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Editorial

EUROGIN 2006 expert consensus report Innovations in cervical cancer prevention: Science, practice and actions

The 6th international EUROGIN congress took place in Paris on April 23–26, 2006. It focused on the latest research and developments in the prevention, early detection and treatment of human papillomavirus (HPV) infections and neoplasia throughout the world [1]. One of the highlights of the meeting was the Experts Consensus Conference session, during which a panel of experts presented their recommendations on innovations in cervical cancer prevention, research, practice and actions in both high and low resource settings. The team of experts including two chairs and a working group for each specific topic contributed a position paper to this report. This document provides the rationale, current evidence, clinical practice and recommendations for the core areas of HPV testing in primary screening, use of molecular markers, genotyping and new prevention strategies in the HPV vaccine era.

Progress in virus detection techniques, the role of HPV testing in cervical cancer screening protocols, technology platforms, and vaccines in the primary prevention are cited as promising breakthroughs. These advances have opened up new areas of research which include application of HPV genotyping and biomarkers to identify HPV positive women at high risk of progression to CIN3 and cervical cancer, as well as investigation of co-factors that may increase the risk of developing cervical cancer or precursor lesions. Improvement in sensitivity and specificity with combined cytology and HPV testing raises the issue of whether screening intervals can be extended to compensate for the higher cost of this novel strategy. Basic principles suggest that an appropriate way is to perform the most sensitive test first, followed by the more specific test for those who test positive at the first round. Tests employing HPV E6/E7 mRNA, $p16^{ink4a}$ or other biomarkers may help to distinguish transient from persistent HPV infections, but this approach still requires clinical validation. Recent data establish type-specific testing for HPV 16 and 18 as the most specific marker of risk for CIN 2/3 available today.

Promising vaccines designed to prevent HPV16 and HPV18 infection have shown their efficacy against new, persistent infections and CIN related types. The follow-up data from these trials will establish the relative roles of HPV vaccination among young women and that of vaccination and screening among the older women. The major challenges that still need to be adequately addressed are also identified. There is still a huge gap in the availability of prevention and education programs, screening techniques and treatment options between high- and low-resource settings. Better access to appropriate, cost-effective vaccine, screening and treatment options is still required for a large number of women, and this problem needs to be tackled through international collaborative efforts to truly win the fight against cervical cancer. In addition to vaccine approval in the near future, issues of acceptance, distribution, funding and administration require urgent attention.

The key message that appears throughout this document is the ongoing need for information, training, communication and coordination of resources to ensure that best-practice solutions to prevent, control and treat cervical cancer are implemented worldwide. EUROGIN publishes this Expert Consensus Report as part of its mission to provide up-to-date information from basic and clinical research, as well as to encourage and facilitate the transfer of evidence-based results into clinical practice.

Reference

[1] Monsonego J, editor. Emerging Issues of HPV Infections: From Science to Practice. Basel, Karger; 2006. p. 1–225.

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