WORKSHOP (crediti ECM non previsti)

Cervical Cancer screening: how medical and economic values can make a difference

Moderators: Francesca Carozzi, Mario Sideri
Population-based cervical screening in Italy

• 1996 National Guidelines on cervical cancer screening
  - Population based
  - Active invitation
  - Defined protocols
  - Fail-safe system

 2001: Institution of National Centre for Screening Monitoring (ONS)
 2002: Monitoring every phase by process indicators (published yearly from 2002)
Population-based cervical screening in Italy

- Age 25-64 years
- 3-year intervals in negatives
- Pap test Primary test

- From 2001 population based screening included in “Essential Levels of Assistance”

- In 2011
  - 84% of Italian women in target age live in areas covered by organised screening programs
  - 67% invited in last 3 years
The way to HPV-based cervical screening in Italy

- 2002-4 NTCC multicentre RCT enrolment
- 2006-8 NTCC data on enrolment published
- 2010 NTCC data on first 2 screening rounds published
- 2010: Some pilots programmes using HPV as primary test have been implemented and over 150,000 women were invited to screening by HPV testing and more than 50,000 accepted

- 2012 HTA report. HPV more effective and less expensive if appropriate protocols
  - Stand alone HPV as primary
  - Triage by reflex cytology and 1-year HPV repeat in cytology negatives
  - 5-year intervals
  - Start HPV screening at age 30

- 2013:
  - Ministry of Health recommends HPV screening to Regions with above protocol
HPV as primary screening

Regions:
- Piemonte
- Liguria
- Toscana
- Umbria
- ABRUZZO
- Latina Roma G
- Reggio Emilia
- Emilia Romagna
- Basilicata

Local Programs (LHU):
- Val Camonica
- Trento
- Padova, Rovigo, Este, Adria

In activation:
Algorithm used for HPV primary screening

- HPV-positive women are not to be directly referred to colposcopy, but Pap triage is used
  - If the result of PAP test is abnormal, the woman is immediately referred to colposcopy
  - If cytology is normal, the woman is invited to repeat a new HPV test after one year.
  - If a test is still positive, the woman is referred to colposcopy
  - If the test is negative, the woman will be re-invited for a new screening round after 5 years
Predictive biomarkers to triage hr-HPV positive women is an active area of research.

To identify women with Cin2+ not regressive.

Identify hr-HPV persistent infection at major risk of Progression to Cin2+.

**Biomarkers**

- HPV Genotyping
- HPV Viral load
- p16INK4a overexpression
- Methylation profiles of human and viral genes
- mRNA over expression
- miRNA
2006: Use of the HPV test-hr in the triage of ASC-US, of L-SIL in women >= 35 years, in the follow-up after treatment of CIN2+ lesions

Update 2012:
Use of the HPV test-hr in the follow-up of women with ASC-US + cytology and negative colposcopy for CIN2+