



CERVICAL CANCER SCREENING COVERAGE IN BELGIUM

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HUMAN PAPILLOMAVIRUS INFECTION AND GLOBAL PREVENTION OF CERVICAL CANCER
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BACKGROUND

The Belgian cervical cancer screening policy is adapted from European Guidelines and prescribes one Pap smear every three years for women of 25 to 64 years of age. Since screening is opportunistic, the compliance to this recommendation is poor.

OBJECTIVE

Assess the real cervical cancer screening coverage in Belgium.

METHODS

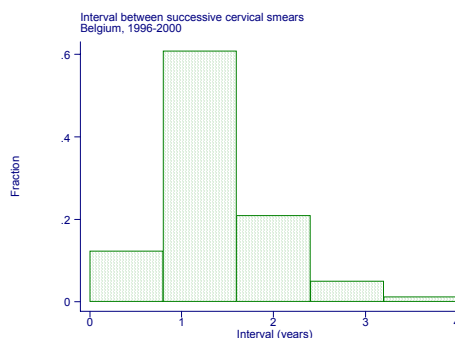
Data pertaining to all Pap smears, performed in Belgium between 1996 and 2000 from all women covered by the Belgian health insurance system were provided by the Agence Intermutualiste, which compiled a comprehensive dataset based on reimbursement claims. Coverage was defined as the proportion of women from the target population who have had a Pap smear within the last 3 years. Overuse was defined as the proportion of Pap smears taken in the target group that does not contribute to the coverage : (number of smears taken in 3-years time/number of women screened in that period – 1)*100.

RESULTS

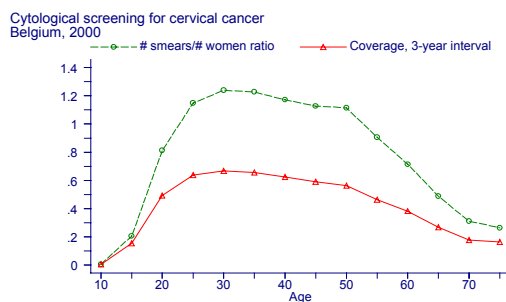
The cervical cancer screening coverage reached 59% at a national level. Differences were small between the 3 regions. The variation was large at district level, ranging from 39% to 71%. Among 25-39 years old women, the coverage was 64% to 67%. Between 40 and 54 years of age, the coverage decreased gradually till 56%. Thereafter the coverage declined even more rapidly. The modal screening interval was one year. A time span of 3 years is observed in only 5% of women with 2 or more smears in three years. In the period 1998-2000, 3.0 million smears were taken from women in the age group 25-64. The size of the target population was 2.7 million. Nevertheless, only 1.6 million women of the target group got one or more smears in that period and 1.1 million women had no smears. This means that each screened woman received on average 1.88 smears (overuse of 88%). The overuse was 99% in Brussels, 90% in Walloon Region and 86% in Flemish Region.

CONCLUSIONS

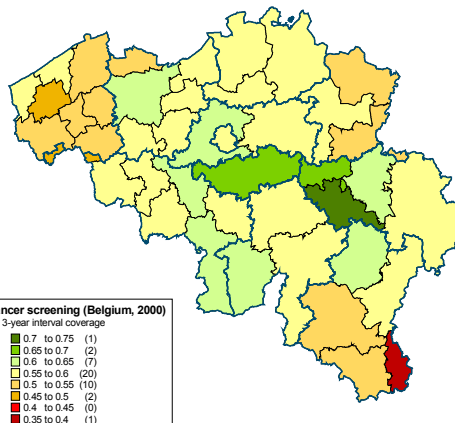
The coverage reached only 59% but the number of smears used was sufficient to cover more than 100% of the target population. Structural reduction of overuse and re-investment in coverage increase and quality improvement can potentially result in more life-years saved, without an increase in public funding.



Histogram of the distribution of average time interval between two successive smears, (Belgium, 1996-2000).



Variation of the screening coverage and the # smears / # women ratio considered over a 3-year interval according to 5-year age group (Belgium, 2000).



Geographical variation of the screening coverage considered over a 3-year interval (Belgium, by District, 1998-2000, 25-64 years old women).