The Challenges of Cervical Cancer Screening

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DOI: 10.1309/AJCPHTJCYILM5FRF

Cervical cancer screening has emerged as one of the most important and also challenging areas in global health. As a preventable and treatable disease, control efforts focus on vaccination programs; diagnosis, detection, and treatment of precursor lesions; diagnosis and treatment of early cancerous lesions; diagnosis and treatment of more advanced cancers; and, when and where available, palliative care for untreatable advanced disease. Unfortunately, on a global basis, many—perhaps most—cases go undetected early on when effective treatments can result in clinical cures.

As part of the global efforts to prevent and treat cervical cancer, a number of technological advances have occurred during the past two decades. The first was the introduction of liquid-based cytology, followed by development of assays to detect human papillomavirus (HPV) serotypes associated with more aggressive disease, and eventually introduction of effective (HPV) vaccines. As with the introduction of any new technology, one outcome has been an evolution in the clinical approach to cervical cancer screening. When the only available technology was the traditional Papanicolaou smear, annual cervical cancer screening for women of childbearing age was, for all its faults, considered the best approach. With the introduction of each new diagnostic test, however, it became obvious that annual screening was not necessary to reduce cervical cancer rates and not the most cost-effective approach.

Because of unavoidable lags in collecting and publishing the results of clinical trials, as well as honest differences of opinion regarding the interpretation of published data, a number of guidelines have been published regarding cervical cancer screening, often with different recommendations. There remain many questions as to what the optimal approach should be, particularly as use of the HPV vaccine increases around the world.

One long-used approach to reduce the number of guidelines and mitigate differences of interpretation of those guidelines is for professional groups to collaborate in developing them. One such group is the Cytopathology Education and Technology Consortium, whose member organizations include the American Society of Cytopathology, American Society for Clinical Pathology, American Society for Cytotechnology, College of American Pathologists, International Academy of Cytology, and Papanicolaou Society of Cytopathology. This consortium has developed a set of guidelines for HPV DNA test utilization based on the most recent published evidence. These guidelines were first published in late 2013 and are now being published in several other journals.

In response to the legitimate question as to why AJCP—and other journals—would agree to republish these guidelines, the answer is that another long-used approach to reduce the number of guidelines, as well as improve and increase their use, is to publish them as widely as possible. Because journals target different audiences, publishing the same guidelines in different journals has the end result of reaching the broadest diversity of readers.

References