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# ***EUROCHIP-III***

European Cancer Health Indicator Project-III  
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## **ANNEX 07 - ESTONIA**

### **MEDIA GUIDE on**

# **CERVICAL CANCER IN ESTONIA**

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in the framework of the EUROCHIP-3 Work Package 4 (English version)*

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**Cervical cancer is preventable and curable. So why do around 60 women in Estonia 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 60 women in Estonia 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 harm done. When infections do not clear, however, 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 of 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, George Papanikolaou); it is also known as the cervical smear test. 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 five years will pick up around 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 become infected with 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 countries, 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 Estonia 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 sampling of cervical cells 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 are done by individual GPs or gynaecologists outside of any organised screening programme.

Pap tests done opportunistically lack the quality control of the sampling, lab 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 tends to result in large numbers of women never being screened for cervical cancer, while others may be screened far more frequently than is necessary – often up to once a year.

<illustrated box>

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 they can 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](http://globocan.iarc.fr)) show that women in Estonia are more than three times more likely to die of cervical cancer than women in Finland, and 50% more likely to die than the EU average.

### ***Cervical cancer screening in Estonia***

Estonia started a national cervical cancer screening programme in 2006, in response to an alarming rise in cervical cancer. The number of new cases diagnosed each year in women between the age of 30 and 49 had doubled between the early 1980s and 2006. However, so far the programme is nowhere near as effective as it needs to be, largely because take-up remains low.

Figures from 2011 show that only 37% of women respond to the letters they are sent inviting them to attend cervical screening at one of the 20 clinics that carry out the screening across the country. As only women with health insurance are sent invitations to attend screening, the proportion of women in the target age group who are tested through the organised national screening programme is only just above 20%, or one in five.

A study investigating the reasons for the low take-up rate was published in 2011 in *BMC Women's Health* (<http://www.biomedcentral.com/1472-6874/11/43>). The most common reason cited by women for not participating in the national screening programme was that they had the Pap test done opportunistically, by their own GP or gynaecologist, instead (42%).

This is a problem because opportunistic testing does not comply with the *European Guidelines for Quality Assurance in Cervical Cancer Screening*. Only tests done inside the screening programme are quality controlled for accuracy and have a centralised system for ensuring that women are recalled for follow-up investigations and, if necessary, treatment whenever abnormalities are found.

Other reasons given for not participating in the cervical cancer screening programme included fear (14%), long waiting times at the clinics (13%), and unsuitable appointment times (12%).

The study also concluded that there is a low general awareness about the risks of cervical cancer across all sectors of the population, that awareness of the national cervical cancer screening programme is particularly low among the Russian-speaking population, and that women would value receiving information through personal invitation letters.

### ***Unnecessary Deaths from Cervical Cancer – Covering the Story***

If Estonia 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.

Should health insurance continue to fund Pap tests done outside the quality-controlled national screening programme? Should attending screening be made easier, for instance by cutting waiting times or making it easier to choose appointment times? Should greater efforts be made to provide credible information about the risks of cervical cancer and the benefits of participating in a quality-controlled screening programme – with a particular focus on the Russian-speaking population? Could the media help with this?

If Estonia could replicate what was achieved in Finland, the number of women dying from cervical cancer each year would drop, over time, from around 60 to fewer than 20. Good media coverage that highlights the problem and explores solutions can make all the difference.

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Estonian Cancer Society: <http://www.cancer.ee/?op=body&id=97>

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Good communication is important to the success of a screening programme