

Information about the cervical cancer screening program offered by ASL3 (ASL3 Local Health Unit)

In the last twenty years, mortality rate of the uterine cancer (body and neck) has been decreasing by more than 50%. About 3,500 new cases of cervical cancer and 1,100 deaths are recorded in Italy every year: the incidence rate reaches its peak in women aged 45-50 years, whereas it is virtually absent in women under 25 years of age. In 90% of cases, the appearance of cervical cancer is associated with a "persistent infection" of the genital tract mainly due to high-risk oncogenic HPV strains, of which 70% is attributable to strains 16 and 18. HPV vaccine is an important tool in reducing cancer risk, but alone is not enough, since it is effective in preventing HPV infections for the 98% of cases if given before the first sexual intercourse, but the protective effect decreases if administered in women who have already had sexual intercourse. It is therefore extremely important that all women, even those who were vaccinated before their first sexual intercourse, undergo **regular PAP test screening**, starting at age 25. For this reason, the cervical cancer screening program is provided free of charge to all healthy women aged 25–64 years, living in the area of "ASL 3" (ASL3 Local Health Unit), not resulting to have had a PAP test in the last 3 years. These women are invited (by a personalized invitation letter) for PAP test at a Local Health Unit's ambulatory.

Adherence to the screening program is on a voluntary basis and all examinations performed within this program are completely free of charge.

To arrange and schedule the examination date and time, women can just contact the cervical cancer screening organization unit, within three months after the letter has been received: **neither the attending physician's prescription nor the booking are necessary, it is sufficient to show the invitation letter.** Women participating for the first time in the program are asked to sign their free and conscious adherence to screening. The beneficiaries participating in the program may at any time request to the unit organization to be excluded from the program and then they will no longer be invited "without prejudice" to the possibility of asking for their re-entry into the program at any time. The assisted ones who do not contact the organizational unit will receive a second reminder letter, and after three years, a new invitation for the screening.

Two modalities can be used in order to invite the women to perform screening mammography (personalized invitation, via letter): scheduled appointment (in case time and place are clearly indicated in the letter) or free appointment (woman is asked to contact the Local Health Unit to book the appointment).

PAP TEST: the PAP test (**pap smear**) is the screening test used in the program; it is performed by **well-trained midwives** in ASL (Local Health Unit) ambulatories.

If **PAP test result is negative** for pre-cancerous lesion or malignancy, woman receives the outcome by letter at home and after three years she receives a new invitation for screening.

If **PAP test result is positive** for pre-cancerous lesion or malignancy, woman receives a phone-call inviting her to have a **colposcopy** for a further examination: date and time are arranged by the woman herself.

If the **PAP test detects atypical squamous cells of undetermined significance (ASC – US cases)**, woman receives a phone-call inviting her to get a new sample; the examination is performed in the same manner as PAP test; date and time are arranged by the woman herself. If the HPV DNA TEST result is negative, woman receives the outcome of both tests by letter at home and after three years she is invited to repeat the PAP test. If the HPV DNA TEST result is positive, she is invited by telephone to have a colposcopy: date and time of the colposcopy are arranged by the woman herself.

PAP test false negative tests: they may occur when abnormal cells are not collected or when they are collected but not transferred/deposited from spatula to slide, or even when they are not detected by the cytologist. For this reason, the answer letters recommend to report any new warning symptom to the attending physician.

PAP test false positive tests: they may occur when cells are altered by inflammatory processes or by a non-optimal quality of the preparation and then they may be interpreted as a sign of disease. This is one of the reasons why a closer examination with colposcopy is recommended in case of a positive pap test.

HPV DNA TEST: this tests excludes the presence of a high-risk HPV infection.

COLPOSCOPY: colposcopic examination is performed by **trained gynecologists**; it allows to evaluate the cervix, to identify the presence of abnormal tissues and make the necessary treatments.

Colposcopy causes no more discomfort than a PAP test: the cervix is observed at high magnification with a special device called colposcope, which remains outside the vagina. Acetic acid solution and iodine solution are applied to the cervix: before the beginning of the examination, women should tell the gynecologist about any special allergies they have. Women undergoing the colposcopy are always asked to sign their informed consent before the execution of the examination.

For a successful PAP test, HPV test and colposcopic examination, it is recommended to perform these examinations at least three days after the end of menstruation or, however, when there is no blood leak; three days after the use of vaginal ova, creams or douches and two days after the last sexual intercourse; the intact hymen (the normal anatomical situation of those who have never had complete sexual intercourses) may not ensure a proper technical execution of the sample for PAP test, HPV DNA test and colposcopy.

With relation to the examinations carried out in the program of oncological screening, you can access all the clinical documents and data.