

Prevention of cervical cancer in Portugal

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IANPHI Annual Meeting – Helsinki 26.9.2011



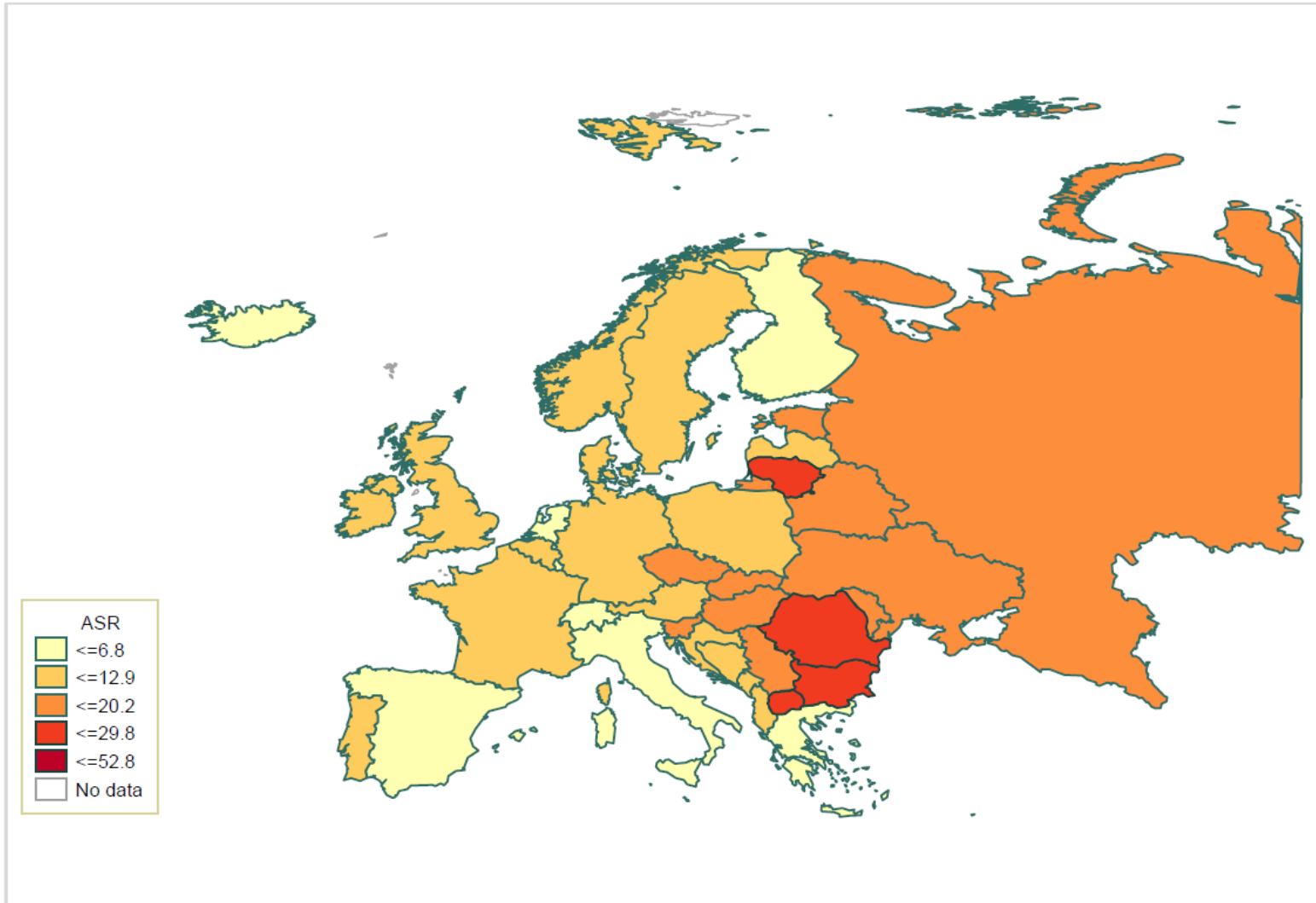
Summary

- **Epidemiology of Cervical Cancer**
- **Cervical Cancer Screening**
- **HPV Vaccination Strategies**
- **Activities at the National Health Institute**
- **Final Comments**

Epidemiology of Cervical Cancer

- Age-standardised incidence and mortality rates are 12.2 and 3.6 (per 100,000 woman) *WHO/ICO 2010*
- 2nd most frequent cancer among women 15-44 years old
- Annually, 949 women are diagnosed with cervical cancer and 346 die from the disease
- Cancer registries show an asymmetrical distribution of disease incidence (Oporto – 12.5, Algarve – 10.1 ASR) due to different screening strategies
- Higher rates among southern European countries – higher HPV infection prevalence (14.2 % 18-64 y)

Figure 4: Age-standardized incidence rates of cervical cancer in Europe



ASR, age-standardized incidence rates; Rates per 100,000 women per year.

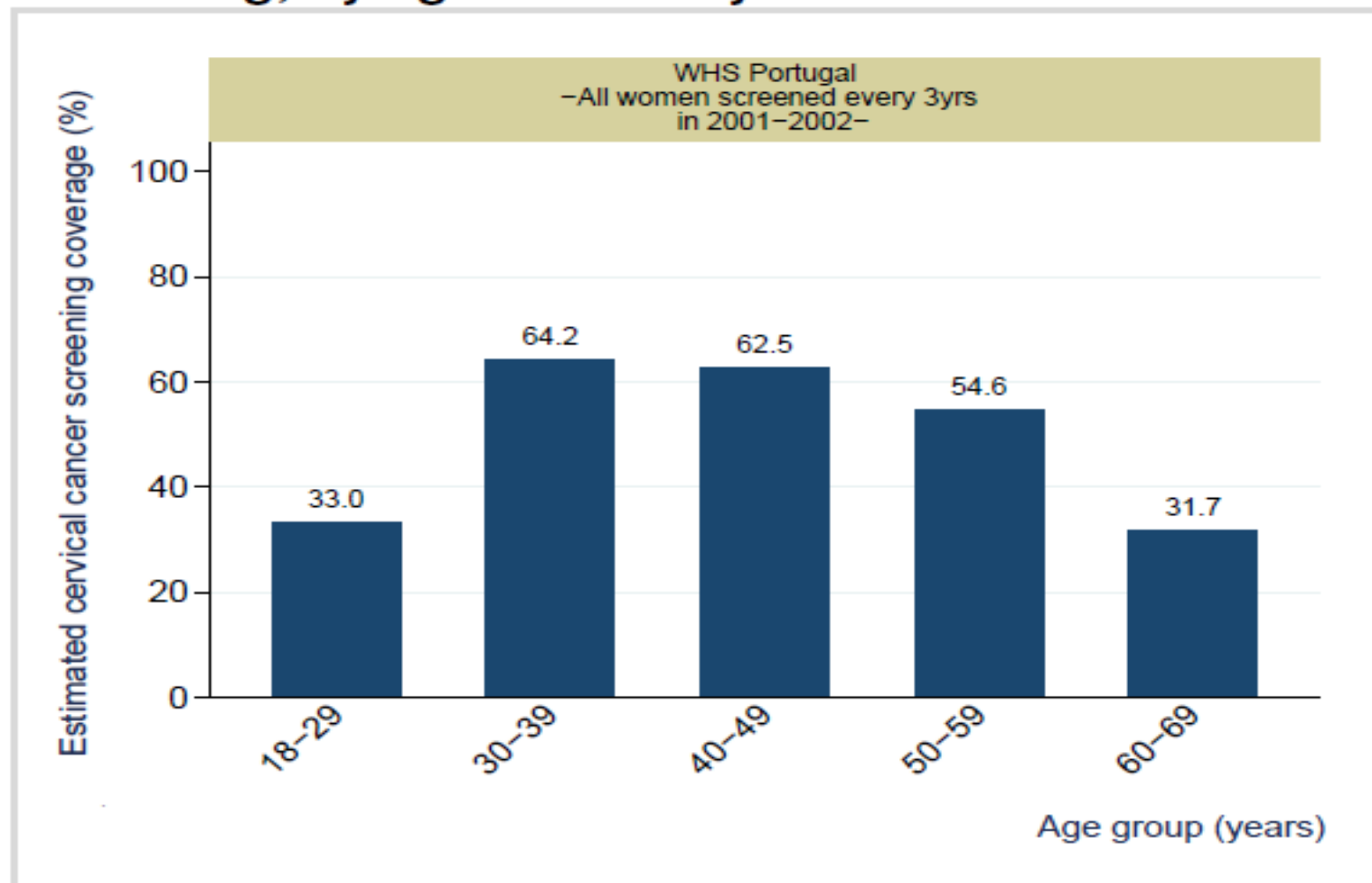
Data sources:

IARC, Globocan 2008. Age-specific data from GLOBOCAN 2008 were obtained from IARC, personal communication. For specific estimation methodology refer to http://globocan.iarc.fr/DataSource_and_methods.asp.

Cervical Cancer Screening

- European guidelines are followed (Gynecologists professional association): cervical cytology, followed by HPV testing in ASC-US for women between 25-64 years, every 3 years
- Population-based screening programmes only exist in two Health Regions (Centre – only cytology, Alentejo – cytology + HPV testing)
- Estimated coverage: 49.5% 2001-2002 (WHO/ICO 2010)
- Opportunistic screening – in the majority of areas

Figure 2. Estimated coverage of cervical cancer screening, by age and study



Notes and sources:

WHO Household Surveys with multistage cluster sampling. Screening coverage among women aged 18-69.

World Health Surveys. Geneva: World Health Organization (WHO); 2003.

HPV Vaccination Strategies

- HPV vaccine is included in the National Immunization Program since 2007 (quadrivalent:HPV6,11,16,18 genotypes)
- Aiming at vaccinating girls before starting sexual activity -13y with a catch up at 17y (until 2011)
- Ensuring equity of vaccine access – free of charge at Health Centers. Costs 500 € (for 3 doses) outside the NHS – co-insurance of 37% until now
- Vaccination coverage rate: 89% (first dose)

Indicator	Date	Value
Finance mechanism ¹	2008	As of September 2008, vaccine will be available for free to all age groups for which it is recommended
Delivery strategy ¹	2008	Vaccination is provided on demand through regional health centres across the country. Invitation letters sent by the regional health centre to registered families with females aged 13 or 17.
Integration of vaccination and cervical cancer screening program ¹	2008	Cervical screening programmes should continue
Announcement date and type; and recommendation committee ²	2008	12 October 2007, GACR; Technical commission on Vaccinations
Recommendation for primary target population ²	2008	Girls, age 13
Recommendation for catch-up population ²	2008	Females, ages 14-17 between 2009 and 2011
Recommendation for vaccinating males ²	2008	No statement
Comments ²	2008	-

Activities at NHI Portugal

- Reference laboratory for HPV in Portugal (genotyping, international quality control – WHO HPV LabNet, molecular markers, R&D)
- Technical support to the National Public Health Authority in planning
- National and international collaboration and networking: differential diagnosis, virological research, epidemiological studies & surveillance (CLEOPATRE, vaccination effectiveness)



Final Comments

- Despite good coverage of HPV vaccination, population-based screening programmes must continue and should encompass all the country - there are women already exposed to vaccinal HPV genotypes, and to other oncogenic genotypes (even if vaccinated)
- Our NPHI is working on immunological diagnosis (effectiveness of vaccination) and virological molecular markers for cervical cancer development – for future implementation of epidemiological surveillance
- We are aware of HPV infection in other anatomical sites, and in man, that might have PH consequences