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OPTIMIZING CERVICAL CANCER SCREENING STRATEGIES: WE CAN DO BETTER

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The world is moving from cytology-based cervical cancer screening to HPV-based screening. HPV testing has higher sensitivity than cytology for detection of cervical (pre)malignant lesions (HSIL+).
Specificity depends on subsequent evaluation strategies. Currently, the question that has arisen is how we should manage an HPV-positive result. Cytology has been proposed as a triage method for HPV-positive women. However, the efficacy of cytology is hampered by suboptimal sensitivity. Some studies support HPV-16/18 genotyping as a triage for HPV-positive women. The incidence of HSIL+ in HPV16/18-positive women is higher than in women with the "other 12" HPV genotypes. The FDA has approved an algorithm for primary screening that refers HPV16/18-positive women to colposcopy.
The management of women positive for the "other 12" HPV genotypes is more challenging. The risk of HSIL+ in this group is too high to allow returning to routine screening but too low to warrant immediate colposcopy. Cytology is an option for this group. Dual staining (DS) for p16 and Ki-67 has been also proposed as a triage strategy. DS has shown promising results as an efficient triage in HPV-based screening in combination with HPV 16/18 genotyping or for all HPV positive results.

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