

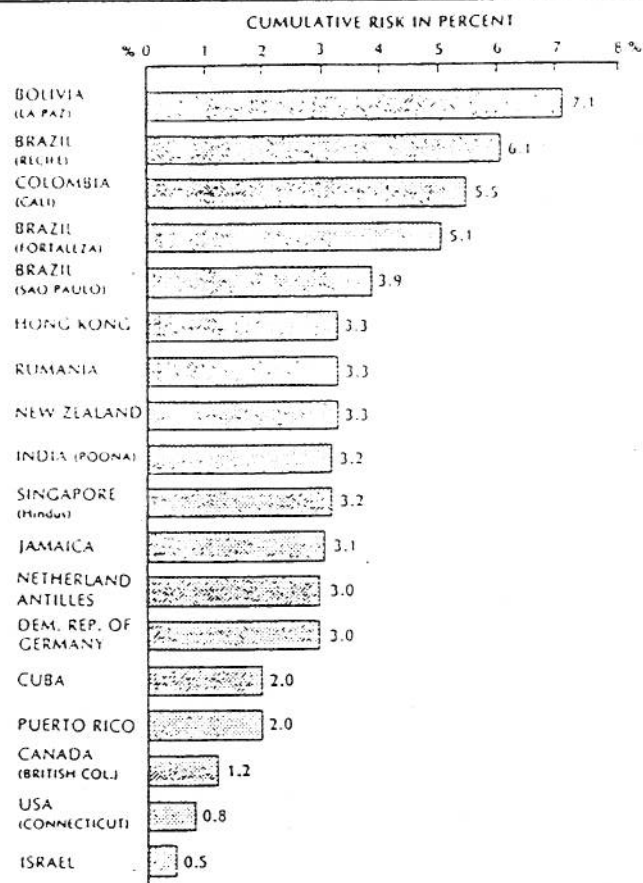
TECHNOLOGY EVALUATION

PNSP
86-15

EFFECTIVENESS OF CERVICAL CANCER SCREENING PROGRAMS

36

ANNOTATED BIBLIOGRAPHY



PAN AMERICAN HEALTH ORGANIZATION

Pan American Sanitary Bureau, Regional Office of the

WORLD HEALTH ORGANIZATION



ADULT HEALTH PROGRAM
HEALTH TECHNOLOGY PROGRAM

EFFECTIVENESS OF CERVICAL
CANCER SCREENING PROGRAMS

ANNOTATED BIBLIOGRAPHY

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Washington, D. C. May, 1986

TABLE OF CONTENTS

		Page No.
PROLOGUE	WHITE SECTION	i
PREFACE	WHITE SECTION	1
OVERVIEW	WHITE SECTION	3
BIBLIOGRAPHY	WHITE SECTION	8
REVIEW OF LITERATURE	WHITE SECTION	9
USE OF THE ANNOTATED BIBLIOGRAPHY	WHITE SECTION	10
DIRECTIONS FOR USE	WHITE SECTION	12
ABSTRACTS OF DOCUMENTS	GREEN SECTION	1 - 45
LIST OF AUTHORS	PINK SECTION	1 - 8
LIST OF SUBJECTS	YELLOW SECTION	1 - 2
GEOGRAPHIC LOCATION	BLUE SECTION	1 - 2
ANNEX	Series of Publications on Health Technology Development	

PROLOGUE

The Health Technology Development Program and the Adult Health Program, in collaboration with the Documentation and Health Information Center of the Pan American Health Organization (PAHO), prepared this fifth Health Technology Clearinghouse on issues related to technology development.

This volume presents a review of 100 articles on the effectiveness of cervical cancer screening programs. The extensive literature published from 1966-1985 was critically reviewed and articles selected that define the state-of-the-art. The abstract of each article, indexes by author, by subject matter, and by geographic location are presented. In addition, the complete document is available on microfiche.

Dr. Restrepo, Regional Advisor in Chronic Diseases of the Adult Health Program, reviewed and selected the 100 articles on cervical cancer. Mrs. L. Hoffenberg, of the Latin American Cancer Research Information Project (LACRIP) of the Adult Health Program, performed online searches of CANCERLINE and MEDLINE databases to identify the basic documents from which this annotated bibliography was prepared. Ms. Jane Dembner, Research Consultant and staff member of Policy Research, Inc., completed a systematic literature search, reviewed the articles selected, and wrote a modified abstract on information relevant to the topic. Her technical expertise is gratefully acknowledged.

Mrs. Rojo, staff member of the Center of Information and Documentation, classified, indexed, prepared content summaries, and developed the thesaurus. She and Ms. Rodríguez, staff member of the Health Technology Development Program, incorporated the information into the computerized data base.

Dr. Carlos Gamboa, Chief of Documentation and Health Information Center, oriented and enthusiastically supported this effort during the different phases of development.

We invite our readers to make suggestions and to contribute material to future publications of Health Technology Clearinghouse.

In the future, the Health Technology Development Program will publish similar clearinghouse reports. The selection of each topic will be made in consultation with Member Governments, PAHO Technical Units and Programs, and in coordination with similar initiatives of the European Office of the World Health Organization.

March 1986
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PREFACE

A. Search Methodology

This bibliography is the result of a thorough and systematic search of published material in English on cervical neoplasms and the effectiveness of mass screening.

On-line searches of Medline and Cancerlit databases for the 1966-April 1985 resulted in 1,000 published documents. Documents were divided into the following three categories based on the relationship between the document and topic.

1. Clearly relevant
2. Possibly relevant
3. Clearly irrelevant

Relevance was determined by careful review of the title, keywords, and abstract. The criteria for defining relevance of each category were:

1. Clearly relevant:

- Assessment of cervical cancer screening programs.
- Assessment of the Papanicolau (PAP) smear.
- Cost-effective analysis of cervical cancer screenings.

2. Possibly relevant:

- Etiology of cervical cancer.

3. Clearly irrelevant:

- Treatment of cervical cancer.
- Risk factors of cervical cancer.
- Documents published before 1966.
- Documents in languages other than English.

Approximately 300 documents were identified as clearly relevant to the project. Based on a critical review of the documents, their citation in scientific journals, and their relevance to the topics selected, the total was reduced to 100 articles.

The search methodology briefly outlined above was adapted from a protocol developed by Policy Research, Inc. to improve the efficiency and effectiveness of literature searches. The same technique was used as part of the Medical Practice Information Demonstration Project conducted by the Office of the Assistant Secretary of Health, U.S. Department of Health, Education, and Welfare.

One hundred documents were selected for inclusion in this authoritative bibliography on the effectiveness of cervical cancer screening programs and procedures. Abstracts presented in alphabetical order by author contain current research trends and methods, assessment of cervical cancer screening programs, assessment of the PAP smear, and/or cost-effective analysis of cervical cancer screening.

OVERVIEW

Cancer of the uterine cervix is a problem of important magnitude in Latin America and the Caribbean. Data on mortality show high rates in most of the countries (Table 1).

TABLE 1

Mortality from cancer of the uterine cervix in the Region of the Americas (1).

Country **	Most recent year	Rate*		
		Crude	Adjusted by age***	Truncated (35-64 yrs.)
English-speaking Caribbean.	1980	11.4	14.7	29.5
Average 11 countries. (Antigua and Barbuda, Barbados, Bahamas, Dominica, Jamaica, Martinique, Montserrat, St. Kitts-Nevis, St. Lucia, St. Vincent, Trinidad & Tobago)				
Chile	1982	11.9	13.6	27.7
Mexico	1978	6.8	12.5	25.8
Paraguay (information area)	1982	7.8	12.5	30.3
Panama	1982	7.6	12.1	24.5
Guyana	1978	6.8	11.7	25.2
Costa Rica	1980	6.8	11.1	20.0
Colombia	1977	6.0	10.8	21.3
Venezuela	1978	6.1	10.5	21.6
Belize	1982	7.1	10.4	18.2
Peru	1978	3.8	6.3	12.3
Ecuador	1978	3.5	6.1	12.6
Brazil	1980	4.2	5.6	...
Uruguay	1978	6.5	5.5	13.2
Cuba	1978	4.3	5.0	9.7
El Salvador	1981	3.0	5.0	10.7
Guatemala	1981	2.8	4.7	10.0
Argentina	1979	5.0	4.5	9.7
Dominican Republic	1982	2.2	4.0	8.1
Guadalupe	1978	3.7
United States of America (USA)	1979	4.3	3.3	6.8
Canada	1981	3.8	3.2	6.5
Puerto Rico	1980	2.8	3.2	7.4
Honduras	1981	0.3	0.5	0.6

* per 100,000 women.

** No information is available for Bermuda, Cayman Islands, Falkland Islands, French Guiana, Nicaragua, St. Pierre and Miquelon, Virgin Islands, Bolivia, and Haiti. It is thought that the data for Central America, with the exception of Costa Rica and Panamá could possibly reflect a high level of underregistration.

*** Adjusted to the world population.

... No information available.

The data from some countries, owing to underregistration, do not reflect the true magnitude of the problem. For example, in some countries of Central and South America, although low rates of mortality are reported, cytological and pathological diagnosis indicate that cancer of the uterine cervix is much greater. Data obtained from Member Governments indicate that approximately 15% of all cancer deaths in women of the Americas is due to cervical cancer, in some countries the figure is as high as 25%.

Data on the incidence of cancer, taken from population registers in some countries and cities in Latin America and the Caribbean, such as those of Cali, Colombia; Sao Paulo, Brazil; Kingston, Jamaica; Puerto Rico; Cuba (2); Panamá (3); Lima, Perú (4); La Paz, Bolivia (5) and Fortaleza, Brazil (6) have contributed to documenting the high incidence rates of cancer of the cervix in these populations.

Using this data on incidence, an approximation to cumulative risk was calculated (7), expressed as a cumulative rate per 100 women; this represents the risk of developing cancer of the uterine cervix from birth to 74 years. The data used to calculate cumulative risk has a high confidence level since it is obtained from population based cancer registries.

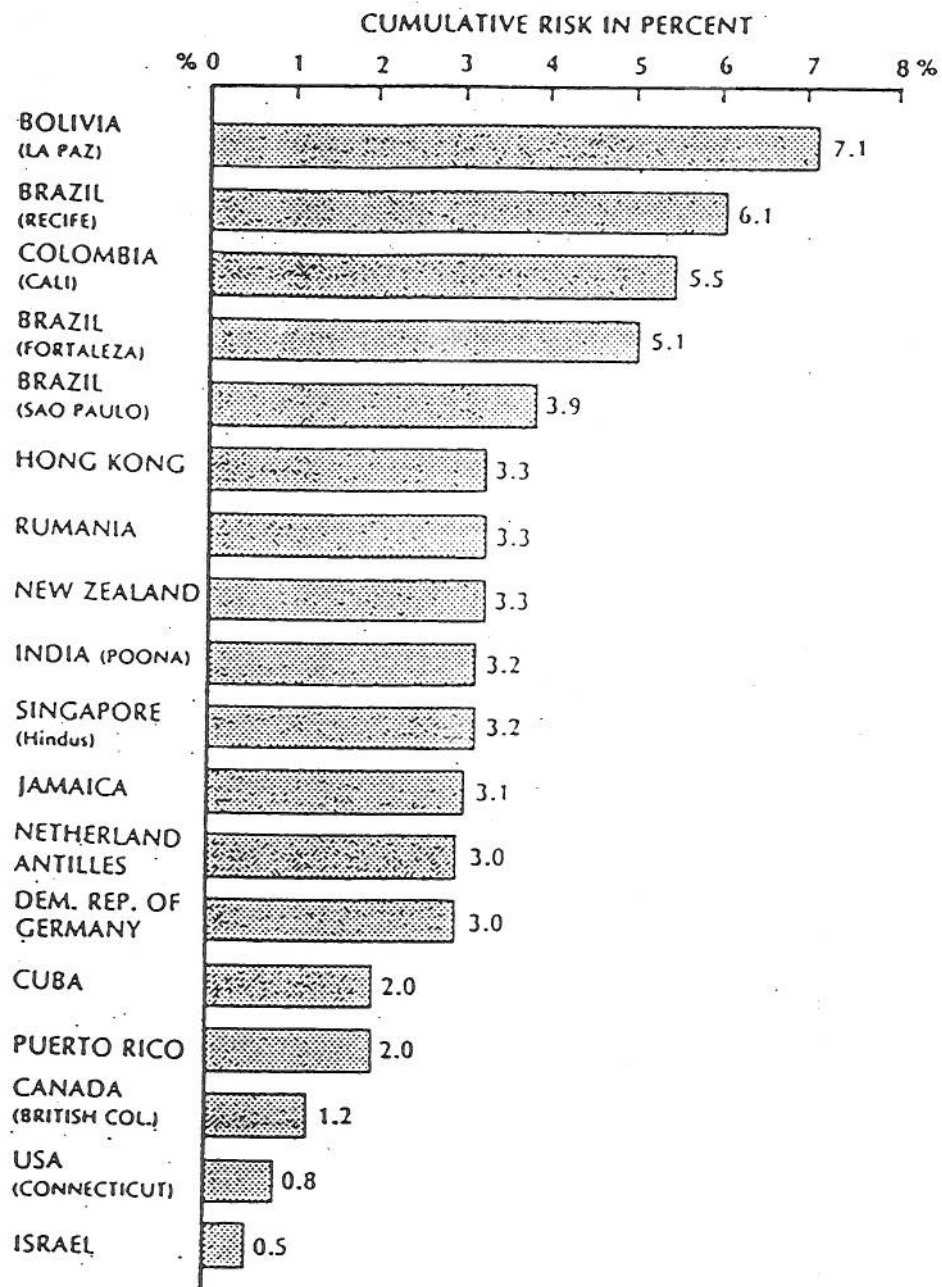
A comparison of cumulative risks for different population groups is presented in Figure 1. It is significant that of the first ten population groups, half are from Latin America and the Caribbean. Although not indicated in Figure 1, Rosero and Grimaldo (8) report that Costa Rica, based on a population-based cancer registry, has a cumulative risk of 5.1%.

Known indicators of high risk such as socioeconomic poverty and deficient health services coverage, and some identified risk factors, such as early initiation of sexual activity and promiscuous male and female sexual behaviors are common factors in many areas in developing countries. Male sexual behavior seems to be one of the most important risk factors and is now being studied in some areas of Latin America.

The situation of control programs for cervical cancer in most of the countries is serious because a significant proportion of women do not undergo a cytological examination during their sexual lives, which increases their risk around 10 times as has been reported by several authors (9). Many areas of Latin America and the Caribbean show similar conditions. The coverage of screening programs in developing countries is apparently extremely low, less than 10% during 35 to 64 years when the higher incidence and mortality of invasive cervical cancer is shown.

FIGURE 1

APPROXIMATION TO CUMULATIVE RISK FOR INVASIVE
CANCER OF THE CERVIX UTERI, 0-74 YEARS OF AGE*



*See reference 7 For an explanation and calculation of cumulated risk.

Since the use of technologies for the detection, diagnosis and treatment of the preinvasive forms of cancer of the uterine cervix prevents the invasive forms of the disease, a large part of the difference in current mortality rates among countries is attributed to significant differences in the use of these technologies. The experiences of the countries or populations (Scandinavia, Canada, Iceland) where adequate control activities have been organized for early detection of curable forms of cervical cancer show that mortality has been reduced significantly. For countries having deficient programs, it is hoped that 60% or more of deaths will be avoided if effective screening programs are organized.

The proportional attributable excess* of deaths from cancer of the cervix in different countries is estimated by taking the rate of Canada in 1981, adjusted to the world population of 3.2 per 100,00 women, as a basis for comparison (Table 2). This percentage of observed mortality is that which it is hoped will be reduced with the application of adequate control activities. For countries having deficient programs, it is envisioned that a large proportion of deaths, 60% or more, will be avoided. In other countries, considerable reductions are also expected, either because the programs have not yet had enough time for an impact to be produced, or because the programs need further improvements. This is the case of Cuba, where the accessibility and health services coverage is good but more screening in women 55 years and older is needed. As can be seen from Table 2, almost all the countries of Latin America and the Caribbean could reduce deaths from this kind of cancer by more than 40%.

There is a need for a wider use of the PAP smear in many countries of the world. In Latin America and the Caribbean, where the mortality of cervical cancer is so high, major efforts must be developed to organize screening programs to reach women during the ages of high risk. Every woman in high risk countries that has or had sexual activity between the ages of 30 to 60 years must be screened properly using the Papanicolau technique.

* The proportional attributable excess was calculated using the following formula:

$$AE = \frac{DRC^- - DRC}{DRC^-} \times 100$$

AE = Attributable Excess
DRC = Death rate in country with program
DRC⁻ = Death rate in country without program

TABLE 2

Percentage of deaths per year due to cancer of the uterine cervix that could be avoided with proper control activities*

Under 20%	Between 21% and 40%	Between 41% and 60%	61% and above
Puerto Rico Bahamas	Cuba	Brazil Ecuador Perú Uruguay Argentina	Colombia Chile Costa Rica México Panamá Venezuela English-speaking Caribbean (11 countries)

* Calculations are based on the adjusted rates of the countries around 1980. For countries not included in the table, information was not available or the information was thought to show a high level of underregistration. The pattern of comparison used was the rate of mortality in 1981 in Canada.

Women must be encouraged to participate in cervical cancer screening efforts. Of the women screened, efforts must be made to insure the quality of the smears taken, the meticulousness of the laboratories in which the samples are examined, and the uniformity of the diagnosis criteria for the smears. Follow-up of suspicious and positive smears is necessary to insure that as many women as possible who have atypia of the cervix will be identified, monitored, and treated.

Health education and prevention to control cervical cancer should be increased among women and men. Unfortunately, primary prevention measures are still not part of medical knowledge. The role of the papiloma virus in the etiology of cervical cancer is a promising area for future research. For the present prevention and control programs must continue to be based on the use of vaginal cytology test as a screening test and proper and early diagnosis and treatment of precursor lesions. In other words, secondary prevention is the most encouraging strategy to select. This goal is one to work towards in an all-out effort to end unnecessary deaths from cervical cancer and to improve the quality of life for all women.

Bibliography

1. Obtained from the Department of Statistics, PAHO; reported by Member governments.
2. WHO/IARC. "Cancer Incidence in Five Continents." Vol. IV. 1982. Scientific Publication No. 42.
3. Reeves, W., M. Brenes, R. Briton, et.al. "Cervical Cancer in the Republic of Panama." American Journal of Epidemiology, 5:715-724, 1984.
4. Olivares, L. "Cancer of the Uterine Cervix in Peru. Lima Tumor Registry, Instituto Nacional de Enfermedades Neoplásicas, Lima, Peru." Paper presented in Conference on Cancer - Epidemiology in Latin America. PAHO/NCI, Washington, D.C., August 1982.
5. Rios-Daleny, J., P. Correa, W. Haensyel. "Morbidity from Cancer in La Paz, Bolivia." International Journal of Cancer, 28:307-314, 1981.
6. Instituto do Cancer do Ceará. Registro de Câncer do Ceará. Cancer em Fortaleza, 1978-1980. Imprensa Universitaria da Universidade Federal do Ceará. Fortaleza, Ceará, Brazil.
7. Day, N.E. "Cumulative rate and Cumulative Risk. In: Cancer Incidence in Five Continents." Chapter 10. Vol. IV. WHO/IARC. Lyon, France 1982.
8. Rosero, L., C.Grimaldo. "Epidemiología Descriptiva del Cancer de la Mama y del Cuello del Utero en Costa Rica. In: Demografía y Epidemiología". Asociación Demográfica Cosfarricense. San José, Costa Rica, 1985.
9. Aristizabal, N.; C. Cuello; P. Correa; et. al. The impact of vaginal cytology on cervical cancer risks in Cali, Colombia. International Journal of Cancer, 34: 5-9, 1984. Stenkvis, B.; R. Bernstrom. Papanicolau Smear Screening and Cervical Cancer, What can you expect? Journal of the American Medical Association, 252:1423-26, 1984.

REVIEW OF THE LITERATURE

Review articles (Miller AB, 1985; Murphy, 1980) and statements of policy (International Academy of Cytology, 1980; National Institute of Health, 1980) are perhaps the best place to begin an investigation of this topic. The great volume of literature is consolidated and reviewed with the aim of finding the best methods and applications for mass screening for cervical cancer. The debate on the optimum screening frequency for the Papanicolaou (PAP) smear (American Cancer Society, 1980; Day, 1984; Gunby, 1980; Knox, 1976; The Walton Report, 1976; Yu, et al., 1982) is best examined in this way. These overviews can be most helpful when examining the long-term studies on the effect cervical cancer screening has had on mortality and morbidity.

The PAP smear is a valuable test for the detection of cervical cancer and its precursors. It is utilized to a great extent in the United States (Breslow, 1977; Christopherson, 1976); Canada (Boyes, 1981 and 1982; Miller, 1976; National Health & Welfare, 1976 and 1982); Sweden (Helm, 1980); Norway (Pedersen, 1971); and Great Britain (MacGregor, 1978).

The cost of medical procedures and health promotion and disease prevention efforts vary widely from program to program, place to place, and country to country. It is, therefore, very difficult to take the data from one program and apply it directly to others. However, work has been done using modeling techniques (Knox, 1973 and 1976) that allows examination of different variables and conditions and thus facilitates the identification of efficient and cost-effective methods for screening of cervical cancer.

The effectiveness of the PAP smear in mass screening has been examined in many clinical and experimental studies. Together these studies provide the evidence on the effectiveness of mass screening efforts for cervical cancer. Based on this evidence, there is general agreement that early detection of cervical cancer with the PAP smear reduces mortality of the disease. Some of the most encouraging results were achieved in Canada (Boyes, et al., 1981; The Walton Report, 1976), Kentucky (Christopherson, et al., 1976), and Sweden (Stenkvist, et al., 1984).

The body of work on the frequency of PAP testing is perhaps the most difficult to interpret. The long-standing recommendation of annual testing has recently come into question as less frequent screening is examined as an effective alternative. However, it is widely believed that efforts must be exerted to reach those women at highest risk of cervical cancer which are unfortunately those women who are least likely to become involved in a mass screening program. Although frequency of testing is important, the most important point on which to focus is that all women, especially women between 35 and 64 years of age, have access to cervical cancer screening (Miller, 1984).

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Directions for use

Example: Document N° 0050598

2. The title is:

0050598 - CERVICAL INTRAEPITHELIAL NEOPLASIA IN BRITISH COLUMBIA: A COMPREHENSIVE PROGRAM FOR DETECTION, DIAGNOSIS, AND TREATMENT. PP. 11, REFS. 11. GYNECOLOGIC ONCOLOGY 12(2PT2): S280-S91, 1981.

1. The Accession Number is:

3. Language: ENGLISH

4. Authors: AUTHORS: 01) BENEDET OL 02) ANDERSON GH

5. Subject: SUBJECTS: 01) CERVIX NEOPLASMS, DIAGNOSIS
02) CERVIX NEOPLASMS, OCCURRENCE
03) CYTOLOGY

6. Document: DOCUMENTS: 01) GYNECOL ONCOL
02) CRT : 457:61-72

7. Geographic Location: LOCATION: CANADA-BRITISH COLUMBIA

8. Abstract: PREVIOUS REVIEWS (DA BOYES, TM NICHOLS, AM MILLER, AND AJ WORTH, AMER J GYNECOL 1977; 128:692-693; THE WALTON REPORT: CERVICAL CANCER SCREENING PROGRAM, CANAD MED ASSOC J 1976;114:1-32) OF THE PROVINCIAL CYTOLOGY SCREENING PROGRAM DATA HAVE DEMONSTRATED A DRAMATIC REDUCTION IN BOTH INCIDENCE AND MORTALITY RATES FOR INVASIVE SQUAMOUS CELL CARCINOMA OF THE CERVIX IN BRITISH COLUMBIA AND QUESTION THE VALUE OF CYTOLOGIC SCREENING. THE ADDITION OF A CENTRALLY DIRECTED COLPOSCOPY WILL RESULT IN EVEN GREATER BENEFITS FOR WOMEN OF THE PROVINCE. THE REAL VALUE OF THE COLPOSCOPY LIES IN ITS ABILITY TO IMPART GREATER FLEXIBILITY IN THE INVESTIGATION AND SUBSEQUENT MANAGEMENT OF PATIENTS WITH ABNORMAL CERVICAL CYTOLOGY. ALTERNATIVE THERAPEUTIC MODALITIES TO MANAGE INTRAEPITHELIAL LESIONS WITH METHODS OTHER THAN CONE BIOPSY OR HYSTERECTOMY ARE ESSENTIAL. IN COMMUNITIES WHERE CYTOLOGY REPORTING IS NOT HIGHLY RELIABLE, COLPOSCOPY MAY STILL BE OF VALUE AS A DIAGNOSTIC METHOD, PROVIDED AN ADDITIONAL ASSESSMENT IS MADE OF PATIENTS WITH ABNORMAL SMEARS WHO MIGHT DEVELOP DIAGNOSTIC CONIZATION BUT NO SIGNIFICANT PATHOLOGY.

0050592 - AMERICAN CANCER SOCIETY REPORT ON THE CANCER-RELATED HEALTH CHECKUP.
PP. 46, REFS. 142.
CA: A CANCER JOURNAL FOR CLINICIANS 30(4): 194-240, JULY-AUG 1980.

LANGUAGE: ENGLISH

AUTHOR: 01) AM CANCER SOC

SUBJECTS: 01) CERVIX NEOPLASMS/DIAGNOSIS
02) CERVIX NEOPLASMS/MORTALITY
03) NEOPLASM INVASIVENESS

DOCUMENTS: 01) CA
02) CRT 457:1-27

LOCATION: US

RESULTS OF SEVERAL CLINICAL AND EPIDEMIOLOGICAL STUDIES PROVIDE NEW INFORMATION ABOUT THE COSTS, RISKS, & EFFECTIVENESS OF MANY TESTS USED FOR THE EARLY DETECTION OF CANCER. IN RESPONSE TO THIS NEW INFORMATION, THE AMERICAN CANCER SOCIETY HAS REEVALUATED ITS RECOMMENDATIONS CONCERNING CANCER-RELATED SUCH AS CHECK-UP TESTS, PROCEDURES, AND HEALTH COUNSELING FOR THE PREVENTION AND EARLY DETECTION OF CANCER. THIS PAPER SUMMARIZES THE NEW RECOMMENDATIONS. THE SOCIETY STRONGLY ENDORSES A GENERAL EFFORT TO PREVENT THE MORBIDITY, MORTALITY, AND COST OF ALL DISEASES. THIS REPORT REINFORCES THAT EFFORT BY DESCRIBING CANCER IN GENERAL HEALTH PROMOTION. FOR THE EARLY DETECTION OF CERVICAL CANCER IN ASYMPTOMATIC PERSONS, THE SOCIETY RECOMMENDS THAT: (1) WOMEN 20 AND OVER, AND THOSE UNDER 20 WHO ARE SEXUALLY ACTIVE HAVE A PAPANICOLAU TEST AT LEAST EVERY THREE YEARS; AFTER TWO INITIAL NEGATIVE TESTS A YEAR APART. (2) WOMEN 20 TO 40 HAVE A PELVIC EXAMINATION AS PART OF A GENERAL PHYSICAL EXAMINATION EVERY THREE YEARS. WOMEN OVER 40 HAVE A PELVIC EXAM EVERY YEAR. AT MENOPAUSE WOMEN HAVE A PELVIC EXAM AND A PAP TEST.

0050593 - CERVICAL CANCER IN YOUNGER WOMEN. PP. 2, REFS. 11.
LANCET 8093(OCT): 776-78, 1978.

LANGUAGE: ENGLISH

AUTHORS: 01) ANDREWS FJ 03) MELCHER DH
02) LINEHAN JJ

SUBJECTS: 01) CERVIX NEOPLASMS/DIAGNOSIS
02) CERVIX NEOPLASMS/OCCURRENCE
03) CYTOLOGY

DOCUMENTS: 01) LANCET
02) CRT 457:28-30

LOCATION: US

IN BEIGHTON, ENGLAND, THE MEAN AGE OF PATIENTS WITH HISTOLOGICALLY PROVEN CARCINOMA OF THE CERVIX DECREASED, FROM 50 IN 1967 TO 35 IN 1977. IN ONE YEAR ABNORMAL CELLS WERE FOUND IN CERVICAL SMEARS FROM 24 TEENAGE GIRLS (FIVE AGED 16, TWO AGED 17, EIGHT AGED 18 AND NINE AGED 19). IN FOUR OF THESE CASES, MALIGNANCY WAS SUBSEQUENTLY PROVEN HISTOLOGICALLY. UNTIL ETIOLOGY OF THE DISEASE IS ESTABLISHED, NO LOWER AGE LIMIT SHOULD BE SET FOR CERVICAL SCREENING. ALL YOUNG WOMEN OVER 15 YEARS SHOULD BE ENTITLED AND ENCOURAGED TO HAVE CERVICAL CYTOLOGY TESTS.

0050594 - THE IMPACT OF VAGINAL CYTOLOGY ON CERVICAL CANCER RISKS IN CALI, COLOMBIA. PP. 5, REFS. 16.
INTERNATIONAL JOURNAL OF CANCER 34(1): 5-9, 1984.

LANGUAGE: ENGLISH

AUTHORS: 01) ARISTIZABAL N 04) COLLAZOS 4
02) CUELLO C 05) HAENSZEL W
03) CORREA P

0050594 (CONTINUED)

SUBJECTS: 01) CERVIX NEOPLASMS
02) CYTOLOGY
03) NEOPLASM INVASIVENESS

DOCUMENTS: 01) INT J CANCER
02) CRT 457:31-35

LOCATION: COLOMBIA-CALI

THE ROLE OF VAGINAL CYTOLOGY SCREENING IN PREVENTING INVASIVE CARCINOMA OF THE CERVIX WAS INVESTIGATED IN CALI, COLOMBIA. THE HISTORY OF PREVIOUS PARTICIPATION IN SCREENING PROGRAMS WAS OBTAINED FROM 204 PATIENTS WITH INVASIVE CARCINOMA AND FROM 2 SETS OF AGE-MATCHED CONTROLS: ONE FROM THE SAME HEALTH CENTER AND ONE FROM THE SAME NEIGHBORHOOD OF THE PATIENT. THE RESEARCH RESULTS SHOWED THAT THE RISK OF DEVELOPING INVASIVE CARCINOMA IS AT LEAST 10 TIMES GREATER IN NON-SCREENED THAN IN SCREENED WOMEN.

0050595 - PAPANICOLAU CERVICAL SMEARS FOR SCREENING IN ASYMPTOMATIC WOMEN. PP. 9, REFS. 30.
PRIMARY CARE 8(1): 131-40, MAR 1981.

LANGUAGE: ENGLISH

AUTHOR: 01) BARNES B

SUBJECTS: 01) CARCINOGENIC RISK
02) CERVIX NEOPLASMS
03) CERVIX NEOPLASMS/MORTALITY
04) CYTOLOGY

DOCUMENTS: 01) PRIMARY CARE
02) CRT 457:36-44

LOCATION: US

THE ANNUAL PAPANICOLAU SMEAR AS A SCREENING TEST FOR CERVICAL CANCER IS EVALUATED ON THE BASIS OF COST-EFFECTIVENESS, PREDICTIVE VALUE, AND OTHER FACTORS OF PATIENT SELECTION AND COMPARATIVE TRENDS IN MORTALITY RATE BEFORE AND AFTER THE INTRODUCTION OF SCREENING PROGRAMS. FOR THE ASYMPTOMATIC WOMAN AT NORMAL RISK FOR CANCER, PAPANICOLAU SMEARS ARE RECOMMENDED ONLY ONCE EVERY FIVE YEARS, ALTHOUGH SYMPTOMATIC OR HIGH-RISK WOMEN SHOULD MAINTAIN AN ANNUAL SCREENING SCHEDULE.

0050596 - SCREENING PROTOCOLS FOR CERVICAL NEOPLASTIC DISEASE. PP. 10, REFS. 12.
GYNECOLOGIC ONCOLOGY 12: S156-S167, 1981.

LANGUAGE: ENGLISH

AUTHORS: 01) BARRON BA 02) RICHART RM

SUBJECTS: 01) CERVIX NEOPLASMS/MORTALITY
02) CERVIX NEOPLASMS/OCCURRENCE
03) CERVIX NEOPLASMS/STATISTICS
04) CYTOLOGY
05) NEOPLASM INVASIVENESS

DOCUMENTS: 01) GINECOL ONCOL
02) CRT 457:45-56

DETERMINATION OF AN OPTIMAL SCREENING STRATEGY FOR CERVICAL NEOPLASTIC DISEASE, REGARDLESS OF THE UNDERLYING MODEL, IS BASED ON A VARIETY OF ASSUMPTIONS OF THE NATURE OF THE DISEASE AND OF THE SCREENING PROCESS. THE CHARACTERISTICS OF ANY STRATEGY ARE DEPENDENT ON AND SENSITIVE TO THESE ASSUMPTIONS. THE ESTIMATION OF THE EFFECTS OF INITIATING A GIVEN SCREENING PROTOCOL IN A DEFINED POPULATION MUST INCLUDE A CONSIDERATION OF THOSE INDICES THAT ARE APPROPRIATELY DESCRIBED AS STATISTICALLY CRITI

0050596 (CONTINUED)

CAL. THE STRATEGIES RECOMMENDED BY THE AMERICAN CANCER SOCIETY (1980) AND THE WALTON COMMISSION (1976) WITH THEIR CHANGES IN REGIMENS FOR SCREENING ARE RELATIVELY INSENSITIVE IN THAT THEIR EFFECTS, USING AN INDEX OF SURVIVAL, WILL BE DIFFICULT TO ASCERTAIN STATISTICALLY. THE UTILITY OF ANY RECOMMENDED PROTOCOL IS, IN PART, A FUNCTION OF THE PROBABILITY OF HER DEVELOPING THE DISEASE. A DISCUSSION OF THE CHARACTERISTIC INDICES OF USE IN EVALUATING THE POTENTIAL EFFECTS OF SCREENING PROTOCOLS IS PRESENTED.

0050597 - PAIRED CERVICAL SMEARS: A METHOD OF REDUCING THE FALSE-NEGATIVE RATE IN POPULATION SCREENING. PP. 2, REFS. 15.
OBSTETRICS AND GYNECOLOGY 60(1): 46-8, 1982.

LANGUAGE: ENGLISH

AUTHORS: O1) BEILBY JOW O3) GUILLEBAUD J
O2) BOURNE R O4) STEELE ST

SUBJECTS: O1) CERVIX NEOPLASMS
O2) CYTOLOGICAL TECHNIQS
O3) CYTOLOGY

DOCUMENTS: O1) OBSTET GYNECOL
O2) CRT 457:57-60

LOCATION: UNITED KINGDOM

CERVICAL SMEARS TAKEN WITH THE WOODEN AYRE SPATULA (WIDELY USED IN THE UNITED KINGDOM) AND WITH A PLASTIC SPATULA (ARMOVICAL) WERE COMPARED FOR THEIR ABILITY TO DETECT DYSPLASTIC CERVICAL EPITHELIUM AND ENDOCERVICAL CELLS. AT THE SAME TIME, THE VALUE OF TAKING DUPLICATE SMEARS WAS ASSESSED. PAIRED CERVICAL SMEARS WERE OBTAINED AT A SINGLE ATTENDANCE FROM 21,352 WOMEN, USING THE 2 TYPES OF SPATULAS IN FOUR DIFFERENT SEQUENCES. ALTHOUGH INDIVIDUALLY THE ARMOVICAL PROVED SUPERIOR TO THE AYRE SPATULA FOR THE COLLECTION OF ENDOCERVICAL EPITHELIAL MATERIAL, THIS ADVANTAGE WAS NOT COMPLEMENTED BY ANY MARKED IMPROVEMENT IN ITS DETECTION OF CERVICAL DYSPLASIA. PAIRED SMEAR SAMPLING, HOWEVER, WAS CLEARLY MORE REWARDING IN THIS RESPECT AND ALSO ALLOWED THE INTRODUCTION OF LABORATORY QUALITY CONTROL, AS EACH PREPARATION OF ANY GIVEN PAIR WAS EXAMINED BY A DIFFERENT SCREENER. THE FALSE-NEGATIVE RATE WAS 18.5%: IT COMPRISED 11.1% SAMPLING ERROR AND 7.4% SCREENING ERROR. THE STUDY CONCLUDED THAT PAIRED SAMPLING IN POPULATION SCREENING WOULD SIGNIFICANTLY REDUCE THE FALSE NEGATIVE RATE.

0050598 - CERVICAL INTRAEPITHELIAL NEOPLASIA IN BRITISH COLUMBIA: A COMPREHENSIVE PROGRAM FOR DETECTION, DIAGNOSIS, AND TREATMENT. PP. 11, REFS. 11.
GYNECOLOGIC ONCOLOGY 12(2PT2): S280-S91, 1981.

LANGUAGE: ENGLISH

AUTHORS: O1) BENEDET JL O2) ANDERSON GH

SUBJECTS: O1) CERVIX NEOPLASMS/DIAGNOSIS
O2) CERVIX NEOPLASMS/OCCURRENCE
O3) CYTOLOGY

DOCUMENTS: O1) GYNECOL ONCOL
O2) CRT 457:61-72

LOCATION: CANADA-BRITISH COLUMBIA

PREVIOUS REVIEWS (DA BOYES, TM NICHOLS, AM MILLER, AND AJ WORTH, AMER J GYNECOL 1977; 128:692-693; THE WALTON REPORT: CERVICAL CANCER SCREENING PROGRAM, CANAD MED ASSOC J 1976; 114:1-32) OF THE PROVINCIAL CYTOLOGY SCREENING PROGRAM DATA HAVE DEMONSTRATED A DRAMATIC REDUCTION IN BOTH IN CIDENCE AND MORTALITY RATES FOR INVASIVE SQUAMOUS CELL CARCINOMA OF THE CERVIX IN BRITISH COLUMBIA AND QUESTION THE VALUE OF CYTOLOGIC SCREENING

0050598 (CONTINUED)

THE ADDITION OF A CENTRALLY DIRECTED COLPOSCOPY WILL RESULT IN EVEN GREATER BENEFITS FOR WOMEN OF THE PROVINCE. THE REAL VALUE OF THE COLPOSCOPY LIES IN ITS ABILITY TO IMPART GREATER FLEXIBILITY IN THE INVESTIGATION AND SUBSEQUENT MANAGEMENT OF PATIENTS WITH ABNORMAL CERVICAL CYTOLOGY. ALTERNATIVE THERAPEUTIC MODALITIES TO MANAGE INTRAEPITHELIAL LESIONS WITH METHODS OTHER THAN CONE BIOPSY OR HYSTERECTOMY ARE ESSENTIAL. IN COMMUNITIES WHERE CYTOLOGY REPORTING IS NOT HIGHLY RELIABLE, COLPOSCOPY MAY STILL BE OF VALUE AS A DIAGNOSTIC METHOD, PROVIDED AN ADDITIONAL ASSESSMENT IS MADE OF PATIENTS WITH ABNORMAL SMEARS WHO MIGHT DEVELOP DIAGNOSTIC CONIZATION BUT NO SIGNIFICANT PATHOLOGY.

0050599 - INVASIVE CERVICAL CANCER IN A CYTOLOGICALLY SCREENED POPULATION.
PP. 16, REFS. 16.
ACTA OBSTETRICIA ET GYNECOLOGICA SCANDINAVICA 62(6): 569-74, 1983.

LANGUAGE: ENGLISH

AUTHORS: 01) BJERRE B 02) JOHANSSON S

SUBJECTS: 01) CERVIX NEOPLASMS/OCCURRENCE
02) CYTOLOGY
03) NEOPLASM INVASIVENESS

DOCUMENTS: 01) ACTA OBSTET GYNECOL SCAN
02) CRT 457:73-78

LOCATION: SWEDEN

IN MALMO, SWEDEN, LESS THAN 10% OF 20 TO 69 YEAR OLD WOMEN WERE EXAMINED CYTOLOGICALLY IN 1960. BY 1970 WERE EXAMINED, BUT THE INCIDENCE OF INVASIVE CERVICAL CANCER HAD DECREASED BY 48%. IN SPITE OF CONTINUED SCREENING AND RESCREENING, NO FURTHER DECREASE OCCURRED DURING THE 1970S. IN 131 CASES, INVASIVE CERVICAL CANCER WAS DIAGNOSED IN WOMEN PREVIOUSLY SCREENED. THE SMEARS OF 90 OF THESE SHOWED CHANGES MORE THAN A YEAR BEFORE THE DIAGNOSIS. 30 WOMEN REFUSED EXAMINATION OR THE RAPY. IN 60 CASES OF MILD-MODERATE ATYPIA, FURTHER EXAMINATION CONSISTED SOLELY OF A CYTOLOGIC CHECK-UP. THE AUTHORS BELIEVE THAT A MORE ACTIVE EXAMINATION PROGRAM, INCLUDING COLPOSCOPY IN CASES OF CYTOLOGIC ATYPIA, WILL BE THE MOST IMPORTANT STEP TOWARDS FURTHER REDUCTION IN THE FREQUENCY OF INVASIVE CERVICAL CANCER.

0050600 - THE EVALUATION OF CANCER CONTROL MEASURES: SUMMARY OF THE CONCLUSION OF UICC SYMPOSIUM HELD IN SHEFFIELD IN SEPTEMBER 1972. PP. 2.
BRITISH JOURNAL OF CANCER 28: 105-07, 1973.

LANGUAGE: ENGLISH

AUTHORS: 01) BOYES DA 03) PHILLIPS AJ
02) KNOWELDEN J

SUBJECTS: 01) CANCER/PREVENTION & CONTROL
02) CERVIX NEOPLASMS

DOCUMENTS: 01) BR J CANCER
02) CRT 457:79-81

THE ASSESSMENT OF A SCREENING PROCEDURE FALLS INTO TWO PARTS: FIRST DEVELOPMENT OF A TEST AND ESTABLISHMENT OF CRITERIA OF SPECIFICITY AND SENSITIVITY; THE SECOND, APPLICATION OF THE TEST TO THE GENERAL POPULATION, WITH ATTENTION TO THE NATURAL HISTORY OF THE DISEASE AND TO THE USEFULNESS AND SIMPLICITY OF THE TEST ITSELF. THE DECISION TO ORGANIZE A SCREENING PROGRAM IS OFTEN BASED UPON INCOMPLETE INFORMATION IN A POPULATION SUBJECTED TO CONSTANT CHANGE. IT IS THE HOPE OF THE COMMITTEE ON CANCER PREVENTION AND DETECTION OF THE UICC THAT THE CONCLUSIONS FROM THE SYMPOSIUM WILL PROVE HELPFUL TO ALL WHO FACE SUCH DECISIONS. THERE WAS UNANIMOUS AGREEMENT THAT (1) EXFOLIATE CYTOLOGY OF THE CERVIX WAS A VALUABLE TEST BOTH IN GYNECOLOGICAL DIAGNOSIS AND IN SCREENING

APPARENTLY HEALTHY WOMEN, AND THAT A LABORATORY FACILITY UNDER A TRAINED CYTOLOGIST, SHOULD BE AVAILABLE WHENEVER CONSULTATIVE MEDICINE IS AVAILABLE; (2) THE USE OF THIS TEST AS A POPULATION SCREENING PROCEDURE PROMISED USEFUL YIELDS IN PRE-INVASIVE OR EARLY STAGES OF CANCER AND POTENTIAL REDUCTION IN MORTALITY.

- 0050601 - THE VALUE OF A PAP SMEAR PROGRAM AND SUGGESTIONS FOR ITS IMPLEMENTATION. PP. 8, REFS. 12.
CANCER 48(2): 613-21, JUL 1981. (SUPPL).

LANGUAGE: ENGLISH

AUTHOR: 01) BOYES DA

SUBJECTS: 01) CERVIX NEOPLASMS/OCCURRENCE
02) CERVIX NEOPLASMS/STATISTICS
03) CYTOLOGY
04) NEOPLASM INVASIVENESS

DOCUMENTS: 01) CANCER
02) CRT 457:82-90

LOCATION: CANADA-BRITISH COLUMBIA

THE CERVICAL CANCER SCREENING PROGRAM IN THE PROVINCE OF BRITISH COLUMBIA, CANADA HAS OPERATED SINCE 1949. IN THE OPINION OF THE AUTHOR, IT HAS CONTRIBUTED SUBSTANTIALLY TO THE REDUCTION IN INCIDENCE AND MORTALITY OF CLINICAL SQUAMOUS CARCINOMA OF THE CERVIX. THE DATA BASE OF THE PROGRAM HAS ALLOWED THE AUTHOR TO OBSERVE CHANGES IN THE AGE-SPECIFIC RATES OF PRECLINICAL CARCINOMA. THE AUTHOR HAS ALSO BEEN ABLE TO MAKE SOME OBSERVATION ABOUT THE PERIODICITY OF PAP SMEAR EXAMINATIONS. THE ORGANIZATION OF THE COLPOSCOPY PROGRAM IN THE PROVINCE ARE DISCUSSED AS IS THE EFFECT OF THIS NEW TREATMENT ON THE PROGRAM DATA.

- 0050602 - EXPERIENCE WITH CERVICAL SCREENING IN BRITISH COLUMBIA. PP. 12, REFS. 5.
GYNECOLOGIC ONCOLOGY 12: 5143-55, 1981.

LANGUAGE: ENGLISH

AUTHORS: 01) BOYES DA
02) WORTH AJ
03) ANDERSON GH

SUBJECTS: 01) CANCER REGISTER
02) CERVIX NEOPLASMS
03) CYTOLOGY
04) NEOPLASM INVASIVENESS

DOCUMENTS: 01) GYNECOL ONCOL.
02) CRT 457:91-103

LOCATION: CANADA-BRITISH COLUMBIA

THE SCREENING PROJECT FOR CERVICAL CANCER IN THE PROVINCE OF BRITISH COLUMBIA, CANADA HAS BEEN ASSOCIATED WITH A DROP IN INCIDENCE OF 75% OF CLINICAL SQUAMOUS CARCINOMA IN WOMEN OVER THE AGE OF 20, AND A DROP IN INCIDENCE OF MORTALITY OF CLOSE TO 66%. THE WHOLE POPULATION RATES FOR THE DISEASE WERE APPROXIMATELY 5.1/100,000 FOR INCIDENCE AND 2.5/100,000 FOR MORTALITY IN 1977. IT IS THE VIEW OF THE AUTHORS THAT THE VALUE OF SCREENING OF THE CERVIX BY MEANS OF PAPANICOLAOU SMEAR BEEN ESTABLISHED. THE AUTHORS BELIEVE THAT COLPOSCOPY IS A USEFUL ADDITION TO A SCREENING PROGRAM AND THAT THE SERVICE MUST BE SET UP WITH GREAT CARE BECAUSE OF THE SHIFT IN RESPONSIBILITY FROM THE PATHOLOGIST TO THE COLPOSCOPIST. THE INTRODUCTION OF COLPOSCOPY DOES CAUSE A CHANGE IN PATHOLOGICAL INTERPRETATION AND IN CANCER REGISTRY DATA THAT ARE SIGNIFICANT. IN THE PROVINCE, DATA COLLECTED PRIOR TO 1974 CANNOT BE COLLATED WITH DATA PRODUCED AFTER THE INTRODUCTION OF COLPOSCOPY.

0050603 - A COHORT STUDY OF CERVICAL CANCER SCREENING IN BRITISH COLUMBIA.
PP. 30, REFS. 16.
CLINICAL AND INVESTIGATIVE MEDICINE 5(1): 1-29, 1982.

LANGUAGE: ENGLISH

AUTHORS: 01) BOYES DA 04) DRAPER GJ
02) MORRISON B 05) MILLER AB
03) KNOX EG

SUBJECTS: 01) CERVIX NEOPLASMS
02) CYTOLOGY
03) HYSTERECTOMY

DOCUMENTS: 01) CLIN INVEST MED
02) CRT 457:104-29

LOCATION: CANADA-BRITISH COLUMBIA

A COHORT STUDY WAS CONDUCTED USING THE RECORDS OF THE BRITISH COLUMBIA, CANADA SCREENING PROGRAM FOR THE YEARS 1949-1969. RECORDS WERE EXTRACTED FOR TWO COHORTS OF WOMEN: A COHORT OF 52,452 WOMEN BORN IN 1914-1918 AND OF 66,701 WOMEN BORN IN 1929-1933. CORRECTIONS WERE APPLIED AND CALCULATIONS MADE FOR DUPLICATION (BOTH OBSERVED AND UNOBSERVED), DEATHS FROM ALL CAUSES, HYSTERECTOMIES, IN-AND OUT-MIGRATION, AND WOMEN YEARS UNDER SURVEILLANCE (DEFINED AS THE PERIOD FROM THE FIRST TO THE LAST OBSERVED SMEAR). CORRECTIONS WERE ALSO APPLIED FOR OBSERVED AND UNOBSERVED FALSE NEGATIVE FINDINGS ON INITIAL AND SUBSEQUENT EXAMINATIONS. THE DATA FROM THE OLDER COHORT AT PERIOD OF OVERLAPPING MEAN AGES BASED ON SMALL NUMBERS AND COMPARISONS OF PREVALENCE AT OVERLAPPING AGES, ARE TENUOUS. HOWEVER, THE PREVALENCE AND INCIDENCE RATES OF PRE-CLINICAL CANCER AT ADJACENT MEAN AGES ARE SIMILAR. IT IS CONCLUDED THAT THERE IS NO IMPORTANT 'COHORT EFFECT' IN THESE DATA AND THAT THE TWO COHORTS MAY BE COMBINED TO SPAN THE AGE RANGE 20-54.

0050604 - CANCER CONTROL: IMPLICATIONS FROM ITS HISTORY. PP. 15, REFS. 74.
JOURNAL NATIONAL CANCER INSTITUTE 59(2): 671-86, AUG 1977. (SUPPL)

LANGUAGE: ENGLISH

AUTHORS: 01) BRESLOW L 03) BRESLOW DM
02) AGAAN L 04) MORGANSTERN M

SUBJECTS: 01) CANCER/PREVENTION & CONTROL
02) CANCER/THERAPY
03) CERVIX NEOPLASMS
04) CYTOLOGY

DOCUMENTS: 01) J NATL CANCER INST
02) CRT 457:130-45

LOCATION: US

THIS EXAMINATION OF THE HISTORY OF CANCER CONTROL IN THE UNITED STATES, ESPECIALLY DURING THE PERIOD FOLLOWING WORLD WAR II INTO THE 1970S, SHOWS HOW THE EFFORT WAS MADE POSSIBLE BY ADVANCES IN MEDICAL SCIENCE AND TECHNOLOGY. THE DEVELOPMENT OF THE PAPANICOLAOU TEST FOR CONTROL OF CERVICAL CANCER AND ITS IMPLEMENTATION ILLUSTRATE SEVERAL POINTS. A 15-YEAR DELAY OCCURRED BETWEEN THE RESEARCH DISCOVERY (1928) THAT POINTED THE WAY TO THE TECHNOLOGY AND ITS ACTUAL DEVELOPMENT (1943). THAT WAS FOLLOWED BY ANOTHER DELAY OF SEVERAL DECADES BEFORE THERE WAS WIDE SPREAD APPLICATION OF THE TECHNOLOGY. MOREOVER, THE APPLICATION, SLOW AS IT WAS, WAS NOT SOCIALLY RATIONAL; THOSE MOST SUSCEPTIBLE TO THE DISEASE--THE POOR--WERE THE LAST TO RECEIVE THE TEST. FAILURE TO RECOGNIZE THE POTENTIAL OF CERVICAL CYTOLOGY AND TO CARRY OUT CLINICAL TRIALS AND PROFESSIONAL RESISTANCE WERE AMONG THE FACTORS IN THE DELAY.

0050605 - DETECTION OF UTERINE CANCER: RESULTS OF A COMMUNITY PROGRAM OF 17 YEARS.
PP. 11, REFS. 19.
CANCER 22 (6): 1108-19, DEC 1968.

LANGUAGE: ENGLISH

AUTHORS: O1) BURNS EL O4) SEIDMAN H
O2) HAMMOND EC O5) GORSKI TW
O3) PERCY C

SUBJECTS: O1) CERVIX NEOPLASMS/DIAGNOSIS
O2) CERVIX NEOPLASMS/OCCURRENCE
O3) CYTOLOGY
O4) NEOPLASM INVASIVENESS

DOCUMENTS: O1) CANCER
O2) CRT 457:146-57

LOCATION: US

THE TOLEDO, OHIO, USA COMMUNITY PROGRAM (1947-1963) FOR THE DETECTION OF UTERINE CANCER IS DESCRIBED AND ANALYSED. THE RESULTS INDICATE SUCCESS OF A SELF-SUPPORTING COMMUNITY PROGRAM CONDUCTED BY PRACTICING PHYSICIANS FROM THEIR OFFICES. THE PROGRAM ENCOMPASSED MORE THAN TWO-THIRDS OF THE WOMEN OVER 30 YEARS OF LUCAS COUNTY, OHIO. IT RESULTED IN A LARGE DECREASE IN INVASIVE CANCER OF THE UTERUS. SURVIVAL RATES FOLLOWING DIAGNOSIS OF INVASIVE CANCER OF THE UTERUS WERE SUPERIOR TO THOSE USUALLY SEEN.

0050606 - ECONOMIC CONSIDERATIONS OF THE CONTROL OF CERVIX CANCER IN HIGH RISK PATIENTS. PP. 4, REFS. 2.
CA: A CANCER JOURNAL FOR CLINICIANS 9(2): 107-11, MAR-APR 1969.

LANGUAGE: ENGLISH

AUTHORS: O1) CHRISTOPHERSON WM O2) PARKER JE

SUBJECTS: O1) CERVIX NEOPLASMS/PREVENTION & CONTROL
O2) CYTOLOGY

DOCUMENTS: O1) CA
O2) CRT 457:158-60

LOCATION: US

CANCER OF THE CERVIX IS A CONTROLLABLE DISEASE. THE COST OF EARLY DETECTION BY ROUTINE CYTOLOGICAL SCREENING IS SIGNIFICANT BUT NOT EXCESSIVE FOR MANY PERSONS AND COUNTRIES WHERE THE HIGH COST OF CANCER CONTROL PRESENTS A MAJOR PROBLEM. HIGH RISK GROUPS MAY BE IDENTIFIED AND SELECTED FOR SCREENING, THUS REDUCING THE COST TO REASONABLE LEVELS.

0050607 - CONTROL OF CERVIX CANCER IN WOMEN OF LOW INCOME IN A COMMUNITY.
PP. 6, REFS. 3.
CANCER 24(1): 64-69, JUL 1969.

LANGUAGE: ENGLISH

AUTHORS: O1) CHRISTOPHERSON WM O2) PARKER JE

SUBJECTS: O1) CERVIX NEOPLASMS/PREVENTION & CONTROL
O2) CYTOLOGY
O3) NEOPLASM INVASIVENESS

DOCUMENTS: O1) CANCER
O2) CRT 457:161-66

LOCATION: US

A PROGRAM TO CONTROL CANCER OF THE UTERINE CERVIX IN EQUAL NUMBERS OF BLACK AND WHITE WOMEN OF LOW-INCOME LEVEL IN LOUISVILLE, KENTUCKY, (USA)

0050607 (CONTINUED)

OVER A 12-YEAR PERIOD IS DESCRIBED. INITIAL SATISFACTORY EXAMINATIONS WERE OBTAINED OF 37,209 WOMEN. REEVALUATION AT INTERVALS OF 1 TO 12 YEARS TOTALLED 51,063 EXAMINATIONS. PREVALENCE RATES OF CYTOLOGICAL DETECTED CERVIX CARCINOMA WERE VERY HIGH--3.79 PER 1000 FOR INVASIVE SQUAMOUS CARCINOMA AND 4.41 FOR CARCINOMA IN SITU. THE FIRST REPEAT EXAMINATION BASED ON PATIENT YEARS FELL TO 0.67 AND 1.46 PER 1000 WOMEN FOR THESE TWO LESIONS. THE DECREASE CONTINUED TO 63.93% OF THE TOTAL CASES DURING THE YEARS OF SCREENING. THE DATA PRESENTED REVEALED THAT MORTALITY RATES FROM CERVIX CANCER REFLECT A DECREASE IN INCIDENCE AND AN INCREASE IN EARLY DIAGNOSED CASES.

0050608 - MASS POPULATION SCREENING FOR CERVIX CANCER. PP. 5, REFS. 13.
TUMORI 62(3): 297-301, MAY-JUN 1976.

LANGUAGE: ENGLISH

AUTHOR: 01) CHRISTOPHERSON WM

SUBJECTS: 01) CERVIX NEOPLASMS/OCCURRENCE
02) CERVIX NEOPLASMS/PREVENTION & CONTROL
03) CYTOLOGY

DOCUMENTS: 01) TUMORI
02) CRT 457:167-71

LOCATION: US

CERVICAL CANCER REMAINS THE MOST COMMON FORM OF CANCER ON A WORLD-WIDE BASIS. THE CHALLENGE TO CONTROL THE DISEASE MUST BE MET. THE DECREASE IN MORTALITY OBSERVED IN CANADA AND ESPECIALLY IN THE UNITED STATES DOES NOT SEEM TO HAVE BEEN DEMONSTRATED ELSEWHERE. ONE PLAUSIBLE EXPLANATION FOR THIS IS THAT EFFECTIVE SCREENING HAS NOT YET BEEN ACCOMPLISHED. COLLECTIVELY, WE HAVE NOT BEEN WILLING TO SPEND SUFFICIENT TIME ENERGY, OR RESOURCES ON CERVIX CANCER CONTROL. SPORADIC AND LIMITED SCREENING COVERAGE WILL HAVE LITTLE, IF ANY, EFFECT ON MORBIDITY AND MORTALITY TRENDS. EQUALLY IMPORTANT IS THE QUALITY OF CYTOLOGY, THE PATHOLOGICAL EXPERTISE, THE SKILLFUL CLINICAL MANAGEMENT, AND OTHER FACTORS INHERENT IN A SOUND PROGRAM. THESE ARE THE VARIABLES THAT THE EUROPEAN SOCIETY OF CYTOLOGY IS ATTEMPTING TO IMPROVE.

0050609 - CERVICAL CANCER CONTROL: A STUDY OF MORBIDITY AND MORTALITY TRENDS OVER A TWENTY-ONE-YEAR PERIOD. PP. 9, REFS. 15.
CANCER 38(3): 1357-66, SEP 1976.

LANGUAGE: ENGLISH

AUTHORS: 01) CHRISTOPHERSON WM 03) MENDEZ WM
02) LUNDIN FE 04) PARKER JE

SUBJECTS: 01) CERVIX NEOPLASMS/MORTALITY
02) CERVIX NEOPLASMS/OCCURRENCE
03) CERVIX NEOPLASMS/PREVENTION & CONTROL
04) CYTOLOGY
05) NEOPLASM INVASIVENESS

DOCUMENTS: 01) CANCER
02) CRT 457:172-81

LOCATION: US

DATA FROM A 21-YEAR PERIOD ARE PRESENTED TO EVALUATE THE EFFECTS OF A MASS CYTOLOGIC SCREENING PROGRAM ON UTERINE CANCER MORBIDITY AND MORTALITY IN LOUISVILLE, KENTUCKY, (USA). THE SUCCESS OF SCREENING WAS GREAT EST IN THE YOUNGER AGE GROUPS. WOMEN AT HIGH RISK FOR CERVICAL CANCER IN THE LOW SOCIO-ECONOMIC QUARTILES HAD A BETTER INITIAL SCREENING RATE THAN THE TWO MIDDLE-INCOME QUARTILES AND HAD THE HIGHEST RATE OF ALL WOMEN IN SUBSEQUENT REEVALUATION. THE GREATEST DECREASE IN BOTH MORBIDITY

TY AND MORTALITY WAS IN WOMEN UNDER 50 YEARS. WOMEN AGE OF 30-39 AND 50-59 BENEFITTED THE MOST, AS MEASURED BY MORTALITY, WITH A DECREASE OF 70.8% AND 69.0%, RESPECTIVELY. THERE WAS NO CHANGE IN MORTALITY RATES FOR THOSE 70 YEARS AND OLDER. ALTHOUGH THERE WAS INDIVIDUAL BENEFIT AMONG THE SCREENEES WITH ENDOMETRIAL CARCINOMA, THE AVERAGE ANNUAL AGE-ADJUSTED RATE INCREASE WAS FROM 13.2 TO 15.3/100,000 OVER THE 21-YEAR PERIOD.

0050610 - DOES SCREENING BY "PAP" SMEARS HELP PREVENT CERVICAL CANCER? A CASE-CONTROL STUDY. PP. 4, REFS. 12.
LANCET (JUL): 1-4, 1979.

LANGUAGE: ENGLISH

AUTHORS: 01) CLARKE EA 02) ANDERSON TW

SUBJECTS: 01) CERVIX NEOPLASMS/DIAGNOSIS
02) CERVIX NEOPLASMS/PREVENTION & CONTROL
03) CYTOLOGY
04) NEOPLASM INVASIVENESS

DOCUMENTS: 01) LANCET
02) CRT 457:182-85

LOCATION: CANADA

THE PAP SMEAR HISTORY OF 212 CASES OF INVASIVE CERVICAL CANCER WAS COMPARED WITH THAT OF 1060 AGE-MATCHED CONTROLS OF NEIGHBORS. DURING THE FIVE YEARS BEFORE DIAGNOSIS, 32% OF THE CASES AND 56% OF THE CONTROLS HAD BEEN SCREENED BY PAP SMEAR. THIS DIFFERENCE WAS STATISTICALLY HIGHLY SIGNIFICANT ($P < 0.0001$) AND INDICATED A RELATIVE RISK OF INVASIVE CANCER OF 2.7 IN WOMEN WHO HAD NOT BEEN SCREENED BY THE PAP SMEAR AS COMPARED WITH THOSE WHO HAD. DIFFERENCES IN PAP SMEAR HISTORY BETWEEN CASES AND CONTROLS PERSISTED WHEN THE DATA WERE STRATIFIED BY AGE, INCOME, EDUCATION, MARITAL HISTORY, SMOKING HABIT, EMPLOYMENT STATUS, AND ACCESS TO MEDICAL CARE. THESE RESULTS SUPPORT THE USE OF PAP SMEAR AS AN EFFECTIVE SCREENING PROCEDURE FOR INVASIVE CERVICAL CANCER.

0050611 - VALIDATION OF SCREENING PROCEDURES. PP. 8, REFS. 37.
BRITISH MEDICAL BULLETIN 27(1): 3-8, 1971.

LANGUAGE: ENGLISH

AUTHORS: 01) COCHRANE AL 02) HOLLAND WW

SUBJECTS: 01) CANCER/DIAGNOSIS
02) CANCER/EPIDEMIOLOGY
03) CERVIX NEOPLASMS

DOCUMENTS: 01) BR MED BULL
02) CRT 457:186-91

THE FIRST PART OF THIS PAPER DESCRIBES THE IMPLICATIONS OF SCREENING IN CLINICAL PRACTICE AND ASSESSES THE VALUE OF SCREENING TESTS CURRENTLY IN USE. THE SECOND PART IS CONCERNED WITH ONE PARTICULAR ASPECT OF THE EVALUATION OF SCREENING PROCEDURES--THE EFFICIENCY OF THE TESTS USED. THIS SECTION IS EQUALLY APPLICABLE TO CLINICAL AND TO EPIDEMIOLOGICAL WORK.

0050612 - TRENDS IN CERVICAL CANCER AND CARCINOMA IN SITU IN GREAT BRITAIN.
PP. 8, REFS. 23.
BRITISH JOURNAL CANCER 50(3): 367-75, SEP 1974.

LANGUAGE: ENGLISH

AUTHORS: 01) COOK GA 02) DRAPER GJ

0050612 (CONTINUED)

SUBJECTS: 01) CERVIX NEOPLASMS
02) CERVIX NEOPLASMS/MORTALITY
03) CYTOLOGY

DOCUMENTS: 01) BR J CANCER
02) CRT 457:192-200

LOCATION: GREAT BRITAIN

DOUBTS HAVE FREQUENTLY BEEN EXPRESSED ABOUT THE EFFECTIVENESS OF THE SCREENING PROGRAM FOR CERVICAL CANCER IN BRITAIN. THESE DOUBTS HAVE BEEN REINFORCED AS A RESULT OF RECENT INCREASES IN MORTALITY FROM THIS DISEASE AMONG YOUNGER WOMEN. IN THIS PAPER THE AUTHOR DISCUSSES TRENDS IN REGISTRATION AND MORTALITY DATA, RELATES THESE TO THE LEVEL OF SCREENING, AND CONCLUDES THAT SCREENING MAY IN FACT HAVE HAD A CONSIDERABLE IMPACT ON MORTALITY RATES. SHOULD INCIDENCE RATES CONTINUE TO CHANGE IT WILL BE NECESSARY TO MONITOR THE SCREENING PROGRAM IN ORDER TO MAKE THE BEST USE OF RESOURCES AVAILABLE FOR CERVICAL CYTOLOGY.

0050613 - THE PREVENTION OF CARCINOMA OF THE CERVIX. PP. 7, REFS. 6.
AMERICAN JOURNAL OBSTETRICS AND GYNECOLOGY 125(2): 153-59, MAY 1976.

LANGUAGE: ENGLISH

AUTHORS: 01) COPPLESON LW. 02) BROWN LB

SUBJECTS: 01) CERVIX NEOPLASMS/OCCURRENCE
02) CERVIX NEOPLASMS/PREVENTION & CONTROL
03) CYTOLOGY
04) NEOPLASM INVASIVENESS

DOCUMENTS: 01) AM J OBSTET GYNECOL
02) CRT 457:201-07

ANNUAL EXFOLIATIVE CYTOLOGIC EXAMINATION IS RECOMMENDED BY MANY PHYSICIANS AND BY THE AMERICAN CANCER SOCIETY. A METHOD TO ASSESS THE COST AND THE BENEFIT OF THIS SERVICE IN COMPARISON WITH COMPETING HEALTH CARE MEASURES IS PRESENTED. THIS METHOD PROVIDES A STRATEGY TO IDENTIFY IF A SPECIFIC NUMBER OF TESTS WERE GIVEN TO EACH WOMAN DURING HER LIFE-TIME, WE COULD CALCULATE THE AGES AT WHICH THE TESTS WOULD YIELD YIELD INFORMATION THAT WOULD HAVE THE MAXIMUM IMPACT ON THE DISEASE. HAVING DEVELOPED SUCH A STRATEGY WE COULD EXAMINE THE COST AND SPECIFY THE BENEFITS OF EACH ADDITIONAL SCREENING. IN THE PRESENT STUDY, THE MOST SUITABLE LARGE-SCALE SURVEYS OF INCIDENCE AND PREVALENCE OF ABNORMALITIES WERE USED TO DEVELOP MATHEMATICAL MODELS OF BIOLOGIC CHANGES OF THE CERVIX. THE EFFECTIVENESS OF THE DIFFERENT STRATEGIES OF SCREENING WAS EXAMINED ACCORDING TO SELECTED CRITERIA, AND NEAR-OPTIMAL STRATEGIES CALCULATED. THE OVER-ALL COST OF THE TESTS WAS THEN DEDUCED FROM THESE STRATEGIES. FURTHER RESEARCH IS NEEDED TO DEVELOP THE MOST COST-EFFECTIVE METHOD.

0050614 - THE ROLE OF CERVICAL CYTOLOGY IN THE DECLINING MORBIDITY AND MORTALITY OF CERVICAL CANCER. PP. 9, REFS. 29.
CANCER 34(6): 2018-27, 1974.

LANGUAGE: ENGLISH

AUTHOR: 01) CRAMER DW

SUBJECTS: 01) CERVIX NEOPLASMS/MORTALITY
02) CERVIX NEOPLASMS/STATISTICS
03) CYTOLOGY
04) NEOPLASM INVASIVENESS

DOCUMENTS: 01) CANCER
02) CRT 457:208-17

0050614 (CONTINUED)

LOCATION: US

THE MORBIDITY AND MORTALITY OF CERVICAL CANCER HAVE DECREASED OVER THE PAST TWO DECADES. TO APPRECIATE THE ROLE OF CYTOLOGY IN THIS CHANGE, IT IS NECESSARY TO HAVE A BASIC UNDERSTANDING OF THE RELATIONSHIP BETWEEN IN SITU AND INVASIVE CERVICAL CARCINOMA. A CAUSAL RELATIONSHIP BETWEEN THE TWO IS SUGGESTED BY EVIDENCE FROM CLINICAL AND PATHOLOGICAL STUDIES OF THE POPULATION DYNAMICS OF CERVICAL CARCINOMA. THIS STUDY ASSOCIATED WITH TRENDS IN THE MORBIDITY & MORTALITY OF CERVICAL CANCER DEMONSTRATES THAT THE CHANGE IN TRENDS IS COMPATIBLE WITH THE USE OF CYTOLOGIC SCREENING. THERE IS A POSITIVE CORRELATION BETWEEN THE RATE OF CYTOLOGIC SCREENING AND THE DECREASE IN MORBIDITY AND MORTALITY OF CERVICAL CANCER IN VARIOUS PARTS OF THE UNITED STATES.

0050615 - IS PERIODIC HEALTH EXAMINATION WORTHWHILE? PP. 4, REFS. 12.
CANCER 47(MAR): 1210-14, 1981. (SUPPL)

LANGUAGE: ENGLISH

AUTHOR: 01) DAY NE

SUBJECTS: 01) CANCER/DIAGNOSIS
02) CANCER/PREVENTION & CONTROL
03) CYTOLOGY
04) PHYSICAL EXAMINATION

DOCUMENTS: 01) CANCER
02) CRT 457:218-22

LOCATION: US

A BALANCED ASSESSMENT OF THE VALUE OF PERIODIC HEALTH EXAMINATION REQUIRE DEFINITION OF THE CONTENT AND METHOD OF THE EXAMINATION, THE INDIVIDUALS TO BE EXAMINED, AND ITS FREQUENCY. METHODS TO DETERMINE HEALTH HAZARDS OR RISK FACTORS HAVE BEEN DEVELOPED WHICH ENABLE DESIGN OF MORE EFFICIENT PERIODIC HEALTH EXAMINATION AND SPECIFY THE SUBGROUPS MOST APT TO HAVE PRESYMPTOMATIC DISEASE. REFINEMENT OF RISK-RELATED EXAMINATION HARBORING PRESYMPTOMATIC DISEASE. REFINEMENT OF RISK-RELATED EXAMINATION AS A BASIC TOOL IN MEDICAL PRACTICE.

0050616 - EFFECT OF CERVICAL CANCER SCREENING IN SCANDINAVIA. PP. 5, REFS. 11.
OBSTETRICS AND GYNECOLOGY 63(5): 714-18, 1984.

LANGUAGE: ENGLISH

AUTHOR: 01) DAY NE

SUBJECTS: 01) CERVIX NEOPLASMS
02) CERVIX NEOPLASMS/MORTALITY
03) CYTOLOGY
04) NEOPLASM INVASIVENESS

DOCUMENTS: 01) OBSTET GYNECOL
02) CRT 457:223-27

MASS SCREENING PROGRAMS FOR CANCER OF THE CERVIX WERE INTRODUCED AT DIFFERENT TIMES AND TO DIFFERENT EXTENTS IN THE SCANDINAVIAN COUNTRIES. ICELAND AND FINLAND INTRODUCED NATIONWIDE SCREENING PROGRAMS IN THE EARLY 1960S. TEN YEARS AFTER INTRODUCTION, MARKED REDUCTIONS IN INCIDENCE AND MORTALITY OF INVASIVE CERVICAL CANCER WERE OBSERVED. SPECIFICALLY THE AGE GROUPS TARGETED FOR SCREENING. IN SWEDEN AND DENMARK MASS SCREENING WAS INTRODUCED ON A COUNTY BASIS. CHANGES IN INCIDENCE AND DEATH RATES FROM CERVICAL CANCER WERE RECORDED WHICH REFLECTED THE DEGREE TO WHICH ORGANIZED MASS SCREENING HAD BEEN INTRODUCED. THE DATA DEMONSTRATE THAT MASS SCREENING EVERY TWO TO FIVE YEARS CAN REDUCE THE OF INVASIVE CERVICAL CANCER BY 80%. NO EVIDENCE IS AVAILABLE FROM SCANDINAVIA THAT MORE FREQUENT SCREENING REDUCES THE RISK FURTHER.

CERVICAL CANCER

0050617 - CONTROL OF CANCER OF THE UTERINE CERVIX BY CYTOLOGIC SCREENING. PP. 9, REFS. 12.
GYNECOLOGIC ONCOLOGY 3(1): 1-9, 1975.

LANGUAGE: ENGLISH
AUTHOR: 01) DICKINSON LE
SUBJECTS: 01) CERVIX NEOPLASMS/MORTALITY
02) CERVIX NEOPLASMS/PREVENTION & CONTROL
03) CYTOLOGY
DOCUMENTS: 01) GYNECOL ONCOL
02) CRT 457:228-36
LOCATION: US

A STUDY OF THE EFFECTIVENESS OF THE PAP SMEAR IN THE CONTROL OF CANCER OF THE UTERINE CERVIX IS PRESENTED IN TERMS OF LONG-TERM TIME TRENDS IN THE (A) LEVEL OF POPULATION SCREENING, (B) INTERVALS BETWEEN TESTS, (C) INCIDENCE, (D) MORTALITY (E) SURVIVORSHIP. THE RESULTS SUGGESTED THAT SCREENING HAS DECREASED MORTALITY AND IMPROVED SURVIVORSHIP. A COST-BENEFIT ANALYSIS ESTIMATED THAT EACH YEAR OF ADDITIONAL LIFE COSTS ABOUT \$300. SUGGESTIONS ARE MADE FOR A PRACTICAL CONTROL PROGRAM BASED ON CYTOLOGIC SCREENING.

0050618 - EVALUATION OF THE EFFECTIVENESS OF CYTOLOGIC SCREENING FOR CERVICAL CANCER. I. INCIDENCE AND MORTALITY TRENDS IN RELATION TO SCREENING. PP. 10, REFS. 20.
MAYO CLINIC PROCEEDING 47(8): 534-44, AUG 1972.

LANGUAGE: ENGLISH
AUTHORS: 01) DICKINSON L 03) SOULE EH
02) MUSSEY ME 04) KURLAND LT
SUBJECTS: 01) CERVIX NEOPLASMS/MORTALITY
02) CERVIX NEOPLASMS/OCCURRENCE
03) CYTOLOGY
DOCUMENTS: 01) MAYO CLIN PROC
02) CRT 457:237-47
LOCATION: US

IN DLMSTEAD COUNTY, MINNESOTA, (USA) THE CRUDE AVERAGE ANNUAL INCIDENCE OF CERVICAL CANCER PER 100,000 POPULATION HAS INCREASED FROM 19.3 IN 1935-1944, TO 53.4 IN 1955-1964. THE INCIDENCE WAS INCREASING EVEN BEFORE THE INTRODUCTION OF THE PAPANICOLAOU SMEAR IN 1947. AVAILABLE EVIDENCE SUGGESTS THAT UNDER ASCERTAINMENT IN THE EARLY YEARS DOES NOT EXPLAIN ALL OF THIS UPWARD TREND. THE CONTINUING UPWARD TREND AFTER THE INTRODUCTION OF THE PAPANICOLAOU TECHNIQUES IS PARTLY DUE TO INCLUDING EXISTING CASES DISCOVERED BY CYTOLOGIC SCREENING (PREVALENCE CASES). ALTHOUGH IT IS NOT POSSIBLE TO SAY EXACTLY WHAT THE RECENT TRUE INCIDENCE OF NEW CASES IS, IT MAY BE INFERRED THAT THE TRUE INCIDENCE HAS BEEN INCREASING CONTINUOUSLY SINCE 1945. THE INCIDENCE OF INVASIVE CERVICAL CANCER IN THE POPULATION HAS DECLINED BY 40%. THE MORTALITY RATE HAS ALSO DECLINED FROM 5/100,000 TO 7/100,000 POPULATION BEFORE 1960 TO 3/100,000 AFTER 1960. THE PROBABILITY OF THIS DECREASE OCCURRING BY CHANCE WAS BETWEEN 5% AND 10% EVIDENCE IS PRESENTED SUPPORTING EARLY DETECTION AND TREATMENT.

0050619 - EVALUATION OF THE EFFECTIVENESS OF CYTOLOGIC SCREENING FOR CERVICAL CANCER. II. SURVIVAL PARAMETERS BEFORE AND AFTER INCEPTION OF SCREENING. PP. 5, REFS. 13.
MAYO CLINICS PROCEEDINGS 47(8): 545-49, AUG 1972.

LANGUAGE: ENGLISH

0050619 (CONTINUED)

AUTHORS: O1) DICKINSON L O3) KURLAND LT
O2) MUSSEY L

SUBJECTS: O1) CERVIX NEOPLASMS/DIAGNOSIS
O2) CERVIX NEOPLASMS/STATISTICS
O3) CYTOLOGY

DOCUMENTS: O1) MAYO CLIN PROC
O2) CRT 457:248-52

IN ORDER TO EVALUATE THE EFFECTIVENESS OF CYTOLOGIC SCREENING FOR CERVICAL CANCER, SURVIVAL IS COMPARED BETWEEN TWO GROUPS OF PATIENTS; A RELATIVELY UNSCREENED GROUP DIAGNOSED BETWEEN 1935-1951 AND A WELL-SCREENED GROUP DIAGNOSED BETWEEN 1960 AND 1965. WITH THE USE OF THE MATHEMATICAL MODEL OF BERKSON AND GAGE, THE PROPORTION OF PATIENTS CURED (C) WHO HAVE NORMAL LIFE EXPECTANCY, AND THE CANCER DEATH RATE FOR THOSE NOT CURED (1-E-B) WERE ESTIMATED. IN THE UNSCREENED GROUP, ESTIMATE OF CURE WAS 74% AND THE ESTIMATED CANCER DEATH RATE WAS 0.30; IN THE WELL-SCREENED GROUP, THE ESTIMATED CURE WAS 91% AND THE ESTIMATED CANCER DEATH RATE WAS 0.24. WHEN THE INCREASED EXPECTATION OF LIFE DUE TO EARLY DIAGNOSIS AND IMPROVEMENT IN SURVIVAL IS CONSIDERED, THE PATIENTS IN THE WELL-SCREENED SERIES WERE ESTIMATED TO HAVE GAINED AT LEAST AN ADDITIONAL 3.23 YEARS OF LIFE AFTER DIAGNOSIS, THAT IS, DEATH WAS DELAYED FOR 3.23 YEARS. SINCE THE CANCER DEATH RATE AMONG THE UNCURED WAS SIMILAR IN THE TWO GROUPS THE AUTHORS CONCLUDE THAT SCREENING HAD PROLONGED LIFE BY INCREASING THE PROPORTION CURED.

0050620 - CERVICAL CYTOLOGIC SCREENING AMONG FEMALES WITH NONGYNECOLOGIC HOSPITAL ADMISSIONS. PP. 5, REFS. 14.
OBSTETRICS AND GYNECOLOGY 5(3): 342-46, 1978.

LANGUAGE: ENGLISH

AUTHORS: O1) DU TOIT JP O2) VAN NIEKERK WA

SUBJECTS: O1) CERVIX NEOPLASMS/DIAGNOSIS
O2) CERVIX NEOPLASMS/OCCURRENCE
O3) CYTOLOGY

DOCUMENTS: O1) OBSTET GYNECOL
O2) CRT 457:253-57

ROUTINE CYTOLOGIC SCREENING OF FEMALE POPULATION HAS REPEATEDLY DEMONSTRATED ITS VALUE AS A TECHNIQUE FOR THE EARLY DETECTION OF PELVIC NEOPLASIA. UNFORTUNATELY, IT IS ALSO TRUE THAT PATIENTS NEEDING THIS EXAMINATION RARELY REQUEST CYTOLOGIC SCREENING DESPITE ENCOURAGEMENT AND PROPAGANDA. THIS IS ESPECIALLY TRUE IN COUNTRIES WHERE THERE ARE OFTEN MORE PRESSING PROBLEMS, SUCH AS VACCINATION AGAINST SMALLPOX, PROPER CONTROL OF VENEREAL DISEASE, MALNUTRITION, AND POPULATION EXPLOSION. CYTOLOGIC SCREENING SHOULD BE UTILIZED IN SITUATIONS WHERE WOMEN MAKE REGULAR MEDICAL VISITS FOR ANY PURPOSE. ROUTINE VAGINAL CYTOLOGIC SCREENING IN NONGYNECOLOGIC ADMISSIONS TO TYGERBERG HOSPITAL REVEALED A DETECTION RATE FOR PELVIC NEOPLASIA OF 9.3/1000 PATIENTS. FIFTY-SEVEN PERCENT OF THOSE DETECTED WERE STILL IN THE SITU STAGE AND SHOULD SURVIVE FOR FIVE YEARS. THE TREATMENT WAS COMPLETE IN 54.4% OF THE CASES. SINCE THIS SERVICE IS ROUTINELY PERFORMED BY NURSING PERSONNEL, THE PROGRAM APPEARS TO BE SOUND FINANCIALLY.

0050621 - APPROPRIATENESS OF CERVICAL CANCER SCREENING. PP. 19, REFS. 77.
GYNECOLOGIC ONCOLOGY 12: S168-S87, 1981.

LANGUAGE: ENGLISH

AUTHOR: O1) EDDY DM

0050621 (CONTINUED)

SUBJECTS: 01) CANCER/EPIDEMIOLOGY
02) CERVIX NEOPLASMS/DIAGNOSIS
03) CERVIX NEOPLASMS/STATISTICS
04) COST ANALYSIS
05) CYTOLOGY
06) NEOPLASM INVASIVENESS

DOCUMENTS: 01) GYNECOL ONCOL
02) CRT 457:258-77

LOCATION: US

FOR THE PAP TEST TO BE APPROPRIATE FOR THE EARLY DETECTION OF CERVICAL CANCER, THERE SHOULD BE GOOD EVIDENCE THAT IT IS EFFECTIVE, THAT ITS EXPECTED BENEFITS OUTWEIGH RISKS, AND THAT ITS COSTS ARE REASONABLE. ALTHOUGH THE VALUE OF THE PAP TEST HAS NEVER BEEN DETERMINED IN A RANDOMIZED CONTROLLED TRIAL, ITS EFFECTIVENESS HAS BEEN DEMONSTRATED INDIRECTLY IN DOZENS OF CLINICAL AND EPIDEMIOLOGICAL STUDIES CONDUCTED OVER THE PAST THREE DECADES. THIS PAPER REVIEWS THAT EVIDENCE. IT ALSO EXAMINES IN DETAIL THE EFFECTIVENESS, COST, AND POTENTIAL RISKS OF DELIVERING THE TEST AT VARIOUS FREQUENCIES. ISSUES DISCUSSED INCLUDE THE YIELD OF INVASIVE CANCERS, THE RESULTS OF LARGE SCREENING PROGRAMS IN WHICH THE TEST WAS DELIVERED AT DIFFERENT FREQUENCIES, STATISTICAL ESTIMATES OF "COST/EFFECTIVENESS" OF SCREENING AT DIFFERENT FREQUENCIES, THE FALSE NEGATIVE RATE, LABORATORY QUALITY CONTROL, AND THE SCREENING OF HIGH RISK WOMEN.

0050622 - THE ECONOMICS OF CANCER PREVENTION AND DETECTION: GETTING MORE FOR LESS.
PP. 9, REFS. 27.
CANCER 47(MAR): 1200-09, 1981. (SUPPL).

LANGUAGE: ENGLISH

AUTHOR: 01) EDDY DM

SUBJECTS: 01) CERVIX NEOPLASMS/PREVENTION & CONTROL
02) LIFE EXPECTANCY/STATISTICS

DOCUMENTS: 01) CANCER
02) CRT 457:278-87

LOCATION: US

ECONOMICS HAS BEEN DESCRIBED AS THE SCIENCE OF ALLOCATING SCARCE RESOURCES. GIVEN THE MAGNITUDE OF THE CANCER PROBLEM AND THE OBVIOUS IMPRACTICABILITY OF ELIMINATING EVERY CARCINOGEN OR OF SCREENING EVERY PERSON FOR EVERY DISEASE, SUCCESS IN PREVENTING CANCER WILL DEPEND GREATLY ON OUR ABILITY TO USE AVAILABLE RESOURCES EFFICIENTLY. THIS PAPER ILLUSTRATES THE PRINCIPLES OF ECONOMICS APPLIED TO THE EARLY DETECTION OF CANCER OF THE LUNG, THE BREAST, THE COLON, AND THE CERVIX.

0050623 - ARE PATIENTS WITH ABNORMAL CERVICAL SMEARS ADEQUATELY MANAGED?.
PP. 4, REFS. 8.
BRITISH MEDICAL JOURNAL /CLINICAL RESEARCH/ 6(289): 891-94, 1984.

LANGUAGE: ENGLISH

AUTHORS: 01) ELWOOD JM 04) JONES GM
02) COTTON RE 05) CURNOW J
03) JOHNSON JE 06) BEAVER MW

SUBJECTS: 01) CERVIX NEOPLASMS/DIAGNOSIS
02) CERVIX NEOPLASMS/STATISTICS
03) CYTOLOGY

DOCUMENTS: 01) BR MED J /CLIN RES/
02) CRT 457:288-92

0050623 (CONTINUED)

LOCATION: ENGLAND

THE OUTCOME WAS ASSESSED FOR ALL 1062 WOMEN IN NOTTINGHAM, ENGLAND, WHO HAD A FIRST REPORT OF ABNORMAL CERVICAL CYTOLOGY IN 1981. SATISFACTORY FOLLOW UP WAS FOUND FOR 628 (59%). FOR 275 (26%) ONE SUBSEQUENT SMEAR HAD BEEN REPORTED BUT ON FURTHER FOLLOW UP REQUESTED. FOR 43 (4%), NO SUBSEQUENT TEST, AFTER THE ABNORMAL SMEAR, HAD BEEN REQUESTED BY THE PATIENT'S PRACTITIONER. THIRTY PATIENTS (3%), 22 OF WHOM HAD BEEN TESTED AT A SPECIAL CLINIC, HAD NOT RESPONDED TO A REQUEST FOR FOLLOW UP. EVEN AFTER EXTENSIVE EFFORTS THE INVESTIGATORS COULD NOT FIND THE OUTCOME IN THE REMAINING 86 (8%) OF THE PATIENTS. ADEQUATE FOLLOW UP OF PATIENTS WITH ABNORMAL CERVICAL CYTOLOGY IS NOT BEING ACHIEVED. IMPROVEMENTS IN THE RECORDS SYSTEM AND SOME CHANGES IN PROCEDURE SHOULD BE MADE TO REDUCE THIS PROBLEM.

0050624 - FALSE-NEGATIVE CYTOLOGY IN INVASIVE CANCER OF THE CERVIX. PP. 8, REFS. 13.
CLINICAL OBSTETRICS AND GYNECOLOGY 26(4): 929-37, DEC 1983.

LANGUAGE: ENGLISH

AUTHOR: 01) FETHERSTON WC

SUBJECTS: 01) CERVIX NEOPLASMS
02) CYTOLOGY
03) NEOPLASM INVASIVENESS
04) PHYSICAL EXAMINATION

DOCUMENTS: 01) CLIN OBSTET GYNCDL
02) CRT 457:293-301

LOCATION: US

THE ACCESS OF EARLY DIAGNOSIS OF CYTOLOGY IN INVASIVE CANCER (CIC) IS EXFOLIATE CYTOLOGIC SCREENING OF THE CERVICOVAGINAL AREA. THE ACHILLES HEEL IN THIS TREMENDOUSLY VALUABLE SCREENING PROCESS IS THE HIGH FALSE NEGATIVE RATE. THE FALSE NEGATIVE RATE CAN BE DIMINISHED IN THE MAJORITY OF PATIENTS BY RIGID ADHERENCE TO INDICATIONS FOR SCREENING, SCREENING TECHNIQUES, PROPER INTERPRETATION AND REPORTING, UTILIZATION, WHERE INDICATED, OF ADJUNCTIVE DIAGNOSTIC METHODS SUCH AS MULTIPLE BIOPSY, COLPOSCOPY, AND MAINTENANCE OF THE ANNUAL SCREENING SCHEDULE.

0050625 - CERVICAL CANCER DETECTION IN BRITISH COLUMBIA. PP. 12, REFS. 8.
JOURNAL OF OBSTETRICS AND GYNAECOLOGY 75(APR): 392-404, 1968.

LANGUAGE: ENGLISH

AUTHORS: 01) FIDLER HK 03) BOYES DA
02) WORTH AJ

SUBJECTS: 01) CERVIX NEOPLASMS/DIAGNOSIS
02) CERVIX NEOPLASMS/OCCURRENCE
03) CERVIX NEOPLASMS/STATISTICS
04) CYTOLOGY
05) NEOPLASM INVASIVENESS

DOCUMENTS: 01) J OBSTET GYNAEC
02) CRT 457:302-14

LOCATION: CANADA-BRITISH COLUMBIA

THIS PAPER PRESENTS DATA FROM THE SCREENING PROGRAM IN THE PROVINCE OF BRITISH COLUMBIA, CANADA. A SIGNIFICANT REDUCTION IN THE INCIDENCE OF INVASIVE DISEASE HAS BEEN ACHIEVED. MORTALITY RATES MAY BE FALLING, BUT THE TREND IS NOT YET DEFINITELY ESTABLISHED. THE PROBLEMS OF EVALUATING THE DATA OF THE PROGRAM GROW MORE COMPLEX WITH PASSING YEARS. THE RESULTS CONTINUE TO SUPPORT THE THESIS THAT IN SITU CARCINOMA OF THE CERVIX IS

0050625 (CONTINUED)

A PRECURSOR OF INVASIVE CARCINOMA AND THAT ITS REMOVAL WILL RESULT IN A SIGNIFICANT LOWERING OF MORBIDITY AND MORTALITY FROM CARCINOMA OF THE CERVIX.

0050626 - THE ANNUAL PAP TEST: A DUBIOUS POLICY SUCCESS. PP. 36, REFS. 110.
MILBANK MEMORIAL FOUNDATION QUARTERLY 56(4): 426-62, FALL 1978.

LANGUAGE: ENGLISH

AUTHORS: 01) FOLTZ AM 02) KELSEY JL

SUBJECTS: 01) CANCER/THERAPY
02) CERVIX NEOPLASMS/DIAGNOSIS
03) CERVIX NEOPLASMS/PREVENTION & CONTROL
04) CYTOLOGY
05) NEOPLASM INVASIVENESS

DOCUMENTS: 01) MILBANK MEM FUND Q
02) CRT 457:315-51

LOCATION: US

THIS PAPER EXAMINES THE POLICIES FOR THE USE OF THE PAP TEST. THE AUTHORS REVIEW THE SCIENTIFIC BASIS FOR ESTABLISHING SCREENING POLICIES AND ASSESS THE EXTENT TO WHICH THE PAP TEST MEETS THESE CRITERIA. THEY QUESTION WHY THE ANNUAL PAP TEST HAS BEEN ADOPTED AS NATIONAL POLICY IN THE UNITED STATES DESPITE SERIOUS QUESTIONS ABOUT ITS USEFULNESS. THE WALTON REPORT AND OTHER STUDIES DISCOURAGE ANNUAL TESTS FOR WOMEN WITH SEVERAL NEGATIVE PAP SMEARS AND THOSE WHO ARE AT LOW RISK FOR CERVICAL CANCER. IN THE UNITED STATES THE ISSUE REMAINS: WHO SHOULD HAVE A PAP TEST AND HOW OFTEN? IT IS MOST IMPORTANT THAT THE PAP TEST BE CONSIDERED IN TERMS OF EFFECTIVENESS IN COMBATING CERVICAL CANCER AND NOT IN TERMS OF LURING WOMEN TO GYNECOLOGISTS YEARLY FOR OTHER EXAMINATIONS.

0050627 - CERVICAL CARCINOMA IN FREDERIKSBURG BOROUGH: THE INFLUENCE OF POPULATION SCREENING ON MORTALITY. PP. 5, REFS. 31.
DANISH MEDICAL BULLETIN 26(6): 295-99, DEC 1976.

LANGUAGE: ENGLISH

AUTHOR: 01) GAD C

SUBJECTS: 01) CERVIX NEOPLASMS/MORTALITY
02) CERVIX NEOPLASMS/OCCURRENCE
03) CYTOLOGY
04) NEOPLASM INVASIVENESS

DOCUMENTS: 01) DAN MED BULL
02) CRT 457:352-56

LOCATION: DENMARK

THE AIM OF MASS SCREENING PROGRAMS FOR CARCINOMA OF THE UTERINE CERVIX IS TO IDENTIFY THE DISEASE AS EARLY AS POSSIBLE, PREFERABLY IN THE PRE CANCEROUS STATE, THEREBY INCREASING THE CURE RATE AND DECREASING MORTALITY. THIS REPORT CONCERNS THE CHANGES IN MORTALITY OBSERVED AFTER CYTOLOGICAL SCREENING IN FREDERIKSBURG, DENMARK. CALCULATION OF THE NUMBER OF SPARED LIVES, BY APPLYING SURVIVAL RATES IN EXPECTED AND OBSERVED CARCINOMAS, CONFIRMED THE FOLLOWING RESULTS OBTAINED FROM MORTALITY FIGURES. IN CASES DIAGNOSED WITHIN THE AGE GROUP 30-54 IN 1962-1969, 21% WERE CALCULATED AS SAVED; IN CASES DIAGNOSED IN 1970-1972, 51% WERE SAVED. IT IS ESTIMATED THAT THE RISK OF DYING FROM CARCINOMA OF THE CERVIX IN WOMEN WHO ARE SCREENED, IS REDUCED AT LEAST BY 60%.

0050628 - POPULATION SCREENING FOR CERVICAL CARCINOMA IN FREDERIKSBERG BOROUGH:
ECONOMIC CONSIDERATIONS. PP. 5, REFS. 24.
DANISH MEDICAL BULLETIN 24(1): 60-5, APR 1977.

LANGUAGE: ENGLISH

AUTHORS: 01) GAD C 02) OSTERGAARD E

SUBJECTS: 01) CERVIX NEOPLASMS/DIAGNOSIS
02) COST ANALYSIS
03) CYTOLOGY
04) NEOPLASM INVASIVENESS

DOCUMENTS: 01) DAN MED BULL
02) CRT 457:357-62

LOCATION: DENMARK

DURING FOUR CYTOLOGICAL SCREENINGS FOR CERVICAL CARCINOMA IN FREDERIKSBERG, DENMARK, FROM 1962 TO 1972, ABOUT 39,000 EXAMINATIONS WERE PERFORMED, LEADING TO THE DETECTION OF 208 PRECANCEROUS OR EARLY INVASIVE CASES. IT WAS ESTIMATED THAT 132 OF THESE WOMEN WOULD HAVE DEVELOPED CERVICAL DISORDERS IN MORE ADVANCED CLINICAL STAGES, AND THAT THE SCREENING HAD SAVED 36 WOMEN FROM PREMATURE DEATH. A MODIFIED COST-BENEFIT MODEL COMPARED THE ESTIMATED GROSS COST OF DIAGNOSIS AND TREATMENT AT SCREENING WITH THE NET COST, FIGURED BY SUBTRACTING THE ESTIMATED TREATMENT COST OF PREVENTED CASES. THE RESULTS OF THE STUDY INDICATED AN ECONOMIC BENEFIT FROM SCREENING FOR CARCINOMA OF THE UTERINE CERVIX.

0050629 - EFFICACY OF CERVICAL CYTOLOGY SCREENING IN THE CONTROL OF CERVICAL
CANCER. PP. 12, REFS. 40.
PREVENTIVE MEDICINE 6(4): 487-99, 1977.

LANGUAGE: ENGLISH

AUTHORS: 01) GARDNER JW 02) LYON JL

SUBJECTS: 01) CERVIX NEOPLASMS/MORTALITY
02) CERVIX NEOPLASMS/OCCURRENCE
03) CERVIX NEOPLASMS/PREVENTION & CONTROL
04) CYTOLOGY

DOCUMENTS: 01) PREV MED
02) CRT 457:363-75

LOCATION: US

THE CONSISTENT DECLINE OF CERVICAL MORTALITY IN THE UNITED STATES SINCE 1946 IS ATTRIBUTED TO CERVICAL CYTOLOGIC SCREENING. THIS REPORT REVIEWED DATA ON THE INCIDENCE AND MORTALITY OF CERVICAL CANCER TO EVALUATE THE EFFECT OF CYTOLOGIC SCREENING. THERE HAS BEEN LITTLE CHANGE IN MORTALITY TRENDS SINCE WIDESPREAD CYTOLOGIC SCREENING. INCIDENCE OF INVASIVE CERVICAL CANCER IN SPECIFIC GEOGRAPHIC AREAS HAS ALSO DECLINED. HOWEVER, A SHARP INCREASE HAS OCCURRED IN THE DIAGNOSIS OF CARCINOMA IN SITU PARALLEL TO INCREASING CYTOLOGIC SCREENING RATES.

0050630 - TUMORS IN ICELAND. V. MALIGNANT TUMORS OF THE CERVIX UTERI. HISTOLOGICAL
TYPES, CLINICAL STAGES AND THE EFFECT OF MASS SCREENING. PP. 5, REFS.
4. ACTA PATHOLOGICA MICROBIOLOGICA ET IMMUNOLOGICA SCANDINAVICA /A/
90(2): 139-43, MAR 1982.

LANGUAGE: ENGLISH

AUTHORS: 01) GEIRSSON G 03) TULINIUS H
02) JOHANNESSEN G

SUBJECTS: 01) CANCER/CLASSIFICATION
02) CERVIX NEOPLASMS/DIAGNOSIS
03) CYTOLOGY
04) NEOPLASM INVASIVENESS

0050630 (CONTINUED)

DOCUMENTS: 01) ACTA PATHOL MICROBIOL IM
02) CRT 457:376-80

LOCATION: ICELAND

THE HISTOLOGICAL MATERIAL FROM PATIENTS WITH INVASIVE CERVICAL CARCINOMA DIAGNOSED IN ICELAND IN 1955-1974 WAS REVIEWED AND RETYPED IN ACCORDANCE WITH THE WHO CLASSIFICATION ON TUMORS. MASS SCREENING FOR UTERINE CANCER IN WOMEN AGED 25-59 LED TO AN INCREASED INCIDENCE OF CERVICAL CARCINOMA, DUE TO FINDING OF EARLY TUMORS (CLINICAL STAGES IA AND IB). THE INCREASE WAS MOST MARKED IN THE FIRST FIVE YEARS OF SCREENING (1955-1959). THE SCREENING DID NOT INCREASE THE INCIDENCE OF MORE ADVANCED STAGES. LONGER OBSERVATION IS NEEDED TO DETERMINE WHETHER A DECLINE WILL OCCUR IN SUCH TUMORS. ALL THE MAJOR HISTOLOGICAL TYPES OF CERVICAL CARCINOMA APPEAR TO PROGRESS AT THE SAME RATE THROUGH THE CLINICAL STAGES.

0050631 - EVALUATION OF MORTALITY DATA FOR CERVICAL CANCER WITH SPECIAL REFERENCE TO MASS SCREENING PROGRAMS, DENMARK 1961-1971. PP. 10, REFS. 17. AMERICAN JOURNAL OF EPIDEMIOLOGY 10(4): 265-75, APR 1975.

LANGUAGE: ENGLISH

AUTHORS: 01) GRUNFELD K 03) LYSGAARD HANSEN B
02) HORWITZ D

SUBJECTS: 01) CERVIX NEOPLASMS/MORTALITY
02) CERVIX NEOPLASMS/PREVENTION & CONTROL

DOCUMENTS: 01) AM J EPID
02) CRT 457:381-91

LOCATION: DENMARK

DURING THE YEARS 1961-1971, 2696 WOMEN DIED IN DENMARK FROM CERVICAL CANCER. THE AVERAGE ANNUAL MORTALITY PER 1000 WAS 0.23 AND WAS CONSTANT IN THIS PERIOD. THE MORTALITY WAS 0.30 IN THE CAPITAL WHERE A MASS SCREENING PROGRAM BEGAN IN 1968, AND 0.21 IN THE PROVINCES WHERE SCREENING WAS NEGLIGIBLE. THE TIME TREND WAS ALSO CONSTANT. THE MORTALITY WAS LOW IN YOUTH, REACHING A LEVEL OF 0.30 AROUND 45 YEARS. SINGLE WOMEN HAD THE LOWEST MORTALITY; AMONG MARRIED WOMEN IT WAS DOUBLE; AMONG WIDOWS 2-4 TIMES HIGHER; AMONG DIVORCEES 4 TIMES HIGHER. WITHIN MARITAL GROUPS THE CAPITAL HAD HIGHER OR THE SAME RATES AS THE PROVINCES. IN THE PROVINCES DIVORCEES HAD HIGHER RATES. THE LOWEST SOCIOECONOMIC GROUPS HAD THE HIGHEST DEATH RATES AT YOUNG AGES. THE EFFECTS OF TOTAL VERSUS AGE-SPECIFIC CASE-FINDING PROGRAM WERE ESTIMATED UNDER THREE CIRCUMSTANCES: NAMELY, THAT MASS SCREENING COULD REDUCE THE CERVICAL CANCER MORTALITY BY 10%, BY 50%, OR BY 100%. EVALUATION WAS MADE BY RELATING THE HYPOTHETICALLY PREVENTED CERVICAL CANCER DEATHS TO ALL CANCER DEATHS AND TO DEATHS FROM ALL CAUSES.

0050632 - AFTERMATCH OF THE ACS BOMBSHELL. PP. 2. JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION 243(23): 2373-74, JUN 1980

LANGUAGE: ENGLISH

AUTHOR: 01) GUNBY P

SUBJECTS: 01) CANCER/DIAGNOSIS
02) CYTOLOGY
03) PHYSICAL EXAMINATION

DOCUMENTS: 01) JAMA
02) CRT 457:392-93

LOCATION: US

THIS PAPER IS A BRIEF REACTION TO THE MODIFIED RECOMMENDATIONS OF THE AMERICAN CANCER SOCIETY (ACS) FOR EARLY CANCER DETECTION CHECKUPS. ACS DEFENDERS CLAIM THAT THE OBJECTIVE OF THE NEW GUIDELINES WAS TO DESIGN A SCREENING PROTOCOL THAT WOULD INCREASE HEALTH BENEFITS AND REDUCE COST AND EFFORT. DISCUSSION OF DIFFERING VIEWS FROM PROMINENT ORGANIZATIONS INCLUDING THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS HIGHLIGHTED THE PROBABLE DECREASE IN ANNUAL PELVIS EXAMS AS WELL AS THE MIS INTERPRETATION BY PHYSICIANS AND THE PUBLIC OF HOW OFTEN HIGH-RISK WOMEN SHOULD BE SCREENED. EMPHASIS IS PLACED ON THE FACT THAT THE ACS MODIFICATIONS ARE "GUIDELINES, NOT RULES OR REGULATIONS."

- 0050633 - EPIDEMIOLOGICAL EVIDENCE FOR TWO COMPONENTS OF CERVICAL CANCER. PP. 5, REFS. 17.
BRITISH JOURNAL OF OBSTETRICS AND GYNAECOLOGY 88(3): 209-14, MAR 1981.

LANGUAGE: ENGLISH

AUTHORS: 01) HAKAMA M 02) PENTTINEN J

SUBJECTS: 01) CANCER/EPIDEMIOLOGY
02) CERVIX NEOPLASMS/DIAGNOSIS
03) CERVIX NEOPLASMS/OCCURRENCE

DOCUMENTS: 01) BR J OBSTET GYNAECOL
02) CRT 457:394-99

LOCATION: FINLAND

INCIDENCE RATES FOR CERVICAL CANCER WERE ANALYZED FOR FINLAND FOR THE YEARS 1953-1954. THE AGE-SPECIFIC INCIDENCE RATES FOR AN AGE-INCIDENCE CURVE WERE BASED ON THE ASSUMPTIONS OF TWO EPIDEMIOLOGICAL COMPONENTS. THEIR TIME TRENDS GIVE SUPPORT TO THE HYPOTHESIS THAT ONE OF THEM OCCURS AT A LOWER AGE AND IS PRECEDED BY A CARCINOMA IN SITU STAGE. THE RISK OF CERVICAL CANCER ORIGINATING FROM THE COMPONENT OCCURRING IN YOUNGER WOMEN SHOWED A DECREASING TREND WHICH CORRELATED WITH THE ORGANIZED MASS SCREENING PROGRAM. THE OTHER ONE OCCURRED LATER IN LIFE AND WAS NOT INFLUENCED BY THE SCREENING PROGRAM. IT WAS ESTIMATED THAT THE PRO PORTION OF CERVICAL CANCER CASES DIAGNOSED IN THE FINISH POPULATION DECREASED FROM 53% IN THE 1950S TO 17% IN 1973-1974.

- 0050634 - SELECTIVE SCREENING FOR CERVICAL CANCER: EXPERIENCE OF THE FINNISH MASS SCREENING SYSTEM. PP. 6, REFS. 9.
BRITISH JOURNAL OF PREVENTIVE AND SOCIAL MEDICINE 31(4): 238-44, DEC 1977.

LANGUAGE: ENGLISH

AUTHORS: 01) HAKAMA M 02) PUKKALA E

SUBJECTS: 01) CERVIX NEOPLASMS/DIAGNOSIS
02) CERVIX NEOPLASMS/OCCURRENCE
03) CYTOLOGY
04) NEOPLASM INVASIVENESS

DOCUMENTS: 01) BR J PREV SOC MED
02) CRT 457:400-06

LOCATION: FINLAND

WOMEN ELIGIBLE TO BE SCREENED FOR CERVICAL CANCER WERE TAKEN FROM THE NATIONAL POPULATION REGISTRY WERE INVITED BY A PERSONAL LETTER TO PARTICIPATE IN THE PROGRAM. THE DATA FROM THESE MASS SCREENINGS WERE ADJUSTED AND STORED AT THE SCREENING REGISTRY. TO REDUCE THE COST OF THE SYSTEM AND TO INCREASE THE YIELD OF PREINVASIVE LESIONS, THE IDEA OF SELECTIVE SCREENING WAS CONSIDERED. IT WAS DECIDED THAT IT WOULD BE IN EFFECTIVE TO SELECT ACCORDING TO RISK FACTORS, SINCE MANY CASES OF INVASIVE CANCER WERE FOUND IN THE LOW RISK GROUPS. HIGH RISK FACTORS WERE

0050634 (CONTINUED)

DETERMINED FROM ANAMNESTIC DATA ON SYMPTOMS AND FROM PREVIOUS CYTOLOGICAL DIAGNOSIS. IT IS SUGGESTED THAT SELECTIVE SCREENING NOT BASED ON AGE HAS A LIMITED APPLICATION AND SHOULD BE RESTRICTED MAINLY TO THE INTERVAL BETWEEN ORGANIZED SCREENINGS, WHICH IN FINLAND IS FIVE YEARS.

0050635 - SELECTIVE SCREENING: THEORY AND PRACTICE BASED ON HIGH-RISK GROUP OF CERVICAL CANCER. PP. 4, REFS. 10.
JOURNAL OF EPIDEMIOLOGY AND COMMUNITY HEALTH 33: 257-61, 1977.

LANGUAGE: ENGLISH

AUTHORS: 01) HAKAMA M 03) SAASTAMOINEN P
02) PUKKALA E

SUBJECTS: 01) CANCER/EPIDEMIOLOGY
02) CERVIX NEOPLASMS/DIAGNOSIS
03) CYTOLOGY
04) NEOPLASM INVASIVENESS

DOCUMENTS: 01) J EPID COMM HEALTH
02) CRT 457:407-11

LOCATION: FINLAND

IF THE EFFICACY OF AN ESTABLISHED PROGRAM IS TO BE INCREASED, BETTER RESULTS ARE LIKELY TO BE OBTAINED BY IMPROVING THE ATTENDANCE RATE, OR BY CHANGING THE TIME INTERVAL BETWEEN SCREENINGS RATHER THAN FROM SELECTIVE SCREENING PRACTICES. USING DATA FROM THE ORGANIZED MASS SCREENING SYSTEM IN FINLAND, RISK INDICATORS FOR CERVICAL CANCER WERE IDENTIFIED IN ORDER TO DEFINE A HIGH-RISK GROUP FOR SELECTIVE SCREENING OF CERVICAL CANCER. SINGLE RISK FACTORS CLASSIFIED A HIGH RISK GROUP OF 8% AMONG 39% OF THE CASES. A COMBINATION OF RISK FACTORS BY DIFFERENT STATISTICAL METHODS WAS APPLIED, BUT THE RESULTS WERE ESSENTIALLY THE SAME. IN ORDER TO FIND A HIGH RISK GROUP SMALL ENOUGH TO YIELD A REDUCTION IN COST, THE NUMBER OF CASES ORIGINATING FROM THE LOW-RISK GROUP WERE INCREASED. THEORETICAL CALCULATIONS SHOWED THAT FOR SELECTIVE SCREENING TO BE EFFECTIVE THE RISK OF DISEASE IN THE HIGH RISK GROUP RELATIVE TO THE LOW-RISK GROUP MUST BE GREATER THAN THAT IMPLIED BY CURRENT KNOWLEDGE OF CERVICAL CANCER EPIDEMIOLOGY.

0050636 - THE IMPACT OF CYTOLOGICAL SCREENING ON THE INCIDENCE OF INVASIVE CERVICAL CANCER. PP. 3, REFS. 15.
ACTA OBSTETRICIA ET GYNECOLOGICA SCANDINAVICA 59(3): 271-73, 1980.

LANGUAGE: ENGLISH

AUTHORS: 01) HELM G 03) LINDBERG LG
02) JOHNSON JE

SUBJECTS: 01) CERVIX NEOPLASMS/OCCURRENCE
02) CYTOLOGY
03) NEOPLASM INVASIVENESS

DOCUMENTS: 01) ACTA OBSTET GYNECOL SCAN
02) CRT 457:412-14

LOCATION: SWEDEN

A CYTOLOGICAL SCREENING PROGRAM FOR THE EARLY DETECTION AND PREVENTION OF CERVICAL CANCER WAS STARTED IN MALMOHUS, SWEDEN, IN 1967. THE INCIDENCE OF INVASIVE CERVICAL CANCER AMONG WOMEN FAITHFULLY ATTENDING THE SCREENING PROGRAM WAS REDUCED OVER 10 YEARS TO ABOUT ONE QUARTER OF THE INCIDENCE BEFORE INITIATION OF THE PROGRAM. FIGURES CALCULATED FOR THE ENTIRE FEMALE POPULATION, HOWEVER, DID NOT INDICATE A SIGNIFICANT DECREASE IN INCIDENCE. ADEQUATE INDIVIDUAL FOLLOW-UP, COMBINED WITH COMPUTERIZED ADMINISTRATION PROGRAMS AND POPULATION REGISTERS SEEMS TO BE NECESSARY WHENEVER THE EFFECTS OF A MASS SCREENING PROGRAM ARE EVALUATED OR

0050636 (CONTINUED)

IMPROVED.

0050637 - THE RATIONALE FOR CYTOLOGIC SCREENING IN THE CONTROL OF UTERINE CERVICAL CARCINOMA. PP. 11, REFS. 61.
CURRENT PROBLEM IN CANCER 5(4): 8-19, 1980.

LANGUAGE: ENGLISH

AUTHOR: 01) HIND CRK

SUBJECTS: 01) CERVIX NEOPLASMS/PREVENTION & CONTROL
02) CYTOLOGICAL TECHNIQS
03) CYTOLOGY

DOCUMENTS: 01) CURR PROBL CANCER
02) CRT 457:415-26

THE PROSPECTIVE STATISTICAL EVIDENCE FROM POPULATION STUDIES SUPPORTS THE CONTINUED USE OF ROUTINE CERVICAL CYTOLOGIC EXAMINATION AS A PREVENTIVE MEASURE. THIS IS TRUE DESPITE UNCERTAINTIES ABOUT THE RELEVANCE OF CERVICAL EPITHELIAL CHANGES TO CERVICAL CARCINOMA AND THE ACCURACY OF THE METHOD. THE PRESENCE OF A NEGATIVE SMEAR SHOULD NOT BE INTERPRETED AS AN ACCURATE DIAGNOSIS BY EITHER PATIENT OR DOCTOR. THE RESULTS CITED AND DATA FROM DIFFERENT COUNTRIES SUGGEST THAT CERVICAL CYTOLOGIC EXAMINATION AS A SELECTIVE SCREENING PROCEDURE CAN SIGNIFICANTLY REDUCE MORTALITY FROM CARCINOMA OF THE CERVIX. HOWEVER, CERVICAL SCREENING IS FRUSTRATED BY THE FACT THAT THOSE MOST AT RISK ARE THE LEAST LIKELY TO ATTEND TEST REGULARLY. THUS, THERE WILL ALWAYS BE SOME FEW PATIENTS WITH CERVICAL CANCER.

0050638 - MOTIVATION TECHNIQS IN A CANCER DETECTION PROGRAM: UTILIZATION OF COMMUNITY RESOURCES. PP. 12, REFS. 9.
AMERICAN JOURNAL OF PUBLIC HEALTH 57(2): 229-41, FEB 1967.

LANGUAGE: ENGLISH

AUTHOR: 01) HULKA BS

SUBJECTS: 01) CANCER PROGRAMS
02) CANCER/DIAGNOSIS
03) CERVIX NEOPLASMS/DIAGNOSIS
04) CYTOLOGICAL TECHNIQS
05) CYTOLOGY

DOCUMENTS: 01) AM J PUB HEALTH
02) CRT 457:427-40

LOCATION: US

THE DESIRE TO STIMULATE THOSE WHO MAY NEED HEALTH SERVICES TO SEEK AND ACCEPT THEM IS AN IMPORTANT, EVEN URGENT PROBLEM. WAYS AND MEANS OF ACHIEVING THIS AIM ARE PRESENTED AND DISCUSSED IN TERMS OF A SCREENING PROGRAM FOR CERVICAL CANCER AMONG MEDICALLY INDIGENT WOMEN. AMONG THE CONCLUSIONS REACHED ARE THE FOLLOWING: 1) SCREENING OF INSTITUTIONALIZED WOMEN FOR CERVICAL CANCER IS PRODUCTIVE AND RELATIVELY EASY; 2) CERVICAL CYTOLOGY SHOULD BE PART OF THE EXAMINATION AT ANY CLINIC WHERE PELVIC EXAMINATIONS ARE ROUTINELY PERFORMED; 3) LETTERS ARE AN EFFECTIVE METHOD OF CONTACTING WOMEN AND ENCOURAGING THEM TO MAKE AN APPOINTMENT FOR A CYTOLOGY EXAMINATION; 4) REFERRAL MECHANISMS WHICH ALLOW WOMEN TO MAKE THEIR OWN APPOINTMENTS RESULT IN A HIGHER PROPORTION OF KEPT CHECK-UPS THAN THOSE MADE FOR THE PATIENT; AND 5) REFERRALS BY PATIENTS TO OTHER WOMEN SHOULD BE ENCOURAGED.

0050639 - WHY PELVIC EXAMINATIONS IN CERVICAL CANCER SCREENING. PP. 9, REFS. 13.
AMERICAN JOURNAL OF PUBLIC HEALTH 58(10: 1854-63, OCT 1968.

LANGUAGE: ENGLISH

AUTHORS: 01) HULKA BS 02) PACE IS

SUBJECTS: 01) CANCER/PREVENTION & CONTROL
02) CERVIX NEOPLASMS/DIAGNOSIS
03) CERVIX NEOPLASMS/PREVENTION & CONTROL
04) PHYSICAL EXAMINATION

DOCUMENTS: 01) AM J PUB HEALTH
02) CRT 457:441-50

LOCATION: US

SINCE NOVEMBER 1962, MEDICALLY INDIGENT WOMEN IN ALLEGHENY COUNTY, PENNSYLVANIA, (USA), INCLUDING THE CITY OF PITTSBURG, RECEIVED PELVIC EXAMINATIONS AND CERVICAL SMEARS AS PART OF A CANCER DETECTION PROGRAM. BETWEEN JULY 1 AND DECEMBER 31, 1965, 450 PATIENTS WITH NEGATIVE SMEARS WERE REFERRED TO VARIOUS MEDICAL RESOURCES FOR TREATMENT OF PATHOLOGY FOUND DURING PELVIC EXAMINATION. THE RESULTS OF THESE REFERRALS WERE ANALYZED TO DETERMINE WHAT BENEFITS THE PATIENTS DERIVED FROM PELVIC EXAMINATION. NONE OF THE PATIENTS WAS FOUND TO HAVE CANCER. THE NEED FOR PELVIC EXAMINATION AS A DIAGNOSTIC MEASURE FOR BENIGN DISEASE WAS ESTABLISHED. 18% OF THE WOMEN SCREENED HAD PATHOLOGY REQUIRING REFERRAL. THESE MIGHT NOT HAVE BEEN IDENTIFIED OTHERWISE.

0050640 - QUALITY CONTROL IN CERVICAL CYTOLOGY. PP. 9, REFS. 32.
JOURNAL OF CLINICAL PATHOLOGY 27(12): 935-44, DEC 1971.

LANGUAGE: ENGLISH

AUTHORS: 01) HUSAIN DA 04) MCGREGOR JE
02) BUTLER EB 05) YULE R
03) EVANS DM

SUBJECTS: 01) CERVIX NEOPLASMS/PREVENTION & CONTROL
02) CYTOLOGICAL TECHNIQS
03) CYTOLOGY

DOCUMENTS: 01) J CLIN PATHOL
02) CRT 457:451-60

FROM SURVEYS CONDUCTED BY THE AUTHORS IT IS CONCLUDED THAT THE BEST AND MOST ACCEPTABLE QUALITY CONTROL METHODS IN CYTOLOGY TESTING ARE THOSE FROM WITHIN THE LABORATORY. MOST OF THESE HAVE RESULTS WHICH CAN BE REPORTED CENTRALLY, WHERE THE OVERALL CONTROL AND CODES OF PRACTICE ARE HIGH. THE RESULTS ARE THE MOST RELIABLE. SINCE SOURCES OF ERROR OF WHAT EVER CAUSE ARE QUICKLY IDENTIFIED. PROCESSING ERRORS FOR CERVICAL AND VAGINAL SMEARS ARE UNLIKELY IF THE STAINING SCHEDULE IS SATISFACTORY. THE ONLY DANGER IN THE STAINING OF FIXED SMEARS IS THE RISK OF CROSS CONTAMINATION. FREQUENT CHANGE OF SOLUTION IS IMPORTANT. IT IS ESSENTIAL THAT SLIDES ARE NOT PUT IN THE RACK WITH THE SURFACES ON WHICH THE SMEAR HAS BEEN MADE FACING ANOTHER SLIDE. LOSS OF MATERIAL FROM CERVICAL SMEARS DURING PROCESSING IS UNUSUAL, BUT IS COMMON WITH SEROUS FLUID, SEMINAL FLUID, AND URINE SMEARS. IT IS THEREFORE UNWISE TO STAIN SUCH MATERIAL IN BATCHES WITH CERVICAL SMEARS. THE REMEDY OF AN INDIVIDUAL STAINING MACHINE HAS YET TO APPEAR ON THE MARKET.

0050641 - INTERNATIONAL ACADEMY OF CYTOLOGY'S POLICY STATEMENT ON THE FREQUENCY OF GYNECOLOGIC SCREENING. PP. 2.
ANALYTICAL AND QUANTITATIVE CYTOLOGY 2(3): 153-54, SEP 1980.

LANGUAGE: ENGLISH

0050641 (CONTINUED)

SUBJECTS: 01) CANCER/DIAGNOSIS
02) CERVIX NEOPLASMS
03) CYTOLOGY
04) PHYSICAL EXAMINATION

DOCUMENTS: 01) ANAL QUANT CYTOL
02) CRT 457:461-62

WHILE WE MUST STRIVE TO ACHIEVE OPTIMAL PERFORMANCE IN THE CLINICAL AND LABORATORY ASPECTS OF CYTOLOGY, IT IS DOUBTFUL THAT THE DEPARTURE FROM THE PRACTICE OF ANNUAL EXAMINATION WILL BENEFIT PATIENTS. UNTIL QUALITY ASSURANCE SYSTEMS ARE IN PLACE, THE ACADEMY BELIEVES THAT ANNUAL SCREENING FOR CERVICAL CANCER REPRESENTS THE OPTIMAL APPROACH TO EARLY DIAGNOSIS OF THIS DISEASE. CYTOLOGIC SCREENING FOR UTERINE CANCER HAS BEEN, AND IS, THE MAJOR STIMULUS FOR WOMEN TO HAVE AN ANNUAL GYNECOLOGIC EXAMINATION, INCLUDING BREAST EXAMINATION. THE EDUCATION OF WOMEN IS THE PRINCIPAL REASON WHY UTERINE CANCER IS A PREVENTABLE DISEASE. THE ACADEMY RECOMMENDS THAT A GREAT DEAL OF OBJECTIVE STUDIES BE UNDERTAKEN PRIOR TO ANY CHANGE IN THE MEDICAL CARE OF PATIENTS.

0050642 - HIGH RISK GROUPS AND SCREENING FOR CANCER. PP. 6, REFS. 10.
CANCER DETECTION AND PREVENTION 5(3): 343-48, 1982.

LANGUAGE: ENGLISH

AUTHOR: 01) JENSEN OM

SUBJECTS: 01) CANCER/PREVENTION & CONTROL
02) CARCINOGENIC RISK
03) CERVIX NEOPLASMS/PREVENTION & CONTROL
04) NEOPLASM INVASIVENESS

DOCUMENTS: 01) CANCER DETECT PREV
02) CRT 457:463-68

LOCATION: DENMARK

IN THEORY, SELECTIVE SCREENING FOR CANCER IN HIGH RISK GROUPS IS ATTRACTIVE. FOR CANCER OF THE BREAST AND CERVIX UTERI, EVIDENCE IS ACCUMULATING REGARDING THE BENEFICIAL EFFECTS OF LOWERING MORBIDITY AND MORTALITY FROM THESE DISEASES. ALTHOUGH A NUMBER OF RISK FACTORS ARE KNOWN FOR BOTH BREAST AND CERVICAL CANCER, SELECTION OF HIGH RISK GROUPS FOR SCREENING HAS BEEN DISAPPOINTING. EXPERIENCE FROM EXISTING MASS SCREENING PROGRAMS SHOWS THAT A LARGE PORTION OF CASES ARE IN LOW RISK INDIVIDUALS THE ONLY CHARACTERISTIC FOR SELECTING WOMEN TO BE SCREENED IS AGE. IT IS PROPOSED THAT RISK FACTORS BE IDENTIFIED AS PART OF AN INITIAL NON-SELECTIVE SCREENING PROGRAM TO INDIVIDUALIZE FUTURE SCREENINGS, FOR EXAMPLE, BY USING SHORTER INTERVALS BETWEEN SCREENINGS FOR HIGH RISK THAN FOR LOW RISK GROUPS.

0050643 - THE EFFECT OF MASS SCREENING IN ICELAND, 1965-74, ON THE INCIDENCE AND MORTALITY OF CERVICAL CARCINOMA. PP. 7, REFS. 15.
INTERNATIONAL JOURNAL OF CANCER 21: 418-25, 1978.

LANGUAGE: ENGLISH

AUTHORS: 01) JOHANNESSEN G 03) DAY NE
02) GEIRSSON G

SUBJECTS: 01) CERVIX NEOPLASMS/MORTALITY
02) CERVIX NEOPLASMS/OCCURRENCE
03) CYTOLOGY

DOCUMENTS: 01) INT J CANCER
02) CRT 457:469-76

LOCATION: ICELAND

0050643 (CONTINUED)

A CLINIC FOR EARLY DETECTION OF CANCER OF THE UTERINE CERVIX HAS BEEN IN OPERATION IN ICELAND SINCE 1964, AIMED UNTIL RECENTLY AT THE 25-59 AGE GROUP. MORE THAN 85% OF WOMEN IN THIS AGE GROUP WERE SCREENED AT LEAST ONCE. MORTALITY FROM CANCER OF THE CERVIX HAS BEEN INCREASING IN ICELAND AND HAS CONTINUED TO INCREASE DURING THE FIRST FEW YEARS OF OPERATION OF THE SCREENING CLINIC. SINCE 1970, HOWEVER, THERE WAS MORE THAN A TWO-FOLD REDUCTION IN MORTALITY AND A SIMILAR DECREASE IN INCIDENCE OF TUMORS OF STAGES II, III, AND IV. BOTH DEATHS AND ADVANCED TUMORS ARE LARGELY CONFINED TO WOMEN WHO WERE NEVER SCREENED. ALTERNATIVE EXPLANATIONS ARE CONSIDERED, BUT THE ONLY TENABLE EXPLANATION FOR THE REDUCTION IN MORTALITY IS THE INTRODUCTION OF A COMPREHENSIVE SCREENING PROGRAM.

- 0050644 - EVALUATION OF SMEARS OBTAINED BY CERVICAL SCRAPING AND AN ENDOCERVICAL SWAB IN THE DIAGNOSIS OF NEOPLASTIC DISEASE OF THE UTERINE CERVIX. PP. 5, REFS. 6.
ACTA OBSTETRICIA ET GYNECOLOGICA SCANDINAVICA 58(3): 265-70, 1979.

LANGUAGE: ENGLISH

AUTHORS: 01) JOHANSEN P 03) PALLESEN G
02) ARFFMANN E

SUBJECTS: 01) CERVIX NEOPLASMS/DIAGNOSIS
02) CYTOLOGY
03) HYSTERECTOMY

DOCUMENTS: 01) ACTA OBSTET GYNECOL SCAN
02) CRT 457:477-82

A STUDY OF THE SUPPLEMENTARY VALUE OF AN ENDOCERVICAL SWAB SMEAR IN ADDITION TO CERVICAL SCRAPING IN THE HISTOLOGICAL DIAGNOSIS OF CERVICAL NEOPLASIAS IS PRESENTED. THE SAMPLING TECHNIQUES WERE APPLIED TO A POPULATION WITH A HIGH PREVALENCE OF NEOPLASTIC CERVICAL DISEASE. THE ENDOCERVICAL SWAB SMEAR WAS A USEFUL ADJUNCT IN THE DETECTION OF MILD AND MODERATE DYSPLASIA. A COMBINATION OF THE TWO SAMPLING METHODS DECREASED THE FALSE NEGATIVE RATE IN THE DIAGNOSIS OF INTRAEPITHELIAL, AS WELL AS INVASIVE NEOPLASIA.

- 0050645 - THE CHANGING TRENDS OF UTERINE CANCER AND CYTOLOGY: A STUDY OF MORBIDITY AND MORTALITY TRENDS OVER A TWENTY YEAR PERIOD. PP. 10, REFS. 32.
CANCER 42(5): 2439-49, NOV 1979.

LANGUAGE: ENGLISH

AUTHORS: 01) KIM K 04) WALTERS JK
02) RIGAL RD 05) BENNETT A
03) PATRICK JR 06) NORDIN W

SUBJECTS: 01) CERVIX NEOPLASMS/MORTALITY
02) CYTOLOGY
03) NEOPLASM INVASIVENESS

DOCUMENTS: 01) CANCER
02) CRT 457:483-93

LOCATION: US

DATA ON SQUAMOUS CARCINOMA OF THE CERVIX FROM A 20-YEAR STUDY (1955-1974) IN METROPOLITAN TOLEDO, OHIO, (USA), REVEALED A 66% REDUCTION OF THE AVERAGE ANNUAL AGE-ADJUSTED INCIDENCE RATE AND A 61% REDUCTION IN THE DEATH RATE OF CERVICAL SQUAMOUS CARCINOMA IN (1955-1958) AND (1971-1974), RESPECTIVELY. THE DECREASE FOR BOTH MORBIDITY AND MORTALITY RATES WAS MORE PRONOUNCED IN WOMEN 50 YEARS AND YOUNGER. THE TREND IN TOLEDO IS COMPARABLE TO THAT OF LOUISVILLE, KENTUCKY (USA). THE MASS CYTOLOGIC SCREENING PROGRAM CONTRIBUTED TO A REMARKABLE REDUCTION IN MORBIDITY AND MORTALITY OF CERVICAL SQUAMOUS CARCINOMA, BUT HAD NO BENEFICIAL EFFECT ON ENDOMETRIAL CARCINOMA.

0050646 - A COMPARISON OF THE EFFICIENCY OF DIAGNOSIS OF EARLY CERVICAL CARCINOMA BY GENERAL PRACTITIONERS AND CYTOLOGY SCREENING PROGRAMS IN THE NETHERLANDS. PP. 4, REFS. 10.
ACTA CYTOLOGICA (BALTIMORE) 25(3): 259-62, 1981.

LANGUAGE: ENGLISH

AUTHORS: 01) KIRK RS 02) BOOM ME

SUBJECTS: 01) CERVIX NEOPLASMS/DIAGNOSIS
02) CYTOLOGY

DOCUMENTS: 01) ACTA CYTOL
02) CRT 457:494-97

LOCATION: NETHERLANDS

THE EFFICIENCY OF GENERAL PRACTITIONERS AND CYTOLOGY SCREENING PROGRAMS IN THE NETHERLANDS IN DIAGNOSING NEOPLASIA BY MEANS OF CERVICAL CYTOLOGY WAS INVESTIGATED. FOR ALL AGE GROUPS OF WOMEN LIVING IN RURAL OR URBAN AREAS, THE GENERAL PRACTITIONERS WERE ALMOST TWICE AS SUCCESSFUL IN DETECTING CASES OF CERVICAL NEOPLASIA AS WERE SCREENING PROGRAMS. NO REASON COULD BE FOUND FOR THEIR SUCCESS. THE IMPORTANT ROLE OF THE GENERAL PRACTITIONER AND HIS OR HER ABILITY TO ENCOURAGE HIGH-RISK GROUP OF WOMEN TO HAVE EARLY AND REGULAR SMEARS WAS STRESSED.

0050647 - MASS SCREENING IN SWEDEN FOR CANCER OF THE UTERINE CERVIX: RESULTS AND EPIDEMIOLOGIC EFFECT. PP. 7, REFS. 8.
ACTA OBSTETRICIA ET GYNECOLOGICA SCANDINAVICA 67: 5-11, 1977 (SUPPL).

LANGUAGE: ENGLISH

AUTHOR: 01) KJELLGREN O

SUBJECTS: 01) CANCER/EPIDEMIOLOGY
02) CERVIX NEOPLASMS
03) CYTOLOGY
04) NEOPLASM INVASIVENESS

DOCUMENTS: 01) ACTA OBSTET GYNECOL SCAN
02) CRT 457:498-504

LOCATION: SWEDEN

THE MASS SCREENING PROGRAM IN SWEDEN FOR CANCER OF THE UTERINE CERVIX, STARTED IN 1964, IS NOW ALMOST NATION-WIDE. APPROXIMATELY A QUARTER OF A MILLION WOMEN ARE SCREENED EVERY YEAR. THE ATTENDANCE VARIES BETWEEN 55% AND 90%. AND CANCER OF THE CERVIX IS DECREASING. THIS IS MOST EVIDENT IN THOSE COUNTIES THAT WITH SCREENING PROGRAMS FOR ABOUT TEN YEARS. THE STAGE DISTRIBUTION OF CERVIX CANCER HAS NOT BEEN CHANGED BY THE SCREENING PROGRAM. MORTALITY FROM CANCER OF THE CERVIX IS UNCHANGED. THERE HAS BEEN A DECIDED INCREASE IN THE DIAGNOSIS OF CANCER IN SITU OF THE CERVIX THIS IS A DIFFICULT PRACTICAL PROBLEM.

0050648 - A SIMULATION SYSTEM FOR SCREENING PROCEDURES: COMPUTER SIMULATIONS OF CERVICAL CYTOLOGY SCREENING PROGRAMMES. PP. 36, REFS. 2.
PROBLEMS AND PROGRESS IN MEDICAL CARE, 9TH SERIES. NUFFIELD PROVINCIAL HOSPITAL TRUST SERIES, LONDON, OXFORD PRESS, 1973.

LANGUAGE: ENGLISH

AUTHOR: 01) KNOX EG

SUBJECTS: 01) CERVIX NEOPLASMS/DIAGNOSIS
02) CERVIX NEOPLASMS/MORTALITY
03) CERVIX NEOPLASMS/OCCURRENCE
04) CYTOLOGICAL TECHNIQS
05) CYTOLOGY

DOCUMENT: 01) CRT 457:505-24

0050648 (CONTINUED)

THIS STUDY EXPLORES THE VALUE OF APPLYING COMPUTER SIMULATION METHODS TO EVALUATE MEDICAL SCREENING PROCEDURES AND PROTOCOLS. THE FOLLOWING ARE THE CHIEF VARIABLES ABOUT WHICH ASSUMPTIONS MUST BE MADE IN PLANNING OR PREDICTING THE RESULTS OF A SCREENING PROGRAM: THE STRUCTURE OF THE POPULATION TO BE SCREENED, ESPECIALLY ITS AGE AND SEX DISTRIBUTION; THE NATURAL HISTORY, OF THE DISEASE PROCESSES TO BE INTERRUPTED; THE SENSITIVITY, SPECIFICITIES, AND ACCEPTANCE OF AVAILABLE SCREENING PROCEDURES; THE EFFECT OF DIAGNOSIS AND SUBSEQUENT TREATMENT UPON THE NATURAL HISTORY OF THE DISEASE; THE PROPOSED POLICY FOR THE DEVELOPMENT OF RESOURCES; NOTABLY THE TYPES AND NUMBERS OF TESTS BY AGES, AND IF MORE THAN ONE IS OFFERED, THEIR SEQUENCE. THE PROBLEMS OF SPECIFYING THESE VARIABLES ARE DISCUSSED IN LENGTH. DIFFERENT ASSUMPTIONS ABOUT THE NATURE OF THE NATURAL HISTORY OF CERVICAL CANCER IMPACT SUBSTANTIALLY ON SCREENING POLICIES.

0050649 - AGES AND FREQUENCIES FOR CERVICAL CANCER SCREENING. PP. 7, REFS. 3. BRITISH JOURNAL OF CANCER 34: 444-51, 1976.

LANGUAGE: ENGLISH

AUTHOR: 01) KNOX EG

SUBJECTS: 01) CERVIX NEOPLASMS/MORTALITY
02) CERVIX NEOPLASMS/OCCURRENCE
03) CYTOLOGY

DOCUMENTS: 01) BR J CANCER
02) CRT 457:525-33

LOCATION: NETHERLANDS

THIS REPORT PROPOSES A SIMPLE METHOD TO CALCULATE THE BEST AGES FOR CERVICAL CYTOLOGY SCREENING. THE ARGUMENT IS GRAPHIC. THE OUTCOME IS VISUAL AND INTUITIVE. A COMPUTER PROGRAM TO ASSIST IN THE CALCULATIONS WAS CONSTRUCTED. USE OF THE METHOD INDICATES THAT RELATIVELY HIGH RATES OF SCREENING IN WOMEN UNDER 30 YEARS OF AGE IS LIKELY TO BE INEFFECTIVE IN REDUCING MORTALITY. THE METHODS PREDICT THAT, IF WE ASSUME A NEGATIVE ERROR RATE FOR THE TEST OF 0.2, AND A NATURAL HISTORY WITH A MEAN INTERVAL BETWEEN DETECTION AND NO CURE OF ABOUT 6 YEARS, A SERIES OF 10 TESTS BETWEEN THE AGES OF 35 AND 80 IN ENGLAND AND WALES SHOULD PREVENT 0.67 0.67 DEATHS PER 1000 TESTS AND ABOUT 77% OF ALL DEATHS FROM CERVICAL CANCER IN WOMEN WHO CONFORM WITH THE RECOMMENDATIONS.

0050650 - THE EVALUATION OF MASS SCREENING PROGRAMMES FOR CERVICAL CANCER. PP. 4. TUMORI 62(3): 339-42, MAY-JUN, 1976.

LANGUAGE: ENGLISH

AUTHOR: 01) KNOX EG

SUBJECTS: 01) CERVIX NEOPLASMS/DIAGNOSIS
02) COST ANALYSIS
03) CYTOLOGY

DOCUMENTS: 01) TUMORI
02) CRT 457:534-37

IN LIEU OF A SUCCESSFUL RANDOMIZED TRIAL OF THE EFFECTIVENESS OF CERVICAL CYTOLOGY SCREENING, A SIMULATION APPROACH HAS BEEN USED BY THE AUTHOR IN RELATION TO SCREENING PROCEDURES IN GENERAL. THE MODEL DEVELOPED IS ADAPTABLE TO A RANGE OF SCREENING PROBLEMS. IT HAS BEEN USED TO EXPLORE THE CONSEQUENCES OF POLICY OPTIONS FOR CERVICAL CANCER SCREENING. THE FOLLOWING MAIN POINTS WERE DEMONSTRATED. (1) IF THE NATURAL HISTORY IS PROGRESSIVE, AND THE SENSITIVITY GOOD (E.G., 70% OR MORE) AND IF WOMEN ATTENDED WHEN ASKED (E.G., 90% OR MORE) AND A SUBSTANTIAL INVESTMENT MADE (E.G., 10 TESTS PER WOMEN PER LIFETIME), IT SHOULD BE POSSIBLE IN THE UNITED KINGDOM TO REDUCE CURRENT MORTALITY FROM CERVICAL CANCER TO ABOUT

0050650 (CONTINUED)

ONE-FIFTH OF ITS PRESENT LEVEL. (2) IF, BY CONTRAST, THE NATURAL HISTORY IS DYNAMIC, THE RESULTS WILL BE LESS DRAMATIC AND THE SAME INVESTMENT WOULD REDUCE MORTALITY BY ABOUT ONE-HALF. (3) ALTERNATIVELY, IF THE TEST IS ONLY MODERATELY ACCEPTABLE WITH AN ATTENDANCE OF 70% IN YOUNGER WOMEN AND 30% IN OLDER WOMEN WITH PROGRESSIVE NATURAL HISTORY) MORTALITY COULD LIKEWISE BE REDUCED BY ABOUT ONE HALF.

0050651 - UTERINE CERVICAL CARCINOMA IN CONNECTICUT, 1935-1973: EVIDENCE FOR TWO CLASSES OF INVASIVE DISEASE. PP. 6, REFS. 21.
JOURNAL NATIONAL CANCER INSTITUTE 57(5): 1037-43, NOV 1976.

LANGUAGE: ENGLISH

AUTHORS: O1) LASKEY PW O3) MEIGS JW
O2) FLANNERY JT

SUBJECTS: O1) CERVIX NEOPLASMS/DIAGNOSIS
O2) CERVIX NEOPLASMS/MORTALITY
O3) CERVIX NEOPLASMS/OCCURRENCE
O4) CYTOLOGY
O5) NEOPLASM INVASIVENESS

DOCUMENTS: O1) J NATL CANCER INST
O2) CRT 457:538-44

LOCATION: US-CONNECTICUT

FROM 1935 TO 1973 THE CONNECTICUT (USA) TUMOR REGISTRY RECORDED 5,781 WOMEN WITH CARCINOMA IN SITU (CIS) AND 7,614 WITH INVASIVE CERVICAL CANCER. TRUE INCIDENCE RATES FOR INVASIVE DISEASE WERE CALCULATED. CIS RATES INDICATED NEWLY DIAGNOSED CASES, BUT TRUE CIS INCIDENCE IS UNKNOWN. IN 1945-1949, THE INCIDENCE OF INVASIVE CERVICAL CANCER DECLINED ABOUT 20% BEFORE SCREENING COULD HAVE INFLUENCED THE DISEASE TO THAT EXTENT. CONTINUING DECLINE IN INVASIVE DISEASE RATES AFTER 1955 WERE PROBABLY ATTRIBUTABLE LARGELY TO SCREENING. THE PERSISTENT OCCURRENCE OF INVASIVE DISEASE IN SCREENED POPULATIONS AND THE RAPID PROGRESSION OF CANCER, WITH EARLY DEATH AMONG SOME WOMEN WITH APPARENTLY LOCALIZED DISEASE AT DIAGNOSIS, SUGGESTED THAT A SECOND CLASS OF INVASIVE CERVICAL CANCER MAY EXIST. CANCERS IN THIS CLASS MAY DEVELOP AND PROGRESS RAPIDLY WITHOUT A PRACTICAL POSSIBILITY OF DETECTION BY CYTOLOGIC METHODS IN THE PREMALIGNANT STAGE. OTHER SCREENING, FOR EXAMPLE, METABOLIC, HORMONAL, IMMUNOLOGIC, OR VIROLOGIC, MAY BE REQUIRED TO CONTROL THIS SECOND CLASS OF CERVICAL CANCER THAT DEVELOPS SO RAPIDLY.

0050652 - REGIONAL TRENDS IN INCIDENCE OF CERVICAL CANCER IN DENMARK IN RELATION TO LOCAL SMEAR-TAKING ACTIVITY. PP. 8, REFS. 19.
INTERNATIONAL JOURNAL OF EPIDEMIOLOGY 12(4): 405-13, DEC 1983.

LANGUAGE: ENGLISH

AUTHOR: O1) LYNGE E

SUBJECTS: O1) CANCER REGISTER
O2) CERVIX NEOPLASMS/OCCURRENCE
O3) CYTOLOGY

DOCUMENTS: O1) INT J EPID
O2) CRT 457:545-54

LOCATION: DENMARK

IN THIS STUDY THE REGIONAL TRENDS IN THE INCIDENCE OF CERVICAL CANCER IN DENMARK FROM 1943 TO 1977 ARE BASED ON TO AVAILABLE DATA ON THE TOTAL SMEAR-TAKING ACTIVITY IN THE REGIONS. IN 1980, 40% OF WOMEN IN DENMARK PARTICIPATED IN ORGANIZED SCREENING PROGRAMS. THE ENTIRE NUMBER OF SMEARS TAKEN IN THE COUNTRY WAS SUFFICIENT TO COVER THE ENTIRE FEMALE POPULATION BY AN ORGANIZED PROGRAM. THE STUDY SHOWS A CONSIDERABLE DECLINE

0050652 (CONTINUED)

IN THE CUMULATIVE INCIDENCE OF CERVICAL CANCER FOR WOMEN AGED 30-59 IN AREAS WHERE ORGANIZED SCREENING PROGRAMS COMMENCED BEFORE 1969. THE DECLINE IN AREAS WITHOUT ORGANIZED PROGRAMS BUT WITH A HIGHER OR EQUIVALENT SCREENING ACTIVITY IN 1974-1975 IS IN GENERAL SMALLER OR OCCURRING LATER. IN HALF OF THE AREAS WITH A LOWER LEVEL OF SMEAR-TAKING ACTIVITY IN 1974-1975 ONLY MINOR REDUCTIONS IN THE INCIDENCE OF CERVICAL CANCER WERE OBSERVED. HYSTERECTOMIES CANNOT EXPLAIN THE DECLINE IN INCIDENCE FOR WOMEN BELOW THE AGE OF 60. THE OBSERVED PATTERN GIVES FURTHER EVIDENCE OF A DECLINE IN THE INCIDENCE OF CERVICAL CANCER FOLLOWING THE INTRODUCTION OF PAP SMEARS. FUTURE TRENDS SHOULD BE KEPT UNDER CLOSE SURVEILLANCE

0050653 - IMPROVED PROGNOSIS OF CERVICAL CANCER DUE TO COMPREHENSIVE SCREENING.
PP. 3, REFS. 8.
THE LANCET (JAN): 74-6, 1971.

LANGUAGE: ENGLISH

AUTHORS: O1) MACGREGOR JE O3) MANN EM
O2) ERASER ME

SUBJECTS: O1) CERVIX NEOPLASMS/DIAGNOSIS
O2) CYTOLOGY

DOCUMENTS: O1) LANCET
O2) CRT 457:555-57

THE FIRST 10 YEARS OF A CERVICAL-SCREENING PROGRAM IN ABERDEEN, SCOTLAND WERE REVIEWED. COVERAGE IN WOMEN UNDER-SIXTY WAS 97.3%, 313 PRECLINICAL CASES WERE DETECTED. CLINICAL CASES, HOWEVER, HAVE NOT BEEN ERRADICATED-30 WERE DIAGNOSED IN 1968-1969- BUT FIVE-YEAR SURVIVAL AFTER SCREENING, ESPECIALLY IN YOUNGER WOMEN, WAS ENCOURAGING. IN WOMEN UNDER 50 THE FIVE YEAR SURVIVAL RATE IN CLINICAL CASES IMPROVED 29%-40% AND IN THOSE OVER FIFTY FROM 25%-31%. BETWEEN 1958 AND 1969 THE NUMBER OF CLINICAL CASES UNDER 60 YEARS OF AGE ADMITTED TO HOSPITALS DECREASED STEADILY YEAR BY YEAR: IN 1967-1969 LESS THAN 50% WERE UNDER SIXTY YEARS OF AGE, COMPARED WITH OVER 76% IN 1958-1960 AND 69% IN 1946-1957.

0050654 - MORTALITY FROM CARCINOMA OF CERVIX UTERI IN BRITAIN. PP. 2, REFS. 10.
THE LANCET 2(8093): 774-76, OCT 7, 1978.

LANGUAGE: ENGLISH

AUTHORS: O1) MCGREGOR JE O2) TEPER S

SUBJECTS: O1) CERVIX NEOPLASMS/MORTALITY
O2) CYTOLOGY

DOCUMENTS: O1) LANCET
O2) CRT 457:558-60

LOCATION: ENGLAND

A REVIEW OF AGE-SPECIFIC MORTALITY-RATES FROM CERVICAL CANCER IN ENGLAND WALES AND SCOTLAND IN 1968-76 SHOWS A DECLINE IN SOME AGES. IN ENGLAND AND WALES THERE WAS AN INCREASE AT AGES 25-34 AND, POSSIBLY, AT AGES 15-24. SIGNS AN INCREASE IN SCOTLAND FOR THE AGE GROUP 25-34, SEEM EVIDENT WHEN THE FIGURES FOR TWO REGIONS WITH WELL ESTABLISHED SCREENING PROGRAMS ARE REMOVED. TRENDS IN THESE REGION COMPARED WITH THOSE FOR THE REST OF SCOTLAND SUPPORT THE BENEFIT OF CERVICAL SCREENING.

0050655 - CERVICAL CANCER: USE OF A NON-PHYSICIAN HEALTH TEAM FOR SCREENING PROCEDURES. PP. 7, REFS. 5.
CALIFORNIA MEDICINE 110(6): 463-67, 1969.

AUTHOR: O1) MARTIN PL

0050659 (CONTINUED)

PRELIMINARY CLINICAL TRIALS OF AUTOMATED CYTOLOGY SCREENING INSTRUMENTS INDICATE SPECIMEN FALSE NEGATIVE ERROR RATES COMPARABLE TO THE FALSE RATES REPORTED IN THE LITERATURE FOR CONVENTIONAL MANUAL CYTOLOGY SCREENING, AND SPECIMEN FALSE POSITIVE RATES THAT WOULD PROBABLY BE ADEQUATE FOR AUTOMATED PRESCREENING DEVICES. HOWEVER, THE FULL IMPLICATIONS OF THESE RESULTS TO THE DEVELOPMENT OF PRACTICAL AUTOMATION FOR CERVICAL CANCER SCREENING REMAIN UNCLEAR. EFFORTS WILL CONTINUE TOWARDS DEVELOPMENT OF MORE SENSITIVE AND SPECIFIC MARKERS OF EARLY PREMALIGNANT CELLULAR CHANGE, DEVELOPMENT OF MORE EFFECTIVE STRATEGIES FOR AUTOMATED SPECIMEN CLASSIFICATION.

0050660 - DETECTION OF CERVICAL AND BREAST CANCER: A COMMUNITY-BASED PILOT STUDY. PP. 9, REFS. 20.
MEDICAL CARE 17(3): 304-13, MAR 1979.

LANGUAGE: ENGLISH

AUTHORS: 01) MISCZYNSKY M 02) STERN E

SUBJECTS: 01) CERVIX NEOPLASMS/DIAGNOSIS
02) CERVIX NEOPLASMS/PREVENTION & CONTROL
03) CYTOLOGY

DOCUMENTS: 01) MED CARE
02) CRT 457:607-16

LOCATION: US-LOS ANGELES

PILOT SCREENING CLINICS WERE CONDUCTED IN TWO HEALTH DISTRICTS OF LOS ANGELES COUNTIES WHERE CERVICAL CANCER INCIDENCE AND MORTALITY RATES WERE HIGH. RESULTS ARE OF INTEREST BECAUSE THEY PROVIDE INFORMATION ON PLANNING AND OPERATING COMMUNITY BASED CLINICS IN LOW-INCOME AREAS WHERE WOMEN ARE UNLIKELY TO SEEK OR INELIGIBLE FOR AVAILABLE HEALTH SERVICES. SOME OF THE FACTORS THAT CONTRIBUTED TO THE PARTICIPATION WERE: CONVENIENCE OF THE CLINIC LOCATION, CONVENIENCE OF HOURS, COMPREHENSIVE NATURE OF THE HEALTH EXAMINATION (BREAST EXAMINATIONS AS WELL AS PAP TEST), WOMEN NURSES CONDUCTING THE EXAMINATIONS, ADEQUATE TRANSPORTATION TO THE CLINIC, AND BABYSITTING FACILITIES.

0050661 - FALSE-NEGATIVE CYTOLOGY RATES IN PATIENTS IN WHOM INVASIVE CERVICAL CANCER SUBSEQUENTLY DEVELOPED. PP. 5, REFS. 23.
OBSTETRICS AND GYNECOLOGY 60(1): 41-5, JUL 1982.

LANGUAGE: ENGLISH

AUTHORS: 01) MORELL ND 04) ZIEL HK
02) TAYLOR JR 05) SALTZ A
03) SNYDER RN 06) WILLIE S

SUBJECTS: 01) CERVIX NEOPLASMS/DIAGNOSIS
02) CYTOLOGY
03) NEOPLASM INVASIVENESS

DOCUMENTS: 01) OBSTET GYNECOL
02) CRT 457:617-21

LOCATION: US

THE THREE-YEAR SCREENING INTERVAL RECOMMENDED BY THE AMERICAN CANCER SOCIETY WOULD APPEAR TO DECREASE THE DETECTION OF PREMALIGNANT AND MALIGNANT DISEASE. THE AUTHORS REPORT THAT 20% OF THE STUDY PATIENTS DEVELOPING INVASIVE CANCER HAD HAD AT LEAST TWO NEGATIVE PAP SMEARS WITHIN THREE OF THE DIAGNOSIS OF CANCER. MOREOVER, THE MAJORITY OF FALSE-NEGATIVE RESULTS IN THE SERIES COULD BE ATTRIBUTED TO SAMPLE ERROR. THE AUTHORS RECOMMEND YEARLY, OR AT LEAST BIENNIAL, CERVICAL CYTOLOGIC SCREENING.

- 0040662 - CHALLENGES IN SCREENING FOR CANCER OF THE CERVIX: DELIVERY, TECHNOLOGY AND EVALUATION OF PROGRAMS. PP. 2, REFS. 9.
CANADIAN MEDICAL ASSOCIATION JOURNAL 127(OCT): 571-72, 1982.

LANGUAGE: ENGLISH

AUTHOR: 01) MORGAN PP

SUBJECTS: 01) CANCER PROGRAMS
02) CERVIX NEOPLASMS
03) CYTOLOGY

DOCUMENTS: 01) CAN MED ASSOC J
02) CRT 457:622-23

LOCATION: CANADA

SCREENING PROGRAMS USING PAPANICOLAOU SMEARS HAVE NOT COMPLETELY FULFILLED THEIR POTENTIAL. THREE MAJOR CHALLENGES REMAIN. (1) DELIVERY OF THE PROGRAMS TO A GREATER PROPORTION OF WOMEN AT RISK, THAT IS, SCREENING PROGRAMS FOR CANCER OF THE CERVIX EVEN IN AREAS WHERE 80% OF CHILD BEARING WOMEN PARTICIPATE ARE NOT REACHING ENOUGH WOMEN AT HIGH RISK (THOSE OF LOWER SOCIOECONOMIC STATUS WHO HAVE HAD MULTIPLE SEXUAL PARTNERS); (2) IMPROVEMENT OF TECHNOLOGY: STANDARDIZATION OF LABORATORY TECHNIQUES AND IMPROVING RELIABILITY OF CYTOLOGIC DIAGNOSIS IN THE FIELD AS COMPARED TO A REFERENCE LABORATORY; AND (3) THE IMPROVEMENT OF EVALUATION SO THAT OTHER CRITERIA BESIDES REGIONAL DIFFERENCES IN MORTALITY AS IT RELATES TO PARTICIPATION IN SCREENING PROGRAMS IS EXAMINED. THESE CRITERIA INCLUDE SEXUAL PRACTICES AND PERSONAL HYGIENE AS THESE MAY CONFOUND THE EFFECTS OF POPULATION-BASED SCREENING AND EVALUATION.

- 0050663 - IS SCREENING FOR CERVICAL CANCER WORTHWHILE? PP. 7, REFS. 57.
IRISH JOURNAL OF MEDICAL SCIENCE 149(8): 318-25, 1980.

LANGUAGE: ENGLISH

AUTHOR: 01) MURPHY JF

SUBJECTS: 01) CERVIX NEOPLASMS/DIAGNOSIS
02) CYTOLOGY
03) NEOPLASM INVASIVENESS

DOCUMENTS: 01) IRISH J MED SCI
02) CRT 457:624-31

THERE ARE COUNTLESS IMPERFECTIONS IN TAKING SMEARS, IN INTERPRETING THEM IN BIOPSIES AND HISTOLOGICAL OPINIONS, IN ALL THE MODALITIES OF TREATMENT, AND PARTICULARLY IN THE BEHAVIOR OF AN INDIVIDUAL CANCER IN AN INDIVIDUAL PATIENT. WHAT EMERGES, HOWEVER, FROM THE NOW ALMOST COUNTLESS PUBLICATIONS ON THIS SUBJECT IS THAT MASS SCREENING FOR CERVICAL CANCER IS A WORTH-WHILE EXPERIENCE. THIS IS BECAUSE THE PAP SMEAR CAN IDENTIFY WOMEN WHO ARE AT GREATER THAN AVERAGE RISK OF DEVELOPING CERVICAL CANCER BY DETECTING ASYMPTOMATIC LESIONS THAT IF LEFT UNTREATED WOULD PROGRESS TO CANCER IN A CONSIDERABLE PROPORTION OF CASES. ALSO, AS JUDGED FROM COUNTRIES THAT USE CYTOLOGY, THERAPY OF ASYMPTOMATIC LESIONS RESULT IN A LOWERED INCIDENCE AND MORTALITY OF INVASIVE CANCER.

- 0050664 - CERVICAL CANCER SCREENING PROGRAMS: /THE WALTON REPORT/. PP. 30.
REFS. 5.
CANADIAN MEDICAL ASSOCIATION JOURNAL 114(11): 1003-33, JUN 1976.

LANGUAGE: ENGLISH

AUTHOR: 01) CAN DNHW

0050664 (CONTINUED)

SUBJECTS: 01) CANCER PROGRAMS
02) CANCER/EPIDEMIOLOGY
03) CERVIX NEOPLASMS/MORTALITY
04) CERVIX NEOPLASMS/OCCURRENCE
05) CYTOLOGY
06) NEOPLASM INVASIVENESS

DOCUMENTS: 01) CAN MED ASS J
02) CRT 457:632-61

LOCATION: CANADA

IN 1973, A TASK FORCE, HEADED BY R.J. WALTON, WAS ESTABLISHED TO PRODUCE A "STATE OF THE ART" REPORT ON CERVICAL CANCER. THIS REPORT PRESENTS INFORMATION ON EPIDEMIOLOGY AND NATURAL HISTORY OF CARCINOMA OF THE CERVIX THE THEORY, PRACTICE, AND OUTCOME OF CERVICAL SCREENING IN CANADA; THE RELATIONSHIP BETWEEN SCREENING PROGRAMS FOR CARCINOMA OF THE CERVIX AND OTHER SCREENING AND PREVENTIVE PROGRAMS IN CANADA; AND RECOMMENDATIONS. ONE OF THE MOST IMPORTANT AND CONTROVERSIAL RECOMMENDATIONS OF THE WALTON REPORT CONCERNED THE FREQUENCY OF CYTOLOGY EXAMINATIONS. INITIAL SMEARS SHOULD BE OBTAINED FROM ALL WOMEN OVER THE AGE OF 18 WHO HAVE HAD SEXUAL INTERCOURSE. IF THE INITIAL SMEAR IS WITHOUT SIGNIFICANT ATYPIA, A SECOND SMEAR SHOULD BE TAKEN WITHIN ONE YEAR. PROVIDED THE INITIAL TWO SMEARS AND ALL SUBSEQUENT SMEARS ARE SATISFACTORY AND WITHOUT SIGNIFICANT ATYPIA, FURTHER SMEARS SHOULD BE TAKEN AT APPROXIMATELY 3-YEAR INTERVALS UNTIL AGE 35, AND THEREAFTER AT 5 YEAR INTERVALS UNTIL AGE 60.

0050665 - CERVICAL CANCER SCREENING PROGRAMS: SUMMARY OF THE 1982. CANADIAN TASK FORCE REPORT. PP. 9, REFS. 34.
CANADIAN MEDICAL ASSOCIATION JOURNAL 127(OCT): 581-89, 1982.

LANGUAGE: ENGLISH

AUTHOR: 01) CAN DNHW

SUBJECTS: 01) CANCER PROGRAMS
02) CANCER/EPIDEMIOLOGY
03) CERVIX NEOPLASMS/DIAGNOSIS
04) CERVIX NEOPLASMS/MORTALITY
05) CYTOLOGY

DOCUMENTS: 01) CAN MED ASSOC J
02) CRT 457:662-70

LOCATION: CANADA

THE TASK FORCE WAS RECONVENED BY THE DEPARTMENT OF NATIONAL HEALTH AND WELFARE IN 1980 IN RESPONSE TO CONCERNS EXPRESSED ABOUT THE SIGNIFICANCE OF NEW DATA, CHANGING SOCIOSEXUAL PATTERNS, AND WIDE VARIATIONS IN THE IMPLEMENTATION OF THE 1976 RECOMMENDATIONS. THIS ARTICLE IS A SUMMARY OF THE 1982 TASK FORCE REPORT. IN ADDITION TO UPDATES OF THE 1976 MATERIAL, NEW SECTIONS APPEAR ON GROUPS AT RISK, MATHEMATICAL MODELS OF SCREENING, QUALITY CONTROL IN SCREENING PROGRAMS, CYTOLOGIC SCREENING COVERAGE OF THE CANADIAN POPULATION, AND MANAGEMENT OF PATIENTS WITH ABNORMAL SMEARS. THE GREATEST CHANGE IN THE RECOMMENDATIONS OF THE WALTON REPORT CONCERNS THE FREQUENCY WITH SCREENING SHOULD BE REPEATED. IN SEXUALLY ACTIVE WOMEN AGES 18-35, THE TASK FORCE RECOMMENDS ANNUAL SCREENING; IT ALSO STRESSED THAT THE RECOMMENDED SCREENING FREQUENCIES APPLY ONLY TO WOMEN WHOSE SMEARS SHOW NO EPITHELIAL CELL ATYPIA. ONCE SUCH CHANGES ARE DETECTED, SCHEDULES FOR REPEAT EXAMINATIONS SHOULD BE DICTATED BY THE REQUIREMENTS FOR SURVEILLANCE, DIAGNOSIS, TREATMENT, AND FOLLOW-UP.

0050666 - CERVICAL CANCER SCREENING: THE PAP SMEAR- SUMMARY OF AN NIH CONSENSUS STATEMENT. PP. 3, REFS. 2.
BRITISH MEDICAL JOURNAL 281(6250): 1264-66, NOV 1980.

LANGUAGE: ENGLISH

0050666 (CONTINUED)

AUTHOR: 01) US NIH

SUBJECTS: 01) CERVIX NEOPLASMS/DIAGNOSIS
02) CYTOLOGY

DOCUMENTS: 01) BR MED J
02) CRT 457:671-73

LOCATION: US

A CONSENSUS DEVELOPMENT CONFERENCE ON CERVICAL CANCER SCREENING WAS HELD AT THE NATIONAL INSTITUTES OF HEALTH ON 23-25 JULY 1980. ITS PURPOSE WAS TO EXAMINE THE SCIENTIFIC BASIS FOR SCREENING FOR CERVICAL CANCER AND TO MAKE RECOMMENDATIONS FOR THE MEDICAL COMMUNITY AND THE PUBLIC ON THE USE OF THE PAP SMEAR IN SCREENING FOR CANCER OF THE UTERINE CERVIX. THE FOLLOWING CONCLUSIONS WERE PUT FORTH: (1) THERE IS AN ASSOCIATION BETWEEN INCREASED SCREENING FOR CERVICAL CANCER AND A DROP IN CERVICAL CANCER MORTALITY AND MORBIDITY; (2) THE PAP SMEAR IS BENEFICIAL. IT SHOULD BE USED AS A ROUTINE SCREENING PROCEDURE FOR CERVICAL CANCER; (3) ALL WOMEN WHO ARE SEXUALLY ACTIVE SHOULD BE SCREENED AND AFTER TWO NEGATIVE SMEARS ONE YEAR APART SHOULD CONTINUE TO BE SCREENED AT INTERVALS FROM 1 TO 3 YEARS (4) INTENSIVE FOLLOW-UP IS RECOMMENDED FOR WOMEN WITH ABNORMAL SMEARS.

0050667 - EVALUATION AND COSTING OF MASS SCREENING PROGRAMMES FOR CERVICAL CANCER. PP. 2.
TUMORI 62(3): 351-52, MAY-JUN 1978.

LANGUAGE: ENGLISH

AUTHOR: 01) NEUSER D

SUBJECTS: 01) CERVIX NEOPLASMS/DIAGNOSIS
02) COST ANALYSIS
03) CYTOLOGY

DOCUMENTS: 01) TUMORI
02) CRT 457:674-75

ALTHOUGH THERE HAVE BEEN SUCCESSFUL CYTOLOGIC SCREENING PROGRAMS FOR THE EARLY DETECTION OF CERVICAL CANCER, CRITICAL DISCUSSIONS OF THE EFFECTIVENESS OF SUCH PROGRAMS HAVE CONTINUED BY MANY EPIDEMIOLOGISTS ALL OVER THE WORLD. FOR THAT REASON IT IS NECESSARY TO DETERMINE AND DEFINE GENERAL CRITERIA FOR THE EVALUATION OF CYTOLOGIC SCREENING FOR CERVICAL CANCER. THE ULTIMATE SUCCESS OF SCREENING DEPENDS ON THREE MAIN CONDITIONS. (1) PARTICIPATION OF THE PUBLIC: MORE THAN 70% OF THE FEMALE POPULATION BETWEEN 20 AND 65 YEARS OF AGE MUST PARTICIPATE IN ORDER TO REDUCE MEASURABLY THE INCIDENCE OF CERVICAL CANCER; (2) RELIABILITY OF THE SCREENING TEST, THAT IS, THE RATE OF FALSE NEGATIVE TESTS BASED ON THE COLLECTION OF INAPPROPRIATE SMEARS AND ERRORS IN CYTOLOGIC EXAMINATION IN THE LABORATORY; AND (3) THE COST OF SCREENING PROGRAM.

0050668 - MASS SCREENING FOR CANCER OF THE UTERINE CERVIX IN OSTFOLD COUNTY, NORWAY: AN EXPERIMENT, SECOND REPORT OF THE NORWEGIAN CANCER SOCIETY. PP. 18, REFS. 8.
ACTA OBSTETRICIA ET GYNECOLOGICA SCANDINAVICA 11: 1-18, 1971 (SUPPL).

LANGUAGE: ENGLISH

AUTHORS: 01) PEDERSON E
02) HOEG K
03) KOLSTAD P

SUBJECTS: 01) CERVIX NEOPLASMS/DIAGNOSIS
02) CERVIX NEOPLASMS/OCCURRENCE
03) CYTOLOGY
04) NEOPLASM INVASIVENESS

0050668 (CONTINUED)

DOCUMENTS: 01) ACTA OBSTET GYNECOL SCAN
02) CRT 457:676-92

LOCATION: NORWAY

IN 1959 THE NORWEGIAN CANCER SOCIETY STARTED A CYTOLOGICAL MASS SCREENING PROGRAM IN THE COUNTY OF OSTFOLD, NORWAY. OBJECTIVES, METHODOLOGY, AND THE RESULTS OF THE INITIAL SCREENING HAVE BEEN DETAILED IN A PREVIOUS REPORT. THE PURPOSE OF THE PRESENT REPORT IS TO DESCRIBE THE RESULTS OF THE SECOND SCREENING, TO COMPARE SOME OF THE RESULTS WITH THOSE OF THE FIRST SCREENING, AND TO ASSESS THE CERVIX CANCER SITUATION IN THE COUNTY BY THE END OF 1968. THE LATEST YEAR FOR WHICH COMPLETE DATA ARE AVAILABLE. THE MOST NOTABLE CHANGES SO FAR IN OSTFOLD IS THE INCREASE IN THE RATE OF IN SITU CARCINOMA AND A DEFINITE IMPROVEMENT IN THE STAGE DISTRIBUTION OF INVASIVE CASES-THE LATER CHANGE DUE TO A GREAT EXTENT TO THE INCREASE IN STAGE 1A CASES DETECTED BY THE SCREENING PROGRAM. CLEARLY THE MORE FAVORABLE PERCENTAGE STAGE DISTRIBUTION IN 1966-1968 COMPARED WITH 1954-1959 IS ALSO A RESULT OF THE REDUCTION IN STAGE III AND IV CASES. SO FAR, CHANGES IN THE INCIDENCE OF INVASIVE CERVICAL CANCER HAVE BEEN SLIGHT.

0050669 - MASS SCREENING FOR CANCER OF THE UTERINE CERVIX IN OSTFOLD COUNTY, NORWAY: AN EXPERIMENT, SECOND REPORT OF THE NORWEGIAN CANCER SOCIETY. PP. 3, REFS. 1.
ACTA OBSTETRICIA ET GYNECOLOGICA SCANDINAVICA 50(1): 69-71, 1971.

LANGUAGE: ENGLISH

AUTHORS: 01) PEDERSON E 03) KOLSTAD P
02) HOEG K

SUBJECTS: 01) CERVIX NEOPLASMS
02) CYTOLOGY

DOCUMENTS: 01) ACTA OBSTET GYNECOL SCAN
02) CRT 457:693-95

LOCATION: NORWAY

PERIODIC MASS SCREENING FOR CERVICAL CANCER HAS BEEN CARRIED OUT IN A DEFINED POPULATION IN NORWAY SINCE 1959. THE MAIN OBJECTIVE BEING TO EVALUATE VARIOUS ASPECTS OF SUCH A PROGRAM. THE STUDY POPULATION CONSISTS OF 46,500 WOMEN, 25-59 YEARS OF AGE AT THE START OF THE SCREENING. THE STAGE DISTRIBUTION OF INVASIVE CASES IN THE TOTAL STUDY POPULATION IMPROVED SUBSTANTIALLY, WHEREAS THE EFFECT OF THE PROGRAM ON THE INCIDENCE OF THE DISEASE HAS BEEN LESS STRIKING.

0050670 - POPULATION SCREENING FOR CERVICAL CANCER IN JAMAICA: RESULTS OF TWO SEPARATE SURVEYS. PP. 7, REFS. 15.
WEST INDIAN MEDICAL JOURNAL 23(2): 85-91, 1974.

LANGUAGE: ENGLISH

AUTHOR: 01) PERSAUD V

SUBJECTS: 01) CERVIX NEOPLASMS/DIAGNOSIS
02) CERVIX NEOPLASMS/PREVENTION & CONTROL
03) CYTOLOGY

DOCUMENTS: 01) WEST INDIAN MED J
02) CRT 457:696-702

LOCATION: JAMAICA

CERVICAL CYTOLOGY WAS CARRIED OUT IN 652 WELL WOMEN RESIDING IN THE LOW INCOME JAMAICAN COMMUNITIES OF HERMITAGE AND AUGUST TOWN. A SURPRISINGLY HIGH PERCENTAGE OF WOMEN PARTICIPATED IN THE PROGRAM (63%). THE PREVA

0050670 (CONTINUED)

LENCE OF THE PRE-CLINICAL CARCINOMA (18 PER 1000) WAS MUCH HIGHER THAN IN NORTH AMERICA AND EUROPE, BUT SIMILAR TO THE CAYMAN ISLAND AND BARBADOS. CYTOLOGY SCREENING OF JAMAICAN FAMILY PLANNING WOMEN DISCLOSED A PREVALENCE RATE WHICH WAS ONE-THIRD THE RATE IN THE POPULATION OF HERMITAGE AND AUGUST TOWN. THE DISCREPANCY APPEARS TO BE RELATED TO DIFFERENCES IN SOCIO-ECONOMIC FACTORS BETWEEN THE TWO GROUPS. THIS STUDY SUGGESTS THAT EFFECTIVE CONTROL OF CLINICAL CARCINOMA OF THE CERVIX IN JAMAICA MAY BE BEST ACHIEVED BY DEFINING AND SCREENING OTHER HIGH-RISK AREAS WITHIN THE GENERAL POPULATION.

0050671 - STATISTICAL METHODS IN A SCREENING PROGRAM FOR CANCER. PP. 11, REFS. 7. CANADIAN JOURNAL OF PUBLIC HEALTH 60(7): 267-78, JUL 1978.

LANGUAGE: ENGLISH

AUTHOR: 01) RENWICK DH

SUBJECTS: 01) CANCER/STATISTICS
02) CERVIX NEOPLASMS/DIAGNOSIS
03) CERVIX NEOPLASMS/OCCURRENCE
04) CYTOLOGY
05) NEOPLASM INVASIVENESS

DOCUMENTS: 01) CAN J PUBLIC HEALTH
02) CRT 457:703-14

LOCATION: CANADA

IN ADDITION TO THE BENEFITS OF EARLY DETECTION AND TREATMENT, VALUABLE INFORMATION FOR EPIDEMIOLOGICAL STUDIES CAN BE OBTAINED FROM A SCREENING PROGRAM. THIS PAPER DESCRIBES THE STATISTICAL METHODS EMPLOYED IN A PROGRAM OF CYTOLOGICAL SCREENING FOR CARCINOMA IN SITU OF THE CERVIX IN BRITISH COLUMBIA, CANADA. THE MAIN OBJECTIVE OF THE PROGRAM IS TO REDUCE THE INCIDENCE OF CLINICAL INVASIVE CANCER IN THE POPULATION BY FINDING AND TREATING PRE-CLINICAL CANCER. THE EFFICACY OF THE PROGRAM CAN BE INDIRECTLY EVALUATED BY MEASURING THE INCIDENCE OF CLINICAL DISEASE IN THE POPULATION. TO DATE THERE HAS BEEN A CLOSE CORRESPONDENCE BETWEEN THE DEVELOPMENT OF THE PROGRAM AND DECLINING INCIDENCE OF CERVICAL CANCER. MORE STRIKING IS THE FACT THAT THE INCIDENCE RATE IN THE UNSCREENED POPULATION IS MANY TIMES HIGHER THAN THAT AMONG SCREENED WOMEN.

0050672 - SCREENING STRATEGIES FOR CERVICAL CANCER AND CERVICAL INTRAEPITHELIAL NEOPLASIA. PP. 6, REFS. 21. CANCER 47(5): 1176-81, MARCH 1981 (SUPPL).

LANGUAGE: ENGLISH

AUTHORS: 01) RICHART RM 02) BARRON BA

SUBJECTS: 01) CERVIX NEOPLASMS/DIAGNOSIS
02) COST ANALYSIS
03) CYTOLOGY

DOCUMENTS: 01) CANCER
02) CRT 457:715-20

EXFOLIATE CYTOLOGY IS A HIGHLY SENSITIVE AND INEXPENSIVE SCREENING TECHNIQUE FOR CERVICAL CANCER AND ITS PRECURSORS. THE DETECTION AND ERADICATION OF THE PRECURSORS HAVE LED TO A SIGNIFICANT DECREASE IN CERVICAL CANCER INCIDENCE RATES AND DEATH RATES IN AREAS WITH WIDESPREAD AND PROLONGED USE OF EXFOLIATE CYTOLOGY. RECENTLY, HOWEVER, THE UTILITY AND COST-EFFECTIVENESS OF CYTOLOGY HAVE BEEN QUESTIONED, AND IT HAS BEEN SUGGESTED THAT SCREENING STRATEGIES BE ALTERED. A CONSIDERATION OF THE EFFECT OF THE TRANSIT TIMES OF CERVICAL INTRAEPITHELIAL NEOPLASIA ON SCREENING INTERVALS AND THE IMPACT OF CHANGING PATTERNS OF CERVIX CANCER EPIDEMIOLOGY ON SCREENING STRATEGY SUGGESTS THAT A SIGNIFICANT DECREASE IN SCREENING INTERVALS MAY BE COUNTER PRODUCTIVE.

0050673 - CERVICAL CANCER IN WOMEN BELONGING TO A CYTOLOGICALLY SCREENED POPULATION. PP. 6, REFS. 14.
ACTA OBSTETRICIA ET GYNECOLOGICA SCANDINAVICA 55(4): 361-66, 1976.

LANGUAGE: ENGLISH
AUTHOR: 01) RYLANDER E
SUBJECTS: 01) CERVIX NEOPLASMS/DIAGNOSIS
02) CYTOLOGY
03) NEOPLASM INVASIVENESS
DOCUMENTS: 01) ACTA OBSTET GYNECOL SCAN
02) CRT 457:721-26
LOCATION: SWEDEN

WOMEN BELONGING TO THE CYTOLOGICALLY SCREENED POPULATION IN STOCKHOLM, SWEDEN. IN 1968-1974 AND WHO DEVELOPED CERVICAL CANCER STAGE I TO IV WERE STUDIED. THE PURPOSE WAS TO FIND THE NUMBER OF WOMEN IN WHOM CANCER OR ITS PRECLINICAL STAGE WAS NOT DETECTED IN ROUTINE SCREENING, AND THE REASON FOR THIS OCCURRENCE. IT WAS FOUND THAT 34 OF 177 WOMEN IDENTIFIED HAD NEVER BEEN CYTOLOGICALLY SCREENED. THE REMAINING 143 WOMEN HAD BEEN CHECKED BY MASS SCREENING AND/OR BY PRIVATE SPECIALISTS OR IN HOSPITALS. IN 51 SCREENED WOMEN, CANCER WAS NOT DETECTED UNTIL THE WOMEN THEMSELVES CONSULTED A DOCTOR BECAUSE OF SYMPTOMS. THUS, IN 85 WOMEN, OR 48% OF THE GROUP, THE CANCER ESCAPED DETECTION AT AN ASYMPTOMATIC STAGE. ERRORS CAUSING A DELAY OR INTERRUPTION OF THE FOLLOW-UP OF THE PATIENTS WITH SUSPICIOUS SMEARS OR COLPOSCOPIC ATYPIA WERE OBSERVED IN 25 CASES. SIXTY FOUR PATIENTS, OR 45% OF ALL SCREENED WOMEN, HAD AT LEAST ONE NEGATIVE SMEAR WITHIN 4.5 YEARS PRIOR TO DISCOVERY OF THE MALIGNANCY. OF THESE, 53 HAD A NEGATIVE SMEAR WITHIN THREE YEARS.

0050674 - SCREENING FOR CERVICAL CANCER: RESULTS FROM SEVERAL INTERVENTION STRATEGIES. PP. 9, REFS. 5.
PROGRESS IN CLINICAL AND BIOLOGICAL RESEARCH 275-83, 1982.

LANGUAGE: ENGLISH
AUTHORS: 01) SATARIANO WA 03) SWANSON GM
02) SCHWARTZ AG
SUBJECTS: 01) CERVIX NEOPLASMS/DIAGNOSIS
02) CERVIX NEOPLASMS/OCCURRENCE
03) CYTOLOGY
04) NEOPLASM INVASIVENESS
DOCUMENTS: 01) PROG CLIN BIOL RES
02) CRT 457:727-35
LOCATION: US

THE AUTHORS REPORT THE RESULTS OF A MASS SCREENING PROGRAM FOR CERVICAL CANCER IN THE DETROIT (MICHIGAN, USA) METROPOLITAN AREA ADMINISTERED THROUGH THE METROPOLITAN DETROIT CANCER CONTROL PROGRAM (MDCCP). FOR THIS PROGRAM, A HIGH-RISK GROUP WAS DEFINED AS THOSE WOMEN LIVING IN DISTRICTS WITH THE HIGHEST INCIDENCE OF INVASIVE DISEASE. RESIDENTS OF THIS GROUP WERE PRIMARILY BLACK AND OF LOWER SOCIOECONOMIC POSITION. THREE INTERVENTION STRATEGIES WERE UTILIZED BY MDCCP FROM JUNE, 1976 THROUGH DECEMBER, 1979 TO DETERMINE THE MOST EFFECTIVE METHOD OF COMMUNITY SCREENING FOR CERVICAL CANCER. THE THREE STRATEGIES INVOLVED THE USE OF CENTRAL CLINICS, MOBILE OUTREACH CLINICS, AND EMPLOYEE CLINICS. THE MOBILE OUTREACH CLINICS WERE PARTICULARLY EFFECTIVE AMONG BLACK FEMALES. IN ADDITION TO SCREENING THE LARGEST NUMBER OF BLACK WOMEN, THE OUTREACH CLINICS ACCOUNTED FOR THESE HIGHEST CANCER DETECTION RATE. MOBILE OUTREACH CLINICS ARE AN EFFECTIVE APPROACH FOR REACHING HIGH-RISK BLACK WOMEN AGES 20-80.

0050675 - THE COST OF CARCINOMA OF THE CERVIX. PP. 9, REFS. 25.
OBSTETRICS AND GYNECOLOGY 40(6): 851-59, DEC 1972.

LANGUAGE: ENGLISH

AUTHORS: 01) SCHNEIDER J 02) TWIGGS LB

SUBJECTS: 01) CERVIX NEOPLASMS/DIAGNOSIS
02) COST ANALYSIS
03) CYTOLOGY
04) NEOPLASM INVASIVENESS

DOCUMENTS: 01) OBSTET GYNECOL
02) CRT 457:736-44

LOCATION: US

COST OF CYTOLOGY SCREENING FOR CARCINOMA OF THE CERVIX IS ANALYZED AND THE EXPENSES OF MEDICAL CARE COMPARED IN THREE THEORETIC POPULATIONS: A) UNSCREENED, B) SCREENED FOR THE FIRST TIME, AND C) AN IDEAL POPULATION SCREENED REPEATEDLY IN THE PAST. COST ESTIMATES INCLUDE DIAGNOSTIC AND THERAPEUTIC MANAGEMENT OF PATIENTS WITH POSITIVE REPORTS AND TAKE INTO ACCOUNT THE NATURAL HISTORY OF THE DISEASE. IT IS SUGGESTED THAT ONCE ALL PREVALENT DISEASE HAS BEEN IDENTIFIED AND TREATED, A REDUCED SCHEDULE IN WHICH PATIENTS ARE SCREENED EVERY THIRD YEAR IS MEDICALLY ACCEPTABLE.

0050676 - COST EFFECTIVENESS OF EARLY DETECTION OF DISEASE. PP. 10, REFS. 15.
HEALTH SERVICES RESEARCH 9(1): 22-32, SPRING 1974.

LANGUAGE: ENGLISH

AUTHOR: 01) SCHWEITZER SD

SUBJECTS: 01) CERVIX NEOPLASMS/DIAGNOSIS
02) COST ANALYSIS
03) CYTOLOGY

DOCUMENTS: 01) HEALTH SERV RES
02) CRT 457:745-55

LOCATION: US

A METHODOLOGICAL FRAMEWORK FOR COST-EFFECTIVENESS EVALUATION OF DIAGNOSTIC TEST FOR MASS SCREENING IS PRESENTED. THE DECISION RULE IS BASED ON DISEASE INCIDENCE, PROBABILITIES OF TEST ERROR, THE COST OF THE TEST AND OF TREATMENT FOR FOUND CASES, AND THE ECONOMIC VALUE (EXPECTED LIFETIME EARNINGS OR EQUIVALENT) OF ADDITIONAL LENGTH OR QUALITY OF LIFE FOR THOSE CURED OF DISEASE. THE DECISION RULE IS APPLIED TO THE PAP TEST FOR CERVICAL CANCER, WITH RESULTS SHOWING THAT AS A ONE-TIME SCREENING DEVICE THE TEST IS COST-EFFECTIVE FROM SOCIETY'S STANDPOINT.

0050677 - POPULATION SCREENING BY THE CERVICAL SMEAR. PP. 3, REFS. 22.
NATURE 238(36): 135-37, JUL 1972.

LANGUAGE: ENGLISH

AUTHOR: 01) SPRIGGS AI

SUBJECTS: 01) CERVIX NEOPLASMS/DIAGNOSIS
02) CERVIX NEOPLASMS/MORTALITY
03) CYTOLOGY
04) NEOPLASM INVASIVENESS

DOCUMENTS: 01) NATURE
02) CRT 457:756-58

LOCATION: ENGLAND

0050677 (CONTINUED)

THE OBJECT OF CERVICAL SMEAR SCREENING IS TO PREVENT DEATHS FROM CARCINOMA OF THE CERVIX. THE TEST OF EFFICACY IS TO DISCOVER WHETHER DEATHS ARE BEING PREVENTED. THIS PAPER PRESENTS AN ASSESSMENT OF THE PRACTICE OF TESTING FOR CANCER OF THE CERVIX BY MEANS OF CERVICAL SMEARS. IN GENERAL, THE REASONS FOR EXPECTING A PREVENTIVE EFFECT FROM CERVICAL SCREENING ARE SO STRONG THAT THERE SEEMS LITTLE CHOICE BUT TO PRESS ON AND BRING THE TEST, IF POSSIBLE, TO THOSE AT MAXIMUM RISK- OLDER WOMEN IN THE LOWEST SOCIAL CLASSES - IN WHOM THE BARRIER OF FEAR AND MISCONCEPTION STILL REMAINS TO BE BROKEN DOWN.

0050678 - CERVICAL SMEARS. PP. 3, REFS. 12.
BRITISH MEDICAL JOURNAL 1: 1516-18, 1977.

LANGUAGE: ENGLISH

AUTHORS: O1) SPRIGGS AI O2) HUSAIN OA

SUBJECTS: O1) CERVIX NEOPLASMS/DIAGNOSIS
O2) CERVIX NEOPLASMS/MORTALITY
O3) CYTOLOGY
O4) NEOPLASM INVASIVENESS

DOCUMENTS: O1) B MED J
O2) CRT 457:759-61

LOCATION: ENGLAND

THIS PAPER WAS PREPARED BY THE BRITISH SOCIETY FOR CLINICAL CYTOLOGY WHICH, FROM TIME TO TIME, PROVIDES STATEMENTS OF ITS POLICY. WIDE DIFFERENCES OF OPINION EXIST ABOUT THIS MATTER. THE PRESENT RECOMMENDATIONS ARE NOT THE RESULT OF A CONSENSUS OR RECONCILIATION OF DIFFERENT VIEWS. A SUMMARY OF RECOMMENDATIONS INCLUDES: AGE AT FIRST SCREENING SHOULD BE 25 FOR WOMEN PRESENTING FOR CONTRACEPTION, PREGNANCY, OR VENEREAL DISEASE AND AGE 30 IF SEXUALLY ACTIVE AND NOT ALREADY TESTED; 3-5 YEARLY INTERVALS FOR SCREENING; AND A FIRST SMEAR IN WOMEN OVER 35 FOLLOWED BY A SECOND SMEAR WITHIN A YEAR TO GUARD AGAINST FALSE-NEGATIVE ERROR.

0050679 - EFFECT OF SCREENING ON THE INCIDENCE OF CERVICAL CANCER IN ALBERTA.
PP. 4, REFS. 7.
CANADIAN MEDICAL ASSOCIATION JOURNAL 125(10): 1005-09, NOV 1981.

LANGUAGE: ENGLISH

AUTHORS: O1) STARREVELD AA O3) BROWN LB
O2) HILL GB O4) KOCH M

SUBJECTS: O1) CERVIX NEOPLASMS/DIAGNOSIS
O2) CERVIX NEOPLASMS/OCCURRENCE
O3) CYTOLOGY
O4) NEOPLASM INVASIVENESS

DOCUMENTS: O1) CAN MED ASSOC J
O2) CRT 457:762-66

LOCATION: CANADA-ALBERTA

THE RATES OF REGISTRATION OF CASES IN SITU AND INVASIVE CANCER OF THE CERVIX IN ALBERTA, CANADA, HAVE DECREASED FOR WOMEN AGED 35 AND OLDER SINCE THE INTRODUCTION OF SCREENING IN THE EARLY 1960S AS PREDICTED BY THEORY AND DESCRIBED IN FINLAND. HOWEVER, FOR WOMEN AGED 15 TO 34 YEARS THE PREDICTED PATTERN WAS FOLLOWED ONLY INITIALLY; THE REGISTRATION RATE FOR IN SITU AND PROBABLY ALSO INVASIVE CANCER INCREASED AFTER 1973. THIS COULD BE DUE TO AN ACTUAL INCREASE IN THE INCIDENCE OF IN SITU CANCER OF THE CERVIX AMONG YOUNGER WOMEN, AS MIGHT BE EXPECTED FROM THE EPIDEMIOLOGIC ASPECTS OF THE DISEASE, BUT IT MIGHT ALSO BE DUE TO INCREASED RECRUITMENT OF YOUNGER WOMEN IN THE SCREENING PROGRAM.

- 0050680 - PAPANICOLAOU SMEAR SCREENING AND CERVICAL CANCER, WHAT CAN YOU EXPECT?
PP. 4, REFS. 12.
JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION 252(11): 1423-26, 1984.

LANGUAGE: ENGLISH

AUTHORS: 01) STENKVIST B 03) EKLUND G
02) BERNSTROM R 04) FOX CH

SUBJECTS: 01) CERVIX NEOPLASMS/DIAGNOSIS
02) CERVIX NEOPLASMS/OCCURRENCE
03) CYTOLOGY
04) NEOPLASM INVASIVENESS

DOCUMENTS: 01) JAMA
02) CRT 457:767-70

LOCATION: SWEDEN

OF THE TOTAL FEMALE POPULATION OF THREE SWEDISH COUNTIES MORE THAN 90% BETWEEN THE AGES OF 30 AND 59 YEARS, 53% BETWEEN 60 AND 69 YEARS, AND 25% OLDER THAN 70 YEARS WERE SCREENED FOR CERVICAL CANCER WITH THE PAP SMEAR OVER A TEN-YEAR PERIOD. THE UNIQUENESS OF THE STUDY IS THAT IN SWEDEN IT IS POSSIBLE TO FOLLOW UP THE ENTIRE POPULATION DURING THEIR LIFETIME VIA A POPULATION REGISTER, WHICH HAS ITS ROOTS IN THE 17TH CENTURY, NATURAL TO SWEDES BUT ALMOST INCOMPREHENSIBLE IN THE UNITED STATES OR THE UNITED KINGDOM. EVERY PAP SMEAR TAKEN WAS COMPUTER RECORDED AND LINKED ON AN INDIVIDUAL LEVEL TO THE CANCER REGISTRY. THERE WERE 207,455 WOMEN FOLLOWED UP FOR 10 YEARS. NO WOMEN WERE LOST TO FOLLOW UP. THERE WAS A 75% DECREASE IN INVASIVE CERVICAL CANCER AMONG WOMEN WHO HAD SMEARS TAKEN AT LEAST ONCE DURING THE 10-YEAR PERIOD. AMONG WOMEN WHO HAD NEVER HAD SMEARS, THE INCIDENCE OF INVASIVE CERVICAL CANCER WAS FOUR TIMES GREATER THAN AMONG WOMEN WHO HAD BEEN EXAMINED AT LEAST ONCE.

- 0050681 - EVALUATION OF THREE CERVICAL CANCER DETECTION PROGRAMS IN JAPAN WITH SPECIAL REFERENCE TO COST-BENEFIT ANALYSIS. PP. 6, REFS. 39.
CANCER 55(MAY): 2514-19, 1985.

LANGUAGE: ENGLISH

AUTHORS: 01) TAKENAGA N 03) OHI G
02) KAI I

SUBJECTS: 01) CERVIX NEOPLASMS/DIAGNOSIS
02) CERVIX NEOPLASMS/MORTALITY
03) COST ANALYSIS
04) CYTOLOGY

DOCUMENTS: 01) CANCER
02) CRT 457:771-76

LOCATION: JAPAN

THREE SCREENING PROGRAMS FOR EARLY DETECTION OF CERVICAL CANCER USED IN JAPAN WERE EVALUATED ACCORDING TO THE FOLLOWING CRITERIA: 1) ECONOMIC EFFECTIVENESS; 2) SCREENING EFFICIENCY; AND 3) ACCESS TO MEDICAL CARE. THE MOBILE PROGRAM HAD THE HIGHEST BENEFIT-COST RATIO (BCR, 120) AND WAS MOST COST-EFFECTIVE. ITS DETECTION RATE, RESCREENING RATE AND EARLY CANCER DETECTION RATE (PROPORTION OF STAGE-0 PATIENTS TO ALL PATIENTS WITH CANCER) WERE MODERATELY HIGH (0.09%, 2.07%, AND 55% RESPECTIVELY). THE MOBILE PROGRAM IS WELL-SUITED TO RURAL AREAS, ESPECIALLY WHERE RESIDENTS HAVE A POSITIVE ATTITUDE TOWARD LOCAL HEALTH SERVICES. THE DETECTION CENTER PROGRAM WAS LESS COST-EFFECTIVE THAN THE MOBILE PROGRAM (BCR, 0.83) BUT DIAGNOSTICALLY THE MOST EFFECTIVE WITH THE HIGHEST DETECTION, RESCREENING, AND EARLY CANCER DETECTION RATE (0.15%, 5.08% AND 61% RESPECTIVELY). IT IS SUITABLE TO LARGE CITIES WITH POPULATIONS OVER ONE MILLION WITH EFFICIENT PUBLIC TRANSPORTATION. THE PRIVATE PHYSICIAN PROGRAM WAS LEAST EFFECTIVE OF THE THREE PROGRAMS IN TERMS OF ECONOMICS AND SCREENING EFFICIENCY.

0050682 - COST OF DETECTION AND TREATING CANCER OF THE UTERINE CERVIX IN NORTH-EAST SCOTLAND IN 1971. PP. 3, REFS. 2.
THE LANCET 1(7908): 674-76, MAR 1976.

LANGUAGE: ENGLISH

AUTHORS: 01) THORN JB 03) SWANSON K
02) RUSSELL EM

SUBJECTS: 01) CERVIX NEOPLASMS/DIAGNOSIS
02) COST ANALYSIS
03) CYTOLOGY

DOCUMENTS: 01) LANCET
02) CRT 457:777-79

LOCATION: SCOTLAND

IN 1971 THE ABERDEEN CYTOLOGY SERVICE HANDLED 22,291 CERVICAL SMEARS-3/4 FROM WOMEN PARTICIPATING IN A SCREENING PROGRAM AND THE REST FROM WOMEN WITH SYMPTOMS WHO WERE REFERRED TO THE HOSPITAL. AS A RESULT OF THE SCREENING, 56 PRECLINICAL CASES OF CANCER OF THE CERVIX UTERI WERE TREATED IN THE HOSPITAL; 13 OTHERS WERE CLASSIFIED AS LESS THAN PRECLINICAL. OF THE GYNECOLOGICAL PATIENTS 20 HAD CLINICAL CANCER AND 29 HAD LESS THAN PRECLINICAL LESIONS. FROM ESTIMATES OF THE COSTS OF RUNNING THE CYTOLOGY SERVICE AND OF HOSPITAL INPATIENT COSTS, IT IS POSSIBLE TO DERIVE FIGURES FOR DETECTING AND TREATING PRECLINICAL CASES AND INVESTIGATING AND TREATING CLINICAL CASES. THE COST TO THE HEALTH SERVICE OF DETECTING AND TREATING EACH PRECLINICAL CASE WAS SLIGHTLY LESS THAN THAT FOR INPATIENT TREATMENT OF EACH CLINICAL CASE. HOWEVER, IF MASS SCREENINGS WERE ABANDONED CYTOLOGY WOULD ALMOST CERTAINLY CONTINUE FOR WOMEN REFERRED TO THE HOSPITAL WITH SYMPTOMS, AND, IF THE COST OF TAKING AND EXAMINING THESE SMEARS IS TAKEN INTO ACCOUNT, THE COST PER CLINICAL CASE TREATED NEARLY DOUBLES.

0050683 - CERVICAL CANCER. MASS SCREENING INCIDENCE AND MORTALITY IN FINLAND.
PP. 5, REFS. 9.
ACTA OBSTETRICIA ET GYNECOLOGICA SCANDINAVICA 67: 12-19, 1977 (SUPPL).

LANGUAGE: ENGLISH

AUTHORS: 01) TIMONEN S 02) PYORALA T

SUBJECTS: 01) CERVIX NEOPLASMS/DIAGNOSIS
02) CERVIX NEOPLASMS/MORTALITY
03) CERVIX NEOPLASMS/OCCURRENCE
04) CYTOLOGY
05) NEOPLASM INVASIVENESS

DOCUMENTS: 01) ACTA OBSTET GYNECOL SCAN
02) CRT 457:780-86

LOCATION: FINLAND

SINCE MASS SCREENINGS WERE STARTED IN FINLAND, THE INCIDENCE OF CERVICAL CANCER HAS DROPPED BY ABOUT 50% IN THE AGE GROUP 25-60 THE DECREASE WAS TWO-THIRDS. MORE OVER, THERE WAS A SIMILAR DECREASE IN MORTALITY IN THE YOUNGER AGE GROUPS. ALL RISK GROUPS ARE NOT COVERED BY THE SCREENING PROGRAM, HOWEVER. CERVICAL CARCINOMA IS STILL A SOCIO-MEDICAL AND CLINICAL PROBLEM PARTICULARLY AMONG OLDER WOMEN.

0050684 - ALLOCATING COSTS AND BENEFITS IN DISEASE PREVENTION PROGRAMS: AN APPLICATION TO CERVICAL CANCER SCREENING. CASE STUDY NO. 7. PP. 19, REFS. 42.
U.S. CONGRESS, WASHINGTON, DC, OFFICE OF TECHNOLOGY ASSESSMENT (OTA),
JUNE 1981.

LANGUAGE: ENGLISH

AUTHORS: 01) LUCE BR 02) US CONGRESS

0050684 (CONTINUED)

SUBJECTS: 01) CERVIX NEOPLASMS/OCCURRENCE
02) CERVIX NEOPLASMS/PREVENTION & CONTROL
03) COST ANALYSIS
04) CYTOLOGY

DOCUMENTS: 01) OTA CASE STUDY NO. 7
02) CRT 457:787-824

LOCATION: US

THE CASE STUDY EXAMINED THE FINANCIAL INCENTIVES OF VARIOUS INTERESTED PARTIES TO FUND CERVICAL CANCER SCREENING. IT TESTS THE COST-EFFECTIVENESS OF SCREENING UNDER VARIOUS CONDITIONS, SUCH AS WHEN COSTS ARE APPORTIONED TO OTHER HEALTH-RELATED ACTIVITIES DURING A GYNECOLOGICAL VISIT; WHEN A "LOW COST" CLINIC EMPLOYS LICENSED PRACTICAL NURSES RATHER THAN PHYSICIANS TO ADMINISTER THE PAP TEST; AND WHEN A HIGH RISK BUT ISOLATED POPULATION IS SCREENED. SCREENING INTERVALS FROM EVERY YEAR TO ONCE IN TEN YEARS ARE ALSO TESTED. THE RESULTS OF THE ANALYSIS INDICATE THAT A PRIVATE PARTY ALWAYS HAS A FINANCIAL INCENTIVE TO POSTPONE SCREENING, WHEREAS SOCIETY FINDS IT MORE COST EFFECTIVE TO SCREEN THAN NOT TO SCREEN, BUT ONLY AT INFREQUENT INTERVALS. THE COST EFFECTIVENESS OF SCREENING IS MARKEDLY AFFECTED WHEN A MORE EFFICIENT (I.E., LESS COSTLY) DELIVERY MODE IS SIMULATED, AND IT IS SIGNIFICANTLY AFFECTED WHEN JOINT PRODUCTION EFFECTS ARE CONSIDERED; HOWEVER, IT IS NOT VERY SENSITIVE TO SMALL CHANGES IN THE DISCOUNT RATE WHICH INITIALLY WAS SET AT 10%, NOR TO VARYING ASSUMPTIONS REGARDING PAP TEST ERROR RATES.

0050685 - SCREENING FOR CERVICAL CANCER. PP. 6, REFS. 21.
PRACTITIONER 21(AUG): 137-42, 1973.

LANGUAGE: ENGLISH

AUTHOR: 01) WACHTEL E

SUBJECTS: 01) CERVIX NEOPLASMS/DIAGNOSIS
02) CYTOLOGY
03) NEOPLASM INVASIVENESS

DOCUMENTS: 01) PRACTITIONER
02) CRT 457:825-30

THE BENEFICIAL EFFECTS OF MASS SCREENING ARE CLEARLY SHOWN IN THE PUBLISHED DATA OF ALL WORKERS IN THE FIELD. THERE IS A REAL NEED TO EXTEND THE SERVICES TO HIGH-RISK GROUPS AND EVERY OPPORTUNITY OF REACHING THEM MUST BE GRASPED. SCREENING FACILITIES SHOULD BE AVAILABLE IN FACTORIES AND ORGANIZATIONS WITH LARGE FEMALE STAFF, IN WOMEN'S PRISONS, AND ESPECIALLY IN ANTENATAL AND POSTNATAL CLINICS, MEDICAL AND SURGICAL HOSPITAL WARDS, AND VENEREAL DISEASE CLINICS. THE MAGNITUDE OF THE EFFORT TO MAINTAIN A LARGE-SCALE SCREENING PROGRAM IN TERMS OF COST AND PERSONNEL IS CONSIDERABLE, BUT IF THE OBJECTIVE OF EXTERMINATING A FATAL DISEASE IS WITHIN OUR REACH, IS IT NOT A WORTH-WHILE PROJECT?

0050686 - STUDIES OF RESPONSE TO CERVICAL SCREENING. PP. 4, REFS. 4.
TUMORI 62(OCT): 315-18, 1976.

LANGUAGE: ENGLISH

AUTHOR: 01) WAKEFIELD J

SUBJECTS: 01) CERVIX NEOPLASMS
02) CYTOLOGY

DOCUMENTS: 01) TUMORI
02) CRT 457:831-34

LOCATION: ENGLAND-MANCHESTER

0050686 (CONTINUED)

PEOPLE LOW ON THE SOCIAL SCALE TEND TO MAKE LEAST USE OF THE HEALTH SERVICES. MANY FACTORS ARE INVOLVED IN THEIR DECISION: LACK OF EDUCATION; LIMITED CONTACT WITH THOSE WHO HAVE HAD RELEVANT HEALTH EXPERIENCE; A STOICISM THAT ACCEPTS LIFE AS UNCOMFORTABLE AND SUPPRESSES ILLNESS FOR AS LONG AS POSSIBLE; AND A WAY OF LIFE THAT IS CONCERNED MORE WITH SURVIVING TODAY THAN WITH PLANNING FOR TOMORROW. ALL THESE BEAR STRONGLY ON PROGRAMS OF SCREENING FOR CERVICAL CYTOLOGY.

0050687 - FACTORS INFLUENCING THE OCCURRENCE OF ADVANCED CERVICAL CARCINOMA.
PP. 4, REFS. 17.
SOUTHERN MEDICAL JOURNAL 72(7): 8-8-11, 1979.

LANGUAGE: ENGLISH

AUTHORS: O1) WALTON LA O3) HULKA BS
O2) KERNODLE W

SUBJECTS: O1) CERVIX NEOPLASMS/DIAGNOSIS
O2) CERVIX NEOPLASMS/OCCURRENCE
O3) CYTOLOGY
O4) NEOPLASM INVASIVENESS

DOCUMENTS: O1) SOUTH MED J
O2) CRT 457:835-38

LOCATION: US

THE CONTINUED OCCURRENCE OF ADVANCED CERVICAL CARCINOMA (STAGES II, III, IV) WAS STUDIED. PATIENTS WERE EVALUATED WITH REGARD TO AGE, RACIAL ORIGIN, SOCIOECONOMIC STATUS, GEOGRAPHIC DISTRIBUTION, AND SYMPTOMS. PARTICULAR EMPHASIS WAS PLACED ON THE ROLE OF SCREENING IN DISEASE DETECTION. THE DISTURBING FINDING WAS THAT OF THE 170 PATIENTS REVIEWED, DISEASE WAS DIAGNOSED BY SCREENING EXAMINATION IN ONLY 20. FURTHERMORE, 62 PATIENTS WERE NOT DIAGNOSED EVEN THOUGH THEY WERE EXPOSED TO THE HEALTH CARE SYSTEM. FACTORS INFLUENCING PARTICIPATION IN PAP SMEAR SCREENING PROGRAMS WERE DISCUSSED, WITH SUGGESTIONS AS TO HOW TO ENHANCE USE OF THE PAP SMEAR. THESE FACTORS ARE INCREASING AGE, LOWER SOCIOECONOMIC STATUS, LOWER EDUCATIONAL LEVEL, AND A LONG INTERVAL SINCE PREGNANCY. A NEW AND DIFFERENT MODE TO ATTRACT WOMEN TO PARTICIPATE IN A CYTOLOGY PROGRAM WAS SENDING AN INVITATION WITH THE MONTHLY WELFARE CHECK. THIS RESULTED IN 31% OF THE WOMEN CONTACTED COMING FOR PAP SMEAR TESTING.

0050688 - QUALITY CONTROL MECHANISM FOR CYTOLOGY PROGRAMS. PP. 6.
ACTA CYTOLOGICA (BALT) 9(8): 407-12, NOV-DEC 1965

LANGUAGE: ENGLISH

AUTHOR: O1) WIED GL

SUBJECTS: O1) CERVIX NEOPLASMS/DIAGNOSIS
O2) CERVIX NEOPLASMS/PREVENTION & CONTROL
O3) CYTOLOGICAL TECHNIQS
O4) CYTOLOGY

DOCUMENTS: O1) ACTA CYTOL
O2) CRT 457:839-44

LOCATION: US

FOUR YEARS AGO, THE UNITED STATES PUBLIC HEALTH SERVICE PERFORMED AN IMPORTANT SERVICE BY CREATING THE 14-STEP PROJECT FOR CERVICAL CANCER SCREENING PROJECTS. THE CANCER CONTROL BRANCH OF THE USPHS DEVELOPED THIS QUALITY CONTROL PROGRAM IN WHICH 14 STEPS WERE STRESSED WHICH DETERMINED THE QUALITY OF THE CYTOLOGY SCREENING PROJECT. 1) PLANNING: ASSESSMENT OF THE POPULATION, PERSONNEL, AND FACILITIES; 2) ORIENTATION AND ADEQUATE TRAINING OF PROJECT PERSONNEL; 3) ENLISTMENT OF PATIENTS BY PUBLICITY AND MOTIVATION; 4) ORIENTATION OF PATIENTS: EDUCATION ABOUT

0050688 (CONTINUED)

PROCEDURES AND NATURE OF THE DISEASE; 5) PATIENTS RECORDS 6) PREPARING AND TAKING OF SMEAR; 7) CYTOLOGICAL EXAMINATIONS: PROCEDURES, INTERPRETATION OF THE SMEAR; 8) FOLLOW-UP OF SIGNIFICANT CYTOLOGY; 9) BIOPSY OF CONIZATION; 10) TISSUE DIAGNOSIS; 11) CLINICAL DIAGNOSIS; 12) TREATMENT. 13) PERIODIC FOLLOW-UP OF PATIENTS WITH NEGATIVE CYTOLOGY, 14) EVALUATION OF PROGRAM.

0050689 - THE WALTON REPORT AND ITS SUBSEQUENT IMPACT ON CERVICAL CANCER SCREENING PROGRAMS IN CANADA. PP. 5, REFS. 8.
OBSTETRICS AND GYNECOLOGY 63(2): 135-39, FEB 1984.

LANGUAGE: ENGLISH

AUTHOR: 01) WORTH AJ

SUBJECTS: 01) CANCER PROGRAMS
02) CERVIX NEOPLASMS/DIAGNOSIS
03) CERVIX NEOPLASMS/MORTALITY
04) CYTOLOGY

DOCUMENTS: 01) OBSTET GYNECOL
02) CRT 457:845-49

LOCATION: CANADA

A SUMMARY AND DISCUSSION OF SOME OF THE IMPORTANT AND CONTROVERSIAL RECOMMENDATIONS IN THE ORIGINAL WALTON REPORT OF 1976 ON CERVICAL SCREENING PROGRAMS IN CANADA ARE PRESENTED. THE REACTIONS TO THE REPORT IN CANADA ARE BRIEFLY OUTLINED, PARTICULARLY AS RELATED TO THE FREQUENCY OF SCREENING. THE SUBSEQUENT MODIFICATIONS IN THE RECOMMENDATIONS BY THE RECONVENED TASK FORCE OF 1980, IN RESPONSE TO THE CONCERNS OF THE PROFESSION AND TO NEWLY AVAILABLE DATA, ARE HIGHLIGHTED: 1) NO ATTEMPT SHOULD BE MADE TO CATEGORIZE HIGH-RISK WOMEN ON A GROUP BASIS; 2) SEXUALLY ACTIVE WOMEN SHOULD BE SCREENED ANNUALLY FROM AGES 18-35; 3) IN GENERAL, WOMEN OVER THE AGE OF 35 WHO HAVE REGULARLY PARTICIPATED IN SCREENING PROGRAMS OR WHO HAVE HAD AT LEAST 2 SCREENING TESTS WITHOUT SIGNIFICANT ATYPIA SHOULD BE SCREENED EVERY 5 YEARS. HOWEVER, WOMEN ASSESSED AS BEING AT CONTINUED HIGH RISK BY PHYSICIANS OR WHO IN THEIR OWN JUDGEMENT ARE AT HIGH RISK SHOULD NOT BE DISCOURAGED FROM HAVING SMEARS MORE FREQUENTLY.

0050690 - EFFECT OF CYTOLOGIC SCREENING ON THE DETECTION OF CERVICAL CARCINOMA.
PP. 4, REFS. 14.
OBSTETRICS AND GYNECOLOGY 59(5): 565-68, 1982.

LANGUAGE: ENGLISH

AUTHORS: 01) YAJIMA A
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SUBJECTS: 01) CERVIX NEOPLASMS/DIAGNOSIS
02) CYTOLOGY
03) NEOPLASM INVASIVENESS

DOCUMENTS: 01) OBSTET GYNECOL
02) CRT 457:850-53

LOCATION: JAPAN

AN INVESTIGATION OF 732 CASES HAS BEEN MADE OF THE RELATIONSHIP BETWEEN THE HISTOLOGICAL FEATURES OF DETECTED CANCERS OF THE UTERINE CERVIX AND THE HISTORY OF PREVIOUS CERVICAL SCREENING. SIX HUNDRED FORTY-NINE OF THE 732 (88.7%) CASES WITH CANCER OF THE UTERINE CERVIX WERE FROM THE UNSCREENED GROUP, AND ONLY 83 CASES (11.3%) WERE FROM THE SCREENED GROUP. FRANK INVASIVE CARCINOMA WAS FOUND IN 21.0% (136) OF THE FORMER GROUP AND IN ONLY 3.6% (3 CASES) OF THE LATTER. ADENOCARCINOMA OF THE UTERINE CERVIX WAS FOUND IN 0.3% 21 OF THE UNSCREENED CASES AND IN 7.2%

0050690 (CONTINUED)

6 CASES IN THE UNSCREENED CASES. THOSE CASES WHO HAD CERVICAL SCREENING WITHIN 3 YEARS PRIOR TO A HISTOLOGICALLY CONFIRMED DIAGNOSIS. INVASIVE CARCINOMA (EXCLUDING ADENOCARCINOMA) WAS FOUND IN 23.3%. 14 OF 60 CASES WHERE CARCINOMA IN SITU WAS FOUND IN 76.7% THIS RATIO (1:4) OF INVASIVE CARCINOMA TO CARCINOMA IN SITU WAS UNCHANGED AMONG THE CASES OF 1 YEAR OR 3 YEARS.

0050691 - OPTIMISING THE AGE, NUMBER OF TEST, AND TEST INTERVAL FOR CERVICAL SCREENING IN CANADA. PP. 10, REFS. 31.
JOURNAL OF EPIDEMIOLOGY AND COMMUNITY HEALTH 36: 1-10, 1982.

LANGUAGE: ENGLISH

AUTHORS: 01) YU SHUN ZHANG
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SUBJECTS: 01) CERVIX NEOPLASMS
02) CERVIX NEOPLASMS/INVASIVITY
03) CYTOLOGY

DOCUMENTS: 01) J EPID COMM HEALTH
02) CRT 457:854-63

LOCATION: CANADA

WITH A 75% TEST SENSITIVITY AND 80% POPULATION ACCEPTANCE, A PROGRAM DESIGNED TO REDUCE MORTALITY BY 50% WOULD COMMENCE AT AGE 25. INVOLVING TRIENNIAL SCREENS TO AGE 52 OR TRIENNIAL SCREENS TO AGE 40 AND QUINQUENNIAL SCREENS TO AGE 60. A TOTAL OF 10 TESTS IN A LIFETIME. A REPEAT TEST AT AGE 26 CONTRIBUTES NOTHING TO MORTALITY BENEFIT. NEVERTHELESS, ADJUSTMENTAL MODIFICATIONS OF THE NATURAL HISTORY SPECIFICATIONS TO ACCOMMODATE HIGH-RISK YOUNGER WOMEN WOULD REQUIRE A MORE FREQUENT SCHEDULE OF EXAMINATIONS UNDER THE AGE OF 35 THOUGH AT A SUBSTANTIAL "COST" IN TERMS OF THE TOTAL NUMBER OF EXAMINATIONS REQUIRED IN A POPULATION.

0050692 - ATTENDANCE FOR CERVICAL SCREENING- WHOSE PROBLEM? PP. 8, REFS. 70.
SOCIAL SCIENCE AND MEDICINE 20(9), 955-62, 1985.

LANGUAGE: ENGLISH

AUTHORS: 01) EARDLEY A
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SUBJECTS: 01) CERVIX NEOPLASMS/DYSPLASIA
02) CERVIX NEOPLASMS/INVASION
03) CYTOLOGICAL TECHNIQUE
04) CYTOLOGY

DOCUMENTS: 01) SOC SCI MED
02) CRT 457:864-71

LOCATION: ENGLAND

DESPITE THE EXISTENCE OF AN EFFECTIVE SCREENING FOR CANCER OF THE CERVIX, INCIDENCE AND MORTALITY FROM THIS DISEASE HAVE NOT DECLINED IN THE UNITED KINGDOM. THE BASIC PROBLEM IS THAT WOMEN MOST AT RISK OF THE DISEASE ARE UNDERPRESENTED IN THE SCREENED POPULATION. THE EVIDENCE FROM TWO DIFFERENT POINTS OF VIEW TO EXPLAIN THIS SITUATION IS EXAMINED. THESE VIEWPOINTS ARE THE FAILURE OF THE SERVICE TO MEET THE NEEDS OF WOMEN TO ATTEND, AND THE FAILURE OF THE EVIDENCE SUPPORTS THE VIEW THAT THE ORGANIZATION OF THE EXISTING SCREENING SERVICES IMPEDES THE MAXIMUM PARTICIPATION OF AT-RISK WOMEN.

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PERSAUD V	0050670
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PUKKALA E	0050634 0050635
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RIGAL RD	0050645
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WILLIE S	0050661
WORTH AJ	0050602 0050625 0050689
YAJIMA A	0050690
YU SHUN ZHANG	0050691
YULE R	0050640
ZIEL HK	0050661

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CANCER PROGRAMS	0050638 0050662 0050664 0050665 0050689
CANCER REGISTER	0050602 0050652
CANCER/CL	0050630
CANCER/DI	0050611 0050615 0050632 0050638 0050641
CANCER/EP	0050611 0050621 0050633 0050635 0050647 0050664 0050665
CANCER/PC	0050600 0050604 0050615 0050639 0050642
CANCER/SS	0050671
CANCER/TH	0050604 0050626
CARCINOGENIC RISK	0050595 0050642
CERVIX NEOPLASMS	0050594 0050595 0050597 0050600 0050602 0050603 0050604 0050611 0050612 0050616 0050624 0050641 0050647 0050662 0050669 0050686 0050691
CERVIX NEOPLASMS/DI	0050592 0050593 0050598 0050605 0050610 0050619 0050620 0050621 0050623 0050625 0050626 0050628 0050630 0050633 0050634 0050635 0050638 0050639 0050644 0050646 0050648 0050650 0050651 0050653 0050655 0050657 0050659 0050660 0050661 0050663 0050665 0050666 0050667 0050668 0050670 0050671 0050672 0050673 0050674 0050675 0050676 0050677 0050678 0050679 0050680 0050681 0050682 0050683 0050685 0050687 0050688 0050689 0050690 0050692
CERVIX NEOPLASMS/MO	0050592 0050595 0050596 0050609 0050612 0050614 0050616 0050617 0050618 0050627 0050629 0050631 0050643 0050645 0050648 0050649 0050651 0050654 0050656 0050658 0050664 0050665 0050677 0050678 0050681 0050683 0050689 0050691
CERVIX NEOPLASMS/OC	0050593 0050596 0050598 0050599 0050601 0050605 0050608 0050609 0050613 0050618 0050620 0050625 0050627 0050629 0050633 0050634 0050636 0050643 0050648 0050649 0050651 0050652 0050656 0050664 0050668 0050671 0050674 0050679 0050680 0050683 0050684 0050687

SUBJECT

ACCESSION IDENTIFICATION

CERVIX NEOPLASMS/DC (CONT.)	0050692			
CERVIX NEOPLASMS/PC	0050606	0050607	0050608	0050609
	0050610	0050613	0050617	0050622
	0050626	0050629	0050631	0050637
	0050639	0050640	0050642	0050655
	0050656	0050657	0050660	0050670
	0050684	0050688		
CERVIX NEOPLASMS/SS	0050596	0050601	0050614	0050619
	0050621	0050623	0050625	
COST ANALYSIS	0050621	0050628	0050650	0050667
	0050672	0050675	0050676	0050681
	0050682	0050684		
CYTOLOGICAL TECHNIQS	0050597	0050637	0050638	0050640
	0050648	0050688	0050692	
CYTOLOGY	0050593	0050594	0050595	0050596
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	0050692			
HYSTERECTOMY	0050603	0050644		
LIFE EXPECTANCY/SS	0050622			
NEOPLASM INVASIVENESS	0050592	0050594	0050596	0050599
	0050601	0050602	0050605	0050607
	0050609	0050610	0050613	0050614
	0050616	0050621	0050624	0050625
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PHYSICAL EXAMINATION	0050615	0050624	0050632	0050639
	0050641			

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CANADA	0050610	0050658	0050662	0050664
	0050665	0050671	0050689	0050691
CANADA-ALBERTA	0050679			
CANADA-BRITISH COLUMBIA	0050598	0050601	0050602	0050603
	0050625			
COLOMBIA-CALI	0050594			
DENMARK	0050627	0050628	0050631	0050642
	0050652			
ENGLAND	0050623	0050654	0050677	0050678
	0050692			
ENGLAND-MANCHESTER	0050686			
FINLAND	0050633	0050634	0050635	0050683
GREAT BRITAIN	0050612			
ICELAND	0050630	0050643		
JAMAICA	0050670			
JAPAN	0050681	0050690		
NETHERLANDS	0050646	0050649		
NORWAY	0050668	0050669		
PUERTO RICO	0050656			
SCOTLAND	0050682			
SWEDEN	0050599	0050636	0050647	0050673
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UNITED KINGDOM	0050597			
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	0050639	0050645	0050655	0050659
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- PNSP/84/45/1 Peña Mohr, Jorge y Gloria A. Coe. Orientación al programa. 1. Problema tecnológico. Washington, D.C.: PAHO/WHO, 1984.
- PNSP/84/36/2 Coe, Gloria A. y Jorge Peña Mohr. Orientación al programa. 2. Formulación estratégica. Washington, D.C.: PAHO/WHO, 1984.
- PNSP/84/39/3 Peña Mohr, Jorge y Gloria A. Coe. Orientación al Programa: 3. Implementación Estratégica. Washington, D.C.: PAHO/WHO, 1984.
- PNSP/84/ /4* Coe, Gloria A. y Jorge Peña Mohr. Orientación al programa: 4. Monitoría y evaluación. Washington, D.C.: PAHO/WHO, 1984.
- PNSP/84/ /5* Peña Mohr, Jorge y Gloria A. Coe. Orientación al programa. 5. Programa de corto plazo. Washington, D.C.: OPS/OMS, 1984.
- PNSP/84/48/6 Health Technology Development Program. Health Technology Clearinghouse: Technology Development. Vol. 1, No. 1, Washington, D.C.: PAHO/WHO, 1984.

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- PNSP/84/41/7 Barragán, Ana, Luis Saenz, Gloria A. Coe y Jorge Peña Mohr. Transferencia de tecnología, importación de tecnología de salud. Protocolo de investigación. Washington, D.C.: PAHO/WHO, 1984.
- PNSP/84/42/8** Pazmiño de Osorio, Sonia, Raul Aljure Bernal, Melba Franky Borrero, Vicente Jiménez Velazco y Carlos Osorio Torres. Evaluación tecnológica del parto bajo diferentes modelos de atención. Washington, D.C., 1984.
- PNSP/84/46/9 Programas de Cáncer, Tecnología en Salud, Medicamentos Esenciales. Suministro y utilización de medicamentos antineoplásicos en América Latina y El Caribe: Perfil de proyecto. Washington, D.C., 1984.
- PNSP/84/49/10 Banta, David H. y Stephen E. Thaker. Evaluación de tecnología, costos y beneficios del monitoreo fetal electrónico. Revisión de literatura. (Traducido por la Organización Panamericana de la Salud) Washington, D.C., 1984.
- PNSP/85/04/11 Solari, Alfredo. Reunión de Consulta: Agenda propuesta de evaluación de tecnologías en programas de salud del adulto. Washington, D.C.: PAHO/WHO, 1984.
- PNSP/85/09/12 Peña Mohr, Jorge y María Paulina Peña Mardones. Administración de tecnología; el oficio de administrar: prácticas, modelos y métodos de análisis. Washington, D.C.: PAHO/WHO.
- PNSP/85/10/13** Coe, Gloria A. y Jorge Peña Mohr. Investigación en tecnología de salud: proceso -disciplinas- -campo prioridades. Washington, D.C.: PAHO/WHO.
- PNSP/85/12/14 Health Technology Development Program. Health Technology Clearinghouse: Technology Development. Vol. 1, No. 2, Washington, D.C.: PAHO/WHO, 1985.
- PNSP/85/13/15** Coe, Gloria A., Jorge Peña Mohr, Alberto Pellegrini, Sonia Bolaños, Mauricio Guerrero, Francisco Suárez, Binseng Wang. Análisis del proceso de desarrollo tecnológico. Investigación colaborativa regional. Bases generales. Washington, D.C.: PAHO/WHO, 1985.

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- PNSP/85/14/16 Guerrero, Mauricio, Pedro Rey, Martha Aliaga, Omer Robles, Jorge Peña Mohr, Gloria A. Coe, Carlos Ferrero y Juana Palma. Red de información en tecnología de salud (RITS): Grupo de Consulta. Washington, D.C.: PAHO/WHO, 1984.
- PNSP/85/16/17** Pellegrini, Alberto, Jorge Peña Mohr, Gloria A. Coe, Mauricio Guerrero, Binseng Wang, Francisco Suárez y Sonia Bolaños. Proceso de desarrollo tecnológico en salud. Investigación colaborativa regional: análisis de la demanda y uso de la tecnología de salud. Washington, D.C.: PAHO/WHO, 1985.
- PNSP/85/17/18 Peña Mohr, Jorge, Gloria A. Coe y Néstor Suárez Ojeda. Los sistemas de salud de América Latina: estructura y desempeño. Reunión en Fortaleza, Brasil, abril 1985. Washington, D.C.: PAHO/WHO, 1985.
- PNSP/85/18/19 Peña Mohr, Jorge, Gloria A. Coe, Alberto Pellegrini, Mauricio Guerrero, Francisco Suárez, Binseng Wang y Sonia Bolaños. Proceso de desarrollo tecnológico en salud. Investigación colaborativa regional: análisis de la oferta de la tecnología de salud. Washington, D.C., 1985.
- PNSP/85/19/20 Health Technology Development Program. Health Technology Clearinghouse: Technology Development. Vol. 2, Washington, D.C., PAHO/WHO, 1985.
- PNSP/85/22/21 Peña Mohr, Jorge, Gloria A. Coe, R.A.L. Tavares, K. Mohan, A. H. Chorny y H. D. Banta. Desarrollo tecnológico en salud: seminario internacional. Brasilia, 15-20 octubre 1984. Washington, D.C.: PAHO/WHO, 1985.
- PNSP/85/23/22** Peña Mohr, Jorge, Gloria A. Coe, Alberto Pellegrini. Proceso de desarrollo tecnológico en salud: investigación colaborativa regional: análisis de las políticas de tecnología en salud. Washington, D.C.: PAHO/WHO 1985.
- PNSP/85/24/23** Peña Mohr, Jorge, Gloria A. Coe, Alberto Pellegrini. Proceso de desarrollo tecnológico en salud: investigación colaborativa regional: análisis de los efectos de la tecnología en salud. Washington, D.C., PAHO/WHO, 1985.

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- PNSP/85/29/24 Oficina de Evaluación Tecnológica (OTA). Costo efectividad del cuidado intensivo neonatal. (Traducido por la Organización Panamericana de la Salud, PAHO/WHO). Washington, D.C.: 1985.
- PNSP/85/30/25 Frenk Julio y Jorge Peña Mohr. Evaluación de tecnología y calidad de la atención. Washington, D.C.: PAHO/WHO, 1985.
- PNSP/85/31/26 Bolaños, Sonia, Jorge Peña Mohr, Enrique Fefer y Hernán Fuenzalida. Análisis de las políticas de tecnologías en salud. Legislación de medicamentos. Washington, D.C.: PAHO/WHO, 1985.
- PNSP/85/32/27 Peña Mohr, Jorge, Gloria A. Coe, David S. Kupfer, Francisco Viacava, María Fernanda Gadelha, María do Carmo Lacerda Peixoto y Palmira Moriconi. Desarrollo tecnológico en salud: seminario internacional. Brasília, 15-20 octubre 1985. segunda parte. Washington, D.C.: PAHO/WHO, 1985.
- PNSP/86/02/28 Peña Mohr, Jorge. Análisis del proceso de desarrollo tecnológico en salud. Formulación de políticas. Protocolo de referencia No. 1. Washington, D.C.: PAHO/WHO, 1986.
- PNSP/86/03/29 Programa de Desarrollo de Tecnología en Salud. Selección bibliográfica de tecnología en salud: bibliografía anotada. Washington, D.C.: PAHO/WHO, 1986.
- PNSP/86/04/30 Peña Mohr, Jorge. Análisis del proceso de desarrollo tecnológico en salud. Instrumentos de política. Protocolo de referencia No. 2. Washington, D.C.: PAHO/WHO.
- PNSP/86/05/31*** Pellegrini Filho, Alberto. Ciencia y tecnología: desarrollo de indicadores científico-técnicos. Washington, D.C.: PAHO/WHO, 1986.
- PNSP/86/06/32 Moreno, Elsa, Jorge Peña Mohr, Carlos Serrano, Gloria A. Coe y Néstor Suárez Ojeda. Documento de referencia para el grupo de trabajo sobre innovación y política tecnológica en salud materno-infantil. Washington, D.C.: PAHO/WHO, enero 1986.

* Internal documento of PAHO.
 ** In preparation to re-edit
 *** In preparation

- PNSP/86/23/33*** Pedersen, Duncan, Gilles Bibeau y Cristina Puentes. Estilos de vida y salud. Documento de referencia. Washington, D.C.: PAHO/WHO, 1986.
- PNSP/86/14/34** Moreno Elsa y Jorge Peña Mohr. Informe final del grupo de trabajo sobre estilos de vida y sistemas culturales. Grupo de trabajo sobre innovación y política tecnológica. Reunión de Chile 1985. Washington, D.C.: PAHO/WHO, 1986.
- PNSP/86/12/35*** Nef, Jorge y Jorge Peña Mohr. Regímenes políticos y política pública: modelo contextual. Washington, D.C.: PAHO/WHO, 1986.
- PNSP/86/15/36*** Programa de Desarrollo de Tecnología en Salud. Selección bibliográfica de diagnóstico del cáncer cérvico : bibliografía anotada. Washington, D.C.: PAHO/WHO, 1986.
- PNSP/86/22/37*** Peña Mohr, Jorge y Mauricio Guerrero. Estrategias de cooperación técnica en tecnología de salud. Washington, D.C.: PAHO/WHO, 1986.
- PNSP/86/16/38*** Hazlewood, Margaret. Trends and perspectives in science and technology. Washington, D. C.: PAHO/WHO, 1986.
- ***PNSP/86/17/39 Hazlewood, Margaret. Leadership. Washington, D.C.: PAHO/WHO, 1986.
- PNSP/86/20/40 Migue Barón, Carlos Dr., Dra. Ana Barragán, Gustavo Guye y Juan P. Vico. Situación de la tecnología médica en el Uruguay. Washington, D.C.: PAHO/WHO. 1986.
- PNSP/86/24/41 Hazlewood, Margaret and Delia Sánchez. Health technology assessment in the developing countries. Washington, D.C.: PAF /WHO, 1986.
- PNSP/86/25/42*** Panerai, Roni y Jorge Peña Mohr. Metodología de evaluación de tecnología. Washington, D.C.: PAHO/WHO, 1986.
- PNSP/86/26/43*** Norma Sierra Rodolfo . Organización institucional del sector salud en Costa Rica. Washington, D.C.: PAHO/WHO, 1986.

* Internal document of PAHO.
 ** In preparation to PAHO.
 *** In preparation

- PNSP/86/31/44*** Bisang, Roberto Lic. , Dr. Victor Bucal, Dr. Carlos Canitrot, Lic. María L. Perman de Cossin, Lic. Jorge Fernández Bussy y Dr. Mario Slatopolsky. Informe preliminar sobre relevamiento básico en tecnología de equipamiento en Argentina. Washington, D. C.: PAHO/WHO, 1986.
- PNSP/86/29/45*** Cossin, María L.P. Lic. y Lic. Roberto Bisang. Análisis de los efectos de la Ley No. 21.908 en Argentina. Washington, D.C.: PAHO/WHO, 1986.
- PNSP/86/28/46*** Boucai, Victor Dr. y Lic. Jorge Fernández Bussy. Relevamiento básico en tecnología de equipamientos para la atención de la salud. Washington, D.C.: PAHO/WHO, 1986.
- PNSP/86/27/47*** Boucai, Victor Dr. y Lic. Jorge Fernández Bussy. Importación de equipo médico. Washington, D.C.: PAHO/WHO, 1986. No. 1
- PNSP/86/32/48*** Boucai, Victor Dr. y Lic. Jorge Fernández Bussy. Importación de equipo médico. Washington, D.C.: PAHO/WHO, 1986. No. 2
- PNSP/86/21/49*** Peña Mohr, Jorge. Análisis del proceso de desarrollo tecnológico en salud: Mecanismos de asignación de tecnología. Protocolo de referencia No. 3. Washington, D.C.:PAHO/WHO, 1986.
- PNSP/86/33/50*** Peña Mohr, Jorge. Análisis del proceso de desarrollo tecnológico en salud. Protocolo de referencia No. 4. Washington, D.C.:PAHO/WHO, 1986.
- PNSP/86/34/51*** Peña Mohr, Jorge y Mauricio Guerrero. Análisis del proceso de desarrollo tecnológico en salud: importación de tecnología. Protocolo de referencia No. 5. Washington, D.C.: PAHO/WHO, 1986.
- PNSP/86/35/52*** Peña Mohr, Jorge y Mauricio Guerrero. Análisis del proceso de desarrollo tecnológico en salud: investigación y desarrollo. Protocolo de referencia No. 6. Washington, D.C.: PAHO/WHO, 1986.
- PNSP/86/36/53*** Peña Mohr, Jorge. Análisis del proceso de desarrollo tecnológico en salud: producción de tecnología incorporada. Protocolo de referencia No. 7. Washington, D.C.:PAHO/WHO, 1986.

* Internal documento of PAHO.

** In preparation to re-edit

*** In preparation

- PNSP/86/37/54*** Peña Mohr, Jorge. Análisis del proceso de desarrollo tecnológico en salud: comercialización de dispositivos médicos. Protocolo de referencia No. 8. Washington, D.C.:PAHO/WHO, 1986.
- PNSP/86/38/55*** Solari, Alfredo y Jorge Peña Mohr. Análisis del proceso de desarrollo tecnológico en salud: incorporación de tecnología. Protocolo de referencia No. 9. Washington, D.C.:PAHO/WHO, 1986.
- PNSP/86/39/56*** Peña Mohr, Jorge. Análisis del proceso de desarrollo tecnológico en salud: condiciones de funcionamiento. Protocolo de referencia No. 10. Washington, D.C.:PAHO/WHO, 1986.
- PNSP/86/40/57*** Wang Binseng y Jorge Peña Mohr. Análisis del proceso de desarrollo tecnológico en salud. Protocolo de referencia No.11. Washington, D.C.:PAHO/WHO, 1986.
- PNSP/86/30/58*** Peña Mohr, Jorge. Análisis del proceso de desarrollo tecnológico en salud. Protocolo de referencia No.12. Washington, D.C.:PAHO/WHO, 1986.
- PNSP/86/41/59*** Peña Mohr, Jorge. Protocolo de investigación No.13. Washington, D.C.:PAHO/WHO, 1986.
- PNSP/86/42/60*** Peña Mohr, Jorge. Análisis del proceso de desarrollo tecnológico en salud. Evaluación de Calidad. Protocolo de referencia No.14. Washington, D.C.:PAHO/WHO, 1986.
- PNSP/86/43/61*** Peña Mohr, Jorge. Análisis del proceso de desarrollo tecnológico en salud. Efectos en condiciones de salud. Protocolo de referencia No.15. Washington, D.C.:PAHO/WHO, 1986.
- PNSP/86/44/62*** Peña Mohr, Jorge. Análisis del proceso de desarrollo tecnológico en salud. Impactos globales. Protocolo de investigación No.16. Washington, D.C.:PAHO/WHO, 1986.

* Internal documento of PAHO.
 ** In preparation to re-edit
 *** In preparation

- PNSP/86/45/63*** Peña Mohr, Jorge. Situación del Desarrollo Tecnológico en Salud en las Américas. Washington, D.C.: PAHO/WHO, 1986.
- PNSP/86/46/64*** Peña Mohr, Jorge y María Angélica Moya. Glosario de Términos en Tecnología de Salud. Washington, D.C.: PAHO/WHO, 1986.
- PNSP/86/47/65*** Boucai, Victor, Carlos Canitrot, María Cosin, Jorge Fernández Bussy y Mario Slatopolsky. Tecnología Médica en la República Argentina. Washington, D.C.: PAHO/WHO, 1986.
- PNSP/86/48/66*** Gomes Temporao, José. La propaganda de los medicamentos y el mito de la salud. Washington, D.C.: PAHO/WHO, 1986.
- PNSP/86/49/67*** Moreno Elsa y Jorge Peña Mohr. Informe final de los grupos de trabajo sobre proyectos de investigación y desarrollo en salud materno-infantil. Grupo sobre estilos de vida y sistemas culturales y grupo sobre innovación y política tecnológica. Reunión de Lima 1986. Washington, D.C.: PAHO/WHO, 1986.
- PNSP/86/18/68* Peña Mohr, Jorge. Informe de progreso sobre la investigación colaborativa regional. Análisis del proceso de desarrollo tecnológico en salud. Washington, D.C.: PAHO/WHO, 1986.
- PNSP/86/19/69*** Silva, Héctor, Jorge A. Córdón, G. Gillespie, Jorge Peña Mohr y Gloria A. Coe. Desarrollo de tecnología para la salud oral en América Latina y el Caribe. Washington, D. C.: PAHO/WHO, 1986.
- PNSP/86/50/70*** Informe Final del Seminario sobre Industria de Productos Sanitarios. Madrid, España, Noviembre, 1985. Washington, D.C.: PAHO/WHO, 1986.
- PNSP/86/51/71*** Peña Mohr, Jorge y Manuel Bobenrieth. Incorporación de tecnología a través de proyectos de inversión. Washington, D. C.: PAHO/WHO, 1986.
- PNSP/86/52/72*** Peña Mohr, Jorge. Análisis de costo-efectividad de sistemas radiológicos básicos. Washington, D.C.: PAHO/WHO, 1986.

* Internal documento of PAHO.
 ** In preparation to re-edit
 *** In preparation

PNSP/86/53/73***

Llanos, Guillermo. Experiencia de América Latina en evaluación de tecnología: temas, métodos y tendencias. Washington, D. C.: PAHO/WHO. 1986.

PNSP/86/54/74***

Peña Mohr, Jorge, Fuerzas que afectan la incorporación de tecnología hospitalaria. Washington, D.C.: PAHO/WHO. 1986.

PNSP/86/55/75***

Russell, Louis B. y H. David Banta. Políticas optativas para influir en la adopción y el empleo de tecnologías médicas. Washington, D. C.: PAHO/WHO. 1986.

* Internal documento of PAHO.

** In preparation to re-edit

*** In preparation