

Cervical cancer screening with pattern of Pap smear. *Review of multicenter studies*

To the Editor

We read with interest the recent article by Altaf¹ on cervical cancer screening with pattern of Pap smear - Review of multicenter studies. Cervical cancer is a major health problem in many parts of the world. However, there is a distinct variation in incidence between different countries, with higher frequencies observed in developing countries.² Its impact in the Kingdom of Saudi Arabia (KSA) is more obvious; it is one of the common cancers accounting for 3.2% of all female cancers, with an age standardized incidence rate (ASR) of 2.2 per 100,000 women, and ranks 8th among female cancer cases.³ It would be of great help to have more insight for future planning of screening programs in the KSA if the author provided more information on how the Pap smears were collected in both the previous and prospective studies, and on what the compliance rate was. Given the fact that cervical cancer in KSA occurs at an earlier age, the right population for screening needs to be defined, and it will be useful to mention the age of women from whom the smears were obtained. According to the World Health Organization, for a national cancer control program of countries with limited resources, the initial aim should be to screen every woman who is between 35-40 years once in her lifetime. When more resources are available, the frequency of screening should be increased to every 10 and then every 5 years for women aged 35-55 years. Only when this is achieved, is it legitimate to extend screening to younger ages, and rarely below 25 years.⁴ One of the conclusions drawn is that the real need for mass screening program in KSA cannot be decided unless strong data are collected from pilot studies in different regions, sponsored by health service providers, and the recommendation of these studies will determine the mass-screening program. We agree to this partially, as it should be understood that such studies are helpful in developing logistics of screening systems instead of deciding on screening programs. A

well-organized comprehensive screening program for detection of early cancers should consider, at least, the following: burden of problem in the community, availability of test to detect early cancerous changes, infrastructure facilities available for management of these cases, and the cost-benefit ratio of such program.⁴ It was also mentioned that in Kuwait, cervical cancer ranks third, preceded by cancer of the breast and lung, with an ASR of 7.6 per 100,000.⁵ It would have been better if the author used some other recent reference as this information corresponds to the incidence of 1988-93. The recent report shows the ASR of cervical cancer in Kuwait among Kuwaitis is 4.8 per 100,000 and ranks 7th among women for the period 1998-2002.³ Even the earlier report² for the period 1994-97 shows an ASR of 4.2 per 100,000 with the same order.

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Reply from the Author

No reply received from the Author.

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