

CANCER SCREENING FACT SHEET (2 PAGES)

SWEDEN – CERVIX – 2017

SCREENING POLICY (2016)

- Population-based screening was introduced in the first counties in 1967 and was nationwide by 1977.
- The current screening policy that uses primary HPV screening in the ages 30-64 was issued in 2015 by the National Board of Health and Welfare. Implementation of the new policy is ongoing, but is not yet nationwide.
- The national target age range is 23-64 years. A normal smear at least 64 years of age is required for exit. Non-attending women are released from the program at 70 years of age.
- All resident women are included in the program, except if i) they have actively opted out from the programme or ii) because they have verifiably had a total hysterectomy. Invitations are sent once the age-specific recommended screening interval has passed since the last screening test was recorded. If a woman does not attend following her invitation, a new invitation is sent every year until she attends or actively opts out of the invitational system. Opportunistic tests, taken outside the organized program, are integrated into the invitation system and if an opportunistic test has been taken, this will (in order to reduce overscreening) delay the next organized invitation until the age-specific interval has passed.
- The interval between negative screens is 3 years for women ages 23-50 and 7 years for women ages 51-64.
- The primary screening test is cytology for women ages 23-29 and HPV for women over age 30.
- Reflex testing with HPV is done for cytology positive women (ASCUS/LSIL or worse) below the age of 30 and reflex testing with cytology is done for HR HPV positive women above the age of the 30. A double test (cytology and HPV co-test) is recommended for women at age 41. Women with an HPV positive/cytology negative test result should have a repeat screening test after 3 years. Women with ASCUS/LSIL (regardless of HPV status) below the age of 28 are not referred to colposcopy, but to a repeat cytology.
- Women with a positive reflex test are referred to colposcopy. Women under the age of 30 with HSIL cytology result are directly referred to colposcopy, without an HPV triage test. Women age 27 and under who have an ASCUS/LSIL in cytology are referred to repeat cytology. If the repeat cytology is positive, they are referred to colposcopy. Women age 30 and above who are HPV positive and test HPV positive again after 3 years are referred to colposcopy.
- Since 1998, women ages 23-50 have been invited to screening every 3 years and women ages 50-60 have been invited every 5 years, which translated into 12 screening tests per woman per lifetime. Invitations were sent once 3 or 5 years have passed since the last screening test was recorded. If a woman does not attend following her invitation, a reminder is sent each year until she attends or actively opts out of the invitational system. Opportunistic tests, taken outside the organized program, are integrated into the call and recall system and delay the next organized invitation until the age-specific interval has passed, with the goal of reducing overscreening.

More information on the screening programme:

- Elfstrom KM, Sparen P, Olausson P, Almstedt P, Strander B, Dillner J. Registry-based assessment of the status of cervical screening in Sweden. *J Med Screen*. 2016.

- The Swedish National Cervical Screening Registry (NKCx) www.nkcx.se

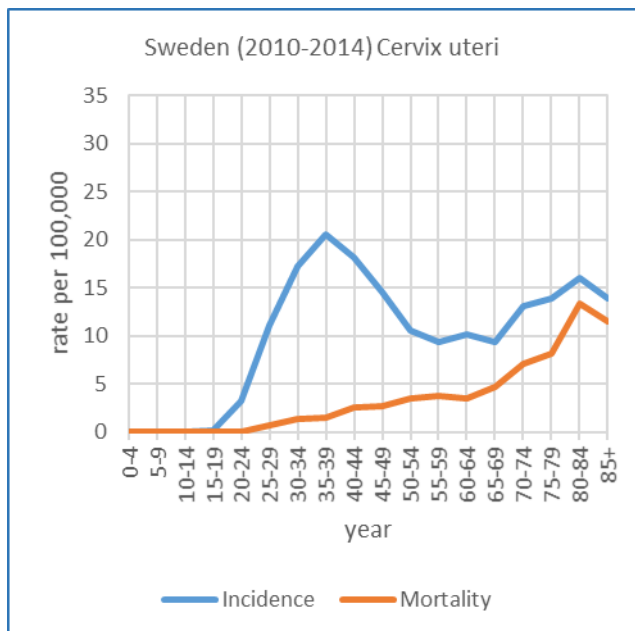
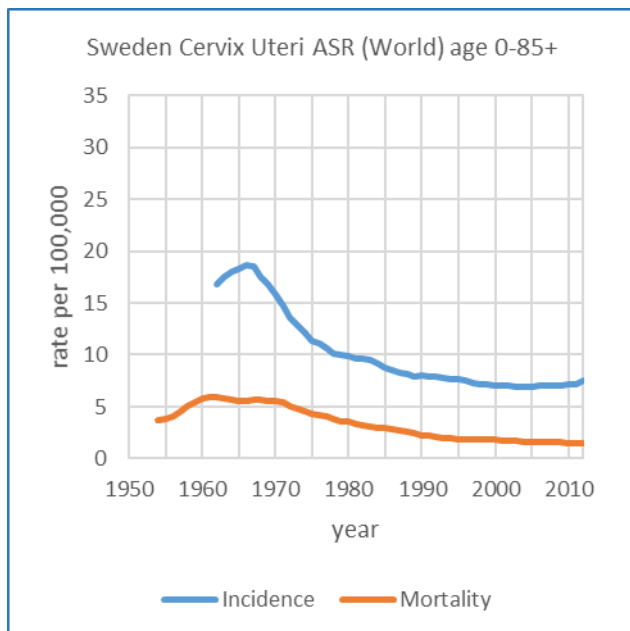
More information on the recommendations diagnostic verification, treatment and follow-up [in Swedish]:

- Vårdprogramsgruppen. Cervixcancerprevention: Nationellt vårdprogram och konsekvenser av införande av Socialstyrelsens rekommendationer gällande screening juni 2015. Regionala Cancercentrum i samverkan, 2017.
- Socialstyrelsen. Screening för livmoderhalscancer: Rekommendation och bedömningsunderlag. Stockholm, Sweden: National Board of Health and Welfare; 2015.

POPULATION, TESTS AND TEST COVERAGE (PENDING)

CERVICAL CANCER BURDEN (2010-2014, FROM NORDCAN¹)

Number of cervical cancers per year	473
Number of cervical cancer deaths per year	139
Age-standardised (W) incidence rate	7.5 / 100 000 person-years
Age-standardised (W) mortality rate	1.5 / 100 000 person-years



¹ 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>