Cervical cancer epidemiology and primary care providers in Saxony-Anhalt, Germany

<u>Lacruz ME</u>, Wittenberg I, Hartwig S, Schmidt-Pokrzywniak A, Kluttig A Clinical Cancer Registry Saxony-Anhalt, Halle (Saale), Germany



BACKGROUND

Routine screening for abnormal cervical cytology and human papillomavirus has reduced the incidence and mortality of invasive cervical cancer in Europe [1]. Thus, in Germany 2017-2018 almost half of the women with invasive cervical cancer were diagnosed at early stages [2].

However, there are regional differences on incidence; there is an increased incidence of higher stage cervical cancer in rural areas [3]. This association could be due to difficult access to health care providers.

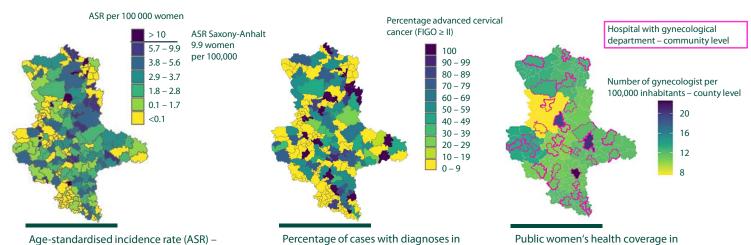
We aimed to investigate the incidence of cervical cancer in Saxony-Anhalt. Further, we examined the association with the density of gynecological care, as a surrogate for screening availability.

METHODS

- Data: regional clinical cancer registry Saxony-Anhalt
- Population: women with diagnosis of cervical cancer (ICD-10 C53) between 2018 and 2021
- Incidence: age-standardized rates (ASR) to old Europe standard per 100,000 women in Saxony-Anhalt
- Advanced cervical cancer = FIGO-Staging ≥ II
- Number of gynaecological practices at county level was obtained from the directory of the German Association of Statutory Health Insurance Physicians [4] and hospitals with gynecological department at community level from the database of the cancer registry

RESULTS

This study includes 589 patients diagnosed with invasive cervical cancer in Saxony-Anhalt between 2018 and 2021.



Age-standardised incidence rate (ASR) – old Europe standard – for cervical cancer per 100 000 women in Saxony-Anhalt

Percentage of cases with diagnoses in advanced FIGO-staging (II – IV) – missing values for FIGO not considered

Public women's health coverage in Saxony-Anhalt

DISCUSSION

- No association between density of gynecological care and incidence rate (advanced) cervical cancer
- Large differences in density of gynecological care: density in urban double than in rural districts
- Possible bias:
 - 3.8% DCN-cases between 2019 2021
 - Patients living near border → delay of notification
 - FIGO missing values (approx. 20%)

REFERENCES

[1] Landy R et al., Impact of cervical screening on cervical cancer mortality: estimation using stage-specific results from a nested case-control study. Br J Cancer 2016

[2] Cancer in Germany 2017/2018. 13th Edition. Robert Koch-Institut, Berlin 2022

[3] Li K et al., *Disparities in the increases of cervical cancer incidence rates: observations from a city-wide population-based study.* BMC Cancer 2022

[4] https://gesundheitsdaten.kbv.de/cms/html/16402.php

