



February 2001

POSITION STATEMENT **CERVICAL CANCER SCREENING**

Premise: Cervical Cancer is both a preventable and curable disease.

Background:

Cervical cancer is the second most common cancer in women worldwide. The World Health Organization estimates that each year 450,000 women are newly diagnosed with cervical cancer and that 240,000 women die of the disease. It is of significance that 80% of cervical cancers are diagnosed in developing countries. Women at greatest risk for the development of cervical cancer are those of low socioeconomic status, who are over the age of 50 years, and illiterate. In developed countries, migrant and indigenous women are also identified as high risk groups.

The introduction of organized screening programs for cancer of the cervix has led to a dramatic decline in incidence and prevalence. An effective screening program includes recruitment, a screening tool, recall for abnormal results, and referral for treatment where appropriate. Programs introduced in an opportunistic way with little attention paid to infrastructure support, quality measures, uniform policies and call/ recall mechanisms, result in less than optimal declines in incidence and mortality.

Screening for the detection of precursors of cervical cancer is one of the most successful public health measures in the prevention of cancer. Most of the women who die of cervical cancer have never been screened. The Pap smear is an effective screening tool. Methods for early detection of cervical cancer, other than the Pap smear, are being investigated for use in developing countries.

The major determinants of the incidence of cervical cancer should be considered in program development:

- Limited access to or an absence of screening programs,
- A lack of personnel in developing countries that are trained to interpret cytological findings, and
- Low participation by indigenous and migrant women in screening programs in developed countries.

Socioeconomic differences in screening practices tend to decrease when participation is promoted, accessibility is increased, cultural and economic barriers are removed and social support is offered. Screening for cervical cancer should be part of a broader health promotion program.

Position:

The International Society of Nurses in Cancer Care is committed to supporting strategies that will reduce the incidence, morbidity, and mortality of cervical cancer. The Society supports strategies that promote equity of access and ensure ethical considerations are intrinsic in all screening/ prevention endeavours. Nurses are in a key position to promote cervical screening to all women.



ISNCC recommends that:

- All nurses enact their responsibility as consumer advocates to lobby governments and healthcare organizations for the establishment of long term policies, financial infrastructure, legislation, trained health professionals and quality assurance systems to support cervical screening programs that ensure equity of access to all women.
- Cervical screening services that are provided by appropriately trained health professionals and workers may increase the acceptability and accessibility of cervical cancer screening.
- All nurses assume the responsibility for ensuring that cervical screening is undertaken within a broader health framework relevant to the local context, and that promotes women's health (and the health of their families); this may include nutrition, smoking prevention and cessation, sexual practices, and sexually transmitted diseases.
- Health education is offered to improve the awareness of both the public and health professionals of the benefits and limitations of cervical screening programs.
- Health education programs regarding cancer screening must be clear, brief and respectful of local culture, and use a variety of media.
- Recruitment strategies for cervical screening programs must be culturally sensitive and specific, aim for whole populations and promote screening in previously underscreened women.
- Nurses work to decrease the barriers within healthcare and social systems that discourage or prevent women from attending cervical screening programs.

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