

Evaluation of the Uterine Cervical Cancer Program in Primary Health at Boyeros Municipality, Year 2019

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Abstract

Introduction: According to the World Cancer Observatory (COG), cervical cancer (CCU) ranks as the fourth most frequently diagnosed cancer and the fourth leading cause of death in women globally, with an estimated 570,000 cases and 311,000 deaths in 2018. If current trends continue, the number of deaths in the Americas will increase by 45% in 2030, reports the Pan American Health Organization.

Method: A descriptive observational study, retrospective of traverse court carried out that allowed to evaluate the quality of the process of attention during the diagnosis of a neck pathology during the year 2019. The universe was constituted by all the women between 25 and 62 years Capdevila, Calabazar, Wajay, Boyeros and Santiago de las Vegas in the Municipality Boyeros health areas were involved, in the Havana. They conformed the sample the positive 205 diagnosed patients (NIC I, II, III; CIS and lesion of low degree).

Conclusion: The majority of the users are located above the 40 years, there is a preeminence of the secondary level followed by the high school and the housewives and the workers prevail, there was a high percentage of execution of the examinations planned, for instance, reexaminations or new cases, being a low percentage of positive cases for the most part in the reexaminations and many important cases outside of program. The non-useful tests were fundamentally for insufficient or polluted samples. It is passed more than two months from the realization of the test until the first consultation with the specialist. The privacy and the quality of the attention were valued of very good by the users and service assistants.

Keywords: Uterine Cervical Cancer; Neck Pathology; Positive Cases

Introduction

Cervical-uterine cancer (CUC) is in the world, on a global scale, the third leading cause of death in women, in order of frequency it appears breast neoplasm, lung cancer and CCU, with rates by age ranging between 12.51 and 7,99 per 100,000 women [1-5]. It is a disease that has caused great impact in all social spheres and has contributed to the high rates of morbidity and mortality throughout the world, being the most frequent cause of morbidity and mortality due to gynecological cancer. CCU reflects the notable inequities in health and causes the death of women in their most productive years. It is the leading cause of loss of life years due to cancer in developing countries [7-10].

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Malignant neoplasm of the cervix is one of the few preventable cancer sites, if detected before it progresses to infiltration. The most efficient way of early detection is through a screening program [11,12]. This program must be validated, reliable, sensitive and specific, have a good predictive value and be able to detect this condition at an early enough stage to lead to an acceptable, available and safe intervention that works, as is the case of the Cuban Program for Early Diagnosis of the CCU (PCDPCCU). The early detection of lesions has been shown to reduce the mortality of CCU, being the cervical cytological examination (Papanicolaou [Pap] the research choice method currently used [13-15].

The identification of the human papillomavirus (HPV) as the main and necessary cause of CCU and the development of molecular tests and prophylactic vaccines for the detection and prevention of this infection have opened new perspectives for the control of this cancer, considering that the vaccine Prophylaxis against HPV constitutes the most promising public health tool for the primary prevention of CCU [8,16]. However, success in prevention currently involves effective public health programs and procedures. However, these efforts are affected in their coverage and effectiveness by certain characteristics that, apparently, are not related only to coverage and access to health systems, but there are other factors that are still little explored, such as occurs in Cuba. which shows one of the greatest advances in this regard, and yet has observed an increase in mortality from CCU, without clearly determining the causes of this phenomenon [2,7].

The requirements for an organized program for the timely detection of the disease. Efficient CCU sea have been widely described by various authors. All of them point to the need to achieve high coverage among women at risk, as well as to introduce quality control in each of the elements of the program, the latter being of vital importance if we take into account that comprehensive care for women Today it constitutes one of the fundamental pillars to raise the health status of the Cuban population, which is why it is essential to analyze the factors that may hinder such purpose [17,18].

Most researchers agree in considering it as a sexually transmitted disease, since they attribute a direct relationship between the higher or lower incidence of this type of cancer and the sexual behavior of different human groups. In sexual behavior there are elements that can be considered main, such as: the precocious initiation of sexual relations, multiple sexual partners or promiscuous sexual partner, the high incidence of sexually transmitted diseases and multiparity. According to the literature, the age of the first birth below 20 years is another risk factor for CCU. Sexually transmitted diseases, especially those caused by so-called oncoviruses, in which human papillomavirus (HPV) infection is considered the main cause, increase the probability of developing neck cancer [18,19].

Although the most important risk factor for UCC is HPV infection, other risk factors associated with this neoplasia have been identified, such as age, obesity, contraceptive use, and tobacco use. Other authors also point out the nutritional status, poor hygiene, lacerations, trauma during delivery, and cervicitis [3,7,19].

In Cuba, the antecedents of the Cancer Control Program date back to 1964. The National Cancer Registry, based on population, was created in 1987, and was later reformulated in 1992. In 2006, the National Unit for the control of cancer was created. Cancer, which currently takes the name of the Independent Section for Cancer Control (SICC) and special working groups were established, which provide technical advice on all the actions to be carried out and define the therapeutic and evolutionary modality that corresponds to women with Intraepithelial lesions or invasive cancer of the cervix. Currently, the PCDPCCU has national coverage, which includes all women between 25 - 64 years with active sexual life and establishes a cervical cytology every three years for all those between those ages. After the age of 60, the woman withdraws from the Program after having three negative results. In cases where the test is performed for the first time at age 60, if the result is negative, the test is repeated at one year and at five years, before exiting the Program [1,11].

For a program to have an adequate quality, it should comply with the organization of the system, education of the population and quality of the program, its success will depend on the fulfillment of these requirements in the entire area to be covered, whether urban or

rural. adequate coverage and periodicity is another parameter to meet, in Cuba, 3 considers evaluating the age group between 25 and 64 years old and with a periodicity of 3 years, although the age of initiation of the investigation is still controversial [8,11,23].

Cytology has a “false negative” rate that should not exceed 10%. But for this, the technical personnel must have adequate and systematic training to carry out with quality all the steps of the procedure if optimal results are to be achieved: 1) Collection of the sample; 2) Extension of the material; 3) Fixing the sheets. Which will be carried out according to the established technique and documentation. The samples must arrive at the cytodiagnostic laboratory in appropriate conditions to be processed. To guarantee this and for the established program to work smoothly, the efficiency is determined by the time between the collection of the sample and its reception in the laboratory, which must be a maximum of 10 days.

Cytodiagnostic laboratories must count with the reagents for the staining of the slides, the necessary equipment for their work and to maintain a strict control of the documentation as well as an adequate professional level of the personnel involved in the technical processing and of those who perform the cytological or histological diagnosis.

“Diagnostic certainty” relates the result of the cytological alteration with the histological diagnosis of the lesion studied and there must be a high concordance index and for this calculation, which is known as: Kappa index, they are placed in the vertical line of the table, cytological findings and horizontal results Histological tests, which in this case constitute “the golden rule” The diagnostic quality is higher when there is a high concordance rate of the cytology with the definitive histological diagnosis.

The Kappa index is calculated by:

of lesions confirmed by histology matching cytology x100

total lesions confirmed by histology

The feedback from the cytology laboratory to the area must be fluid and allow the diagnosis to be known with the necessary speed and must not exceed 30 days with the official ballot being the only source to provide the information to the patient. The control of patients with cytologies “not useful” for diagnosis should guarantee their repetition within 6 months of knowing this result, to avoid a positive diagnosis escaping. Never in a longer period of time. The flowchart should be established in each research program, according to the characteristics of the country or region and the availability of qualified human, technological and economic resources for the application of the treatment when necessary The increasing use of video colposcopy as a diagnostic procedure and of the Radiosurgery as a therapeutic method has spread in Cuba and requires a staff duly trained in these techniques to achieve full benefit.

The follow-up of cases with intraepithelial lesions allows the follow-up that corresponds to each patient, according to the cytological, colposcopic and histological result and during the time established before each diagnosis [1].

In the 20th century, mortality from cervical cancer declined in many developed countries, which can be attributed to the implementation of the cytological test, which is the effective method for the early detection of this type of cancer. However, in many developing countries such as Cuba, which have implemented early detection programs based on cytology, the reduction has not been as expected [2,7,8,15,23].

Despite all the efforts and resources allocated by the country in the development of this program still have weaknesses. The primary care doctor and nurse are responsible for enforcing the norms established in the PCDPCCU, although it seems somewhat easy, it has been one of the fundamental problems since, in general, compliance with them has had difficulties since health professionals do not always perform correctly. procedures or protocols that ensure patient-centered care [5].

General Objective

To evaluate the behavior of the Cervical Uterine Cancer Program in the Boyeros Municipality in 2019.

Methodological Design

A descriptive, retrospective, cross-sectional observational study was carried out that made possible the evaluation of quality of the care process during the diagnosis of a neck pathology during 2019. The universe consisted of all women between 25 and 62 years of age from the health areas Capdevila, Calabazar, Wajay, Boyeros and Santiago de las Vegas in the Boyeros municipality, in the province of Havana, comprised the sample of 205 patients diagnosed positive (NICI, II, III; CIS and low-grade lesion. With inclusion criteria of having been diagnosed positive and not being pregnant. exclusion, refusal to participate in the study.

Documentary compilation

It was carried out during the evaluation of the services. The documents to be reviewed were the neck pathology consultation card holder, medical office cytology card holder, daily records of patients seen, Clinical records, pathological anatomy record and copies of the last year semi-annual reports. The Excel 2010 program of Windows 10 was used for the processing and analysis of the information and they were analyzed with parametric statistical measures such as the mean, the mode, the median and the deviation. standard for the quantitative variables, as well as the percentage for all cases, in the non-parametric statistics the confidence intervals were used for the proportions and the bias coefficient, the information is presented in tables.

Results and Discussion

Age Groups	Scholarship								Total Since		Intervals of confidence (95%)	
	Primary		Secondary		Precollege		University				Until	Schooling
	F	%	F	%	F	%	F	%	F	%	Primary	
25 - 31	2	5.1	510	14.0	490	16.4	204	20.4	1206	15.7	0.4	0.6
32 - 39	2	5.1	611	16.7	501	16.7	176	17.6	1290	16.8	Secondary	
40 - 46	3	7.8	683	18.7	514	17.2	190	19.0	1390	18.1	46.4	48.6
47 - 53	6	15.4	683	18.7	550	18.4	174	17.4	1413	18.4	Precollege	
54 - 60	9	23.0	608	16.7	452	15.0	129	12.9	1198	15.6	38.0	40
61 y +	17	43.6	554	15.2	489	16.3	125	12.5	1185	15.4	University	
Total	39	0.5	3649	47.5	2996	39.0	998	13.0	7682	100.0	12.2	13.8

Table 1: Female population in the PCCU according to grouped ages and schooling in the Boyeros municipality 2019.

Source: Department of Gynecology in polyclinics.

The average age of women with primary education was equal to 55.3 years, likewise those who reached a basic secondary level had a mean age of 52.3 years. Those who achieved pre-university and higher level registered an average age of 45.4 and 43.6 years respectively. Regarding the average age of the sampled, it was 45.3, while the modal age coincided with the median age equivalent to 47.2 years and the standard deviation equal to 13.2 years, presented a bias coefficient equal to 0.06 that indicates a slight majority in the women who are below average. On the other hand, it can be observed that the majority are located over 40 years of age, that is, 65.5%. The confidence

intervals for the percentages that we can see in the table show us that the variation that may exist is very small in the universe in terms of the education of the women included in the study.

In a national study carried out in Cienfuegos that explored the CCU and breast screening in a total of 1,067 women between the ages of 25 to 74 years, there was a predominance of women aged 40 or over (73.8%) [21]. In another national publication, this time in Havana a total of 7,117 cytologies were performed in the period of time from 2001 to 2005, of which 6,886 (96.8%) corresponded to women between 25 and 59 years old and 231 (3.2%) to women aged 60 years and over [1].

Groups of Ages	Occupation								Total Since		Intervals of Confidence (95%) Occupation	
	Housewife		Worker		Unlinked		Retired				Until	
	F	%	F	%	F	%	F	%	F	%	Housewife	
25-31	554	16.4	521	18.2	131	15.6	0	0	1206	15.7	42.9	45.1
32-39	627	18.5	539	18.8	124	14.8	0	0	1290	16.8	Worker	
40-46	570	16.9	683	23.8	137	16.4	0	0	1390	18.1	33.7	35.7
47-53	680	20.1	609	21.3	124	14.8	0	0	1413	18.4	Unlinked	
54-60	552	16.3	423	14.8	103	12.3	120	20.0	1198	15.6	10.3	11.5
61 and +	398	11.8	90	3.1	218	26.0	479	80.0	1185	15.4	Retired	
Total	3381	44.0	2865	37.3	837	10.9	599	7.7	7682	100.0	7.1	8.3

Table 2: Female population in the PCCU according to grouped ages and occupation in the Boyeros municipality 2019.

Source: Department of Gynecology in Polyclinics.

In a publication made in Mexico by the non-governmental organization CIDHAL (Communication, Exchange and Human Development in Latin America), which has a program for the timely detection of CCU, refers in terms of schooling, that 30% of the women who attended the program of CIDHAL in its out-of-office modality, and 40% of the women who attended the health secretariat finished primary school. All the women studied at least one year of primary school. The education level of the women who attended the test in the CIDHAL office ranged from having unfinished elementary school to postgraduate studies, this being a much more heterogeneous population [17]. In a national publication, the level in the educational level of the studied population, it was highlighted that 18 patients (45%) had a pre-university level, however, adding those with a primary and secondary level complement a total of 22 (55%), which shows the low level [21].

The highest percentage in the table are housewives who represent 44% of the women studied, followed by workers who reach 37% of the total, in a much less important percentage, 10.9%, the unemployed and even less the retired with 7.7 percentage points with regard to ages, we can also see how occupations are distributed in this regard, where a predominance of female workers can be distinguished, fundamentally in the first four age groups.

The confidence intervals for occupations clearly show us that there is not much variation between the values found in the famines studied and the values we could find in the universe.

In the revised literature we find little reference to this aspect by the authors who have addressed the subject at hand. Worker women predominated in a national intervention study [6]. In the study conducted in Mexico, the occupation of the women’s SSA and CIDHAL outside the office is very similar, in both cases 80% are dedicated to the home [17].

Age groups	Planned		Made		% of compliance		Confidence intervals (95%)	
	Reexamination	New cases*	Reexamination	New cases*	Reexamination	New cases*	Since	Until
							Planned re-examinations	
25 - 31	696	510	640	492	92.0	96.5	100.0	
32 - 38	1290	0	1187	0	92.0	0	Planned re-examinations	
39 - 45	1390	0	1320	0	95.0	0	91.0	92.2
46 - 51	1413	0	1356	0	96.0	0	New cases planned	
52 - 58	1198	0	1066	0	89.0	0	100.0	
59 - 65	1185	0	997	0	84.1	0	New cases made	
Total	7172	510	6566	492	91.6	96.5	96.2	96.8

Table 3: Female population in the PCCU based on grouped ages and 2019 test results.

Source: Department of Gynecology of the polyclinics.

*: New cases are considered those that attend for the first time to be examined.

As expressed in the table, there was a high percentage of compliance with the planning of tests both in the re-examinations and in the new cases for 91.6 and 96.5 respectively, presenting better percentage values in the first four age groups where in all cases it was above 90%, in women over 52 to 58 it had a compliance of 89% and lastly the oldest age group where it decreased to 84.1%. The confidence intervals applied show us that in the universe the percentage values will move between 91 and 92.2% for re-examinations and between 96.2 and 96.8%.

In recent years, NIC-type injuries are increasingly detected in women young people, this could be explained by the high incidence of genital HPV infection in the population [1]. The age of presentation of CCU, worldwide, is between 45 - 55 for 95% of women, with variations between countries, and within the same country, data similar to those found by the research group of Sanabria., *et al.* carried out in our country in the province of Pinar del Río [22]. In the Ordaz., *et al.* study, of the 7,117 tests performed, 469 (6.6%) were new cases and 6 652 (93.5%) re-examinations. For the 25 to 59-year-old group, compliance rates with the Program ranged between 79.1% and 92.4%, which was mainly contributed by overcompliance due to new cases. For the age group 60 years and over, compliance with the Program was between 89.4 and 97.9% [1].

Diagnosis	Re-examined cases		New cases		Cases outside the Program		Total		Confidence intervals (95%)	
	F	%	F	%	F	%	F	%	Since	Until
NIC I	36	40.4	29	50.0	13	46.4	98	47.7	46.6	48.8
NIC II	15	16.9	12	20.7	8	28.6	45	22.0	21.1	22.9
NIC III	3	3.4	4	6.9	4	14.3	11	5.4	4.9	5.9
ASCUS	6	6.7	8	13.8	3	10.7	17	8.3	7.7	8.9
AGC	9	10.1	0	0	0	0	9	4.4	4.0	4.8
cancer	20	22.5	5	8.6	0	0	25	12.2	11.5	12.9
Total	89	43.0	58	28.3	28	13.7	205	100.0	////////	/////

Table 4: Relationship between total positive cases and new positive cases and cases outside the program according to examination diagnosis.

Source: Department of Polyclinic Gynecology.

Positive cases represent 2.7% of the total sample and 47.7% of positive cases are CIN I, then CIN II with 22.0%, the other conditions detected less significant, it is important to note that the 28 cases outside the program, that is, they are under 25 years of age as established by the National Cervical Uterine Cancer Program, they represent 13.7% of the 205 patients studied, when they were examined they were positive, distributed in the first four classifications that appear in the table.

Bail intervals for positive cases show us that between 46.6 and 48.8% will be by IAS, as well as II can be present between 21.1 and 22.9, cases of IAS III between 4.9 and 5.9, ASCUS with 8.3% will appear between 7.7 and 8.9, AGC at 4.4% will be limited from 4.0 to 4.8% and finally Cancer with 12.2 percentage points of positive cases will be in the universe between 11.5 and 12.9. In the study carried out in our capital, the main result found (between 97.1 and 99%) was normal cytology and no cases of invasive carcinoma were reported. Rates of IAS patients at their different stages were low [1].

Attention area	Sample						Total		Confidence intervals (95%) for the causes	
	Drought		Insufficient		Contaminated					
	F	%	F	%	F	%	F	%	Since	Until
Sgo from Las Vegas	3	21.4	15	10.3	57	25.8	75	19.7	Drought	
Boyeros	0	0	0	0	0	0	0	0	1.4	6.0
Calabazar, AU	0	0	36	24.9	56	25.3	92	24.2	Insufficient	
Wajay	3	21.4	40	27.6	52	25.3	95	25.0	33.3	43.1
Capdevila	8	57.2	54	37.2	56	25.3	118	31.1	Contaminated	
Total	14	3.7	145	38.2	221	58.1	380	100.0	53.1	63.1

Table 5: Non-useful tests based on cause and area of care.

Source: Department of Polyclinic Gynecology.

With the exception of the Boyeros Polyclinic where there were no useful samples in the other areas of health investigated behaved in a similar way and the differences in the central values observed are due to the number of women in each area. So, it's not important for our purposes to work.

4.9% (380/7682*11) of the samples taken proved unsevere, contamination of the samples predominated with 58.1%, also significant is the percentage value reached by insufficient samples with 38.2% and less important the number of dry samples that accounted for only 3.7% of the total useful samples.

Confidence intervals (ICs) with a certainty of 95% set the limits for the universe in the total number of non-useful samples from 2.7 to 6.0%, meaning that in the universe there can be between 207 and 461 unusable samples, the ICs for the causes of uselessness of the samples are set out in the table above.

The quality of the cytological sample depends both on the procedure for obtaining and performing the spread and the time it takes to send to the cytodiagnosis rhyme and the conditions in which it arrives. One parameter that measures the quality of the sample is the percentage of cytology devoid of cells representative of the transformation zone, which must be less than 20%, and the figure of cytological tests with not useful result. Ordaz., *et al.* reported that the total number of non-useful samples associated with poor quality of these was 248 (3.5%) 220 were women between the ages of 25 and 59 (3.2% of the total of 6,886) and 28 (12.1% of the total of 231) [1]. Rodríguez., *et al.* in its evaluation of the CCU's National Early Diagnosis Program, found that sample quality continued to present serious difficulties;

this was proven in the result obtained in evaluating this indicator, as 2.55% were not useful, and should be zero to consider it a quality indicator. In many cases, the result of this variable affects the non-sampling of the transformation zone, so it does not give the cough results (67.5%) [20].

Flow	Time in days	Accumulated days
Realization and collection	3	3
Processing samples in AP	7	10
Picked up by family doctor	10	20
Diagnostic Information	2	22
Confirmation of diagnosis	7	29
First consultation	35	64
Total days	64	////////////////////

Table 6: Flow of information and attention to positive cases.

Source: Department of Polyclinic Gynecology.

The time intervals expressed in the table above take more than two months between sampling and first consultation and it is very important that these processes are shortened to achieve timely attention in each of the positive cases that occur during the development of the care process. We can see that from the time the sampling is performed until it is confirmed 29 days and from that's twenty and nine days another thirty-five pass until it is attended in consultation by a specialist.

Timely treatment of premalignant lesions, conization, cryosurgery, laser, electro-glare, radio surgery or hysterectomy is an essential requirements in cervical screening programs. In the fight against cancer it is essential to act in time, since the dilation of it can result in the loss of a human life. Research conducted in Mexico addresses deficiencies that included in addition to poor quality in histological preparations in a large proportion of cases and low diagnostic certainty, a very long time between receiving the specimen (89% of specimens were sent late to the Pathology Service) and the preparation of the final written report (14 ± to 7.5 days), in 22 cases (7%) the written report showed amends or had a bad presentation [17].

Attention area	Privacy rating						Total	
	Good		Regular		Bad			
	F	%	F	%	F	%	F	%
Santiago de las Vegas	45	22.5	1	20	0	0	46	22.4
Boyeros	35	17.5	0	0	0	0	35	17.1
Kalabazar, Au	35	17.5	2	40.0	0	0	37	18.0
Wajay	45	22.5	0	0	0	0	45	22.0
Capdevila	40	20.0	2	40.0	0	0	42	20.5
Total	200	97.6	5	2.4	0	0	205	100.0

Table 7: Privacy and hygiene at the discretion of patients and health area.

Source: Survey conducted.

Respect for her privacy is of great importance to every woman who comes to the CCU consultation for their tests and in the surveys, there is a very high level of satisfaction in terms of this topic, because as can be seen in the summary embodied in the table above 97.6% classified it as good and only 2.4% considered it regular not to find any surveys bad privacy.

From the perspective of the assessment of the quality of care it is understood that each institutional program must guarantee the fundamental aspects for humanized care among them the necessary privacy and confidentiality [6].

Area of attention	Satisfaction level users						Total	Level of satisfaction of service providers								Total	
	Good		Regular		Bad			Good		Regular		Bad					
	F	%	F	%	F	%	F	%	F	%	F	%	F	%	F	%	
Santiago de las Vegas	45	23.1	2	20.0	0	0	47	22.9	2	20.0	0	0	0	0	2	20.0	
Boyeros	30	15.4	2	20.0	0	0	32	15.6	2	20.0	0	0	0	0	2	20.0	
Kalabazar, Au	35	17.9	3	30.0	0	0	38	18.5	2	20.0	0	0	0	0	2	20.0	
Wajay	45	23.1	2	20.0	0	0	47	22.9	2	20.0	0	0	0	0	2	20.0	
Capdevila	40	20.5	1	10.0	0	0	41	20.0	2	20.0	0	0	0	0	2	20.0	
Total	195	95.1	10	4.9	0	0	205	≈100	10	100.0	0	0	0	0	10	100.0	

Table 8: Level of satisfaction at the discretion of patients and service providers by health area.

Source: Survey conducted.

Positive cases were taken to be surveyed as more controlled it is easier to localize and more than one test has had to be performed in all cases. The satisfaction of users for the services provided is evident, as can be seen in the table above 95.1% classified it as good and only 4.9% regular. On the other hand, the service providers in their entirety found the service provided to be good.

In the study carried out in Mexico it refers to the quality of care received, that 60% of the women who went to the clinic of the SSA and 100% of those who went to CIDHAL, reported being very satisfied with the care provided by the health personnel. Under no circumstances were there women who expressed that they were totally dissatisfied [17].

Conclusion

- Most users are over the age of 40, there is a preeminence of the secondary level followed by the pre-university and housewives and workers predominate.
- There was a high percentage (71,7%) of compliance with planned reviews or new cases, with a low percentage (43,0%) of positive cases mostly found in reviews and a significant amount of out-of-program cases.
- The non-useful evidence was primarily due to insufficient or contaminated samples.
- It takes more than two months from the test to the first consultation with the specialist.
- The privacy and quality of care was valued well by both users and service providers.

The findings need to be discussed extensively in consideration of the different areas of the universal as stated from the introduction.

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