

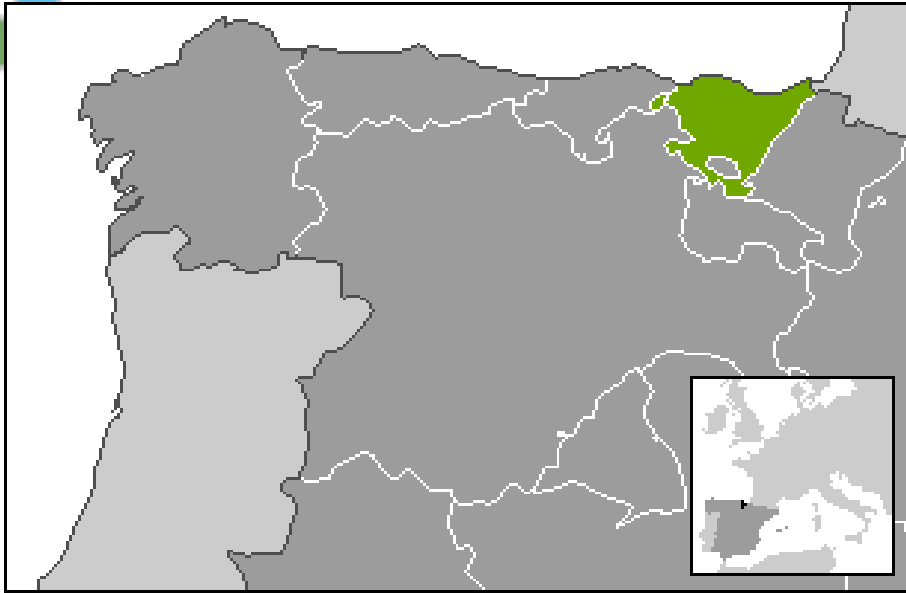
**XVI Reunión Anual**  
**Valencia**  
**26, 27 y 28 de junio**



# Cervical Cancer Screening Programmes. Re-organization at Regional Level in Spain

## The Basque Country Proposal

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## The Basque Country Autonomous Region

- 2,200,000 inhabitants
- very industrialized
- Autonomous government

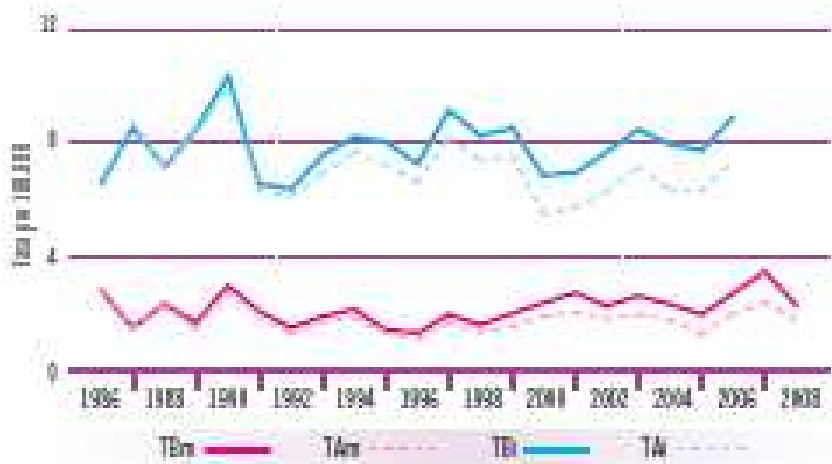
Screening Programmes	Type	Started	Coverage
Breast Cancer	Population based	1990	100%
Colorectal Cancer	Population based	2009	75%
Cervical Cancer	Opportunistic	1999	65-82%?

# CERVICAL CANCER IN THE BASQUE COUNTRY

Population Cancer Registry since 1986

**Cancer Committee Advisory** for assessing and recommending actions

FIGURA 1. EVOLUCIÓN DE LA INCIDENCIA Y MORTALIDAD DE CÁNCER DE CUELLO DEL ÚTERO POR AÑO. CAPV



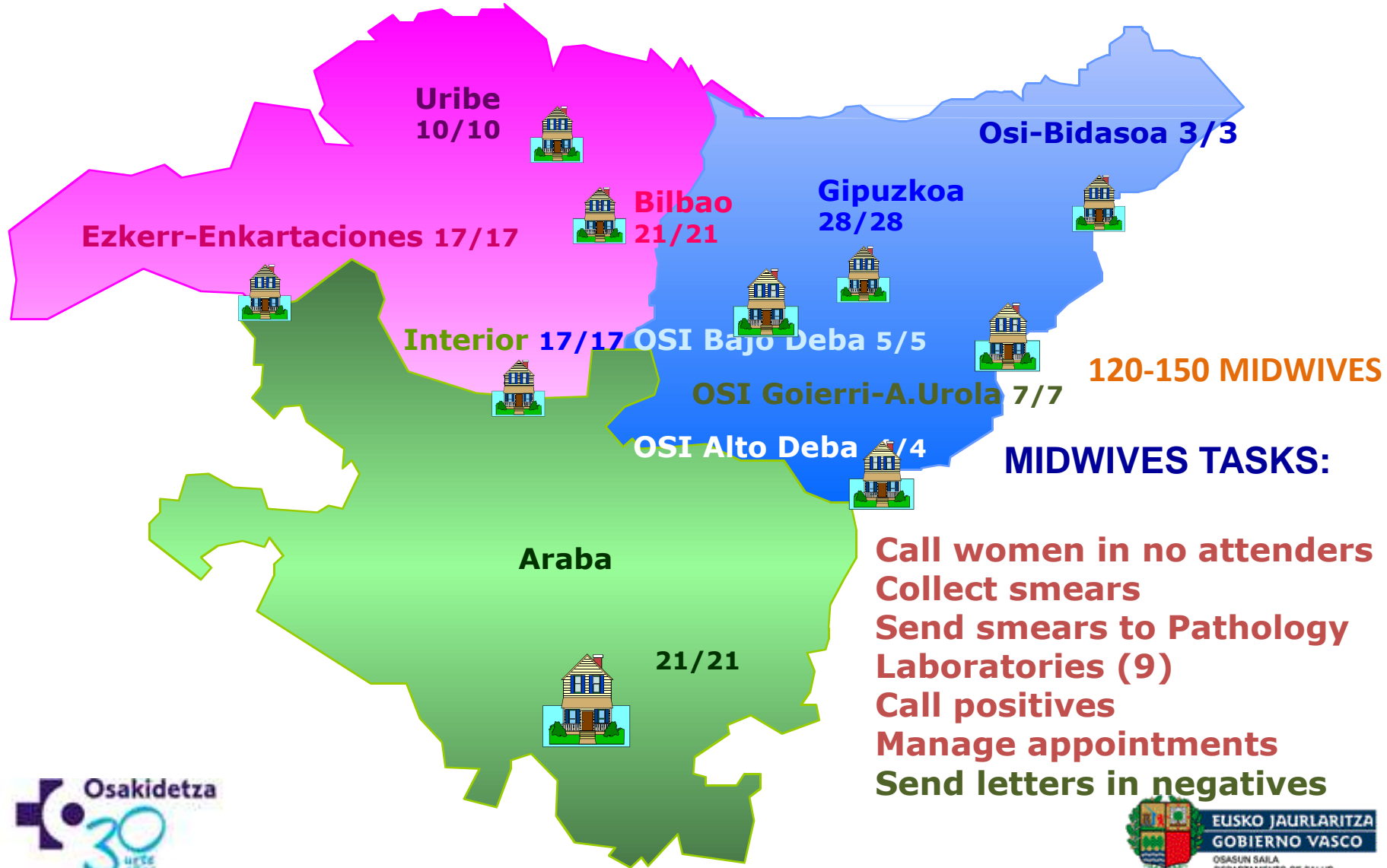
**Incidence** rate is low and decreased 1.1% yearly from 1986-2008

92 cases diagnosed in 2009:  
6.55 x 100,000 (ajusted to European population)

**Mortality** rate is low without variations  
26 cases deceased in 2009:  
1.5 x 100,000 (ajusted to European population)

**HPV vaccination started in 2007 organized by Public Health in Schools.**  
**12-13 y. First cohort : girls born in 1995. Coverage >90%**

# THE CERVICAL CANCER PROGRAMME IS BASED ON PRIMARY CARE UNITS AND HOSPITAL REFERRALS



# CURRENT PROCESS



Called by Midwives/GP

Women 25 – 64 y

Midwives  
Take smears  
Send to Path Labs

Pathologists  
Analyse cytology  
Send report

Negative  
96%

3 years  
Letter/no  
letter

Spontaneous

Positive  
4%

GP – infections

Gynecologist  
Follow-up  
Colposcopy

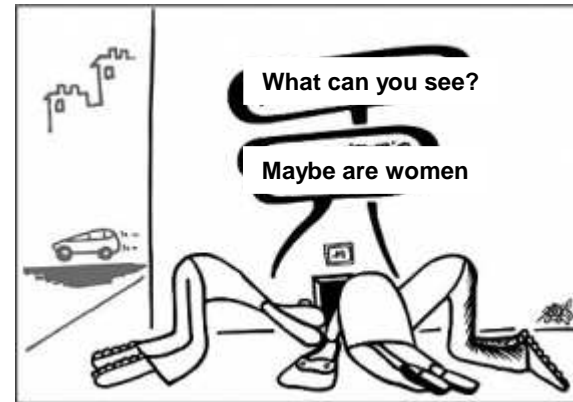
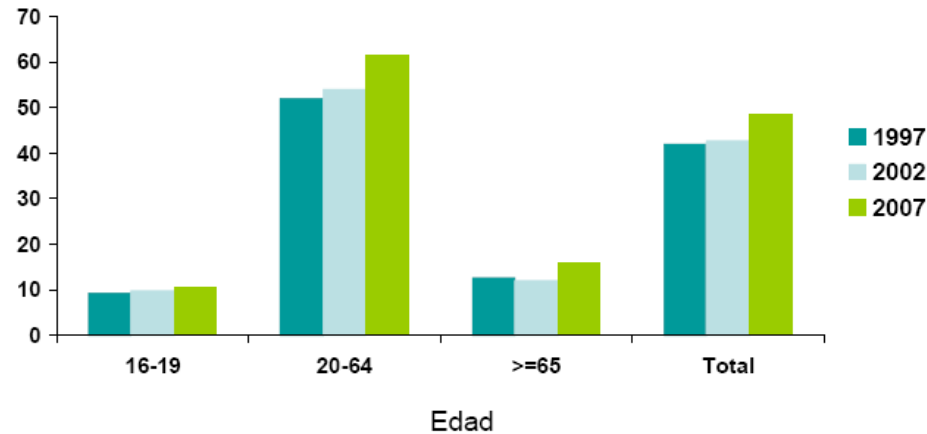


# How to evaluate the process and results?

**Not reliable method to measure the coverage of screening**  
**Women 25-65 y : 650,000**

**Proportion of women screened in the last 2y. Population Health Survey. 1997-2002-2007**

Proporción (%) de mujeres que se han hecho una citología en los dos años previos



**Lack of linkage:**

**Between activity (cytology smears) and results**  
**Lesions detected and Cancer Registry**

**Process of follow-up of any lesion not evaluated**

**Process of detection and treatment not evaluated**

## STRENGTHS

**W**ell organized Breast and Colorectal Cancer Screening  
**M**ake decisors favourable  
**M**ultidisciplinary proposal  
**H**igh awarness about quality and diagnosis  
**H**igh awarness among women about screening  
**H**igh coverage of vaccination  
**M**idwives very well formed  
**Q**uality of medical record  
**H**igh Investmen in IT

## WEAKNESS

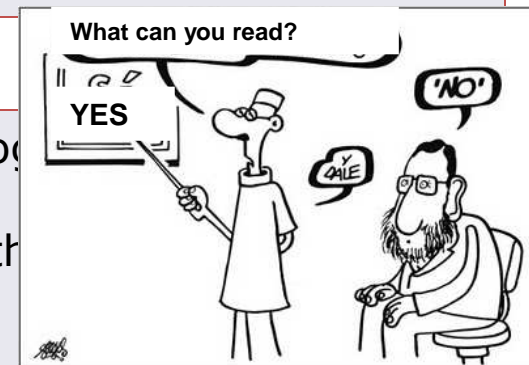
**I**nequities in access  
**H**igh number of cytology and high cost of them  
**M**ore interest in activity for some groups  
**N**ot a priority because of the incidence and mortality. But preventable.  
**N**ot information system based in individual data for measuring coverage, benefits, side-effects and cost-effectiveness.  
**V**ariation in screening activities: over-screened and under-screened women  
**T**he screening depends of the women and professionals

## OPPORTUNITIES

**P**arliament decision 2008  
**E**uropean Guidelines  
**S**panish Network  
**C**entralized Patho-Laboratory  
**L**iquid-based cytology  
**S**aving money

## TREATS

**C**ompetition with other pro resources  
**R**ecommendations from oth societies  
**P**rivate services  
**I**nitial investment and for long-time  
**E**conomical restrictions



# Why change?

## Opportunistic

1. Inequities
2. Not control the process and results
3. Not possible to measure effectiveness neither
4. cost-effectiveness
5. Nobody agree this actions



Is expensive?

## Population Based

1. Coverage controlled.
2. Actions to increase adherence
3. Control all the process, QA and results, benefits and side-effects.
4. Monitoring and evaluating effectiveness and cost-effectiveness
5. Population and professional agreement



# HOW TO DO?

1. PLAN

2. ORGANIZATION

3. DO A PILOT

4. CHECK AND EVALUATE

5. ADJUST



6. EXTEND THE PROGRAMME

# 1. PLAN

## 1.1 Liderhip

## 1.2 Coordinator Centre

## 1.3 Information and access to women

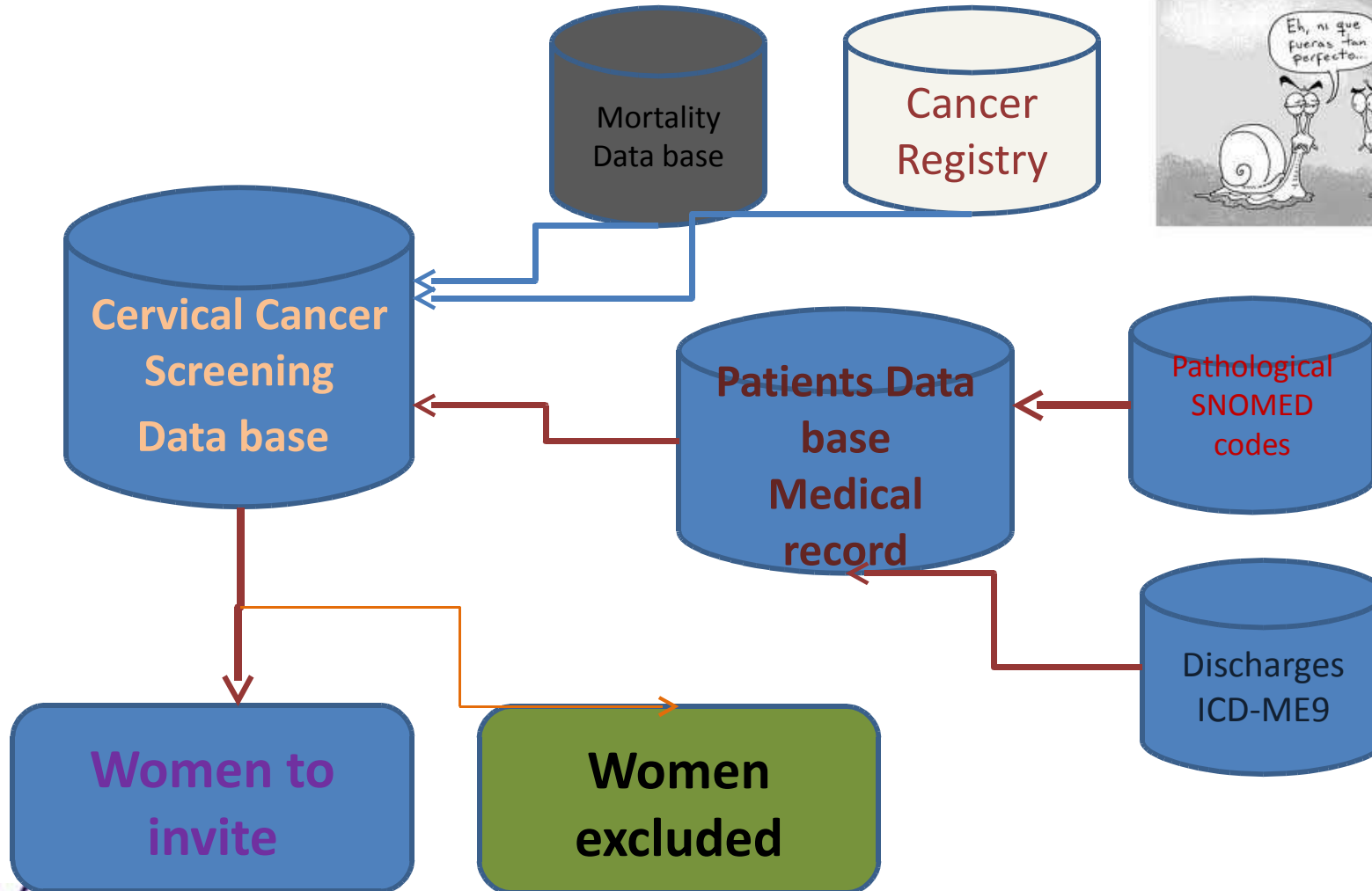
## 1.4 Information system

## 1.5 Programme written

## 1.6 Professional involvement



# 1.3 Information System



## 2. ORGANIZATION

2.1 Invitations and test result

2.2 Positive management

2.3 Protocol for screening depending of age

2.4 Protocol in positive cases

2.5 Treatment

2.6 Follow-up protocols according to lesions

# 2.1 INVITATION AND TEST RESULTS



**Primary Care Unit**

**Pathology Laboratory**

**Coordinator Centre**

**Woman selected**

**Midwife appointment**

Information and taking smear

Make a reference to the Laboratory  
By Medical Record  
Send the Smear identified by a code

Virtual reception of petition by Medical record AND SMEAR WITH BAR CODE

PERSONAL INVITATION LETTER WITH PREBOOKED APPOINTMENT

Participation Control

Results control

Letter in negative -

new appointment in error

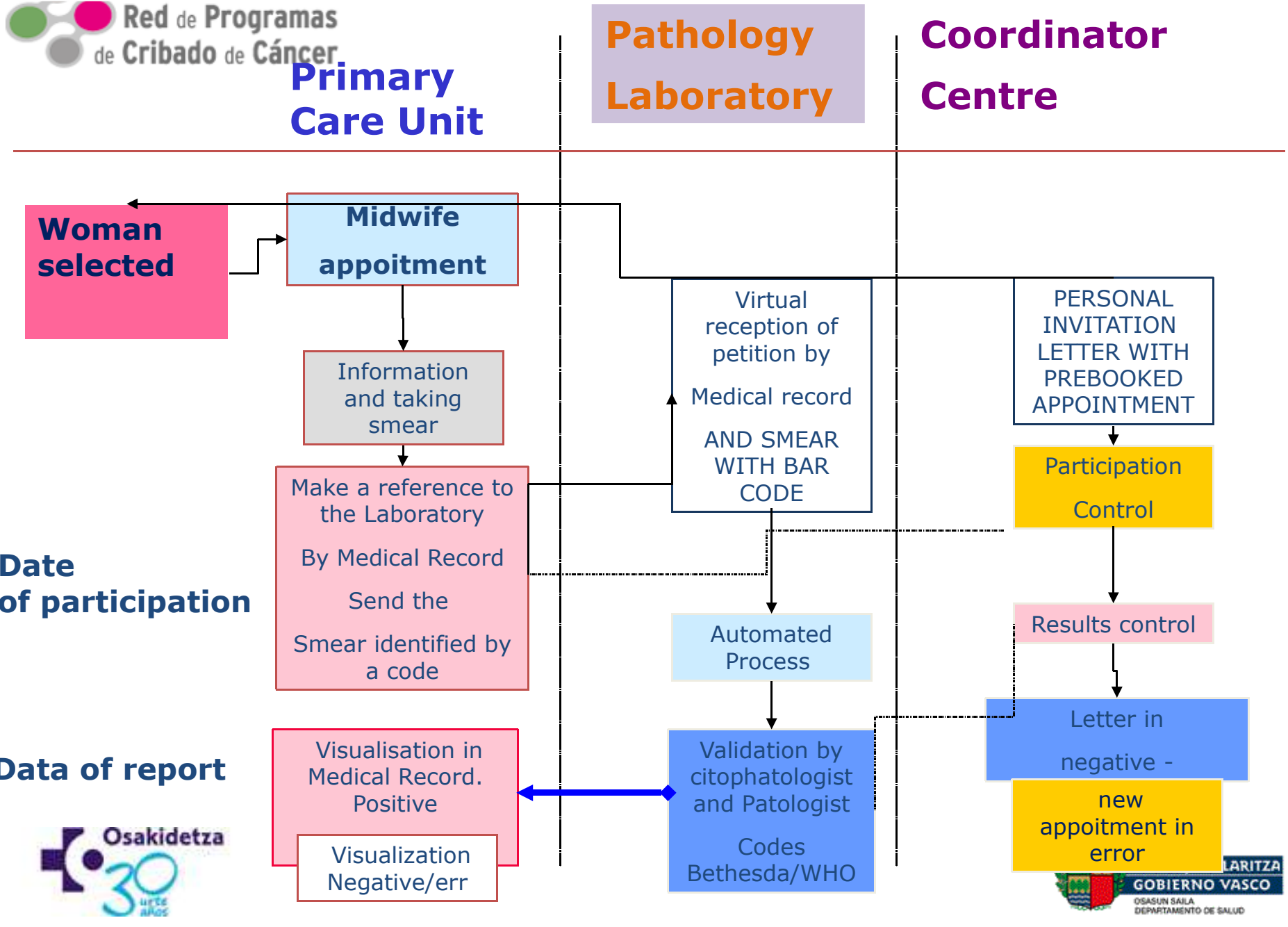
Automated Process

Validation by citopathologist and Patologist  
Codes Bethesda/WHO

Visualisation in Medical Record.  
Positive  
Visualization Negative/err

**Date of participation**

**Data of report**




Tarjetas Periodicas

Agencia:  Fecha:

Volantes: Estado:


Alerta	Volante	Fecha	Paciente	Tipo	Estado
	ANALITICA	1901/2009	CAZALUANT SOLARBERETA, JOSEFA	ORIBAGO CANCER DE COLON	Por de vis
	ANALITICA	1901/2009	AMEZUA OHRAT, IES	ORIBAGO CANCER DE COLON	Por de vis
	ANALITICA	14/02/2008	202204LAPA8555555555555555555555 ZALDUAD000000000000	BASA	Por de vis
	ANALITICA	04/02/2008	BOTRADA ESCOS, RAMONA	ANA	Por de vis
	ANALITICA	02/10/2007	BOTRADA ESCOS, RAMONA	prueba tipo delis: prutilla	Por de vis
	ANALITICA	1901/2009	FERNANDEZ ZIZI SANCHEZ, FLACDA	ORIBAGO CANCER DE COLON	Por de vis
	ANALITICA	1902/2009	FERNANDEZ ZIZI SANCHEZ, FLACDA	FANTILLA Mjavorde 19	Por de vis
	ANALITICA	15/01/2009			Por de vis
	ANALITICA	19/12/2009			Por de vis
	ANALITICA	19/12/2009			Por de vis
	ANALITICA	20/12/2009			Por de vis
	ANALITICA	11/01/2009			Por de vis
	ANALITICA	08/04/2009			Por de vis
	ANALITICA	10/09/2009			Por de vis
	ANALITICA	15/01/2009			Por de vis
	RADIOLOGIA	03/06/2009			Por de vis
	RADIOLOGIA	15/06/2007			Por de vis
	RADIOLOGIA	07/05/2008	MADRABETA LORENZO, MARGARITA	COLUMBA	Por de vis
	RADIOLOGIA	10/04/2009	MADRABETA LORENZO, MARGARITA	RADIOLOGIA BASICA	Por de vis

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Alerts in positives in medical record

**Osabide**



This woman has a positive cancer cervical screening result. Has she informed about the follow up yet?

# 2.2 POSITIVE MANAGEMENT

Woman with positive result (+)

Midwife appointment

Control Positive cases +

Information

Appointments

Depending of lesion

GP

Gynecologist

Colposcopy

Cancer priority

Referrals to Hospital

Control of attendance

Colposcopy

Delays control

Dates of Colposcopy  
Dates of Treatment  
Dates of Control and Follow-up

Information of Results to patient  
New appointments and treatment protocols

Results control

New appointment in low risk

Cases followed by protocol

Pathology Analysis and report

Follow up all positive cases and code lesions, TNM, stage and treatment



## 3. DO A PILOT

We can star!  
Good luck for  
everybody!



**3.1 Select population based in  
high risk / Primary Care Units**

**3.2 Informing and training professionals**

**3.3 Informing target population**

**3.4 Inviting**

## 4. CHECK AND EVALUATE

### 4.1 Measuring fails and successes

### 4.2 Measuring QA of the process

### 4.3 Measuring results

### 4.4 Asking women

### 4.5 Asking professionals

### 4.6 Cost comparing to previous actions



## Main Indicators

Coverage (invited/women target) by smear test x 100

Participation rate (participants/invited) x 100

Error cytology rate (smears+err/all smears) x 100

Positive rate in cytology (positive smears/participants 25-34 y) x 100

False Positive rate (FP/participants) x 100

Positive rate in HPV detection (positive HPV/participants 35+) x 1,000

Attendance appointments according to the protocol and type of lesion (women by lesion and appointment/women by lesion x 100

Satisfactory colposcopy rate (colposcopy with satisfactory results/colposcopy performed) x 100

Delay in days (P25, P50, P75) from test to colposcopy in High degree of dysplasia

Colposcopy performed rate Low Risk (coloposcopy LGD/LGD cases) x 100

Colposcopy performed rate High Risk (coloposcopy LGD/LGD cases) x 100

CIN2+CIN3 detected rate (CIN2+CIN3/participants) x 1,000

CANCER detection rate (CANCER/participants) x 1,000

CANCER detection in I-II rate (I-II cases/participants) x 1,000

Delay in days (P25, P50, P75) from diagnosis to treatment

## Results

## Standard



# 5. ADJUST

5.1 Re-organizing resources

5.2 Re-organizing activities

5.3 Re-definition of criteria and key indicators

5.4 Feed-back of results

for professionals

authorities



# 6. EXTEND THE PROGRAMME

**6.1 Priorities for population selected**

**6.2 Plan to extend to 100% women of the population target**

**6.3 Resources organization to reach the highest coverage**

**6.5 QA in process and results**

Thank you very much and  
welcome to the Basque  
Country

Eskerrik asko eta  
ongi etorri Euskal Herrira

