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Determination and the Executives of Cervical Neoplasia

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Editorial

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ABSTRACT

Until the last part of the 1980s cervical screening was devotee driven and thusly rather inconsistent. It is just in the most recent 10 years there has been a reasonable program, vith call and review and GP targets. The impact has been self-evident: the screened extent of the populaion has moved from around 45 to more than 35% and there has been an emotional change in both ncidence and mortality. Albeit the affectability and pecificity of the cervical screening program is Jery high, in view of the numbers included apparently bogus outcomes do cause issues. Expanding the sensitivity unavoidably prompts a decline in explicitness with a subsequent expansion in uneasiness and in potentially pointless treatment.

ABOUT STUDY

It is often forgotten that he object of the screening programme is not to diagrose and treat cervical intraepithelial neoplasia, but .o prevent cancer of the cervix. Our inability to differ- :ntiate between those who are screened positive and tt high risk of developing cervical cancer from those vho are screened positive but at very little risk is a najor difficulty and is very costly. Hence the imporante of the investigation of other modalities that nay reline the programme, for instance, HPV subtype esting. However, whatever new system may be introluced, it must be remembered that this has to be at east as good as our existing programme. The programme is, to some extent, a victim of its)wn success. As coverage of the population increases nost patients presenting with invasive cancer of the :ervix will have been screened in the past and repre- ,ent failures of the screening process. Many of these vi11 have had normal smears in the past and may . represent rapid development of disease but some will represent the effects of mistakes in the process. It is these that have led to litigation and adverse publicity. It is ironic that many of these cases have come to light because of the application and assessment of agreed standards throughout laboratories in the UK. When standards are set, unless they are to be set at such a low level as to be almost meaningless, there will always be outliers who will need to address their problems in order to meet the standards. Despite having the best large population-based cervical screening programme in the world, the way in which the outliers in our system have been identified and their identification publicised has had the unfortunate effect of decreasing national confidence in the screening programme itself The publicity has driven cytoscreeners and cytopathologists into a more cautious approach, unbalancing the relationship between specificity and sensitivity with a consequent increase in overinvestigation, overtreatment, cost and morbidity. Whilst it is tempting to lay the blame for this at the door of a sensationalist media or the litigation lawyers, it is, arguably, more the effect of the misplaced zeal of colleagues acting as expert witnesses, demanding unrealistic and, probably, unachievable outcomes. The pathology service, and particularly the cervical screening programme, has been a standard bearer to the rest of the profession in the introduction of assessment, revalidation and clinical governance. It is to be hoped that the experience of the cytopathologists will be put to good use in avoiding a further series of public relations disasters.