

European Commission
Directorate C
Public Health and Risk Assessment
Health & Consumer Protection Directorate general

GRANT AGREEMENT

n° 2007121

EUROCHIP-III

European Cancer Health Indicator Project-III
Common Action

ANNEX 07 - BULGARIA

MEDIA GUIDE on

CERVICAL CANCER IN BULGARIA

*Media Guide prepared in original language by ESO for Bulgaria
in the framework of the EUROCHIP-3 Work Package 4 (English version)*

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*This publication arises from the project EUROCHIP-3 which
has received funding from the European Union in the
framework of the Health Programme*

Cervical cancer is preventable and curable. So why do around 340 women in Bulgaria die from this disease every year?

This media guide won't tell you the answer

But it could help you ask the right questions

Too many deaths

Every year around 340 women in Bulgaria die of a cancer that could have been prevented. Cervical cancer is one of the most common cancers in women, and if it is left to grow undetected and untreated, it is fatal.

It is possible to prevent women developing cervical cancer, because ‘early warning signs’ can be detected in the cervical cells long before they become cancerous. And even after a cancer has developed, a cure is possible so long as it is caught at an early stage.

Many of the women who die of cervical cancer are in their forties and fifties, or even younger. Their death can deprive young children of a mother, families of a breadwinner, and parents of daughter’s care.

So why are these unnecessary deaths still happening? This media guide is designed to help journalists like you find out.

What causes cervical cancer?

Cervical cancer grows in the tissue of the narrow passage between the top of the vagina and the uterus or womb, sometimes known as the neck of the womb.

Almost all cervical cancers are caused by becoming infected with certain variants of the human papillomavirus (HPV). As with most viruses, in most cases HPV infection lasts for no more than a few weeks or months before it is cleared from the body – it produces no symptoms, and no is harm done. When infections do not clear, however, the HPV-infected cells may become ‘precancerous’. This usually takes many years or even decades. While some precancerous cells can heal by themselves, there is a risk that they may turn into an invasive cancer if they are not detected and treated early.

The HPV virus is caught by having sex with someone who is already infected. While having many sexual partners does increase the risk, all it takes to catch the virus is one partner.

How is cervical cancer prevented?

Checking for warning signs

It takes a long time for the cellular changes resulting from HPV infection to lead to the beginnings of a cancer.

During this period, precancerous changes in the cells can be clearly seen under a microscope, so long as the sampling and analysis is done according to validated methods, and regular checks are made for quality control, as defined by the *European Guidelines for Quality Assurance in Cervical Cancer Screening and Diagnosis* and other international standards

The conventional test for cervical cancer and precancerous abnormalities is called the Pap test (named after its developer, Professor Papanicolau). Though other options are available, such as testing the DNA of cervical cells for the presence of HPV virus, these are not yet in widespread use.

All tests involve taking a cervical smear – scraping some cells off the cervix wall. This procedure can be done by almost any properly trained health worker in almost any setting. The cell samples are sent off to a laboratory for examination by experienced cytology assistants (cytotechnicians) and when indicated by cytopathologists.

If the cells show possible warning signs of cervical cancer, the woman is referred for tests to confirm the diagnosis, and is referred for treatment if the tests show positive. The tissue at risk is removed before any cancer has had time to develop, and the woman should be referred for careful follow-up for up to five years.

The evidence shows that undergoing a Pap test once every three to five years will pick up 80% of potential cervical cancers before the cells have turned cancerous. So long as the treatment and follow-up is done according to the guidelines, it is possible to prevent precancerous cells developing into cancer in more than 99% of cases. Not all cancers can be diagnosed in the precancerous phase, but even if the cells have turned cancerous (or malignant), it is still possible to cure the disease so long as it is picked up early.

Vaccines

Vaccination against the HPV virus also helps to prevent cervical cancer. Two vaccines are now available that have been shown to be effective in preventing HPV 16 and HPV 18 infections, the two strains of HPV virus that are responsible for around 70% of cases of cervical cancer. However, they are not effective against all cancer-causing HPV strains, and they cannot prevent cervical cancer developing in women who have already contracted the HPV virus. For this reason, the European recommendation is that HPV vaccination can be used in addition to Pap tests but should not replace regular screening.

Both vaccines are administered in three doses given over six months. Like all vaccination programmes, the effect is greatest when coverage is high. Many European countries are now introducing HPV vaccination programmes successfully; in some, controversy about vaccinating children or young teenagers against a sexually transmitted disease has affected uptake. Many countries have decided not to introduce a programme of HPV vaccination, possibly on the grounds of affordability.

Gardasil is manufactured by the US pharmaceutical company Merck & co and is effective against HPV 6, 11, 16 and 18. Cervarix is manufactured by GlaxoSmithKline and is effective against HPV 16 and 18

How can Bulgaria reduce the death toll from cervical cancer?

There is a very strong consensus based on evidence from decades of experience in many European countries that the best way to cut the number of cases of cervical cancer, and the number of deaths is through a national cervical cancer screening programme.

National cervical cancer screening programmes:

- Invite healthy women for regular screening visits using the Pap test.
- Are organised at a regional or national level and involve all women in a certain age range (usually at least 30 to 60), who are invited for screening at regular intervals (every three to five years is the recommended interval).
- Systematically recall women for further examination and, if necessary, treatment when cells appear abnormal or suspect,
- Have quality assurance built in to ensure that all aspects of the programme are working to a high standard – the attendance is high, the smear test is properly done, the lab analysis is accurate, the results are reported in a timely fashion, the woman is recalled for further investigations and referred for treatment, where appropriate, and treatment is carried out to a high level.
- Promote a high level of attendance through public awareness campaigns, effective communication, and ensuring screening is accessible. Women will be more likely to respond to invitations if they are addressed to them in person, if they contain clear and credible information (see box), and if the screening test is free or very cheap, and can be done in a convenient place at a convenient time.

These sorts of organised, systematic national programmes have been shown to be far more effective than relying on ‘opportunistic screening’, where Pap tests may be available, even free of charge, but rely on the patient or the doctor to take the initiative. Tests done opportunistically lack the quality control of the sampling, analysis, treatment and follow up that is built into well-organised screening programmes. Opportunistic screening is also a very inefficient way to use health resources, as it results in large numbers of women never being screened for cervical cancer, while others may be screened far more frequently than is necessary.

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<caption>Convincing women to attend cervical screening is one of the big challenges particularly in the early stages of a national screening programme.

Women will be more likely to attend screening if the invitation:

- Is addressed to them in person and makes clear that cervical screening is a health check-up for women like them
- Clearly explains what level of risk they face of developing cervical cancer and how effective screening is at protecting against that risk
- Tells them how the Pap test is performed: how long does it take, does it hurt, who will do it, what will be required of them
- Tells them what will happen to their sample, when can they expect their results, who will have access to their results
- Explains that they may be recalled for further tests, and what this could mean (usually this happens when tests are unreadable or inconclusive; even where abnormalities are found, they may not pose a danger of cancer)
- Tells them where to go for further information

The evidence from Finland

The experience of countries like Finland, which was the first country to establish a cervical cancer screening programme, shows how effective these national screening programmes can be. Finland pioneered cervical cancer screening in 1962. In 1976, 14 years, later it was able to show that women who had been regularly screened were five times less likely to develop cervical cancer than the rest of the population. Figures from 2008 (globocan.iarc.fr) show that women in Bulgaria are almost five times as likely to die of cervical cancer than women in Finland, and almost twice as likely to die as the EU average.

Cervical cancer screening in Bulgaria

Bulgaria had a population-based cervical screening programme which ran in the 1970s and early 1980s, until it disintegrated in 1985 under the pressure of social and economic changes. During this period, death rates from cervical cancer were comparable with many EU countries, but between 1984 and 2004 the number of new cases doubled among women aged 30–49. Currently, in the country there is opportunistic screening with very low coverage.

A National Strategy for Oncological Screening (2001–2006) attempted to address this problem by an introducing opportunistic screening policy, which relied on women taking the initiative to ask for Pap tests and GPs agreeing to carry them out. This strategy was never fully implemented.

In 2009 approval was given for a new strategy covering screening for cervical, breast and colorectal cancer. The STOP and GO for a check-up: National Campaign for the Early Detection of Cancer (2009–2013), aims to prepare the ground for setting up a national cancer screening programme that will use a centralised system to send women invitations to attend screening, and to recall them in the event that their smear is unclear or abnormal.

This preparatory work involves:

- Creating a screening registry
- Preparing both the professionals and the public so they understand the proposed national cancer screening system and their responsibilities, to maximise participation
- Providing Pap tests free of charge to 250 000 women in the target age

Surveys of attitudes to cervical cancer screening among women and health providers and within the health system, carried out by the Health Psychology Research Center, in Sofia, indicate that a lack of trust, motivation and commitment remains a problem.

They found that health providers' attitudes were characterised by:

- Low motivation for participation in a screening programme
- Disagreement on the organisation and some basic points of the future programme
- Disagreement on the role of the GPs
- Support for using sanctions against women who fail to respond to invitations to attend screening

Women expressed the opinions that:

- Doctors never suggest they should be tested
- Doctors resent being asked to do health checks
- Cervical smear tests are unpleasant
- It takes too long to queue up for a test
- Tests are too costly

Finding ways to address all these concerns will be important for the national screening programme to be effective.

Unnecessary Deaths from Cervical Cancer – Covering the Story

If Bulgaria does not improve its record in preventing cervical cancer, the number of women dying unnecessarily will continue to rise. As a journalist you have a vital role to play in telling the story of these unnecessary deaths, and in raising awareness about the risks of cervical cancer and how women can protect themselves. Journalists also have a responsibility to take a critical look at the way current policies and programmes for preventing cervical cancer are functioning, and to investigate how they might be improved.

Investing in prevention can drop down the political agenda because governments like to show quick results, but it can take 10 years for the benefits to become apparent terms of lives saved. By raising public awareness of the costs of failing to invest in cervical cancer prevention, journalists can help ensure this issue gets the attention from the public and politicians that it deserves.

If Bulgaria could replicate what was achieved in Finland, the number of women dying from cervical cancer each year would drop, over time, from around 350 to around 70. Good media coverage that highlights the problem and explores solutions can make all the difference.

This media guide was produced by Anna Wagstaff and Peter McIntyre on behalf of the European School of Oncology (www.eso.net) as part of EUROCHIP-3 project funded by the European Commission Directorate for Health and Consumer Protection (DG SANCO) and conducted by the Fondazione IRCCS “Istituto Nazionale dei Tumori” in Milan in collaboration with the European School of Oncology

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Good communication is important to the success of a screening programme