

CANCER SCREENING FACT SHEET (3 PAGES)

ICELAND – CERVIX – 2017

SCREENING POLICY (2016)

- Population-based screening implemented in 1964
- Current screening policy in force since 2014 regarding the age range and interval. Recommendations on follow-up and management of screen-positives were updated in 2017.
- National target age range 23-65 years
- Resident women with no cervical cytology, HPV test or histology in the last 3 years are personally invited without scheduled appointments (open invitation or reminder). Women with a previous cervical or uterine cancer diagnosis are excluded, as are women who have opted out from receiving letters from the programme. Invitations are physical letters. Open reminder is used annually.
- Interval between negative screens is 3 years.
- The primary screening test is cytology.
- Criteria for a follow-up screening test is ASC-US or LSIL in combination with a positive triage HPV test for women undergoing cytology-based screening.
- Criteria for referral for diagnostic confirmation is ASC-H, HSIL+ or AGC+, and persistent ASC-US, LSIL or HPV positivity for women undergoing cytology-based screening.
- Primary screening cytology tests were 25,000 in 2016. HPV triage tests were 3500 and HPV exit test were 849.
- National screening registration began in 1964 and is electronically available from 1979. HPV testing was introduced in 2015 as a secondary co-test in the follow-up after ASC-US and LSIL and HPV exit test at age 65. In 2015, an algorithm for same-sample reflex HPV triage-testing was introduced for ASC-US and LSIL primary cytology.

POPULATION, TESTS AND TEST COVERAGE (2016)

Population data is retrieved from the Statistics Iceland as the aggregate number of resident women at the end of each calendar year stratified by birth year. No exclusion criteria were used. Statistics Iceland publishes population data as of the 1st of January each year. For Nordscreen the data is applied to the 31st of December the previous year.

Individual level screening test data is retrieved from the electronic screening records at the Cancer Detection Clinic in Iceland covering all cytology and HPV tests from the cervix regardless of indication. The screening register includes all cervical tests analysed in Iceland, as laboratories transfer these tests to the programme management. The number of women tested in each period is calculated by internal linkage by using the unique personal identifier. National registration coverage of screening test data should be close to 100% from 1964 and onwards.

Test coverage is calculated as the proportion of women in a specified age range on the last day of the index year with at least one registered test in a specified preceding period of time. The population data is aggregate data as individual population data is not available for each year. The numerator is therefore the number of tests at the end of the index year but the denominator is the aggregate population at the end of the index year.

The use of aggregate population data may overestimate test coverage especially when extending the coverage interval (follow-up) since emigrated persons can be included in the numerator but not in the denominator. Test coverage may also be overestimated due to the fact that some individuals are screened without being residents in Iceland. People living temporarily abroad (e.g. students) have their tests taken on holiday in Iceland. Also, refugees are offered screening even though they are not residents and perhaps never will be.

Summary measures [age range] – INDEX YEAR: 2016

Total population in the national target age range [23-65]	93 640
Total population in the common core age range [30-59]*	65 324
Total number of tests registered [16-89]	25 900
Total number of tests within the national target age range [23-65]	25 107
Total number of tests within the common core age range [30-59]*	17 153
Test coverage according to national screening policy [3.5-yearly; 23-65]	67,7%
5.5-yearly test coverage within the common core age range [30-59]*	80,7%

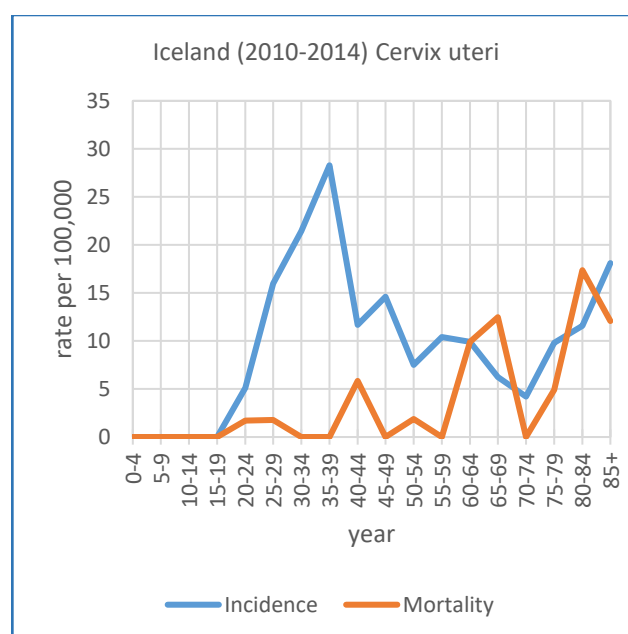
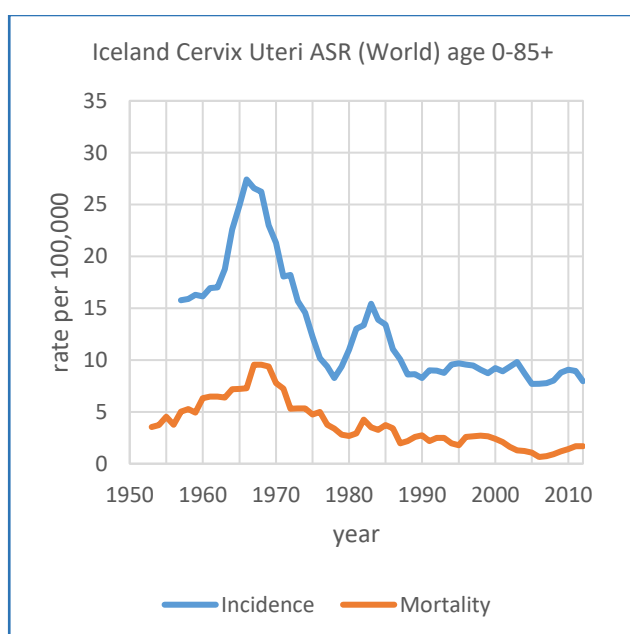
*The common core age range [30-59] is the minimum age group targeted in EU countries that have population-based screening policies in place.¹

¹ Cancer Screening in the European Union (2017) Report on the implementation of the Council Recommendation on cancer screening. Available from https://ec.europa.eu/health/sites/health/files/major_chronic_diseases/docs/2017_cancerscreening_2ndreportimple mentation_en.pdf

CERVICAL CANCER BURDEN (2010-2014, FROM NORDCAN²)

Number of cervical cancers per year	15
Number of cervical cancer deaths per year	4
Age-standardised (W) incidence rate	8,0 / 100 000 person-years
Age-standardised (W) mortality rate	1,7 / 100 000 person-years**

** In Iceland the category “Uterus other” is not used by the Cancer Registry for incidence coding. Even though cancer registry data have not been used to validate the cause of death in Iceland, 80% of women with cause of death coded as “Uterus other” during the last 20 years had been diagnosed with cancer uteri and only 5% were diagnosed with cervical cancer. Underreporting of death from cervical cancer is hence not likely.



² Engholm G, Ferlay J, Christensen N, Kejs AMT, Hertzum-Larsen R, Johannesen TB, Khan S, Leinonen MK, Ólafsdóttir E, Petersen T, Schmidt LKH, Trykker H and Storm HH. NORDCAN: Cancer Incidence, Mortality, Prevalence and Survival in the Nordic Countries, Version 7.3 (08.07.2016). Association of the Nordic Cancer Registries. Danish Cancer Society. Accessed on 14.12.2016. Available from <http://www.ancr.nu>