Croatia and the EU:
Together
Against Cancer

IMPROVEMENT OF QUALITY OF THE NATIONAL CANCER SCREENING PROGRAMMES IMPLEMENTATION (CRO SCREENING)

MINISTRY OF HEALTH OF THE REPUBLIC OF LITHUANIA

NCI

LITHUANIAN UNIVERSITY OF HEALTH SCIENCES

CPVA

NIJZ
Nacionalni institut za javno zdravje

Ministry of Health

HZJZ

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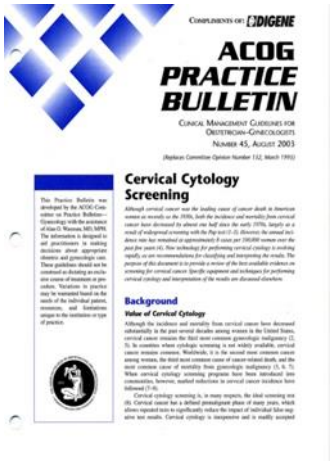
Mogućnosti HPV testiranja u probiru

Dr. Astra Vitkauskiene (Lithuania)

Validacija za HPV test: Praktične smjernice

Smjernice kliničke prakse:
ACOG
ACS
ASCCP
ARHP



"...revolucionariziranje naših pristupa probiru i prevenciji."

New England Journal of Medicine

"...HPV DNA testiranje je osjetljivije od cervikalne citologije u otkrivanju CIN2/3…"

ACOG Practice Bulletin – No. 63, April 2005

Cervical Cancer Screening Guidelines for Average-Risk Women[a]

		American Cancer Society (ACS), American Society for Colposcopy and Cervical Pathology (ASCCP), and American Society for Clinical Pathology (ASCP)[1] 2012	U.S. Preventive Services Task Force (USPSTF)[2] 2012	American College of Obstetricians and Gynecologists (ACOG)[3] 2012	Society of Gynecologic Oncology (SGO) and the American Society for Colposcopy and Cervical Pathology (ASCCP): Interim clinical guidance for primary hrHPV testing[4] 2015
Screening method and intervals					
Cytology (conventional or liquid based)[c]	21–29 years of age	Every 3 years.[d]	Every 3 years *(A recommendation)*.	Every 3 years *(A recommendation)*.	Not addressed.
	30–65 years of age	Every 3 years.[d]	Every 3 years *(A recommendation)*.	Every 3 years *(A recommendation)*.	Not addressed.
HPV co-test (cytology + HPV test administered together)	21–29 years of age	HPV co-testing should not be used for women aged <30 years.	Recommend against HPV co-testing in women aged <30 years *(D recommendation)*.	HPV co-testing[e] should not be performed in women aged <30 years. *(Level A evidence)*	Not addressed.
	30–65 years of age	Every 5 years; this is the preferred method.	For women who want to extend their screening interval, HPV co-testing every 5 years is an option *(A recommendation)*.	Every 5 years; this is the preferred method *(Level A evidence)*.	Not addressed.
Primary hrHPV testing[f] (as an alternative to cotesting or cytology alone)[g]		For women aged 30–65 years, screening by HPV testing alone is not recommended in most clinical settings.[h]	Recommend against screening for cervical cancer with HPV testing (alone or in combination with cytology) in women aged <30 years *(D recommendation)*.	Not addressed.	Every 3 years. Recommend against primary hrHPV screening in women aged <25 years of age.[i]

Može li se u probiru raka vrata maternice koristiti samo HPV testiranje?

- 24. travnja 2014., Američka agencija za hranu i lijekove (FDA) odobrila je korištenje jednog HPV DNA testa (cobas HPV test, Roche Molecular Systems, Inc.) kao preferiranog primarnog test probira za korištenje kod žena u dobi od 25 godina i više.

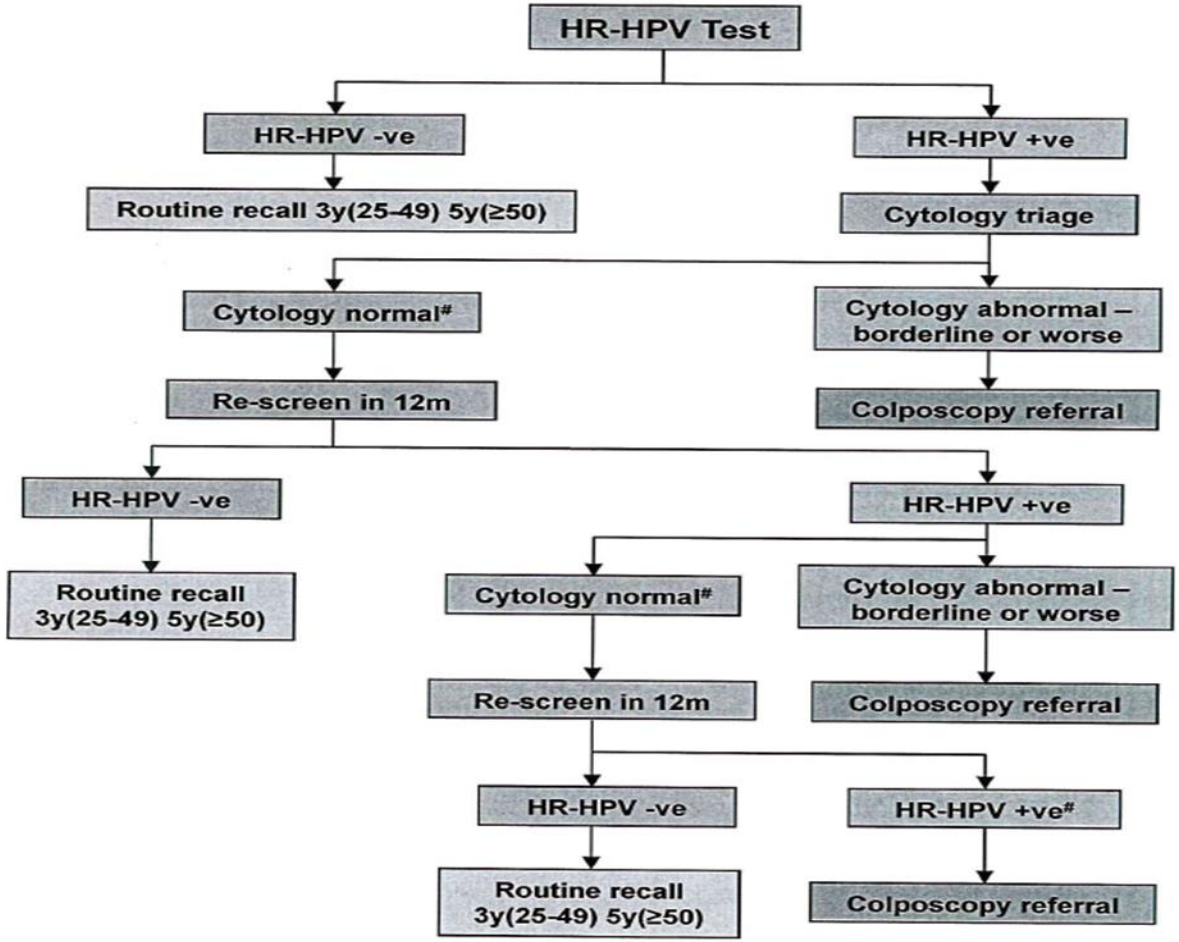
- Ovaj test detektira svaki od HPV tipova 16 i 18 i daje skupne nalaze za 12 dodatnh tipova HPV-a visokog rizika.

Public Health England

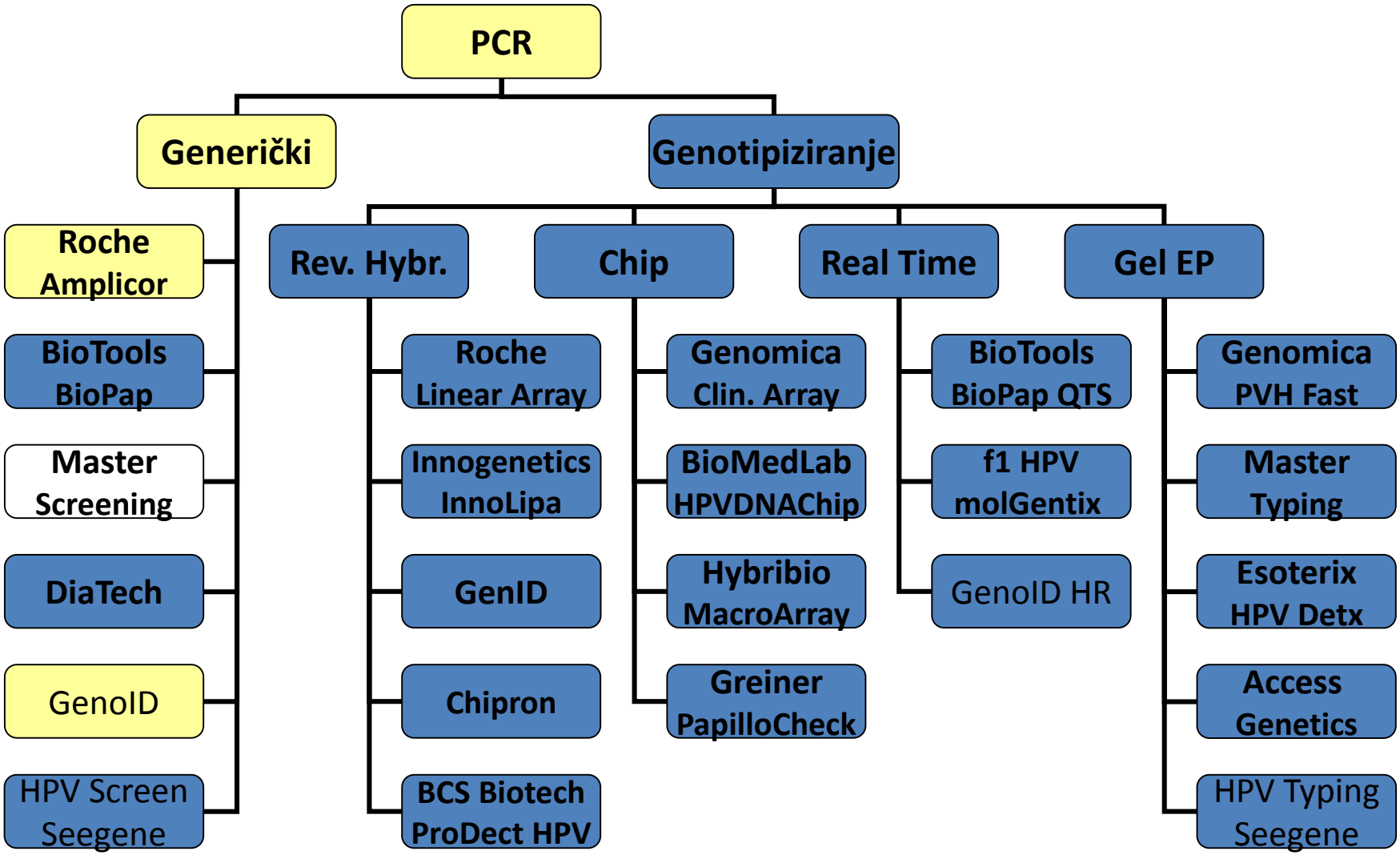
NHS Cancer Screening Programmes

HPV Primary Screening Protocol Algorithm

All women aged 25-64 on routine call/recall and early recall

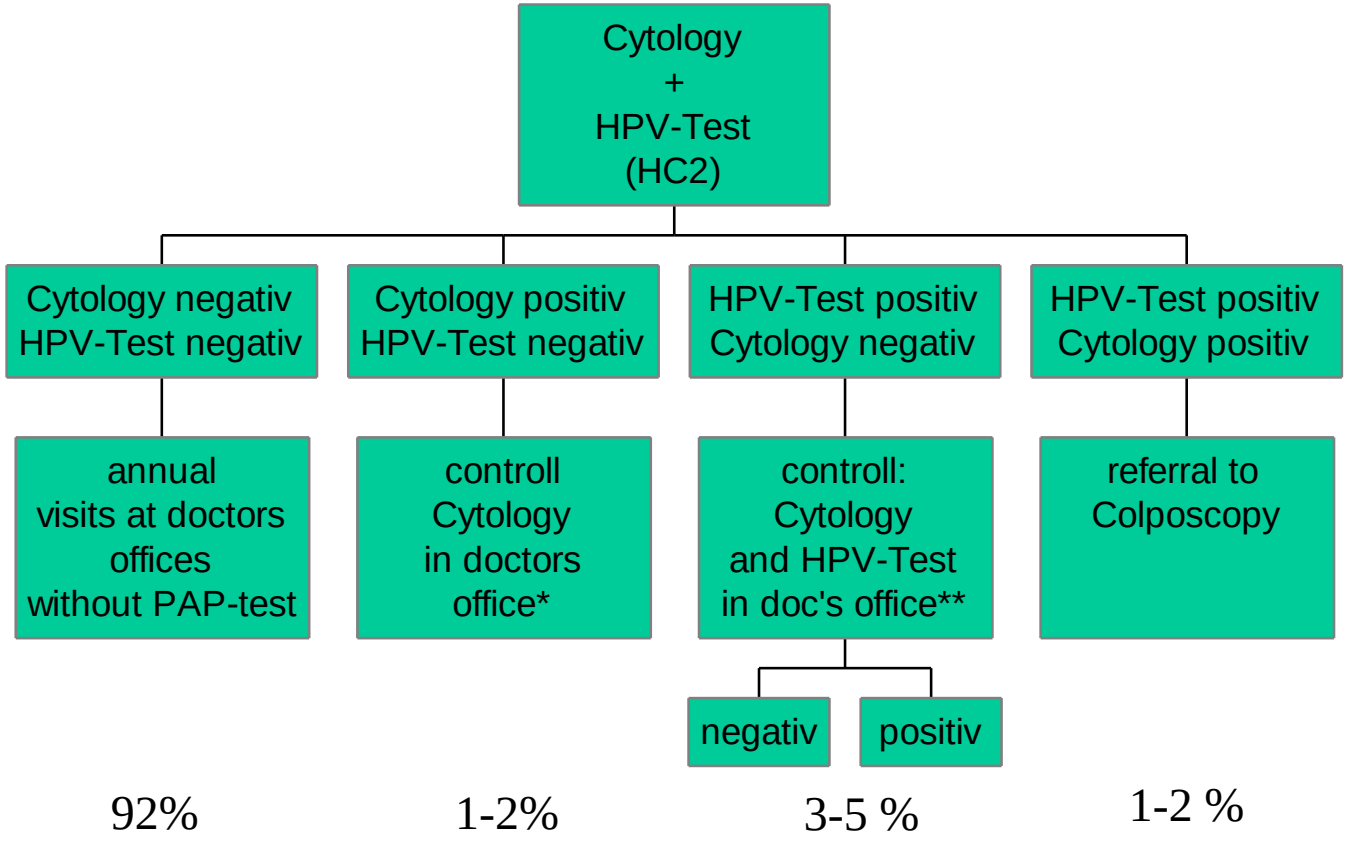


Probirni pristup



Wolfsburgerov model prevencije raka

Žene u dobi od 30 godina ili starije



*) PAP IVa + HPV+: trenutačno upućivanje na kolposkopiju, također kod opetovanih Papa IIw/III/IIId

**) Alternativa za pacijentice HPV+: trenutačno upućivanje na kolposkopiju

Primarni probir – Osjetljivost CIN2+

Studija	Br. žena	Dob	Citologija	HPV
J. Cuzick	*11.085*	*30-60*	*76,6 %*	*97,1%*
C. Clavel	*7.932*	*30-76*	*57,7%CC* *84,4%LBC*	*100%*
K. U. Petry	*7.908*	*30-60+*	*43,5%*	*97,8%*

(*J. Cuzick et al., Lancet 2003; 362:1871-1876,*
C. Clavel et al., Brit. J. Cancer 2001; 84:1616-1623,
K. U. Petry et al., Brit. J. Cancer 2003; 88:1570-1577)

Primarni Probir – Specifičnost CIN2+

Studija	Br. žena	Dob	Citologija	HPV
J. Cuzick	*11.085*	*30-60*	*95,8%*	*93,3%*
C. Clavel	*7.932*	*30-76*	*95,6%^{CC}* *94,8%^{LBC}*	*90,1%*
K. U. Petry	*7.908*	*30-60+*	*98,0%*	*95,3%*

(*J. Cuzick et al., Lancet 2003; 362:1871-1876,*
C. Clavel et al., Brit. J. Cancer 2001; 84:1616-1623,
K. U. Petry et al., Brit. J. Cancer 2003; 88:1570-1577)

Meta-analiza europskih hc2 medicinskih ispitivanja (Cuzick et al.)

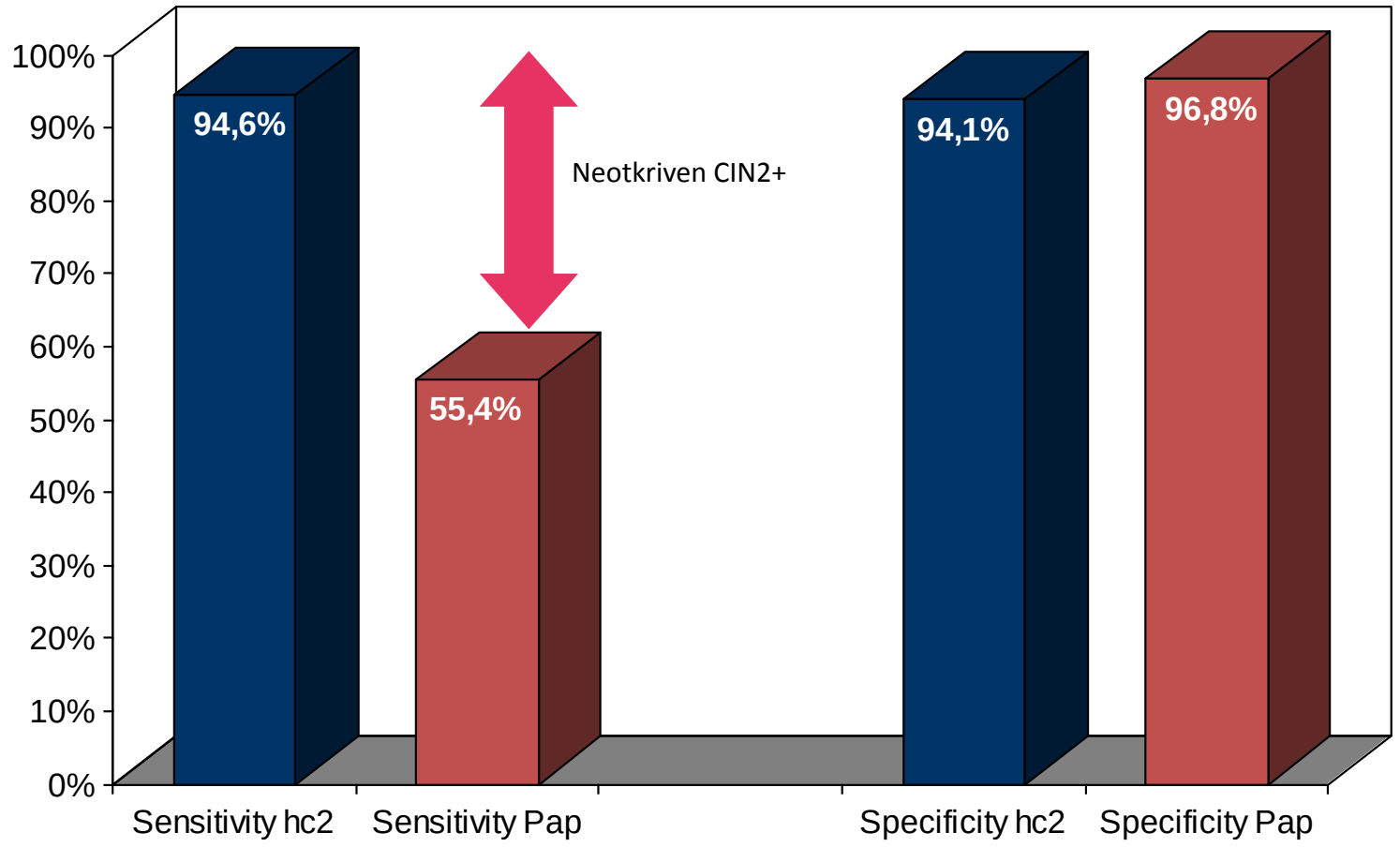
Osjetljivost hc2 i citologije na CIN2+

	Francuska	**UK**	**Njemačka**	**Svi**
hc2	100%	97.7%	97.8%	**98.6%**
Citologija	68.1-87.9%	83.1%	43.5%	**71.4%**
Oba testa	100%	100%	100%	**100%**

Specifičnost: *digene* HPV hc2 test 92.5%, Citologija 96.2%

Usporedba *digene* HPV hc2 testa s Papa testom

N. Eng. J. Med. 2007: Canadian Cervical Cancer Screening Trial (CCCaST)



- 10.154 testiranih žena: 5095 u hc2 grupi / 5059 u Papa grupi
- 19/20 detektiranih slučajeva u hc2 grupi
- 12/21 detektiranih slučajeva u Papa grupi

(M. H. Mayrand et al., N. Engl. J. Med. 2007; 357: 1579-1588)

HPV test kao test primarnog probira: Rezultati i zaključak

- HPV test detektira više CIN2+/CIN3+ lezija od citologije u prvom ciklusu probira, ali manje u drugom ciklusu, zbog ranije detekcije.

- Ukupni br. CIN2+/CIN3+ lezija u 2 ciklusa je isti. Ovo upućuje na to da su *ranije* detektirane lezije, lezije koje se *ne povlače*, te stoga *kliničkI relevantne*.
- U usporedbi s citologijom, HPV DNA testiranje smanjuje:
- petogodišnji intervalni rizik od CIN2+ s 1.1% na 0.5% i
- petogodišnji intervalni rizik od CIN3+ s 0.8% na 0.2%.
- Ovo omogućuje produljivanje intervala probira.

(N.W.J. Bulkmans et al., Lancet 2007; 370: 1.764-1.772)

Prvi ciklus: HPV+ Citologija
vs. Konvencionalna Citologija
Drugi ciklus (Krajnja točka): HPV + Citologija u obje skupine

Trebaju li žene koje su cijepljenje protiv HPV-a i dalje trebaju sudjelovati u probiru raka vrata maternice?

- Da.
- S obzirom na to da trenutno dostupna cjepiva protiv HPV-a ne štite od svih tipova HPV-a koji uzrokuju rak vrata maternice, važno je da cijepljene žene nastave sudjelovati u rutinskom probiru raka vrata maternice.