Cervical cancer is highly preventable if precancerous changes are detected and treated before progression occurs. The main cause of cervical cancer is the human papilloma virus (HPV) which accounts for approximately 95% of all cases (IARC, 2005).

EU countries follow a number of different approaches with regards to the prevention and early diagnosis of cervical cancer. Over half of EU countries have cervical cancer screening organised through population-based programmes but the periodicity and target age groups vary (OECD, 2013). WHO recommends HPV vaccinations as part of national immunisation programmes primarily to girls aged 9-13. Studies show these programmes to be cost-effective and the majority of EU countries have a plan currently in place (WHO, 2014).

Screening rates for cervical cancer range from 25.0% in Latvia to 86.6% in Austria in 2014 and have increased from 63.0% to 64.4% on average across EU countries over the past decade (Figure 6.15). The coverage increase was particularly large in the Slovak Republic where rates almost doubled over this period. In several EU countries screening coverage declined, which may be related to the introduction of HPV vaccinations started in the late 2000s (OECD, 2013).

Cancer survival is one of the key measures of the effectiveness of cancer care systems, taking into account both early detection of the disease and the effectiveness of treatment. Figure 6.16 shows five-year relative survival for cervical cancer. Relative survival in EU countries ranged widely from 70.6% in Italy to 54.5% in Poland in recent years.

Some countries with relatively high screening coverage such as Austria, the United Kingdom or Slovenia had only average or low survival rates. However, all three countries reported below average cervical cancer mortality suggesting low incidence (Figure 6.17).

Mortality rates reflect the effect of cancer care over the past years and the impact of screening, as well as changes in incidence. The mortality rates for cervical cancer declined across EU countries between 2003 and 2013 (Figure 6.17). A number of countries however showed increased mortality including Latvia which reported rates 31% higher than in 2003. Despite progress, cervical cancer remains a priority in a number of countries. Policies focused on both vaccination and screening are still needed in high burden countries.

Definition and comparability

Screening rates are based on surveys or encounter data, which may influence the results. Survey-based results may be affected by recall bias. Programme data are often calculated for monitoring national screening programmes and differences in target population and screening frequency may also lead to variations in screening coverage across countries.

Relative survival is the ratio of the observed survival experienced by cancer patients over a specified period of time after diagnosis to the expected survival in a comparable group from the general population in terms of age, sex and time period. Survival data for Germany and Italy are based on a sample of patients. The number of countries which monitor and report cancer survival is increasing in recent years and another international study (Allemani et al., 2015) also shows that a wide range of countries have cancer registries which enable international comparisons of cancer survival.

Countries use either period analysis or cohort analysis to calculate cancer survival. Period analysis gives an up-to-date estimate of cancer patient survival using more recent incidence and follow-up periods than cohort analysis which uses survival information of a complete five-year follow-up period. The reference periods for diagnosis and follow-up years vary across countries.

Data on cervical cancer screening from Turkey reflect a population of women 30-65. Data on screening from Luxembourg are based on administrative data.

Cancer survival presented here has been age-standardised using the International Cancer Survival Standard (ICSS) population.

See indicator "Mortality from cancer" in Chapter 3 for definition, source and methodology underlying cancer mortality rates.

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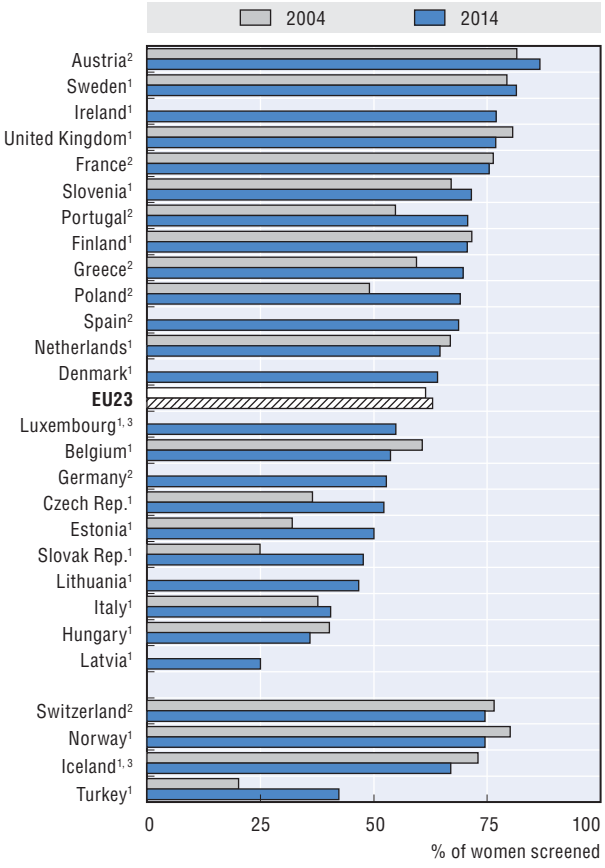
6.15. Cervical cancer screening in women aged 20-69, 2004 and 2014 (or nearest years)

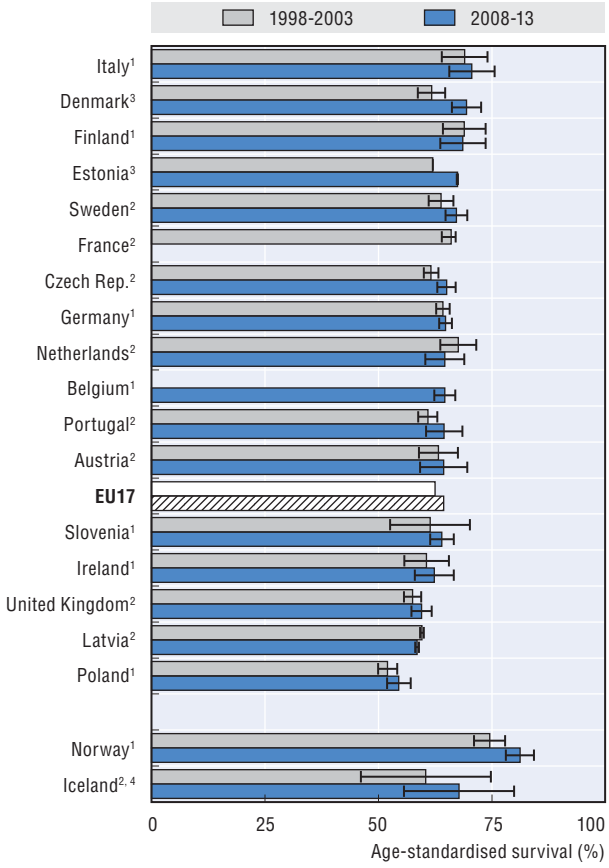


1. Programme.
2. Survey.
3. Three-year average.

Source: OECD Health Statistics 2016.

StatLink http://dx.doi.org/10.1787/888933429504

6.16. Cervical cancer five-year relative survival, 1998-2003 and 2008-13 (or nearest periods)

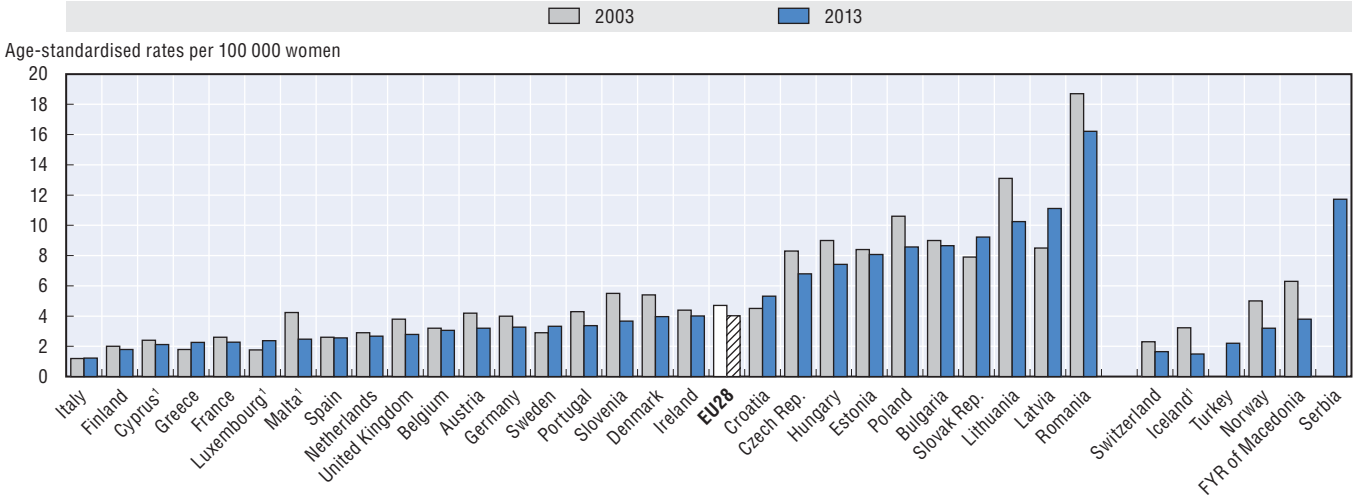


Note: 95% confidence intervals represented by H. EU average unweighted.
1. Period analysis. 2. Cohort analysis.
3. Different analysis methods used for different years.
4. Three-period average.

Source: OECD Health Statistics 2016.

StatLink http://dx.doi.org/10.1787/888933429519

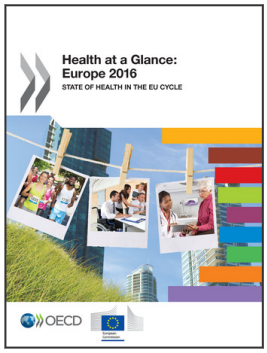
6.17. Cervical cancer mortality, 2003 and 2013 (or nearest years)



1. Three-year average.

Source: Eurostat Database.

StatLink http://dx.doi.org/10.1787/888933429526



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