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Title **Cervical Cancer Screening and HPV Testing**

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Reference Health Technology Assessment (HTA). 2006. KCE reports 38C (D/2006/10.273/37).
http://kce.fgov.be/index_nl.aspx?ID=0&SGREF=5264&CREF=7764

Aim

To document the effectiveness of cervical cancer screening, in particular the role of human papillomavirus (HPV) testing.

Conclusions and results

Conventional Pap cytology or a validated LBC system remains the cornerstone of cervical cancer screening. Validated HPV testing is currently indicated only for ASC-US triage in women 25 to 64 years of age and in neoplasia treatment followup. HPV and cytology findings (using Bethesda standard) should be mentioned separately, but interpreted together in a single pathology report.

The knowledge of women about HPV is generally poor. Testing positive for HPV may cause anxiety, and upset the woman and her partner. Awaiting the results from large ongoing trials, nonselective testing for HPV cannot be justified. Offering information tools with pretest information, eg, information leaflets on cervical cancer screening and HPV, must be encouraged.

Cervical cancer screening in Belgium is mainly opportunistic and not well organized. Three-year Pap screening coverage in women 25 to 64 years old is only 59%, and many of the women screened are overscreened (annual Pap test). In the UK and the Nordic countries where organized screening was implemented, coverage of at least 80% was reached. Beyond the appropriate introduction of HPV testing, greater screening coverage of the target population and quality improvement in the different steps of the screening process can be expected to improve health in a much larger population.

Recommendations

- Well-organized cervical cancer screening (instead of the current opportunistic screening) with the necessary quality assurance should be introduced if policy makers want to reduce cervical cancer mortality.
- The introduction of a comprehensive and mandatory registry is essential.
- Awaiting the results of ongoing trials, HPV tests currently have no proven utility in primary screening. Women must be correctly informed about the HPV test to prevent possible psychological problems. HPV complements cytology-based screening in ASC-US triage (estimated at maximum 3% of screened cases) and in neoplasia treatment followup.
- The annual Belgian health insurance budget used for covering medical activities directly linked to cervical cancer screening can be used more efficiently. Activities associated with overscreening (annual Pap test) should not be financed by the health insurance plan.
- Actual and forthcoming screening activities should be integrated and coordinated across the different cancer screening programs and among all authorities concerned.

Methods

Literature review. Surveys to assess local situation.

Further research/reviews required

Large trials are ongoing to assess the role of primary HPV screening.

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