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NEWS

Pilot study will assess whether HPV test should replace smears to screen for cervical cancer

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A pilot scheme is to be set up in the United Kingdom to assess the value of using human papillomavirus (HPV) testing as the primary screening test for cervical cancer rather than the currently used cytology or smear test.

The pilot scheme will be developed by the NHS cervical screening programme after a recommendation by the UK National Screening Committee. The pilot aims to establish whether using HPV testing as the primary screen for cervical disease results in better outcomes for women while minimising overtreatment and anxiety. More detail about the configuration, timing, and length of the scheme will be decided at future meetings of the screening committee.

The NHS cervical screening programme is already in the process of introducing HPV testing for high risk HPV strains in two different ways. The first is through HPV triage, whereby women with borderline or low grade results of usual cervical screening are tested for HPV and, if results are negative, are returned to the routine screening programme. Women who test positive are referred for colposcopy. The second way is by HPV testing after women are treated for cervical abnormalities, as a "test of cure."

The move to trial HPV testing rather than cytology testing as a primary screen comes after studies showed the effectiveness of HPV testing for cervical cancer screening.[1] And a recent cost effectiveness analysis published in the *BMJ* concluded that most European countries should seriously consider switching from primary cytology to HPV screening for cervical cancer.[2]

Julietta Patnick, director of the NHS cancer screening programmes, said, "The relationship between HPV and cervical cancer has long been established, with the virus being found in over 99% of cervical cancer cases. We welcome this support of the National Screening Committee for the introduction of a pilot of HPV testing as the primary screen for cervical disease, and we will continue our work with the Advisory Committee on Cervical Screening to develop a pilot protocol."

Anne Mackie, director of the National Screening Committee, said, "This is a good example of a new approach that could further improve an already successful screening programme. HPV testing may better indicate which women are at risk of cervical cancer."

The committee also approved a draft policy recommendation to increase the age of first screen for cervical disease to 25 in Scotland and Wales, in line with the age in England and Northern Ireland. It also recommended that women aged 50-64 undergo screening every five years throughout the UK, in line with current practice in England. These recommendations have gone out to public consultation until 9 August (www.screening.nhs.uk/cervicalcancer).

Patnick said, "Cervical abnormalities are common in women under the age of 25, but cervical cancer in this age group is very rare. In the vast majority of cases in these younger women the abnormalities clear up on their own. If abnormalities are found, the follow-up investigation and colposcopy can increase the likelihood of the woman having a preterm delivery during pregnancy, which can endanger both the baby and mother."

The committee also announced that the pilot programme for flexible sigmoidoscopy testing to be introduced into the existing bowel cancer screening programme would start this winter. After full reviews and public consultations, the committee recommended against introducing screening programmes for asymptomatic bacteriuria, Duchenne's muscular dystrophy, and cytomegalovirus.

1 Rijkaart DC, Berkhof J, Rozendaal L, van Kemenade FJ, Bulkmans NWJ, Heideman DAM. Human papillomavirus testing for the detection of high-grade cervical intraepithelial neoplasia and cancer: final results of the POBASCAM randomised controlled trial. *Lancet Oncol* 2012;13:78-88.

2 De Kok IMCM, van Rosmalen J, Dillner J, Arbyn M, Sasieni P, Iftner T, et al. Primary screening for human papillomavirus compared with cytology screening for cervical cancer in European settings: cost effectiveness analysis based on a Dutch microsimulation model. *BMJ* 2012;344:e670.

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