New Screening Proposals: the Federal Joint Commission Defines the Parameters for Cervical Cancer Screening from 2018

Statement of the Gynecology Oncology Working Group (AGO)

Neues zur Vorsorge: Der G-BA definiert die Eckdaten für die Zervixkarzinom-Krebsfrüherkennung ab 2018

Stellungnahme der AGO

Abstract

The Gynecology Oncology Working Group (AGO e.V.) unequivocally welcomes the decision taken by the German Federal Joint Commission (Gemeinsamer Bundesausschuss, G-BA) on March 19, 2015 regarding screening for cervical cancer. AGO is convinced that, in view of recent medical advances, this evidence-based decision will improve screening for cervical cancer.

Zusammenfassung


Reasons given by the G-BA for introducing HPV testing

The reasons given by the G-BA for its decision is that opting for an HPV-based screening strategy complies with currently existing evidence and international recommendations: “the existing IQWIG report assessing the benefits of HPV testing in primary screening (January 2012, updated...
May 2014) came to the conclusion that there is evidence that HPV testing in primary screening can reduce the incidence of invasive cervical cancer even more. It is not possible to recommend a specific screening strategy based on studies into the assessment of benefits, as different studies used a number of different strategies. After including further studies and considering current international recommendations it is possible to reach a reasoned decision justifying an HPV-based screening strategy. The HPV test is simpler, more reliable and less subjective than cytology. Provided there are extensive quality assurance and assessment measures in place, the higher sensitivity (approximately 90–98% for CIN2+) and the high negative predictive value of an HPV test will allow the interval between examinations to be extended."

The Gynecology Oncology Working Group (Arbeitsgemeinschaft Gynäkologische Onkologie, AGO e.V.) unequivocally welcomes the decision on cervical screening taken by the Federal Joint Commission (G-BA) on March 19th, 2015. AGO is convinced that, given recent medical advances, this evidence-based decision will improve screening for cervical cancer. This decision is in accordance with the new EU guidelines currently in press and anticipates the update of the S3-guideline on screening for cervical cancer. Following the results of randomized controlled studies, countries such as the Netherlands, Belgium, Sweden, Spain, Italy, Estonia, Turkey, and Australia are switching to HPV testing while other countries are awaiting the results of ongoing pilot studies (England, Norway, Finland, Canada, and others). Such an organized and quality controlled concept is essential in preventive healthcare programs, and can contribute to the spread of HPV vaccination.

The AGO also welcomes the fact that clinical examinations to screen for breast and genital cancer are still being continued, as this will also ensure a high participation rate in the HPV tests done every 5 years. WOLPHSCREEN (Wolfsburg Primary HPV Screening Pilot Project), an innovative screening project rolled out by the insurance company Deutsche BKK, consists of an annual clinical examination and an HPV test done every 5 years; the take-up rate in the municipal area of Wolfsburg has been more than 90% and it is very popular with insured women and gynecologists. In the period 2006–2011 the cumulative rate for CIN3+ was 0.9%; in the second round of screening, from 2011, this dropped to 0.05% [3]. The Gynecology Oncology Working Group (AGO e.V.) would like to point out that, based on the experience obtained with screening mammograms, organized screening with a population-based invitation to attend screening sessions results in socially balanced participation – which is currently not the case with screening for cervical cancer; this approach could be an opportunity to increase participation rates in screening [4].

**Conflict of Interest**

P. H. received research grants from GSK, Abbott, and lecture fees from SPMSD, Roche, Hologic.

**References**