Cervical cancer screening in Serbia: how we did it

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Cervical cancer is the second most common female malignancy in Serbia, after breast cancer. In 2002, it was the fourth leading cause of cancer death with 452 deaths with an age-standardized death rate of 7.2 per 100,000 women. With 1,089 new cases registered and an age-standardized incidence rate of 27.2 per 100,000 women, the Central Serbia has the highest incidence of cervical cancer compared with other European countries.

A comprehensive, centralized screening program for cervical cancer has never been implemented in Serbia. Cervical cancer prevention has relied on opportunistic screening. This type of screening has been characterized by high coverage in younger and low coverage in middle-aged and older women. Screening of selected groups of women employed in large companies is performed annually by many regional hospitals. This approach, however, has had little effect on morbidity and mortality.

In spite of some efforts to initiate screening during the period between 1990 and 1999, the difficult situation in the country did not enable approach that is more organized. From the beginning of 2000, a number of pilot projects have been undertaken and the results were used for the development of a national program for an organized cervical cancer screening. The Program has been finalized in 2007 and approved by the Serbian Government in May 2008. The preparatory activities for the implementation have been finished and the Program is to be launched in order to cover all women aged 25-69 in entire Serbia. Approximately 2,300,000 women will be invited for a Pap smear over a period of 3 years. The Program will be run on an organized, decentralized model. The main advantages are the network of primary health care units all over Serbia, involving more than 500 gynecologists, coordinated system of public health services and well-developed colposcopy service.

The major disadvantage of the Program is an inherited system of cytology reporting performed by gynecologists trained for cytology and the insufficient number of pathologists subspecialized for cytology. This means that the two important professional groups- cytotecnicians and pathologists subspecialized for cytology are lacking. To overcome this obstacle and ensure the quality control system will be the major challenge of an organized cervical cancer screening in Serbia. Until the new profiles are educated for cytoscreening, the gynecologists with an experience in cytology longer than 15 years, with at least 2000 cytological examinations per year will function as cytotecnicians. The re-education of this group has already started and one of the most difficult parts of this process appeared to be the shift to Bethesda system from the standard Papanicolau cytological reporting.

The last period, even before the actual implementation of the screening, is characterized by largely increasing awareness of the women, medical professionals and decision-making politicians about the importance of cervical cancer screening. As a result, the incidence of cervical cancer has been steadily decreasing (y=25.3-0.49x) during the last few years. According to the last available data from the Institute of Obstetrics and Gynecology, Clinical Center Serbia, Belgrade, Serbia

References