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National program of early detection and treatment of uterine cervical cancer

ABSTRACT

The paper reports current data on the health status of women in our country, from the aspect of detection and treatment of malignant diseases of the lower genital tract. It has been concluded that these diseases are common, whereas their detection is late, which renders the treatment insufficiently effective. The present possibilities for prevention and early detection of these diseases, as well as for successful treatment in early stages have been stressed, but also the need for regular screening of the women of specified age groups to enable this. With the objective to improve the present status in this area, the National Program has been established, the institutions responsible for its implementation being: the Ministry of Health of the Republic of Serbia and the Section for Cervical Pathology and Colposcopy of the Yugoslav Association of Gynecologists and Obstetricians (UGOJ). The report presents activities performed to date concerning the realization of this program and offers the first indicators of its successful introduction.

Key words: Uterine cervical cancer; National program; Malignant disease; Early detection; Treatment

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INTRODUCTION

The health status of women in Yugoslav population, regarded from the aspect of malignant disease of the lower genital tract is quite alarming. Malignant disease is highly common at this location, especially at the cervix uteri, only breast cancer preceding in incidence. An aggravating factor is that this disease is often detected in advanced stages, when the treatment results are substantially worse than they would have been if the disease had been detected early in development. Just a few statistical data, referring to the Republic of Serbia for the 1990 - 1994 period, will illustrate in the best way the relevance of this problem in our country (1). During the stated period, approximately 1100 women died annually from the malignant disease of genitals, nearly half of these (45.3%) dying of uterine cervical cancer. In the same period, approximately 5000 new cases of malignant disease of genitals were detected annually, cervical invasive malignant disease accounting for 58.3% of cases. The data obtained by analyz-

ing the stages of the disease revealed its late detection. As premalignant stages are not subject to mandatory reporting, there are no data concerning these. Already verified malignant process, localized solely to the cervix uteri, was detected in 18.2% of cases. The stages with already affected lymph nodes were detected in 76.6% of cases, while in 5.1% even distant metastases were found. Such a late detection of the disease had a crucial effect on the treatment methods used and the results, which are far from being satisfactory.

Nowadays, the risk factors are well known, as well as the direct causes of malignant disease of the cervix uteri (2), which offers a possibility of its prevention or, at least, its early detection and effective treatment of early stages of the disease (3). There are highly reliable methods for detection of early stages of the disease (colposcopy, cytodiagnosics, histopathological diagnostics and detection of oncogenic types of human papillomaviruses), as well as the effective treatment methods used in these stages, with very high cure rates. The question is why then, the disease is detected so late, rendering the treatment insufficiently effective? The core of the problem and at the same time the answer to this question lies in the fact that the early stages of the disease are not accompanied by any signs or symptoms which would bring the patient to the gynecologist. These stages of the disease can be detected only if actively looked for, in patients coming regularly for periodic screenings. This principle served as a basis for national programs for fighting malignant dis-

eases of lower genital tract in women in many developed countries (4-6). Consistent implementation of the measures provided by these programs, as a part of a compulsory screening of women of particular age, has contributed to a substantial reduction in the incidence of malignant diseases of the lower genital tract in women (7,8). This was an invaluable gain for the women's health in these countries, while, at the same time, avoiding high costs of the treatment of advanced stages of the disease.

The activities performed in introducing the National program in our country

With the objective of taking on the activities aimed at improving the present health status of women in this field, while bearing in mind the results already achieved in this field by certain countries, the Section for Cervical Pathology and Colposcopy has been established on October 7th, 1995, within the Yugoslav Association of Gynecologists and Obstetricians (UGOJ). The Constituent Conference was held on Brezovica, where the Statute of the Section was adopted, and the President and the Governing Board elected. The activities and the tasks of the Section were defined precisely, the most important one being the introduction of the National program of early detection and treatment of pre-malignant and malignant diseases of lower genital tract in women. Similar sections have existed for years in the countries with developed national programs. They have also established the International Federation for

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Cervical Pathology and Colposcopy (I.F.C.P.C.), our Section becoming a member of this Section on May 15th, 1996, at the IX World Congress of this Association, held in Sidney. The Section has rallied a great number of members (over 200), has undertaken a number of scientific activities in the country, organized several thematic scientific meetings, became a member of the Association of Cervical Pathology and Colposcopy of Mediterranean Countries and was one of the organizers of the first expert conference of this association, held in Israel, in May 1998.

The members of the Section have been particularly active in implementing the National Program. The president of the Section had prepared the draft of this Program, which served as a basis for the Expert Instruction for Implementation of the Tasks Aimed at Early Detection of the Uterine Cervical Cancer (refer to Appendix I), issued by the Ministry of Health of the Republic of Serbia on April 10th, 1996. This document was forwarded by the Ministry to all health care institutions in the country comprising a gynecology department, with precise tasks and activities to implement the National Program. According to the said document of the Ministry, the Section for Cervical Pathology and Colposcopy has undertaken the responsibility to train the personnel, who will be the Program leaders. The Board of the Section has accepted the assignment taking full responsibility and, with a view to its realization, has organized and opened in 1996 the Yugoslav School for Cervical, Vaginal and Vulvar Pathology and Colposcopy, in which gynecologists and the physicians specializing in gynecology and obstetrics are gaining theoretical and practical knowledge in this field. The school has been opened under the auspices of the Ministry of Health of the Republic of Serbia. It is managed by the Headmaster with the secretaries and the Scientific Board, appointed by the Ministry, the lecturers or mentors being the competent experts from the entire country. The theoretical classes are held once a year in Belgrade, as an intensive course of lectures, while the practical two-month training in colposcopy is carried out by mentors in any of 15 educational centers throughout the country. There are two examination periods every year, and the candidates who pass the exam obtain a valid diploma for an independent work in this field.

In order to ensure faster and more efficient putting of the National program into practice, it was necessary to define general doctrinary standpoints in diagnostics and treatment of premalignant and malignant diseases of lower genital tract of women, to be adhered to by all the parties participating in its implementation. With this objective, the Board of the Section has undertaken significant activities aimed at writing the Protocol of Procedures in this field. The written form of the draft of the Protocol has been forwarded to all the lecturers of the school for consideration and suggestions, followed by another two meetings of the Section where it

was presented in public and where the additional corrections were made. At the meeting of the Section held on May 16th, 1997 at the Serbian Medical Society, the Section adopted the Protocol as its doctrinary document. In this form it was submitted to the Federal Administration for Health Care and Promotion for consideration and adoption, after which it was published as a doctrinary and binding act and distributed to all gynecologists in the country. Its consistent implementation would much contribute to a sooner introduction of the National Program and an easier evaluation of the results achieved.

In order to monitor screening as a part of the National program, it was necessary to implement another general health care document, the health record, in which all the participants in the Program would enter the relevant data for each patient. Such record has been designed and computer-structured, thus being intended for such use. This will enable collecting the data from these records from the entire country and thus make possible an efficient monitoring of the Program implementation. The record has been submitted by the Section, together with the computer program for data entry to the Federal Administration for Health Care and Promotion to be incorporated into the official medical documentation.

The draft health record has been adopted by the above institution, registered under the designation DO/03/XIV and recommended for use throughout the country.

First results of the National program implementation

According to the experience of other countries, valid evaluation of the results of the National Program implementation in a country requires at least five years of Program implementation. We do not meet this condition so far, however, we can already state certain positive effects, resulting from the activities performed to date.

1. In the last four generations, 395 gynecologists from Serbia, Monte Negro and Republic of Srpska have completed the Yugoslav School for Cervical, Vaginal and Vulvar Pathology and Colposcopy. In their surroundings, they will surely present new potential in human resources, qualified for the activities planned by the National Program.

2. Ministry of Health of the Republic of Serbia sent on December 18th, 1997 an official letter to R & D Institutes and regional institutes for health care, which emphasized their responsibilities in implementing the National program in the pertinent regions.

3. On the initiative of the Section for Cervical Pathology and Colposcopy, the Ministry of Health of the Republic of Serbia has sent an official letter to all the directors of the Health Care Centers comprising the gynecology department, requesting the answers to the questions enclosed, concerning the professional training of gynecologists and the measures

undertaken so far and planned in implementation of the National Program. The responses were addressed to the Chair of the Section and their analysis showed that the Program has been put into effect in most regions and that there are realistic plans for its further realization.

4. The plan of the National Program implementation, presented by the president of the Section at the professional meeting "Niški dani" (Niš Days), received the undivided support from the gynecologists throughout the country. At the same meeting, the papers from our largest gynecology institutions have been presented, indicating the first effects of the program introduction - an increased number of surgeries of premalignant and early-stage malignant cervical lesions, with a reduced number of radical surgical procedures required in the advanced stages of the malignant disease. The above data suggest that pathological changes in the cervix have been detected in early stages, which has been the major goal of this program.

5. With a view to furnishing the tutorial centers with an excellent technical equipment and educating the candidates as efficiently as possible, the Section has purchased from its own fund three colposcopes of the latest generation and two complete computer systems for monitoring of screening. Further provision of technical equipment for tutorial centers has been planned, both from the Section's funds and from donations.

Apart from the above-mentioned activities, significant activities have been initiated aimed at popularization of the National Program in all population groups. Such activities are of greatest importance, as they inform women about the Program goals which are reasonable and feasible if they contribute to it by visiting regularly their gynecologists for periodic screenings.

Successful implementation of such a program must involve different segments of the entire community, since the results achieved in other countries show it to be feasible and manifold cost-effective.

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Appendix I

Pursuant to Article 70, Item 2 of the Law on Government Administration ("The Official Gazette of RS", No. 20/92), in accordance with the Program of Oncological Protection of Population by the Year 2000 ("The Official Gazette of FRS", No. 42/90), Decree on the Health Care in Women, Pre-school and School Children and Students ("The Official Gazette of RS", No. 49/95) and the Program for Health Care and Health Insurance for 1996,

Minister of Health has issued the following

EXPERT INSTRUCTION

FOR IMPLEMENTATION OF THE TASKS AIMED AT EARLY DETECTION OF THE UTERINE CERVICAL CANCER

I

In accordance with the program tasks stated in the Program of Oncological Protection of Population by the Year 2000, Decree on the Health Care in Women, Pre-school and School Children and Students and the Program for Health Care and Health Insurance for 1996, this expert instruction specifies closer the tasks of the health care institutions and other organizations, aimed at early detection of the uterine cervical cancer, as well as the method of their training for effectuation of such health care (hereinafter: Instruction).

II

Early detection of uterine cervical cancer is the responsibility of health care centers, general hospitals and other health care institutions comprising a specialized department for women's health care.

III

Early detection of uterine cervical cancer shall include, once in three years, all the women from 25 to 65 years of age.

IV

Early detection of uterine cervical cancer involves the following measures, procedures and activities:

1. colposcopic examination;
2. swab collection for cytological examination and its fixation;
3. biopsy of suspicious lesions;
4. sending of swabs and biopsy specimens to the nearest relevant health care institution for diagnosing;
5. keeping medical records and documentation and submitting reports.

V

Implementation of this Instruction requires that each health care center (in municipalities with five thousand or more women of child bearing potential) as well as general hospitals have:

1. a colposcope;
2. a specialist in gynecology and obstetrics, educated in colposcopy and preferably in cytology;
3. medical accessories and other equipment for swab collection and fixation as well as for biopsy.



VI

With a view to innovating present and acquiring new knowledge and skills, related to the tasks contained herein, the relevant health care institutions in the field of women's health care and oncological health protection of population, in cooperation with the Section for Cervical Pathology and Colposcopy of UGOJ (Yugoslav Association of Gynecologists and Obstetricians) will organize theoretical and practical education for the physicians - specialists in gynecology and obstetrics working in health care centers and specialized wards of general hospitals.

Theoretical education shall be organized in Belgrade, within the Yugoslav School for Cervical Pathology and Colposcopy, whereas practical training shall be organized by counties (i.e. for several counties in one center).

VII

Theoretical education and practical training must include all physicians - specialists in gynecology and obstetrics in health care centers, not previously covered by training in colposcopy and cytology.

VIII

The Plan for organizing and holding theoretical education and practical training shall be prepared by the Section for Cervical Pathology and Colposcopy of UGOJ, together with the relevant health care institution.

IX

With a view to implementing this Instruction, each health care center (either as an independent health care institution or as a part of another health care institution) enacts its own annual plan and provides conditions for its effectuation.

Directors of health care institutions shall be responsible for implementation of this Instruction as well as of the annual plan of their institution.

X

Each health care institution shall submit reports on the implementation of this Instruction to the relevant health care institute.

Number: 500-01-84/96-01

In Belgrade, 10. 04. 1996

MINISTER
Dr Leposava Milićević

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