



Screening as an opportunity to promote women's health

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The **National Centre for Screening Monitoring (ONS)** is a network of experienced centres

Since 2005, the Italian Ministry of Health has formally charged the ONS with monitoring and promoting nationwide screening programmes

AIMS

Evaluation of Italian screening programmes;

Quality assurance by systematic indicators collection and evaluation;

Promoting operators training;

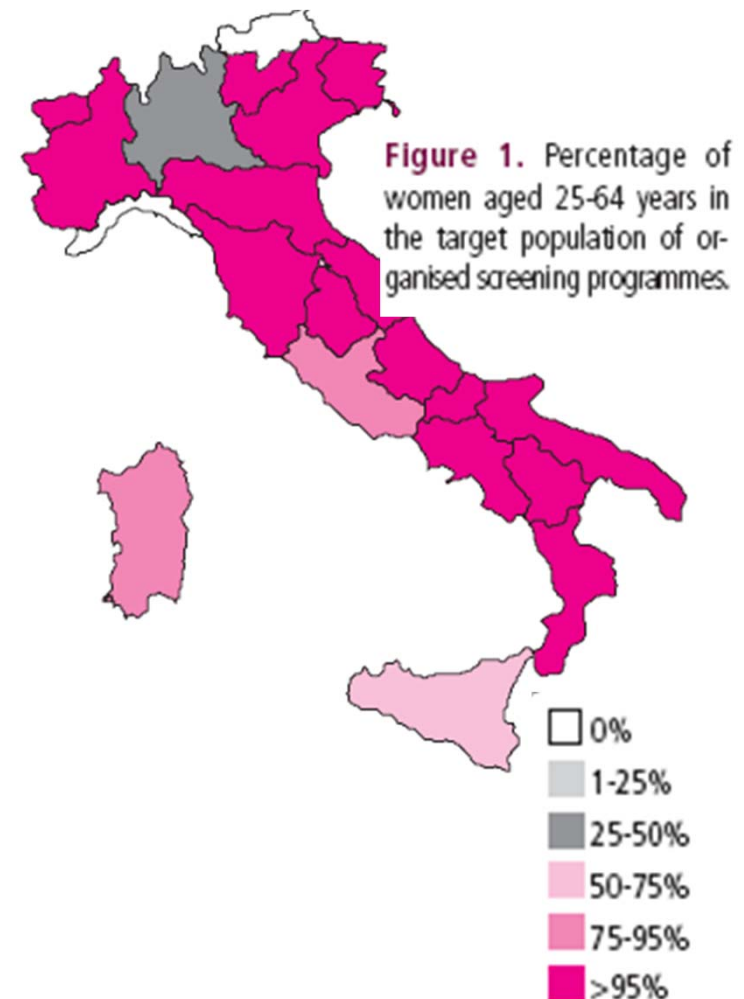
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Population-based cervical screening in Italy

- Age 25-64 years
- 3-year interval
- Pap test as the Primary test
- From 2012 it is moving towards HPV as primary test

From 2001

- Organized screening included as
- “ Basic Health Care Level”
- In 2012 :
 - 75% of target population invited



The way to HPV-based cervical screening in Italy

- 2002-4 NTCC multicentre RCT enrolment
- 2010 NTCC data on first 2 screening rounds published
- 2010 : Some pilots programmes using HPV as primary test have been implemented
- 2012 HTA report: HPV more effective and less expensive if appropriate protocols
 - Stand alone HPV as primary
 - Triage by reflex cytology and 1-year HPV repeat in cytology negatives
 - 5-year intervals
 - Start HPV screening at age 30
- 2013 :
 - Ministry of Health recommends HPV screening to Regions with above protocol
 - Official decision to start HPV screening as routine in 5 Regions: Tuscany (2012), Basilicata(2013) and Piedmont (2013) , Liguria (2013) Umbria (2013)
 - More than 400,000 women were invited to HPV

% of Italian women receiving regularly a screening invitation to cervical screening - Coverage-

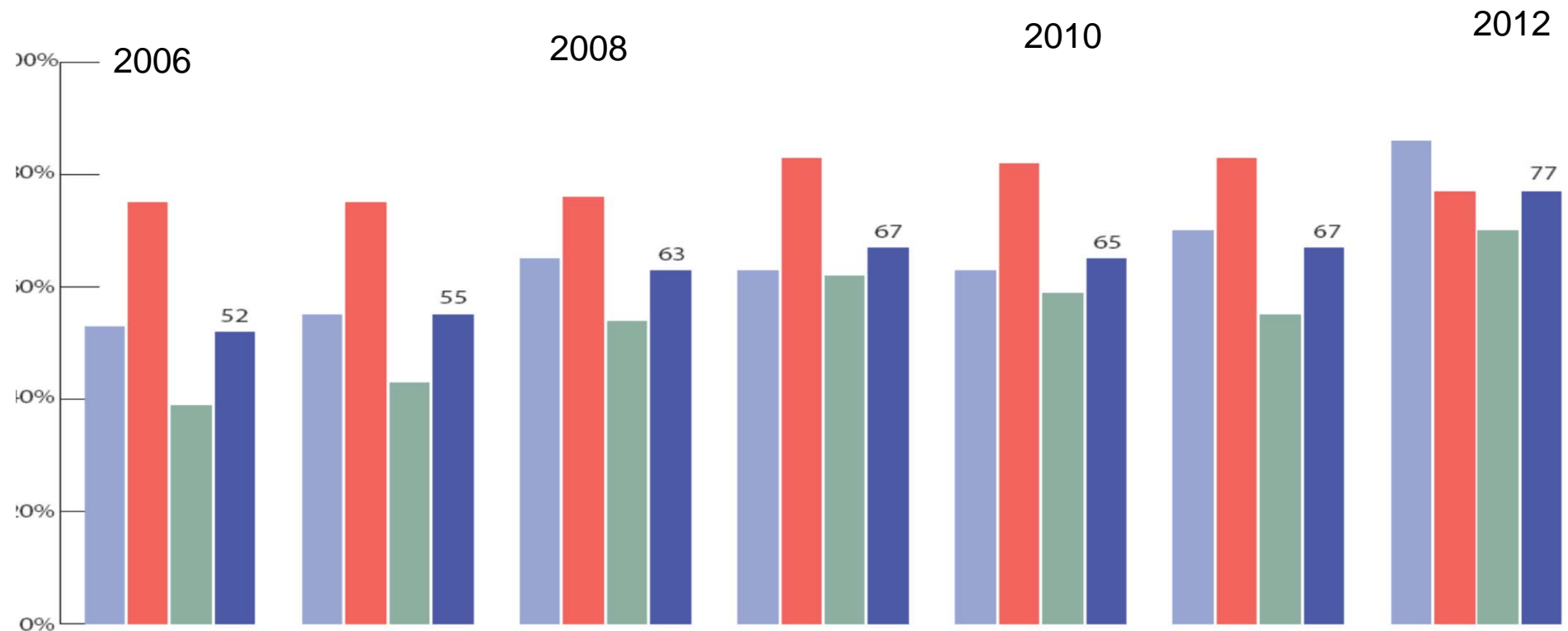
Figura 1.

Estensione effettiva dello screening cervicale per area geografica

(% di donne e fra i 25 e i 64anni di età che ricevono la lettera di invito - 2006 al 2012).

Fonte: survey Ons

Nord Centro Sud Italia

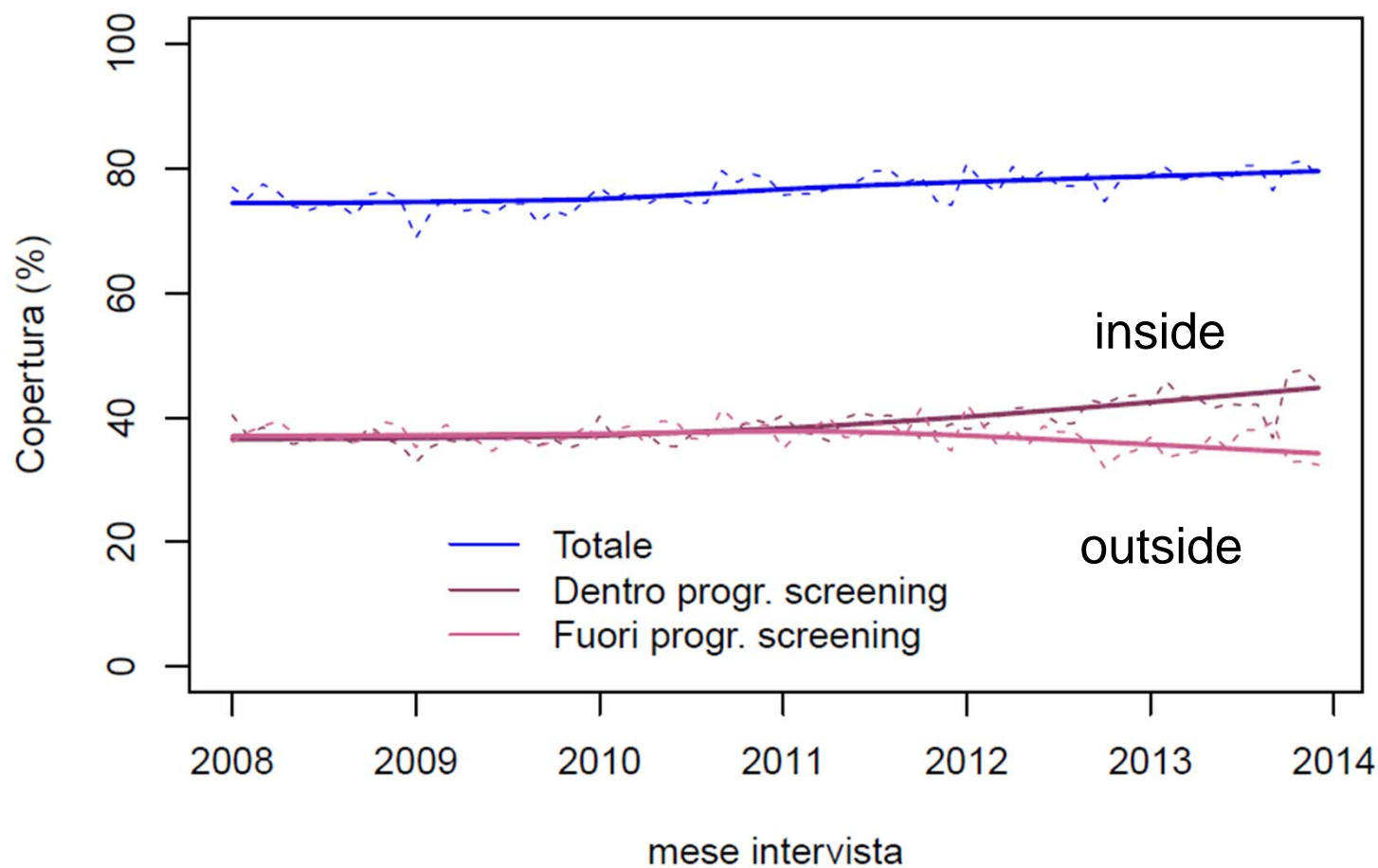


Critical points of cervical cancer screening in Italy

- Non total coverage
- Gap between North and South
- Large spontaneous activity

% of women performing a pap smear inside or outside a screening programme

(source PASSI survey)

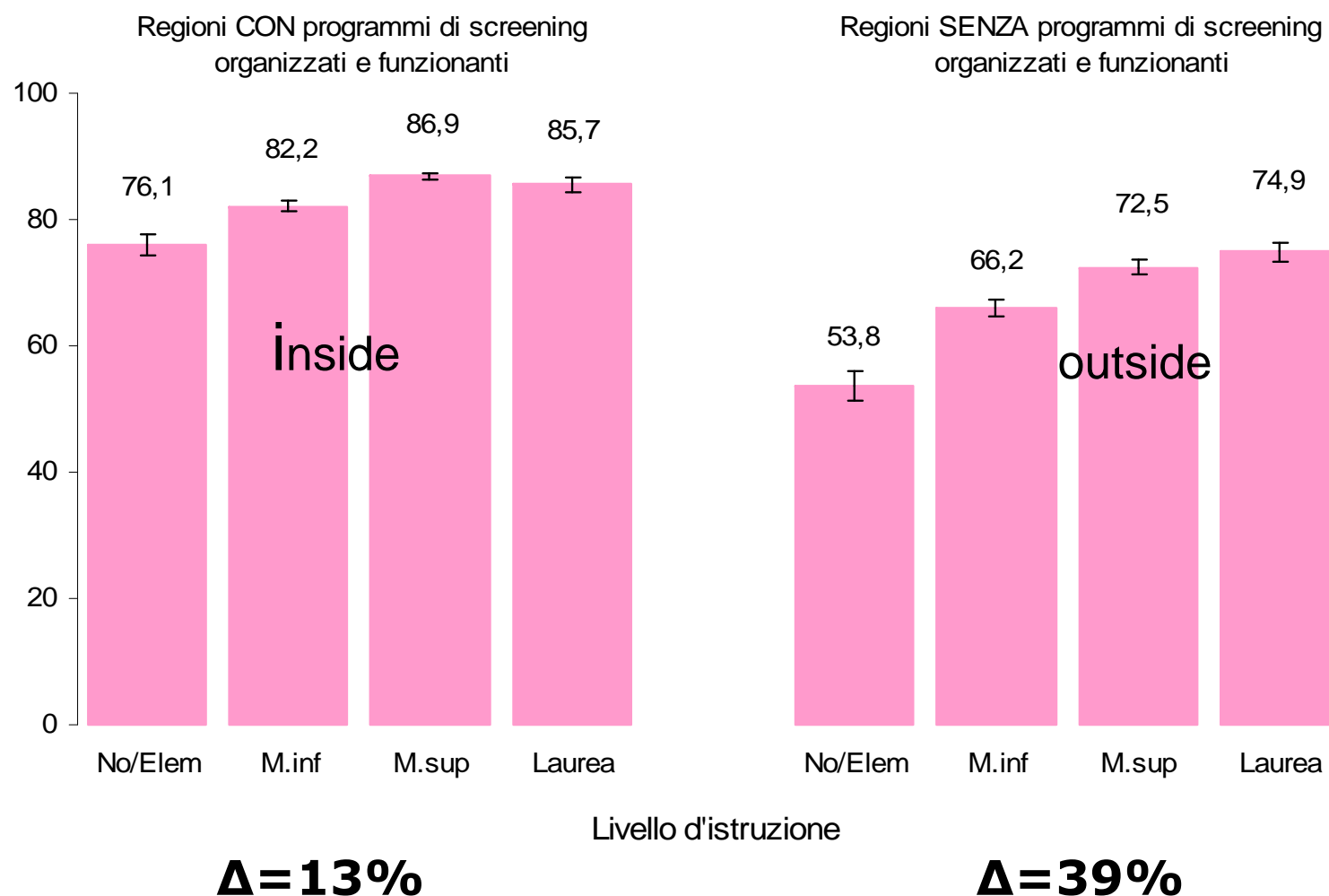


Every 3 years :

- Approximately 5,000,000 women performed a pap smear within an organized programme
- 40% of invited women

➔ who are these women ?

Partecipazione to cervical screening (inside or outside organized according to **Educational level**



Could these invitations become an opportunity for promoting also other activities for the women's health ?

- A lot of women involved
- Regularly invited → We can monitor the effect of our actions

Cervical screening 13 times (25-64)

Mammographic screening 10-17 times (45/50-69/74)

Colorectal screening 10 times (50-69)

→ From 33 to 40 invitations lifetime

Futhermore :

- A cancer screening program can work as a setting to widespread information on healthy lifestyles as subjects accepting the invitation to screening are probably more open to consider a relationship between their own habits and effects on health

Italian Experiences

- Randomized Clinical trial STI.VI (Turin , courtesy of Livia Giordano) on *lifestyles impact* on health outcomes in participants in breast cancer screening
- Randomized Clinical Trial SPRINT on counseling for *smoking cessation* within cervical screening . (Florence , Mantua , Turin)

Randomized Clinical trial STI.VI

It is overweight and obesity a problem in
our Country?

YES

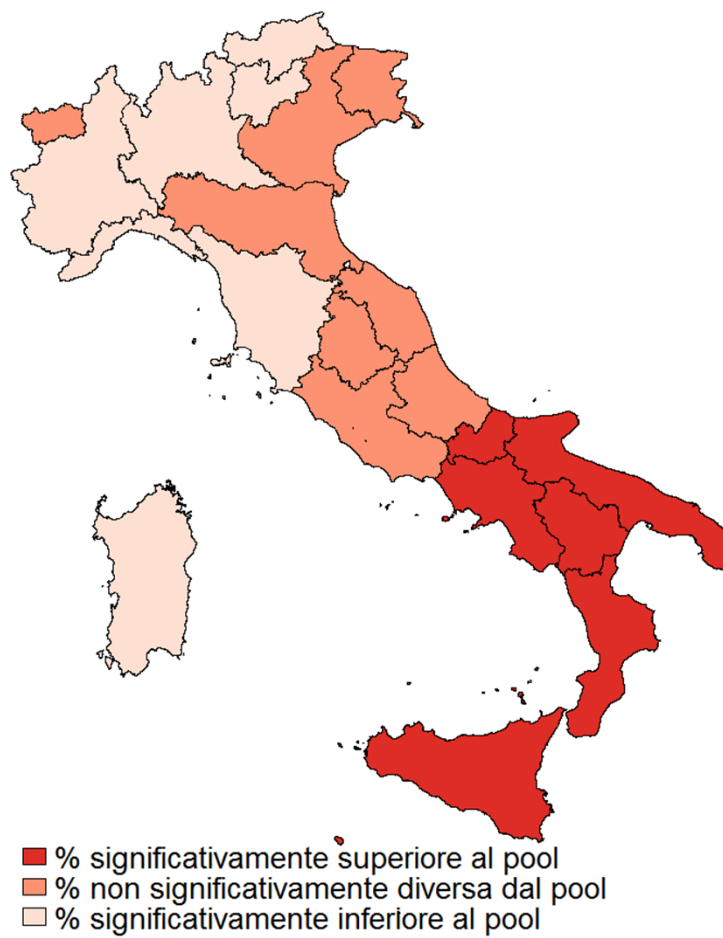
Proportion of Italian people in overweight

<i>Overweight (BMI >25 < 30)</i>	31,4 % (31,1-31,7)
<i>Obesity (BMI > 30)</i>	10,5% (10,3-10,7)

- Among women:

Overweight 23% , Obesity 10.5%.

Overweight by Region



STI.VI. Pilot RCT on lifestyles impact on health outcomes in participants in breast cancer screening

- Women 50 to 54-year-old attending breast cancer screening are invited to participate in the study.
- Compliers are randomized into 3 intervention groups :
 - Diet,
 - Physical Activity,
 - Physical Activity and Diet
 - Control Group “Usual Care”

Methods (STI.VI)

- All participants undergo *anthropometric measurements* and *fill in a self-administered questionnaire* on their dietary and physical activity habits.
 - All enrolled subjects receive a booklet with basic information about diet and physical activity.
 - Subjects randomized to the 3 intervention groups are also offered one theoretical and three training courses (1 hour and half for course).
 - The courses are specifically designed for the different interventions proposed and aimed at reinforcing the educational counseling and at supporting behavioral changes.
- ➔ Final Follow-up is performed at 12-14 months after randomization

SPRINT

- **Smoking Cessation**

Is it a serious problem ?

Yes

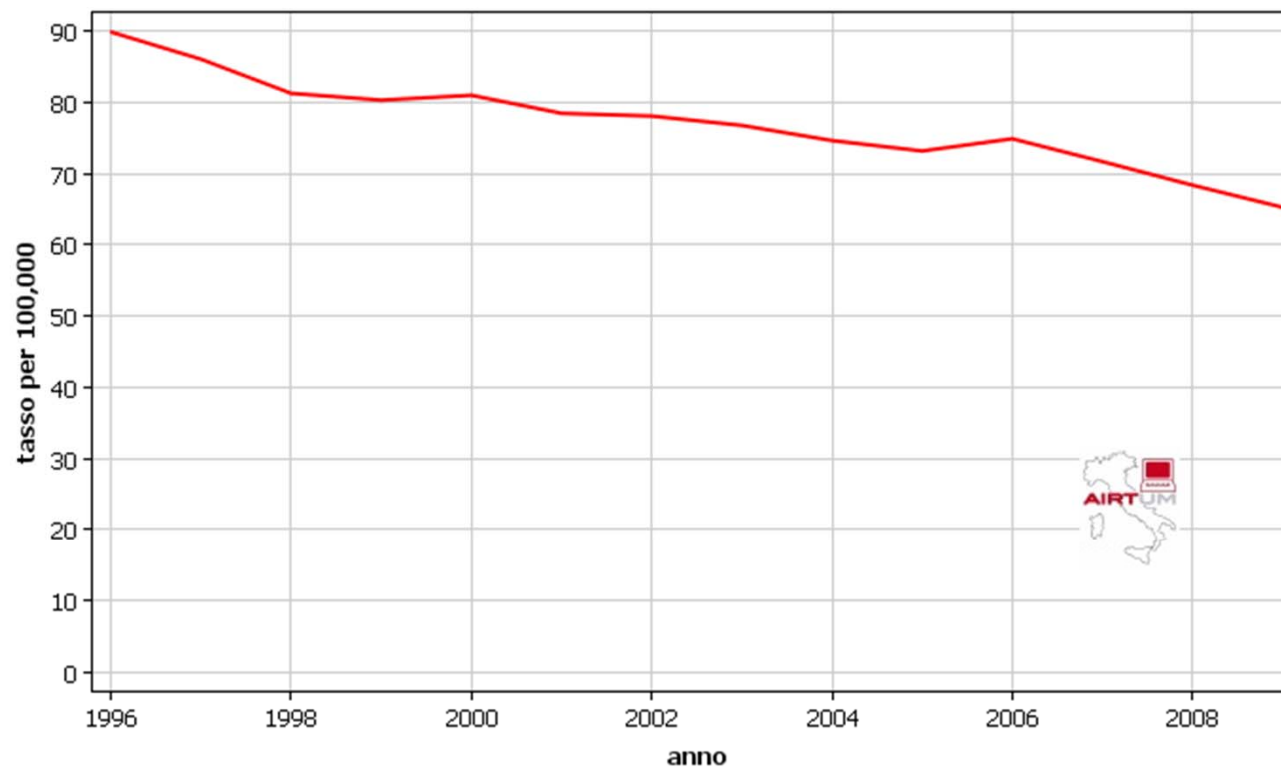
Lung cancer – Incidence rates 1996-2009

Males - Italy

AIRTUM (Pool 9 Registri)

Polmone e bronchi

Incidenza: TSE (Europea), Maschi età (0-85+)

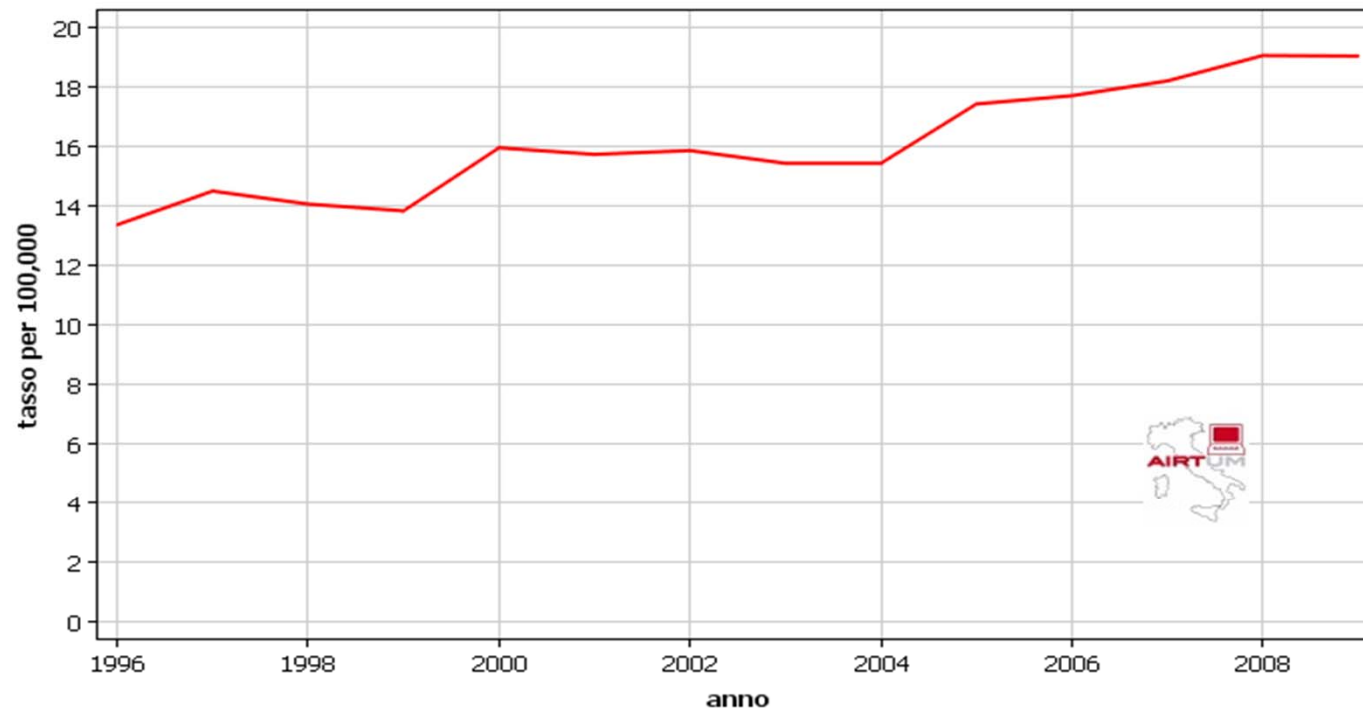


AIRTUM, Associazione Italiana dei Registri Tumori (30.9.2014)

Lung cancer – Incidence rates 1996-2009

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RESEARCH ARTICLE

Open Access

The Pap smear screening as an occasion for smoking cessation and physical activity counselling: effectiveness of the SPRINT randomized controlled trial

Giuseppe Gorini^{1*}, Giulia Carreras¹, Livia Giordano², Emanuela Anghinoni³, Anna Iossa¹, Alessandro Coppo², Fiorella Talassi³, Maurizio Galavotti³ and Elisabetta Chellini¹ on behalf of the SPRINT Working Group

Chellini et al. *BMC Public Health* 2011, **11**:906
<http://www.biomedcentral.com/1471-2458/11/906>

 **BMC**
Public Health

STUDY PROTOCOL

Open Access

The Pap smear screening as an occasion for smoking cessation and physical activity counselling: baseline characteristics of women involved in the SPRINT randomized controlled trial

Elisabetta Chellini^{1,2*}, Giuseppe Gorini¹, Giulia Carreras¹, Livia Giordano², Emanuela Anghinoni³, Anna Iossa¹, Cristina Bellati¹, Elisa Grechi⁴, Alessandro Coppo², Fiorella Talassi³ and Maria Rosa Giovacchini⁵, for the SPRINT Working Group

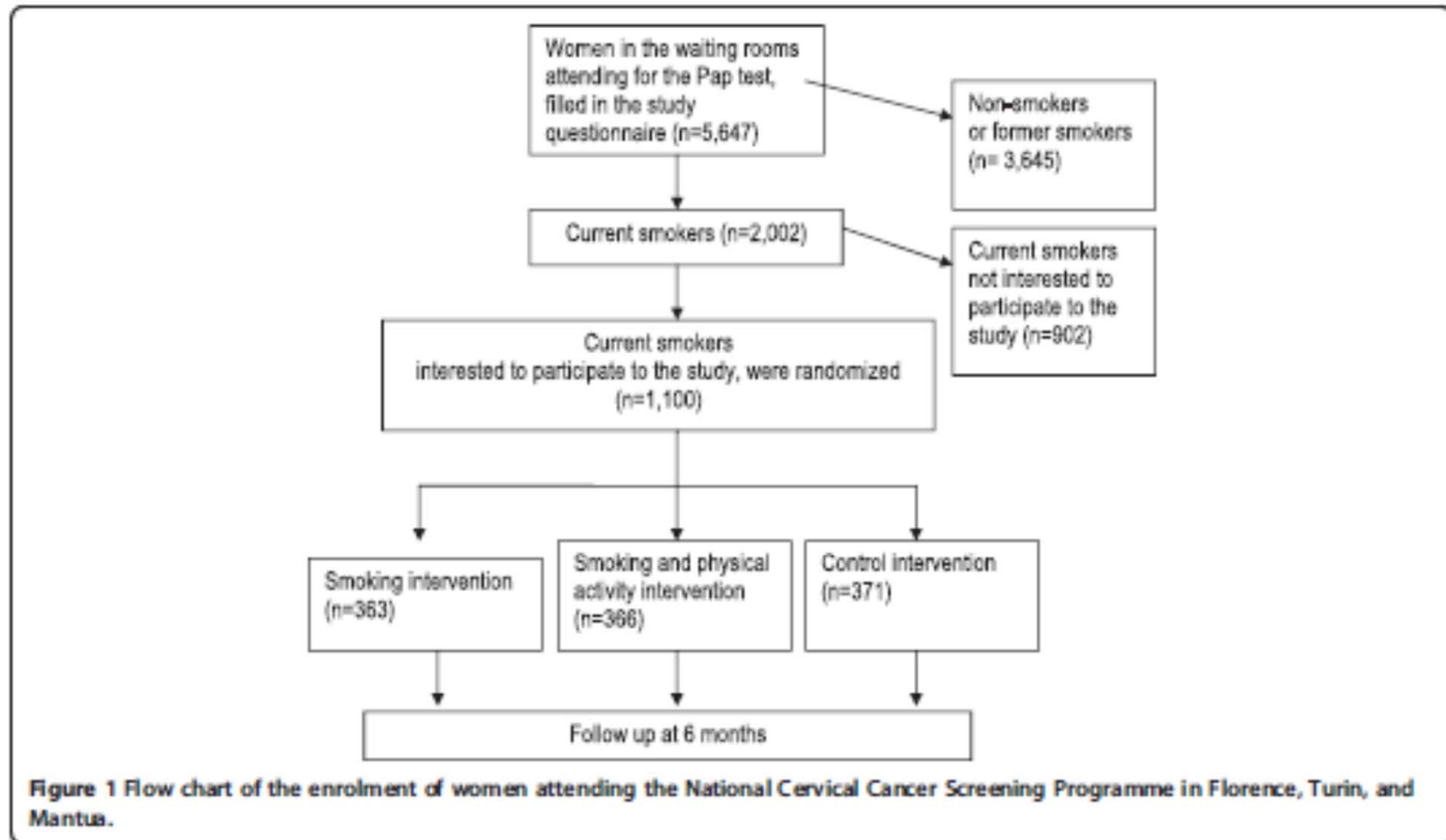
Methods/Design:

- Randomized controlled trial of 1,100 women undergoing the Pap examination in three centres: Florence, Turin, and Mantua:
363 → Smoking Cessation (SC) counselling arm,
366 → Smoking Cessation + Physical Activity (PA) counselling arm,
371 → control group .
- The intervention was a standard brief SC counselling combined with a brief counselling (3-5 minutes) on increasing PA, and was tailored according to the Di Clemente-Prochaska motivational stages of change for SC and/or PA.
- Primary outcomes were quit rates, improvement in the motivational stages of change for SC, and reduced daily cigarette consumption.
- Analysis was by intention to treat.

Di Clemente-Prochaska motivational stage of change on smoking cessation

- Precontemplation stage → women did not even consider quitting
- Contemplation stage → women thinking of quitting in the next 6 months
- Preparation Stage → women thinking of quitting in the next month.

Flow chart of the trial on SC within Cervical Screening



Result Overall

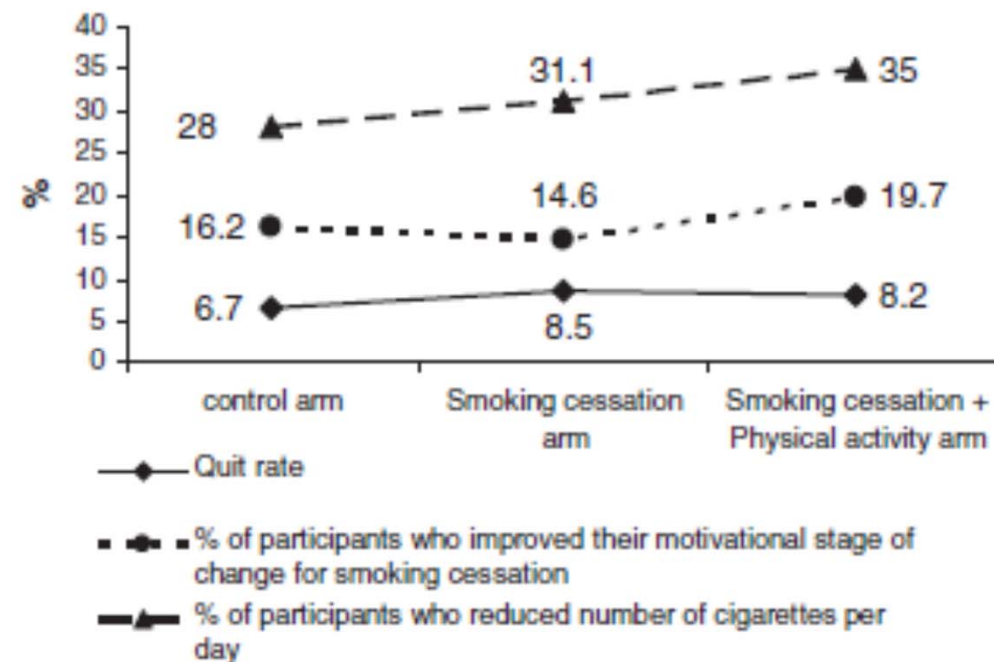


Figure 2 Crude prevalence of study outcomes at 6-month follow-up.

Quitting smoking – for women in *Pre-contemplation state*

All Centres	N. Tot.	N	OR	95%CI
Control Arm	113	9	1	
Study Arm	230	7	0.3	0.1-0.9

Quitting smoking – for women in *Contemplation state*

All Centres	N. Tot.	N	OR	95%CI
Control Arm	129	6	1	
Study Arm	230	157	1.3	0.5-3.5

Quitting smoking – for women in *Preparation state*

All Centres	N. Tot.	N	OR	95%CI
Control Arm	117	9	1	
Study Arm	240	36	2.1	1.0-4.6

Reducing the number of cigarettes per day – *Contemplation state*

All Centres	N. Tot.	N	OR	95%CI
Control Arm	129	31	1	
Study Arm	230	86	1.8	1.1-3.0

Conclusion (1)

- Smoking cessation counselling delivered by midwives to smokers in preparation and contemplation stages of change during the Pap-smear screening was effective
- The daily number of women invited for the Pap-smear examination should be slightly lowered, in order to let midwives deliver SC counselling to smokers.

Overload and effectiveness

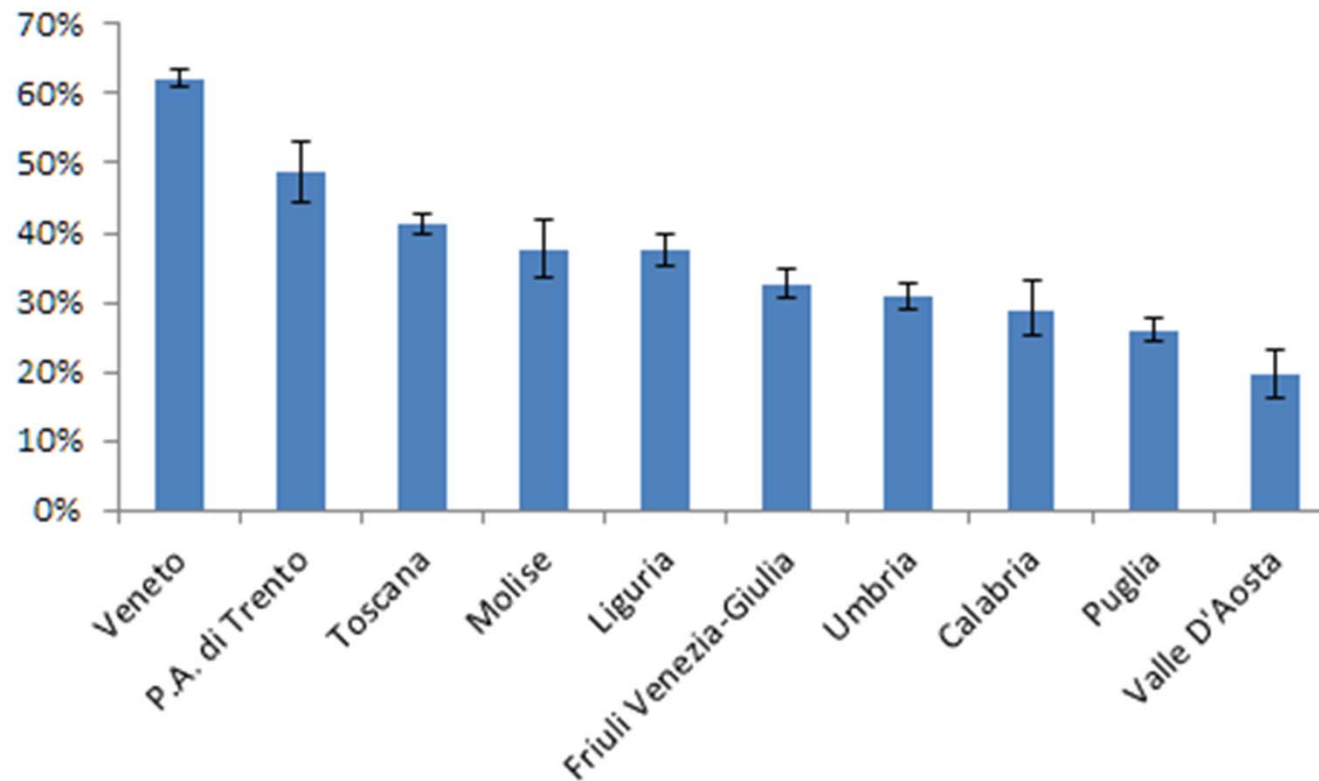
	%	N
Women attending the pap smears	100%	1000
Current smokers	25%	250
In Preparation stage	30%	75
Quitting smoking (due to the intervention)		5

**Can screening examination be an
opportunity to promote
Preconception health ?**

PRO

- Women from 25 to 45 (cervical screening)
- A midwife performs the pap smears
- An high % of women in some Regions do not know if they have been infected by rubeola
- The need of Folate's assumption before pregnancy (not during) is not well known.

% of women ignoring their status on rubeola immunization. Source: PASSI 2009-12



against

- To collect information about her willingness of becoming pregnant is delicate (it needs room, time)
- Other rooms are devoted to provide this information (e.g. Gynecologist, Consultants)
- No data are available on efficacy, feasibility , cost etc.
- The risk of inefficiency of such intervention is very high.

Before implementing

- Need for some randomized trial on this topic
- Need of Pilot studies

Could invitation to screening become an opportunity for promoting women's health ?

1. SMOKING CESSATION → *Probable*

Regione Lombardia has just implemented it not only in screening programmes but also in vaccination centres and so on

2. OVERWEIGHT → *Possible*

It seems efficacious . The cost should be accurately evaluated

3. PRECONCEPTION HEALTH → *Uncertain* at the moment. Randomized trials are needed, and evaluation of cost effectiveness