

CANCER SCREENING FACT SHEET (3 PAGES)

NORWAY – CERVIX – 2016

SCREENING POLICY (2016)

- Population-based screening implemented in 1995.
- Current screening policy in force since in 1995 regarding the age range and interval, recommendations on follow-up and management of screen-positives were updated in 2014.
- National target age range 25-69 years.
- Resident women with no cervical cytology, HPV test or histology in the last 2 years and 10 months 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 digital letters with SMS notification by default and physical letters only if the woman does not use a digital mailbox. One open reminder is used per screening round.
- Interval between negative screens is 3 years.
- The primary screening test is predominantly cytology but a randomised implementation of HPV in primary screening is underway in part of the country for women between 34 and 69.
- 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, and a positive HPV with normal triage cytology for women undergoing HPV-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, and positive HPV with abnormal cytology, or persistent HPV positivity for women undergoing HPV-based screening.
- Opportunistic screening expanded from 100,000 annual tests in 1970 to more than 500,000 in 1984.¹ National screening registration began in 1992 in preparation of national invitation procedures launched in 1995.² HPV testing was introduced in 2005 as a secondary co-test in the follow-up after ASC-US and LSIL. In 2014, an algorithm for same-sample reflex HPV triage-testing was introduced for ASC-US and LSIL primary cytology. In 2015 an alternative screening algorithm for HPV primary testing was adopted.

More information on the screening programme: [Cervical cancer screening](#)

More information on the recommendations diagnostic verification, treatment and follow-up [in Norwegian, with flow-charts]: [Current Care Guidelines](#)

POPULATION, TESTS AND TEST COVERAGE (2015)

¹ Magnus K, Langmark F and Andersen A. Mass screening for cervical cancer in Østfold county. Int J Cancer. 1987;39:311-16.

² Nygård JF, Skare GB and Thoresen SØ. The cervical cancer screening programme in Norway, 1992-2000: changes in Pap smear coverage and incidence of cervical cancer. J Med Screen. 2002;9(2):86-91.

Population data are retrieved from the population registry as the aggregate number of resident women at the end of each calendar year stratified by birth year. No exclusion criteria were used.

Individual level screening test data are retrieved from the electronic screening records at the Cancer Registry of Norway covering all cytology and HPV tests from the cervix regardless of indication. The screening register includes all cervical tests analysed in Norway, as laboratories are obligated by law to transfer these tests to the programme management.³ 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 1992 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.

Summary measures [age range]

Total population in the national target age range [25-69]	1 486 552
Total population in the common core age range [30-59]*	1 020 854
Total number of tests registered [16-89]	504 426
Total number of tests within the national target age range [30-64]	467 387
Total number of tests within the common core age range [30-59]*	329 444
Test coverage according to national screening policy [3.5-yearly; 25-69]	72.4 %
5.5-yearly test coverage within the common core age range [30-59]*	81.8 %

*The common core age range [30-59] is the minimum age group targeted in EU countries that have population-based screening policies in place.⁴

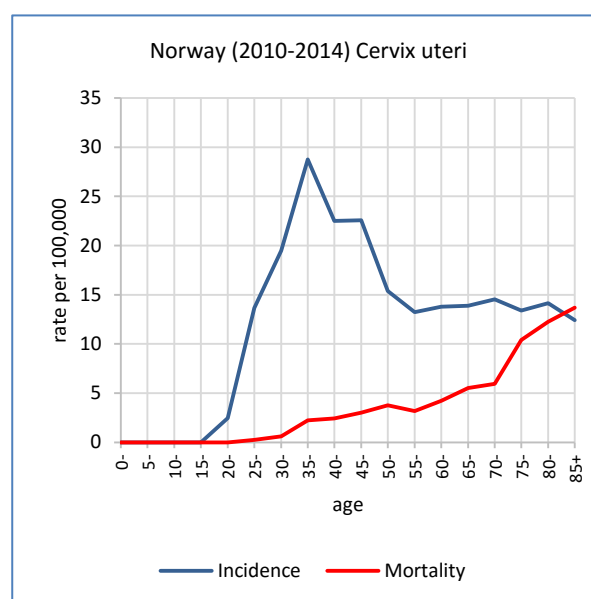
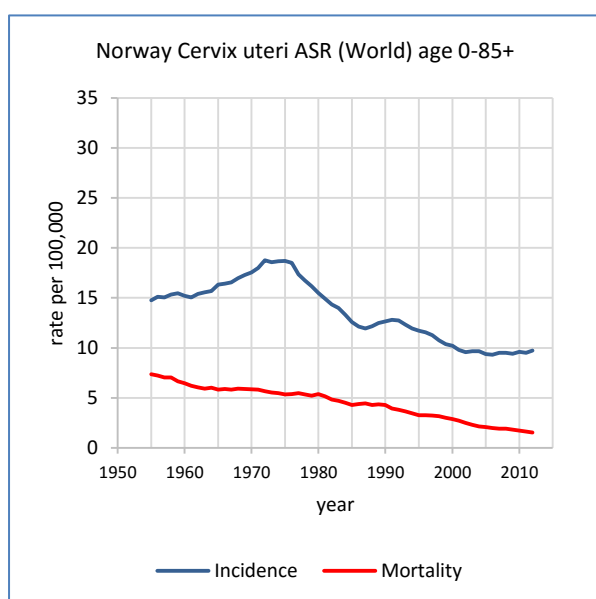
³ Forskrift om melding fra patologilaboratorier til sentralenheten for masseundersøkelse for livmorhalskreft FOR-2000-12-21-1369. Available from <https://lovdata.no/>

⁴ 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 NORDCAN⁵)

Number of cervical cancers per year	309
Number of cervical cancer deaths per year	70**
Age-standardised (W) incidence rate	9.7 / 100 000 person-years
Age-standardised (W) mortality rate	1.5** / 100 000 person-years

Cancer registry data has **not been used to validate the cause of death and the remaining number of deaths specified as Uterus, other, is high (68 cases per year, all in ages 45+), composed mainly of the ICD-10 code C55 (Uterus, NOS) and a small number of C58 (Placenta). Therefore the reported cervical cancer mortality data is probably an underestimate.



⁵ 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>