International Workshop

1. Cervical Cancer Screening in Taiwan—Past, Present and Future

Yao-Ching Hung

Associate Professor, School of Medicine and Institute of Medical Science,
China Medical University, Taiwan

Chairman, Department of Obstetrics & Gynecology, China Medical University Hospital, Taiwan

The total female population in Taiwan is 11 million; among them 5.5 million is 30~69 y/o. The incidence of Cx Ca(2000) was 2,720 new cases, 23.7 in 10^5, 11.5% of female new cancer cases. The mortality (2002) was 941 died, 8.6 in 10^5, 7.6% of female cancer deaths. The age-adjusted incidence was 30(1980), 23.7(2000) for Inv. Cx Ca, and 4 (1980), 30.1(2000) in 10^5 for CIN III. The age-specific incidence (1999) revealed the peak was 72~82 y/o for Inv. Cx Ca, and double peaks were 40~44 and 65~70 y/o for CIN III.

The national Pap smear screening program in Taiwan since 1995 include (1)screen women ≥30 y/o 3-yearly (National Health Insurance provides annually), (2)sampled by Ob-Gyn and Family Dr. in clinics and mobile units, (3)local public health nurses follow up HSIL cases, (4)set up Cytology Lab. approved program (e.g. personnel qualification, regular on-site inspection, workload, proficiency test, internal QC monitor) and (5)set up computerized medical information system (connected between cytopathology Lab. and Central Disease of Health/City & County local health station/Health Bureau).

Pap smear screening rate before 1986 was 5%, and 1995~2002 showed (1)annually : 9.7% (1995), 25.5% (1998) & 28.6% (2002) and (2)3-yearly : 22.4% (1996), 41.9% (1998) & 54.4% (2002). Results of Pap smear, 2000~2002 (total : 3,704,634 samples) showed (1)normal : 96.89%, (2)ASCUS/AGUS : 1.56%, (3)LSIL : 0.61%, (4)HSIL : 0.68 %, (5)Cancer : 0.10% and (6)other : 0.16%. Evaluation of screening program showed (1)decrease of Cx Ca mortality—1961:18, 1981:13, 1987~1994:11, 1995~2002:8 in 10^5, (2)decrease of the ratio of Inv. Cx Ca to CIN III : 68.9% (1992) 43.3% (2000) and (3)simulation : mimic screening scenario of 1995~2001, then FU 20 yrs—,with decrease of 50% mortality & 20% incidence.

Our current problems: (1)screening rate reaches the plateau, (2)normal smeared women don’t receive screening regularly, (3)percentage of repeated screening increase, (4)positive smeared women don’t take biopsy or follow up smear. Our new strategies: (1)organize screening with invitation letter to call & recall non-attendants, (2)offer incentive payment by NHI according to screening & HSIL biopsy rates and (3)evaluate the possibility of using HPV test for primary screening by conducting a randomized trial.