

## WP-4 CERVICAL SCREENING STUDY PROTOCOL FOR LITHUANIA

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### STUDY TO INCREASE ATTENDANCE AT SCREENING FOR CERVICAL CANCER

**BACKGROUND.** The Lithuanian Ministry of Health started nationwide organized cervical cancer screening programme in the middle of 2004. The programme represents the first attempt of run a national cancer screening program in Lithuania. The first analysis of the data shows variation of Bethesda categories according pathology departments, creation of data base and ineffective decentralized invitation system. The first three-year programme round shows that more than 50% of target women did not receive a PAP smear examination. The decreasing attendance ratio is observed in the second program period from 43% to 34% of target age group women. Lack of population-based invitation system is seen as the weakness of the program The poor knowledge about the purpose of the screening and risk factors, ineffective decentralized invitation system is the main reason for low attendance ratio.

**AIMS OF THE STUDY.** The objective of the study is to increase attendance ratio for cervical cancer screening programme in county with the highest incidence of cervical cancer through personal invitations. To investigate the differences of organized invitation component in screening programme with the decentralized invitation system. In order to show the importance of the centralized invitation system, the invitation campaign will be organised.

**METHODS.** The county with the highest incidence of cervical cancer was selected for the study. The low invitation ratio was observed during the screening program in one of the largest primary health care centre of this county (2400 invitations of 13 670 registered women). The target age 25-60 group insured women who not-attend cervical cancer screening program (from 2004) will be selected for the study from the primary health care centre registries (PHCCR). The personal registered invitation letter to attend the primary health care centre for Pap smear taking will be send by post (expecting to send about 2000 letters). We will provide information campaign on regional TV, local newspapers, web site and radio to ask women to participate in CC screening programme. Gynaecologists will be responsible for taking conventional Pap smear. All conventional Pap smears and requisition forms will be sent to Diagnostic Pathology laboratory for cytological investigation. The results will be registered to the pathology laboratory data base. Response ratio will be calculated. The statistical analysis of cytological results of attended women will be analysed. The data will be compared to cervical cancer screening data with purpose to show the effectiveness of invitation component in cervical cancer screening program. Proportion of women attending screening after intervention and the cumulative proportion after the interventions as well as the cumulative proportions of cytologic abnormalities will be analysed.

**RESULTS EXPECTED.** The modified invitation increase attendance compared with the standard invitation letter. Reminders by mail and media could drastically increase women's participation in Papanicolaou smear screening and increase the number of detected precursor lesions and thereby save lives. We expect to achieve approximately 60-70% response ratio.

**IMPLEMENTATION OF THE RESULTS.** In order to achieve the desired results, the attention should be drawn to the issues of informing the society and politicians of Lithuanian Ministry of Health with study results, arousing their motivation to participate in research programmes, creating computerized systems, which could help with registering and controlling the research at different stages of the programme, i.e. invitations to participate, reminding of them, providing research results, foreseeing visits to a gynaecologist. Further research is needed to determine whether sending additional information about cervical screening with reminder letters can increase the uptake of Pap tests, and whether this strategy can be successfully applied to women in harder to reach groups.

#### TIMETABLE

Detailed study plan, negotiations with different partners, drafting the invitation letter	Mar 2010
Stratified women from the PHCCR; printing invitation letters	Apr - May 2010
Mailing the invitation letters, data coding and entering	Jun 2010
The obtaining of Pap smear and cytological investigation	Jul - Dec 2010
Data analysis	Jan - Mar 2011
Report, information dissemination	Apr-Aug 2011