









primary HF	PV screening	
Country	n	
Netherlands	18.403	
Sweden	12.527	
Finland	108.425	
Italy	94.370	
England	24.510	
Canada	10.154	





"HPV testing is at least as good"

 The World Health Organisation (WHO) via the International Agency for Research on Cancer (IARC) has stated:

"There is sufficient evidence, based on surrogate markers, that the efficacy of HPV testing, using a validated system, as the primary screening modality can be expected to be at least as good as that of conventional cytology".













Assumed failure rates 2006 – 2011 (assumption before start of the project)						
Method	False negative cancers	False negative CIN3+				
Cytology	3-4	40-60				
HPV testing	0-1	2-5				
Colposcopy	0-1	3-6				
Based on (sometimes misread) German data we expected 7 to 12 invasive cervical cancer cases 80-120 CIN3 cases (20,000 participants mean observation 3.5 yrs) Assumed screening sensitivity HPV 98% / Pap 50% Assumed colpo sensitivity for detection of CIN3 / cancer in HPV+ or Pap + 97%						



- Type I and type II transformation zones with visible SCJ underwent punch biopsies of all visible lesions
- Type III TZ underwent endocervical curettage and in case of visible lesions punch biopsies
- Alle CIN3+ lesions and most CIN2 underwent invasive treatment
- All </=CIN1 lesions were followed with annual HPV testing and in case of persistence with colposcopy



















Observed failure rates 2006 – 2011

(compared with predicted rates January 2006)

Method	False negative cancers		False negative CIN3+	
Cytology	3-4	4-17	40-60	79
HPV testing	0-1	1	2-5	2
Colposcopy	0-1	0	3-6	4

Based on (sometimes misread) German data we expected
7 to 12 invasive cervical cancer cases
80-120 CIN3 cases (20,000 participants with mean observation 3.5 yrs)
Assumed screening sensitivity HPV 98% / Pap 50%
Assumed colpo sensitivity for detection of CIN3 / cancer in HPV+ or Pap + 97%

The implications of HPV screening for colposcopy Compared with conventional Pap smear screening, the management of HPV screening requires even more expertise. A maximum harvest of the potential benefits of HPV screening will rely on a good control of patient pathways and a high quality colposcopy management