

HPV cervical CA screening cuts odds of later CIN3+ diagnosis

July 4 2018



(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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Citation: HPV cervical CA screening cuts odds of later CIN3+ diagnosis (2018, July 4) retrieved 19 April 2024 from

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