Screening for cervical cancer: recent advances

Health Technology Advisory Committee

Record Status
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Authors' objectives
This report aims to assess the effectiveness of recent advances in screening for cervical cancer.

Authors' conclusions
The decreases in invasive cervical cancer incidence and mortality since the introduction of the Pap smear have been dramatic. There has been a 70 percent decrease in cervical cancer deaths over the past 50 years which been credited in large part to regular Pap testing.

One reason why Pap smear may have reached its optimal efficacy is the inherent limited sensitivity of the test. There is a long-held belief that the key to continued improvement in cervical cancer outcomes is to increase program compliance. However, many studies have addressed impediments to cervical cancer screening and report that the most common impediments are: a lack of appreciation of the need for screening; the primary care provider does not suggest performing a Pap smear; and a belief that older patients did not require screening. These impediments to recommended screening make it imperative that the screening test used when recruiting unscreened or infrequently screened women has the highest sensitivity. Liquid-based cytology has the potential to increase the effectiveness of these programs by reducing the risk of missed disease in infrequently screened women.

Conventional Pap testing is less efficient at discriminating between women who have disease and those who do not than is generally believed. Several problems associated with conventional Pap smear have been addressed by monolayer, fluid-based technology. With conventional smears, <20% of the cells on the sampling device is transferred onto the slide. The Digene-2 test for HPV includes probes that detect 5 low-risk and 9 high risk HPV types can work in tandem with the liquid-based cytology.

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http://www.health.state.mn.us/htac/papupdate.htm

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