

# Impact of implementing a nationwide cervical cancer screening program on female population coverage by Pap-tests in Estonia

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## ABSTRACT

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**Background.** The objective of the EUROCHIP project in Estonia was to describe the organized cervical cancer screening program started in 2006 (after pilot studies in 2003-2005), to compare its performance with opportunistic screening, and to define priorities for improvement of the program.

**Methods.** Population data was retrieved from Statistics Estonia, data about performed Pap-smear tests within the screening program from the Estonian Cancer Society and from clinics and labs participating in the program, data about Pap-smear tests outside the screening program from the Estonian Health Insurance Fund, and data about cancer incidence and mortality from the Estonian Cancer Registry database.

**Results.** During the first year after implementing the nationwide cervical cancer screening program in Estonia, the number of tests outside the organized program remained high. Within the organized program, the number of Pap-tests in different age groups increased with age except for the oldest age group while population coverage with Pap-tests outside the organized screening program decreased with age. The number of cervical cancer cases at early stages increased after implementation of organized screening. The time-frame does not permit to draw any definitive conclusions.

**Conclusions.** Implementation of organized cervical cancer screening did not decrease the volume of opportunistic screening. The factors influencing attendance in the organized cervical cancer screening program in different age groups should be studied further. Moreover, a central cancer screening registry without restrictive data protection legislation would improve data collection and enable to evaluate performance of the program on a regular basis. Free full text available at [www.tumorionline.it](http://www.tumorionline.it)

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**Key words:** EUROCHIP, cervical cancer, Estonia, cervical screening program barriers.

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