

Past, present and future of the cervical cancer screening in Latvia

Ilze Viberga¹, Ludmila Engele², and Paolo Baili³, on behalf of the EUROCHIP Working Group⁴

¹Riga Stradins University Department of Obstetric and Gynecology, Riga, Latvia; ²Latvian Oncology Center of Riga East University Hospital, Riga, Latvia; ³Descriptive Studies and Health Planning Unit, Fondazione IRCCS Istituto Nazionale dei Tumori, Milan, Italy; ⁴Listed in the Acknowledgments

ABSTRACT

Objective. The present descriptive study summarizes the historical activity on cervical cancer screening in Latvia, assesses the current screening situation, and defines the existing and expected obstacles and problems for the implementation of a proper organized population-based cervical cancer screening program in Latvia.

Material and methods. Available data on cervical cancer burden were collected from Latvian cancer registry. Availability of trained medical staff and laboratory systems were obtained through the Latvian Association of Cytologists and the Health Compulsory Insurance State Agency of Latvia (HCISA).

Results. Cervical cancer incidence in Latvia is increasing since 1989 when the compulsory preventive gynecologic examinations were stopped. Cervical opportunistic screening program in Latvia should be performed by GPs. But only 30 out of 1470 GPs provide gynecological care for their patients while, out of 484 certified gynecology practitioners, 35 had direct contractual relationship with the HCISA while 398 had only an indirect contractual relationship with the Agency. Moreover, in Latvia, there are about 29 laboratory specialists employed with cytological testing with an average age of 57 years: 13 of them have already passed the retirement limit.

Conclusions. Traditionally in Latvia, most women request gynecological services for preventive and health promotion reasons or in the case of having a gynecological disease. So the overloaded general practitioners and the lack of involvement of gynecologists are one of the main obstacles to solve for implementing an organized screening program in Latvia. Moreover insufficient availability of quality-assured services and resources for cytology testing and other services of the program, and for monitoring and evaluating the whole program, must be considered in the implementation of a comprehensive screening plan. Free full text available at www.tumorionline.it

Key words: woman, EUROCHIP, Latvia, cervical cancer, screening program barriers, cytology.

Conflict of interest statement: None declared.

Correspondence to: Ilze Viberga, Laclesa iela 9-37, Ab.k. Nr.69, Aizkraukle, Latvia LV 5101.
Tel +371 29258263;
e-mail i.viberga@apollo.lv