

Cervical Cancer Screening and GPs in Italy

by Francesco Carelli & Stefano Alice

Background

All over the world the standard method for cervical cancer screening is Papanicolaou smear (Pap test), introduced more than 50 years ago; 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 a pre-cancerous and treatable stage.

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

According to the Italian Screening Programme, the Pap smear is offered to all women age 25 to 64 years who are sexually active; the screening interval is 3 years.¹ It is estimated that screening efficacy is very high²; it is evaluated that, thanks to the screening programme which started in Italy in 1996, 60% of cervical cancers have been prevented, even if only 66.7% of the target population has been screened, in the period 1999-2005.³

The low rate of eligible women screened is not the only problem in our country; the first smear is done late, on average, at 31 years⁴ and compliance among the unmarried is only 51.8%.^{1,5} In Italy, smear tests are carried out by Gynaecologists and a specific survey shows that GPs involvement in recruiting women in their communities to have Pap smears is very low; only 31% of eligible women are screened on suggestion of their Family doctors^{1,4}.

The role of GPs

We believe that the suggestion of the Pap Test to women eligible for the Screening Programme is a professional task of the GPs, because the characteristics of Family Medicine include the "promotion of health and wellbeing of patients by appropriate and effective interventions"; ultimately Family Medicine "has a specific responsibility for the health of the community".⁶

Furthermore GPs should give information to patients about the test, condition being investigated and possible results of screening and their implications; GPs should be responsible to communicate the results to women and to refer them to specialists when needed. GPs could also take the smears, however this should be done after being appropriately trained example, by attending a specific course.⁶

GPs are normally the first medical contact within the health care system and so they can have a strategic role in a Screening Programme; they have a unique relationship with patients, which is established 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 potential for GPs to promote screening for cervical cancer has been explored by a multi-centre study, published in 1996, by the Centre of Clinical Epidemiology and Biostatistics of the Faculty of Medicine of the University of Newcastle, 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, and a television campaign combined with a GP-based programme. Each intervention was implemented in three different regions in New South Wales, Australia. Three control regions were also included for comparison. Of all three strategies, the combined television campaign and GP-based programme was the most effective tool had the most potential, with an increment of 8% of previously unscreened women being screened; this compares to 2-4% when the television campaign was combined with letters and 1-3% when television was used alone.⁷

Further research is needed to understand which are the barriers for Italian GPs to improve the early detection and management of cervical cancer and the Italian NHS should develop strategies to overcome these. In our opinion the first goal is to improve GPs awareness of the importance of the Pap smear 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 also be useful. Furthermore lately we have also seen the introduction of a new mobile-based technology to assist family doctors and gynaecologists in this respect. ☐

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