shows that the GPs' involvement in recruiting women in their communities to have Pap Test is very low:

only the 31% of eligible women were screened on suggestion of their Family doctors



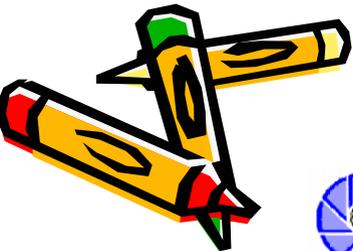
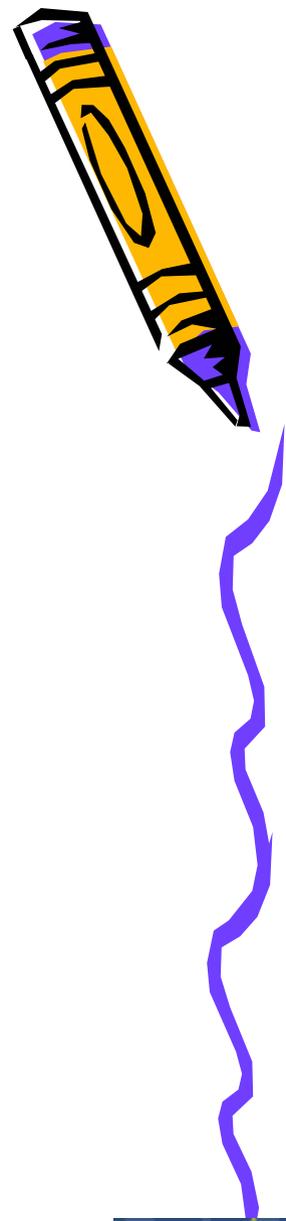
## The role of GPs

We believe that the suggestion of Pap Tests to the women eligible for the Screening Programme is a professional task of the GPs because the characteristics of the discipline of Family medicine comprise that "it promotes health and wellbeing both by appropriate and effective intervention" and that "it has a specific responsibility for the health of the community"



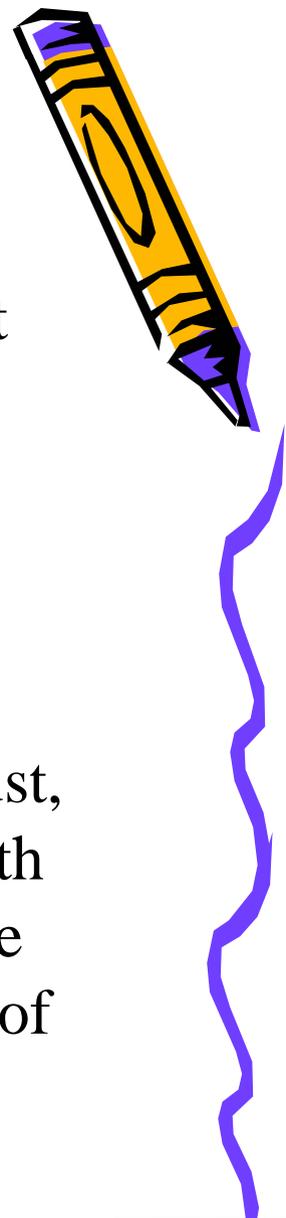
## The role of GPs

- Furthermore the GPs should give information about the test, condition being searched for, possible results of screening and their implications.
- GPs should be encharged to relay the results of the test to women and to refer the patient to the specialist when needed.
- GPs with special interest could also conduct the Pap smears, after attending a specific course



## The role of GPs

- GPs are normally the point of first medical contact within the health care system and so they can have a strategic role in a Screening Programme.
- GPs have a unique consultation process which develops a relationship over time, through effective communication between doctor and patient.
- Thanks to this special long term relationship of trust, a greater involvement of the GPs in this Public Health Programme could be successful in increasing the rate of eligible women screened and in lowering the age of the first smear.



## The role of GPs

- The potential for GPs to promote screening for cervical cancer has been explored by a multi-centre trial, published in 1996, by the Centre of Clinical Epidemiology and Biostatistics of the Faculty of Medicine of the University of Newcastle in Australia.
- They compared the effectiveness of three different community-based strategies: a television campaign; a television campaign combined with personally addressed letters sent to all women in the community; a television campaign combined with a GP-based programme.



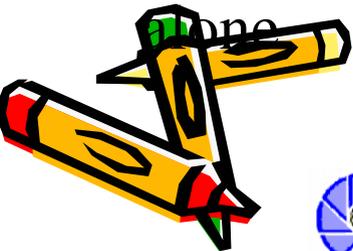
## The role of GPs

- Each intervention was delivered to three postal regions in New South Wales, Australia.
- Three control regions were included for comparison.
- Of all three strategies, the combined television campaign and GP-based programme had the most potential with up to an additional 8% of previously unscreened women being screened.
- This compares with 2-4% of television combined with letters and only 1-3% when television was used



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## CONCLUSIONS

- A reflection is needed to understand which are the barriers for Italian GPs to improve the early detection and management of cervical cancer and the INHS should develop strategies to overcome these.
- In our opinion the first goal should be to improve GPs' awareness of the importance of the screening and of the fact that too many women are not adequately screened.
- This can be done during CME events, by providing GPs Evidence Based information.
- Financial incentives for computerized recall/reminder systems could be useful. Peer support and feedback on performance are also needed.

