

Editorial

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Cervical cancer still remains an important public health issue in Europe where it is the 7th most common cause of cancer deaths in women¹. Each year in Western Europe, 13,000 women develop cervical cancer and 6,000 women die from this disease, while the situation in Eastern Europe is much worse with approximately 31,000 women developing cervical cancer and about 17,000 die every year¹. The differences within Europe are largely due to the absence of effective cervical screening in Eastern Europe and the implementation of properly organised cervical screening programmes would inevitably have a major impact on this disease.

Cervical cancer screening based on the Pap smear can reduce cervical cancer rates by 80% and it is the only method that has been proven to do this. However, cervical screening will only achieve these high rates of prevention if implemented within programmes that achieve high levels of population coverage together with extensive quality assurance procedures to monitor performance at all levels and promptly rectify failures when they occur. Without these elements, you essentially revert to opportunistic screening which has been demonstrated to be less effective and to promote health inequalities by over-screening the wealthy and well-educated while under-screening lower socioeconomic groups and minorities.

This has been recognised by many international, European and national institutions including:

1) The World Health Organisation's recommendation² from 2006 stating that cervical screening should only be offered in organised, rather than opportunistic, programmes in which screening is centrally managed, achieves high population coverage particularly among the women at highest risk and include appropriate quality control procedures.

2) The Council of the European Union which stated in its recommendation of December 2003³ that all EU Member States should implement organised cervical cancer screening programmes.

3) The new European Guidelines for Quality Control in Cervical Cancer Screening⁴ that specifically note cervical cancer screening should not be offered opportunistically and the publication of these guidelines will raise serious ethical concerns for the many European countries that still rely on opportunistic screening.

The last 20 years has seen an explosion of new technologies for cervical cancer prevention. These include the liquid-based cytology methods together with an array of new technologies that stem from the discovery that cervical cancer is caused by certain types of the Human papillomavirus (HPV) such as HPV DNA testing, HPV RNA testing, HPV vaccination and the use of a selection of other molecular markers. Many of these new technologies will have an impact on cervical cancer prevention and it is extremely important for those who are responsible for national cervical screening programmes to carefully consider benefits and drawbacks that all these technologies may be able to offer when deployed within comprehensive organised cervical cancer prevention programmes that effectively integrate the technologies that are appropriate for the country in question. Further, it is clear that the field will continue to evolve and it would therefore be advantageous to establish these prevention programmes on the basis that they are evolving processes that continuously evaluate new developments and integrate them as appropriate.

It was the recognition of these issues that led to the International Workshop on Human Papillomaviruses and Consensus Recommendations for Cervical Cancer Prevention and to the publication of this Special Issue of the *Collegium Antropologicum*. Both are intended to bring Croatian public health officials, medical specialists and academic experts together with their counterparts from around the world for a free and open exchange of the latest scientific results on cervical cancer prevention. This information can then serve as the basis for the development of Croatian recommendations for cervical cancer prevention and the subsequent implementation of national programmes for cervical cancer prevention.

Acknowledgement

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