

Multiple strategies are more efficient for cervical cancer

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J. Thomas Cox, M.D., from the University of California in Santa Barbara, and colleagues compared nine cervical cancer screening strategies with the current standard (cytology plus human papillomavirus [HPV] triage of atypical squamous cells of undetermined significance) for detection of high-grade cervical disease in a cohort of 34,254 women aged 30 years or older.

The researchers found that screening strategies with greater sensitivity necessitated more referral to colposcopy. For the detection of cervical intraepithelial neoplasia grade 2 or greater, HPV testing was more sensitive than cytology, but this sensitivity was decreased with strategies that depended on cytology for triage of HPV-positive women. Sensitivity was increased with various strategies of co-testing with cytology, but this was

achieved by increasing testing. More efficient referral to colposcopy was provided by strategies that included integrated HPV16/18 testing.

"Strategies that maximize detection of women at greatest risk of cervical intraepithelial neoplasia grade 3 or greater by immediate referral to colposcopy, with follow-up testing of women at intermediate risk, maximize the benefits of cervical cancer screening while decreasing the potential harm," the authors write. "Incorporating screening with HPV and triage of HPV-positive women by a combination of genotyping for HPV16/18 and cytology provided a good balance between maximizing sensitivity (benefit) and specificity by limiting the number of colposcopies (potential harm)."

Several authors disclosed financial ties to the pharmaceutical and biotechnology industries, including Roche Molecular Systems, which funded the study.

More information: <u>Abstract</u>
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