



NON TUTTO IL MALE VIEN PER NUOCERE ...
NUOVI RETI, NUOVE OPPORTUNITA' ...
FARE DI NECESSITA' VIRTU'...

Screening cervicale - Regione Piemonte

Anno di
riferimento

2021

	25-64 anni	Ex Dip. 1	Ex Dip. 2	EX Dip. 3	Ex Dip. 4	Ex Dip. 5		Ex Dip. 6		Ex Dip. 7		Ex Dip. 8	EX Dip. 9
		ASL TO	ASL TO5	ASL TO3	ASL TO4	ASL VC (206)	ASL BI (207)	ASL NO (208)	ASL VCO (209)	ASL CN1 (210)	ASL CN2 (211)	ASL AT	ASL AL
Esami Attesi		38845	15248	24418	22086	4685	5944	9294	4591	19080	6855	9490	14342
Donne screenate (incluse spontanee)	30/06/2021	10.014	6.545	5.553	8.311				1.411			3.372	4.027
		26%	43%	23%	38%	45%	45%	30%	31%	35%	42%	36%	28%
Donne screenate (incluse spontanee)	31/08/2021	13.108	9.701	8.197	9.987				1.946			4.269	5.489
		34%	64%	34%	45%	54%	55%	45%	42%	53%	60%	45%	38%
Donne screenate (incluse spontanee)	30/09/2021	14848	11338	10100	10968	2799	3551	4860	2342	11955	4636	4746	6496
		38%	74%	41%	50%	60%	60%	52%	51%	63%	68%	50%	45%
Donne screenate (incluse spontanee)	31/10/2021	17594	12941	13105	12654	3268	4183	7007	3250	14088	5485	5432	7776
		45%	85%	54%	57%	70%	70%	75%	71%	74%	80%	57%	54%
Donne screenate (incluse spontanee)	28/11/2021	19728	13929	15471	14374	3556	4547	8692	3838	15016	5840	5897	8454
		50,8%	91,4%	63,4%	65,1%	75,9%	76,5%	93,5%	83,6%	78,7%	85,2%	62,1%	58,9%



Cervical Cancer Elimination Initiative

Cervical cancer is preventable and curable, as long as it is detected early and managed effectively. Yet it is the fourth most common form of cancer among women worldwide, with the disease claiming the lives of more than 300 000 women in 2018.

Few diseases reflect global inequities as much as cancer of the cervix. Nearly 90% of the deaths in 2018 occurred in low- and middle-income countries. This is where the burden of cervical cancer is greatest, because access to public health services is limited and screening and treatment for the disease have not been widely implemented.

An ambitious, concerted and inclusive strategy has been developed to guide the elimination of cervical cancer as a public health problem.

A global strategy

In May 2018, the WHO Director-General announced a global call for action to eliminate cervical cancer, underscoring renewed political will to make elimination a reality and calling for all stakeholders to unite behind this common goal.

In August 2020 the World Health Assembly adopted the [Global Strategy for cervical cancer elimination](#).

Now is the time to act to eliminate cervical cancer as a public health problem.

Achieving elimination

To eliminate cervical cancer, all countries must reach and maintain an incidence rate of below four per 100 000 women. Achieving that goal rests on three key pillars and their corresponding targets:

- Vaccination: 90% of girls fully vaccinated with the HPV vaccine by the age of 15;
- Screening: 70% of women screened using a high-performance test by the age of 35, and again by the age of 45;
- Treatment: 90% of women with pre-cancer treated and 90% of women with invasive cancer managed.

Each country should meet the 90-70-90 targets by 2030 to get on the path to eliminate cervical cancer within the next century.

About cervical cancer



| Disease & conditions

Cervical cancer

Events



Marking the first year of the Cervical Cancer Elimination movement

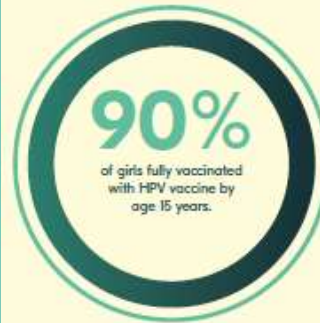
📅 17 November 2021 16:00 – 18:00 CET

Global strategy to accelerate the elimination of cervical cancer as a public health problem



This global strategy to eliminate cervical cancer proposes:

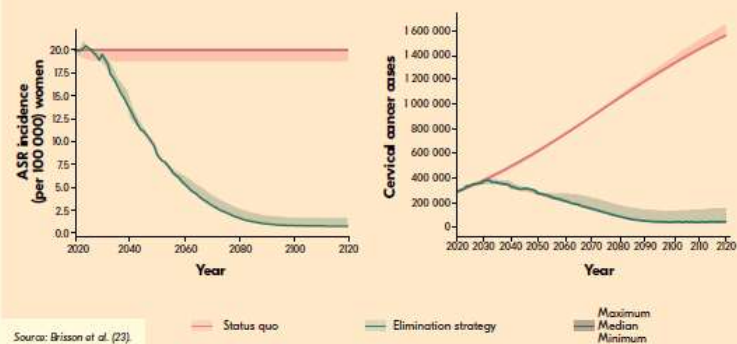
- a vision of a world where cervical cancer is eliminated as a public health problem;
- a threshold of 4 per 100 000 women-years for elimination as a public health problem;
- the following 90-70-90 targets that must be met by 2030 for countries to be on the path towards cervical cancer elimination:



- a mathematical model that illustrates the following interim benefits of achieving the 90-70-90 targets by 2030 in low- and lower-middle-income countries:
 - median cervical cancer incidence rate will fall by 42% by 2045, and by 97% by 2120, averting more than 74 million new cases of cervical cancer;
 - median cumulative number of cervical cancer deaths averted will be 300 000 by 2030, over 14 million by 2070, and over 62 million by 2120.

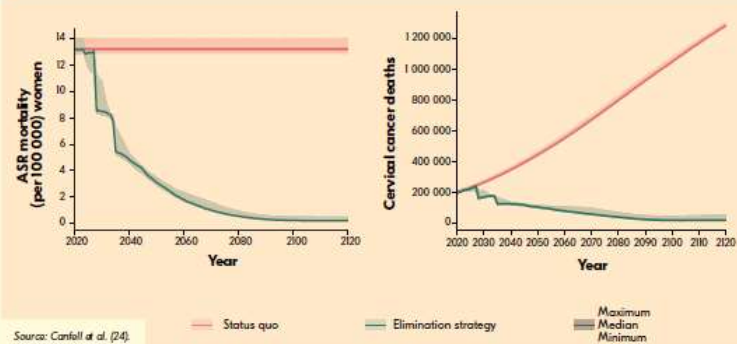
Achieving the 90-70-90 targets by 2030 would mean that median reduction in cervical cancer incidence rate would be 2%, 42% and 97% by 2030, 2045 and 2120, respectively, resulting in 74 million cases averted (Fig. 7). Correspondingly, the cumulative number of cervical cancer deaths averted would be about 2 million, 5 million and over 62 million by 2040, 2050 and 2120, respectively (Fig. 8)(23, 24). Because settings with high HIV prevalence rates currently have some of the highest cervical cancer rates, greater effort may be needed to achieve elimination there.

Fig. 7. Cervical cancer incidence rate and cervical cancer case projections in 78 low- and lower-middle-income countries, 2020–2120, by elimination strategy and with status quo



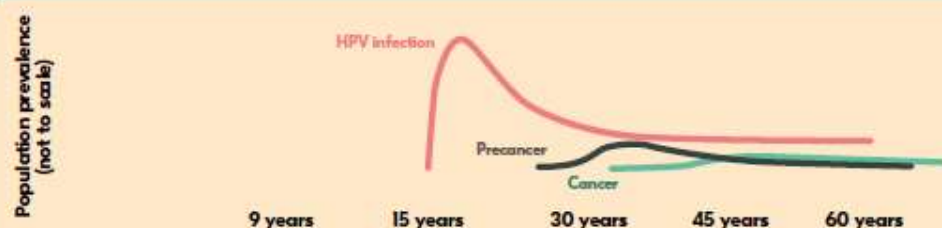
Source: Brisson et al. (23).

Fig. 8. Cervical cancer mortality (age-standardized) rate and cervical cancer death projections in 78 low- and lower-middle-income countries, 2020–2120, by elimination strategy and with status quo



Source: Canfell et al. (24).

Fig. 9. Life-course approach to cervical cancer interventions



Primary Prevention

- Girls 9–14 years**
 - HPV vaccination
- Girls and boys, as appropriate**
 - Health information and warnings about tobacco use
 - Sexuality education tailored to age and culture
 - Condom promotion/provision for those engaged in sexual activity
 - Male circumcision

Secondary Prevention

- Women > 30 years of age**
 - Screening with a high-performance test equivalent to or better than HPV test
 - Followed by immediate treatment or as quickly as possible, of precancerous lesions.

Tertiary Prevention

- All women, as needed**
 - Treatment of invasive cancer at any age
 - Surgery
 - Radiotherapy
 - Chemotherapy
 - Palliative care

8.3 Advocacy and communication

At the global level, advocacy efforts need to focus on securing sustainable financing for health, affirming the inextricable link between health and development while ensuring that issues pertaining to the health of women and girls remain central in these high-level deliberations.

At the regional level, particularly where the burden of disease is highest, advocacy efforts need to build on declarations and action plans such as the Addis Ababa Action Agenda (54) to ensure that the health and livelihood of women and girls are secured.

At the national and local levels, governments need to create an enabling environment for a wide range of nongovernmental organizations, civil society organizations and women's groups with experience in demand-creation strategies to help communities reduce barriers to care.

The fourth industrial revolution, with its proliferation of digital technologies, has dramatically changed the communication landscape, for instance with the proliferation of social media, which has increased the scope and speed of information exchange with consumers. The successful implementation of this strategy to accelerate elimination of cervical cancer demands agile and responsive systems that are able to drive comprehensive, robust and proactive communication to promote the uptake of appropriate interventions, to counter misinformation, and to address vaccine hesitancy and the rising anti-vaccine movement.

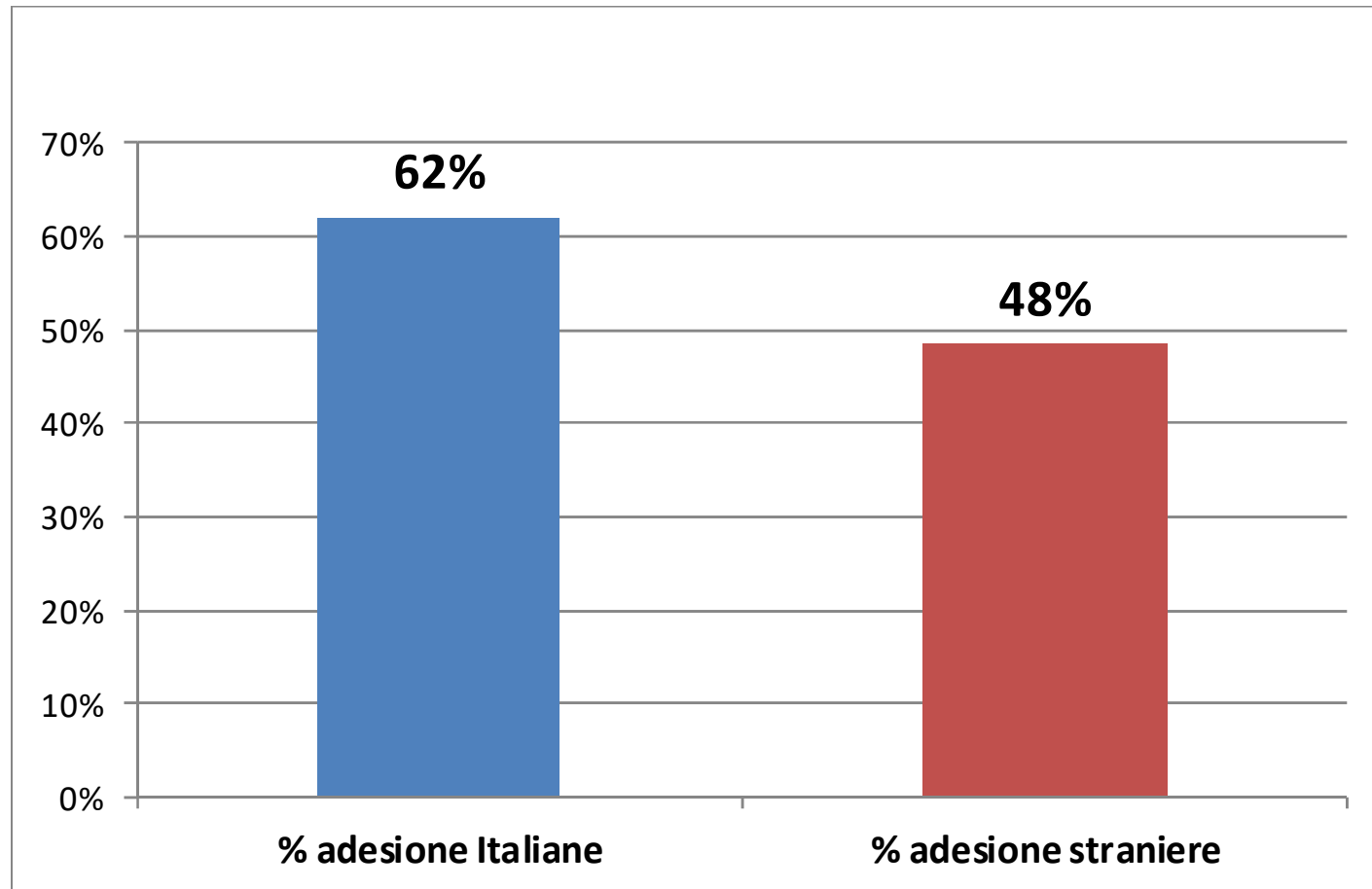
Effective advocacy and communication strategies can overcome the many challenges that impede access to and use of cervical cancer prevention and care, if culturally relevant and context-specific content is produced. Such strategies should reflect national policy and be integrated into all levels of the health system.

Media platforms, opinion leaders, influencers, traditional and faith leaders, and patient advocates should be deployed strategically in order to increase access to information. The WHO guidance on community mobilization, education and counselling for cervical cancer prevention and treatment can be used to improve health literacy (55).



The Teal Sisters, Zambia, survivors and advocates for cervical cancer elimination

TASSO DI ADESIONE – SCREENING CERVICALE





**SERMIG – ARSENALE DELLA PACE
DI TORINO**

DAL 2014 ...in corso

**Coinvolgimento delle
associazioni e strutture
istituzionali**



**ASSOCIAZIONE DI VOLONTARIATO
CAMMINARE INSIEME**

DAL 2017 ...in corso

Al 31 maggio 2021, complessivamente, per le due Associazioni sono stati effettuati **547** test di screening:

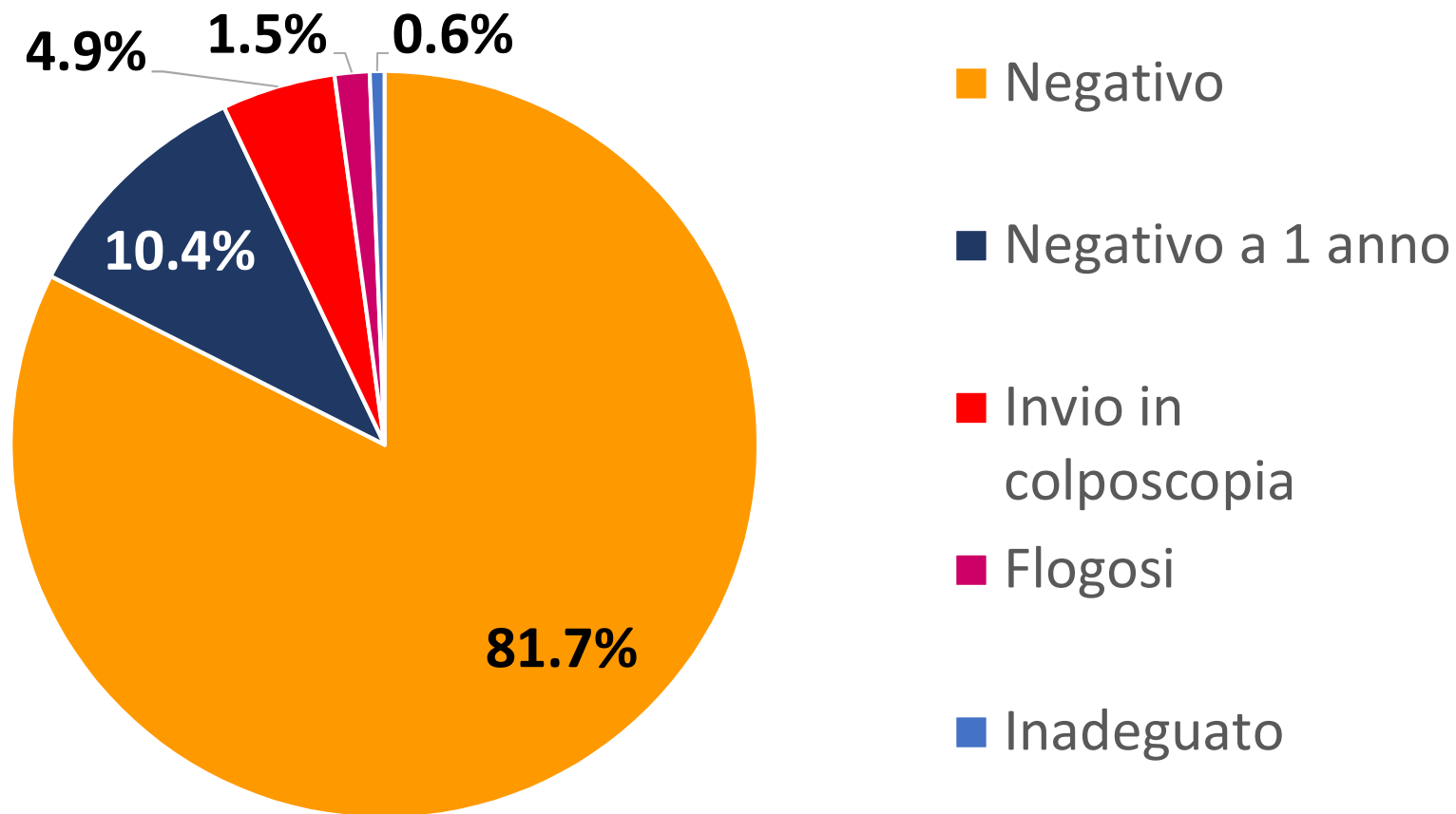
110 Pap-test

361 test HPV

76 mammografie.

Esiti screening cervicale

Dei 471 test dello screening cervicale, al 31 maggio 2021, l'esito è disponibile per 467 donne (99,2%).



Esiti screening cervicale

Delle 23 donne inviate all'approfondimento colposcopico (4,9%):

→ **6 non si sono presentate né all'appuntamento in colposcopia né al sollecito (una risulta trasferita);**

→ 4 donne devono ripetere la colposcopia a 6 mesi/1 anno;

→ 13 donne hanno effettuato la colposcopia:

- 5 donne hanno effettuato un intervento (4 laser + ansa e 1 isterectomia)
- 2 donne hanno avuto come esito delle colposcopia alterazioni flogistiche/distrofiche benigne
- 3 donne dovranno ripetere sia il Pap test che il test HPV ad 1 anno
- **1 ha avuto come esito CA squamoso invasivo**
- 1 non ha effettuato l'intervento
- 1 è in attesa di raccomandazioni conclusive.

DR:2.1‰