HPV cervical CA screening cuts odds of later CIN3+ diagnosis

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(HealthDay)—The use of primary human papillomavirus (HPV) testing

versus cytology results in reduced likelihood of cervical intraepithelial neoplasia (CIN) grade 3 or worse (CIN3+) at 48 months, according to a study published in the July 3 issue of the *Journal of the American Medical Association*.

Gina Suzanne Ogilvie, M.D., from the University of British Columbia in Vancouver, Canada, and colleagues conducted a randomized trial to assess histologically confirmed cumulative incident CIN3+ detected up to and including 48 months by HPV testing alone or liquid-based cytology. Overall, 19,009 women were randomized to the intervention and control groups (9,552 and 9,457, respectively). Women in the intervention group received HPV testing, while those in the control group received liquid-based cytology testing.

Overall, 8,296 and 8,078 in the intervention and control groups, respectively, completed the study. The researchers found that significantly fewer CIN3+ and CIN2+ were detected in the intervention versus the control group at 48 months. Per 1,000 women, the incidence rates were 2.3 and 5.5 for CIN3+ in the intervention and control groups, respectively; the corresponding rates for CIN2+ were 5.0 and 10.6 (risk ratios, 0.42 and 0.47).

"Among women undergoing cervical cancer screening, the use of primary HPV testing compared with cytology testing resulted in a significantly lower likelihood of CIN3+ at 48 months," the authors write. "Further research is needed to understand long-term clinical outcomes as well as cost-effectiveness."

Several authors disclosed financial ties to the pharmaceutical industry.

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