



衛生防護中心
Centre for Health Protection

Healthy Tips

To protect yourself and your significant others, women aged 25-64 who have ever had sex are encouraged to have regular cervical smears.

The Department of Health's Cervical Screening Programme recommends 3-yearly smears following two normal consecutive annual smears.

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Non-Communicable Diseases

Aware

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Are You Aware That

Ω Cervical cancer arises as a consequence of progression from mild-grade lesions through higher-grade lesions and to carcinoma. The majority of low-grade lesions will regress in two years without treatment, about 10% may progress to high-grade lesions. The risk of progression from high-grade lesions to carcinoma is about 12% over 10 years.¹

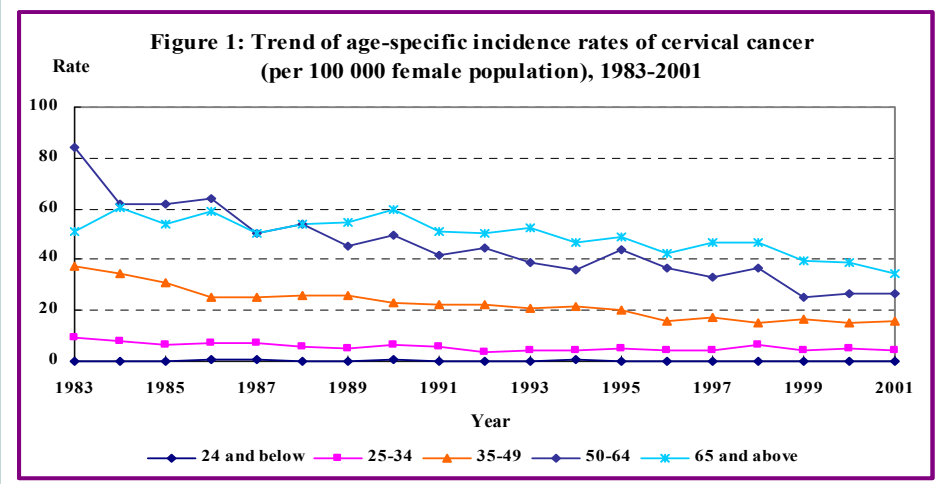
Ω In Hong Kong, cervical cancer poses significant disease burden to the female population. In 2001, cervical cancer ranked 4th of the most common female cancers after breast cancer, colorectal cancer and lung cancer. The 438 registered new cases of cervical cancer accounted for 4.6% of all new cancer cases in females. The age-standardized incidence rate was 10.1 per 100 000 standard population. Since 1989, women aged 65 and above had the highest incidence rate, followed by women aged 50-64 years (Figure 1).²

Ω In 2003, cervical cancer caused 106 women deaths and accounted for 2.4% of all female cancer deaths. The age-standardized mortality rate was 2.1 per 100 000 standard population.³

Ω Other than advancing age, risk factors for cervical cancer also include: infection with human papillomavirus, cigarette smoking, sexual activity at an early age, high number of sexual partners, partner who has multiple sexual partners and compromised immunity. Of note, individuals who do not have any of the risk factors may still develop cervical cancer, although less commonly, and having the risk factors does not assure its onset.

References

- 1.IARC Working Group on Evaluation of Cervical Cancer Screening Programmes. Screening for squamous cervical cancer: duration of low risk after negative results of cervical cytology and its implication for screening policies. *BMJ* 1986; 293: 659-64.
- 2.Hong Kong Cancer Registry, Hospital Authority.
- 3.Mortality statistics, 2003 (provision data). Department of Health, Census and Statistics Department.



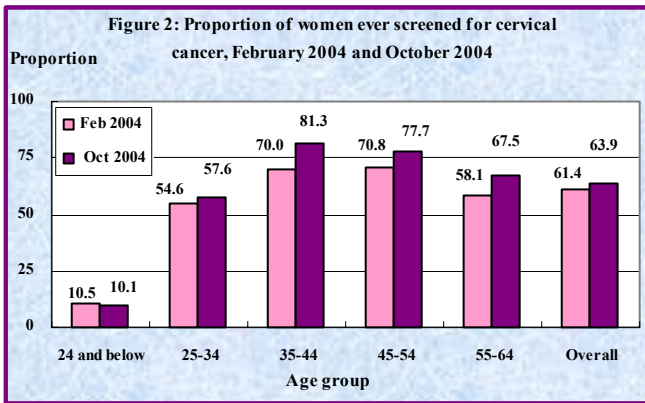
Sources: Hong Kong Cancer Registry, Hospital Authority; Department of Health; Census and Statistics Department.

“Screened for Life”

- Cervical Cancer Screening

Cervical cancer is one of few cancers where pre-cancerous lesions are detectable and treatable. To date, cervical cytology is the only test known to reduce cervical cancer incidence and mortality effectively, particularly with organized screening programmes. Regular 3-yearly cervical smears can give a 91% reduction in the cumulative incidence of cervical cancer.¹ Along with appropriate follow-up treatment, the test can prevent cervical cancer from developing in many cases.

In order to increase the coverage of women having cervical smears with ultimate goal of achieving a reduction in the incidence and mortality of cervical cancer in Hong Kong, the Department of Health launched a territory-wide Cervical Screening Programme (CSP) for women in collaboration with other service providers since March 2004. Over the past year, the Programme has organized a series of promotional activities, such as roving exhibitions, health talks, poster campaigns and advertisements which aim at arousing the public awareness towards cervical cancer screening and prevention. When reviewing the screening rates for cervical cancer before and 7 months after the launching of CSP, comparable telephone surveys showed that the proportion of adult women, up to 64 years of age who reported ever had a cervical smear, increased modestly from 61.4% in February 2004 to 63.9% in October 2004. As shown in Figure 2, increases were noted in all age groups except for the youngest group (24 years and below).²



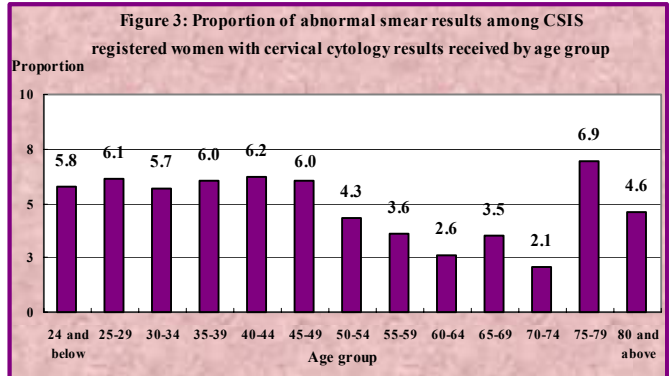
Source: Department of Health

Also included in the Programme is the establishment of the Cervical Screening Information System (CSIS) which is a central registry of the participating women who have given their consent for the Programme to record their information and smear results. The CSIS will prompt them for subsequent screening at appropriate times. From programme launch to 28 February 2005, there were close to 100 000 women registered with the CSIS. Among 93 203 registered women with cervical cytology results received so far, 5.6% of the smears were “abnormal” with cell abnormalities detected. Highest rate of abnormalities (6.9%) was found in women at the age of 75-79; 5.8% of abnormal results were also detected for females aged 24 and below (Figure 3).³ However, it is well known that younger women have higher incidence of dysplasia which will mostly regress.



Who Should Have The Test?

- Women aged 25-64 who have ever had sex should have the test
- Women aged 65 and above who have ever had sex and never had a smear before should be offered the test, but for those who have 3 previous consecutive negative smears within 10 years may stop the test
- Women aged 24 and below who have ever had sex may be screened according to individual risk profile
- Women who have never had sex or who have total hysterectomy need not have the test



Source: Cervical Screening Information System

The CSP recommends 3-yearly smears following two normal consecutive annual smears. However, women with higher risk (e.g. history of human papillomavirus infection and low immunity) may be screened more frequently as advised by their health care providers. To protect yourself and your significant others, women who have ever had sex, including those menopausal women and who no longer have sex, are encouraged to have regular cervical smears. Be aware, women who have any unusual symptoms, such as foul-smelling vaginal discharge and unusual vaginal bleeding between menstrual period or after sexual intercourse should see their doctors, even if the last smear result was normal.

Cervical Cancer Prevention Tips

- ◆ Avoid multiple sexual partners
- ◆ Adopt barrier contraception (e.g. condom)
- ◆ Avoid smoking
- ◆ Minimize exposure to second-hand smoke
- ◆ Have a well-balanced diet that includes plenty of fresh vegetables and fruits

References

1. IARC Working Group on Evaluation of Cervical Cancer Screening Programmes. Screening for squamous cervical cancer: duration of low risk after negative results of cervical cytology and its implication for screening policies. *BMJ* 1986; 293: 659-64.
2. Statistics on cervical cancer screening (provisional data). Department of Health.
3. Cervical Screening Information System. Department of Health.

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A local study on the cultural and social factors contributing to Chinese women’s attendance for cervical screening, in which the data were drawn from 10 focus groups involving both screened and unscreened women, found that the social factors of cost (“too expensive”), lack of awareness of the need or risk (e.g. it was not needed “after menopause” or when “having a stable relationship”), perception of pain, the social value of early detection (e.g. “it can’t be prevented”) and cultural issues such as embarrassment attributed to low screening attendance. (Source: Holroyd et al. Socio-cultural influences on Chinese women’s attendance for cervical screening. *J Adv Nurs* 2004; 46 (1):42-52.)

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Starting from 3 March 2005, the Cervical Screening Programme of Department of Health embarks another poster campaign on multiple MTR stations. Health messages will also be forwarded to the passengers via the Info Panel in the trains. This campaign, lasting for around 3 weeks, aims to encourage women aged 25-64 to have regular cervical smears in order to prevent cervical cancer.