



Cervical Cancer Prevention Gets Equipped

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The Prevention and Early Detection Division of the Saskatchewan Cancer Agency has established a new program—the Saskatchewan Prevention Program for Cervical Cancer (PPCC)—aimed at preventing invasive cervical cancer. With the launch of this program, Saskatchewan joins other jurisdictions that have established cervical cancer screening programs. The PPCC is one of the prerequisites necessary for physicians and other health professionals to improve rates for cervical cancer screening and, thereby, reduce the incidence of, and mortality from, cervical cancer in Saskatchewan.

The focus of the program is to encourage women to participate appropriately in regular Papanicolaou (Pap) testing. The program will remind women when they are due for screening, and will provide women with information about the importance of continued screening. The program will not be responsible for performing Pap tests, however, it will assist physicians in providing appropriate followup for patients whose Pap smears are abnormal, by tracking women's participation in subsequent diagnostic and therapeutic procedures.

Sandra's refusal

Sandra, 35, is a smoker and a single parent of a 19-year-old son. You are caring for her in hospital in the terminal stages of invasive cervical cancer.



You diagnosed Sandra's cancer clinically approximately a year ago, when she presented with a six-month history of post-coital bleeding.

Her partner, anxious to understand how such a thing could happen, wonders why the cancer could not have been detected earlier, or perhaps even prevented. With regret, you tell him that during the 15 years you have looked after Sandra, she consistently refused to allow a Pap smear to be performed, in spite of many reminders when she presented for unrelated problems.

You suspect that her refusal might have been because of a prior history of sexual abuse, but Sandra never discussed her reasons with you. She simply avoided the test until it was too late.

How could a program like PPCC have helped Sandra?

Why the need for a program?

In 1997, the Health Services Utilization and Research Commission (HSURC) published its Guidelines for Pap test screening. The background research confirmed long held suspicions that a significant population of Saskatchewan women (approximately 20%) were missing Pap test screening. The research also confirmed that an additional segment of women (also approximately 20%) were screened less frequently than recommended by national guidelines. The HSURC noted “the current voluntary system of screening in Saskatchewan is inadequate. Women at greatest risk are least likely to be screened.” In addition to the significant numbers of women not screened and those screened with less than optimal frequency, the HSURC also identified another 20% of women who received Pap smears significantly more often than recommended, without clinical abnormalities to support additional screening.

In order to improve this situation, HSURC recommended a comprehensive response to Pap screening (Table 1).

This comprehensive response will be achievable with the creation of the PPCC.

Members of the advisory committee were drawn from a wide variety of health professionals and stakeholder groups, including patients. The committee membership includes the directors of the two cytology laboratories in Saskatchewan, two colposcopists (one of whom also represents the College of Medicine), and the medical advisor to the Prevention and Early Detection Division of the Saskatchewan Cancer Agency. The committee also includes representatives from the Saskatchewan

Medical Association, the College of Physicians and Surgeons, the College of Nursing, Saskatchewan Cancer Agency oncology ser-

Table 1

Four key elements to comprehensive Pap screening

1. A comprehensive information system with registry and recall functions.
2. Targeted recruitment initiatives.
3. Quality laboratory and clinic assurance.
4. Ongoing evaluation.



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Frequently Asked Questions on: PPCC

Questions:

How will the PPCC help me ensure women receive Pap smears appropriately?

Will supplying the PPCC information mean more work?

How will we be able to keep up with our workload?

What about the administrative interference of the PPCC telling me how often to screen?

Answers:

Database information will be used initially to recruit eligible women overdue for screening, and encourage them to come in for a Pap smear. The program will track all women screened, and will provide feedback to physicians, including quality assurance indicators and information to assist quality management of individual cases. The PPCC has launched an extensive program of public education to inform women about Pap screening guidelines.

Reporting back to the Program ensures all women with abnormal screens receive appropriate referral for diagnostic and therapeutic procedures. The report is simple, and should only take a few minutes of your time. You may submit a fee for completing the report, which helps the PPCC discover whether a patient might have fallen through the cracks, and if so, where the breakdown occurred. When notified a patient has been referred for colposcopy, the program can contact the colposcopist to ensure an appointment is made and kept, and if necessary, can contact the patient to encourage her to follow your suggested management.

The PPCC realizes there will be some increased work for primary care providers, labs, and colposcopists in the initial stages of the Program. One of the benefits of the PPCC database is that deficiencies in availability of services can be identified. This information will assist you and your health region to recruit physicians appropriately, and to allocate resources, such as laboratory funding. The initial increase in workload will level out in the long term.

The PPCC expects you will exercise your clinical judgement in advising your patients. The program will provide information about the recommended recall or followup of your patient. As with any other consultative advice, it is your responsibility to advise your patient according to specific clinical circumstances.

vices, and Northern Medical Services. Committee members, some of whom have been involved with the program initiative since 1997, bring a wealth of knowledge and experience to the development and implementation of the PPCC.

What is the program's responsibility?

Recruitment/Education: Unlike the Screening Program for Breast Cancer, which provides mammography screening at central locations, the PPCC will not provide Pap testing. Rather, using an information system, the PPCC will track women's participation in cervical screening and will recruit eligible women whose pattern of screening is less than recommended. These women will be encouraged to see their primary care physician or an alternative primary care provider for their Pap test. The PPCC will track non-responders and will encourage participation through education and community campaigns.

Result notification: The PPCC will assist the cytology laboratories to inform physicians of the results of the Pap tests, and to monitor the quality of the tests that are performed. With the cooperative and collaborative efforts of the two major cytology labs, reports and advice to physicians will be standardized using the most current system of nomenclature and reporting. As with the Screening Program for Breast Cancer, the PPCC will inform women of screen results.

Results will be communicated to women only after they have first been sent to providers, and will not include clinical detail. Women will be told either that their test was normal (in which case,

they will be advised to continue with regular, periodic screening), or that they need to contact the person who performed the test for further followup.

Quality Patient Care: Optimal followup of abnormal Pap tests requires, among other elements, standardization of information to and from all physicians (primary providers, pathologists and colposcopists) involved. The PPCC, with the active collaboration of its medical advisors, has designed and will disseminate standardized requisitions for Pap tests and for colposcopy. Reporting of both cytology and histology will follow current nomenclature. Advice for followup/referral will conform to current national guidelines. The PPCC will track women's participation for follow-up, and will contact physicians if there is no apparent response to recommended followup.

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PPCC

Quality Assurance (QA): While the individual laboratories will remain responsible for their internal QA processes, the PPCC will track these functions in order to ensure that the interpretation of tests remains of the highest possible quality. In addition, the PPCC will be able to support providers by summarizing individual quality indicators as compared to provincial averages. As well, the PPCC will be able to provide statistical data to health regions to assist in optimal resource allocation (both human and fiscal). Data collected by the PPCC will be of value for epidemiological and other research into the incidence of cervical cancer, and the usefulness and predictive value of screening procedures. These data will also facilitate development of evidence-based clinical practice guidelines.

What is the progress to date?

The Minister of Health, Hon. John Nilson, announced the launch of the PPCC in January 2002. Since then, the design of the information system has been completed and tested. The system has been designed to accommodate data from current methods of Pap screening and colposcopic assessment. The system will be able to be adjusted easily to include new technologies such as liquid-based cytology methods or emerging techniques for screening using viral RNA. The system is capable of revision of cytologic and histologic nomenclature and diagnostic recommendations, as these evolve.

The information system has been loaded with demographic and historical data from Saskatchewan Health so that initial recruitment of women can commence in August 2003. The focus of the first wave of recruitment will be eligible women whose data suggest that they have not received adequate Pap screening in at least the past five years. (Women eligible to be

recruited are those aged 18-67 with intact uteri.) Primary recruitment will also be directed to young women as they reach their 18th birthday.

Coincidentally with the launch of the first wave of recruitment, the PPCC has undertaken an extensive program of public and professional education. Women who receive letters of recruitment will also receive brochures outlining the Program and describing the medical indications for, and recommended frequency, of Pap screening. Brochures are available for display in physicians' offices, health unit offices, and other appropriate sites. Public service announcements will be aired over public media. Some regions of the province where participation in Pap screening has been particularly deficient will receive targeted public education. All primary care physicians and advanced practice nurses who perform Pap smears received directed communication from the Program. As well, colposcopists received specific information about their participation in the Program.

What are the visions for the future?

The PPCC realizes that in the initial stages of program launch, there will be a significant burden on practitioners to respond to patient requests for clinical services and discussion of educational material. Physicians will be required to submit reports to the Program concerning the disposition of abnormal reports. There will also be a period of adjustment, during which minor problems with information transfer will be identified and resolved. Inevitably, some women who do not require screening will receive letters of recruitment. The Program appreciates the cooperation and assistance of physicians in helping women to understand the guidelines for screening, and in

Take-home message



The Saskatchewan Prevention Program for Cervical Cancer

- The Program has developed communication tools so that primary practitioners can report back regarding the further investigation and management of women whose smears have been abnormal.
- The PPCC has developed algorithms and protocols to track participation and to initiate further reminders to women and physicians when follow-up is overdue.

notifying the Program of reasons why individuals do not require screening so that the database can be adjusted appropriately. The Program will work cooperatively with women and physicians to realize its goal to decrease the incidence of, and mortality from, invasive cervical cancer. [CME](#)

Please contact Dr. Anne Doig, medical advisor for the prevention and early detection division of the Saskatchewan Cancer Agency, with feedback, or for further information.

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Net Readings

1. National Ovarian Cancer Coalition:
<http://www.ovarian.org>
2. National Ovarian Cancer Association:
www.ovariancanada.org

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