

Objectives and scope of this document

This document is based on a review of the scientific literature and on the opinions of technical experts. It aims to describe current best practices in the following aspects of a cervical screening programme, which are infrequently discussed in the scientific literature:

1. Audit of cervical cancers in a screening programme.
2. Legal and ethical frameworks to safeguard the interests of screening participants, health professionals, and programme managers associated with cervical screening and related services.
3. Effective and transparent communication with target populations and other stakeholders about the benefits, risks, and limitations of cervical screening.
4. Establishing a framework for developing workforce competencies in communication.

Three Technical Working Groups (TWGs) made up of global experts were convened by IARC to address the above-mentioned subjects. The current best practice recommendations aim to assist policy-makers, programme managers, and other health professionals associated with cervical screening and downstream management. Participants in cervical screening, patients with cervical cancer, civil society organizations, and legal professionals may also benefit from understanding these best practices. The document is accompanied by infographics targeting these audiences.

Initially, the members of the TWGs (Annex 1) identified the key questions related to three areas (cancer audit, legal and ethical frameworks of cervical screening, and effective and transparent communication) to be addressed by this

best practice document. The IARC Secretariat conducted a review of the published literature, national guidelines, and protocols to prepare responses to the questions for each TWG. Unpublished information was also collated from several ongoing surveys within Europe. The responses were reviewed by the members of the TWGs and deliberated upon at the TWG meetings to arrive at a consensus.

A stakeholders' advisory group on the same issues was organized in Ireland (as a country in which the document will be highly relevant) (Fig. 2). It was made up of relevant local stakeholders, which were identified through a mapping exercise, and the group included those from the micro, meso, and macro levels. The views and preferences of the stakeholders were presented to the chairpersons of the TWGs and were

Fig. 2. The stakeholders' advisory group in Ireland. © IARC.



considered when this best practice document was finalized.

The contents of this best practice document are applicable to cervical screening programmes with a reasonable degree of organization and resources. Countries with well-organized population-based screening programmes (i.e. those that have a system of identifying eligible women, inviting them to screening, and recalling them) should perform audit of cancers following the principles and methods described in this document. The applicability of this document to cervical screening programmes in low- and middle-income countries will depend on the resources, pro-

cess, and organization of screening in those countries. A recent IARC journal publication on screening programmes globally reveals that most low- and middle-income countries have opportunistic screening, and that audit of cancers is seldom undertaken in these settings [2].

Quality assurance including audit of cancers should be an integral part of a screening programme, irrespective of whether there is a system for inviting the screening-eligible women. Obtaining the screening history of every woman who presents with cervical cancer at a tertiary care centre and collating the information periodically can give some idea of

the proportion of cancers detected through the screening pathways and the proportion of cancers diagnosed despite a previous negative screening or triage test result.

The basic principles of communication remain the same irrespective of the setting. However, the communication strategies, the delivery mode and the content of the messages, and capacity-building of health professionals in communication should be tailored to the needs and organization of the programme, cultural issues and the local ethos, and the average level of knowledge of the target population about cervical cancer and its prevention.

