

SUMMARY AND CONCLUSIONS

CERVICAL CYTOLOGY USE IN PORTUGUESE URBAN WOMEN

The implementation of an organised screening program in settings where opportunistic screening is widespread becomes a major challenge, probably more complex than starting a screening program where no screening program is available, since it involves not only the allocation of resources and the creation of organizational infrastructures, but also the need to promote the public acceptance of the program and changes in the patterns of cervical cytology use, particularly in settings where cervical cytology testing is easily accessible and private health care widely available. Understanding local patterns of opportunistic cervical cancer screening uptake provides important baseline information for an efficient transition to organized screening. Therefore, we aimed to estimate the prevalence of cervical cytology use at different intervals and to quantify its associated factors in an urban Portuguese population with no organized cervical cancer screening.

This study was based on the first follow-up evaluation (2005-2008) of a cohort of adults living in Porto and during this period, 1032 women (67% of the cohort, after a mean follow-up of 48 months) were scheduled for a questionnaire and physical examination. The present analysis includes 1008 women for which the follow-up evaluation was accomplished, after exclusion of those never having had sexual intercourse or reporting a previous history of cervical cancer. We used self-reported information, obtained at the follow-up evaluation, regarding lifetime cervical cytology testing, age at first cervical cytology and usual frequency of testing, number of completed years of education, marital status, personal history of cancer, previous hysterectomy, age at first sexual intercourse, and usual source of care.

We computed the prevalence of cervical cytology use, mean age at first cervical cytology testing, when applicable, and the prevalence of underutilization of cervical cytology testing, defined as less often than every 5 years among women having ever performed a cervical cytology. Crude and age- and education-adjusted odds ratios (OR) and respective 95% confidence intervals (95%CI) were computed to identify factors associated with non-use of cervical cytology and underutilization (frequency of testing lower than every 5 years) by unconditional logistic regression.

The life prevalence of cervical cytology testing was 91.2%. Among ever-users, 6.7% were screened at 3/3- to 5/5-year intervals, being the lowest prevalence observed in

the age group 30-39 years (3.8%) and the highest among women aged 60-69 years (10.1%). The prevalence of underuse was 21.4% and it increased considerably with age from 3.8% at 30-39 years to 56.9% in women aged ≥ 70 years. Older women (≥ 70 vs. 30-39 years) were less likely to be screened (OR=0.03, 95%CI: 0.01-0.24) and more prone to underuse (OR=25.49, 95%CI: 6.89-94.30). Underuse was less likely in the more educated (9-12 vs. 0-3 years, OR=0.21, 95%CI: 0.08-0.52) and in women receiving private health care (private doctor vs. public health care center, OR=0.28, 95%CI: 0.12-0.65). Unmarried women were significantly more likely to underuse cervical cytology testing (age- and education-adjusted OR=2.93, 95%CI: 1.12-7.67).

Conclusions

The high proportion of women having ever performed a cervical cytology under opportunistic screening hides inequalities in access to cervical cancer screening, precluding the achievement of the potential benefits of screening in its full extent at the lowest possible costs. Our results disclose such inequalities and provide essential information to an effective transition from opportunistic to organised screening.