

Socioeconomic position and risk of cervical cancer in the Nordic countries: results from the Nordic Occupational Cancer Study (NOCCA)

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Background: The Nordic countries have benefited from steep declines in cervical cancer incidence rates, as a consequence of the implementation of nationwide screening programmes. However, it is not clear whether all social groups have equally benefited from these preventive services. We provided an assessment of the magnitude and temporal trends of cervical cancer incidence by socioeconomic position (SEP), as measured by occupational group, across four Nordic countries (Denmark, Norway, Finland, and Sweden) using population-based data from the Nordic Occupational Cancer Study (NOCCA).

Methods: We computed age-standardized incidence rates (ASRs) of cervical cancer per 100,000 person-years truncated at ages 50–69 years by SEP during 1961–2005. ASR ratios and differences for low_vs_high SEP levels we estimated. Using Poisson regression models, we estimated the relative risks (RRs) and corresponding 95% confidence intervals of cervical cancer for SEP levels in the Nordic countries separately and combined for the period 1991–2005.

Results: There was a general decline in the incidence rates of cervical cancer among all SEP groups. Rates were generally higher among lower SEP groups in all countries, with a social gradient consisting of a progressive increase in risk as SEP decreased. RRs for lowest vs highest SEP in the most recent period ranged from 1.33 in Sweden to 1.76 in Denmark and was 1.42 when the four selected Nordic countries were pooled together. The ASR difference decreased over time in all selected countries, ranging from 31.1/100.000 in Sweden to 4.6/100.000 in Denmark.

Discussion and Conclusion: Despite the general declining trends, socioeconomic inequalities in cervical cancer remained in the most recent study period, this suggesting that not all women benefited equally from screening. Low SEP women still carry the highest risks of the disease, everywhere in the Nordic countries. Efforts should be continued to ensure broad access to preventive services.

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