

COMPARISON OF TECHNIQUES FOR EARLY DETECTION OF CARCINOMA OF
THE CERVIX UTERI

(S U M M A R Y)

by

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Screening for CCU by clinical examination may lower the age at diagnosis and improve the survival of invasive cases. The addition of colposcopy may refine the clinical diagnosis in the case of early exocervical lesions but cannot differentiate between precursors; it has to be definitely discarded for mass screening.

Mass screening for early asymptomatic CCU and precursors is possible only by cytology but to be efficient it demands a well equipped cytopathology laboratory and a costly medical and paramedical infrastructure.

Among many questions, the first which arises is, is screening by cytology valid? And if so, what are the prerequisites. Where, when and how is a mass screening possible?

We will not enter the discussion on the validity of screening for CCU by cytology, which we definitely feel is positive, but we will insist on the severe requirements needed for this positive answer. Unfortunately these prerequisites were never asked by the over-enthusiastic promoters of the method or by the so-called anti-cancer organizations. What are they?

First of all, an expert cytopathology laboratory. (A program based on poor cytology will be more detrimental than useful for the population!)

Gynecological facilities for further diagnostic procedure as biopsy, curettage and conisation.

Treatment facilities for precursors and invasive cancers cases.

Follow-up facilities.

If these facilities exist, and may theoretically bear the overload brought by the screening program, a study of local

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medical priorities and facilities has to be performed. This includes an estimate of the incidence and mortality of the disease, which may necessitate a pilot study.

Keeping in mind that screening for CCU is an expensive and long term effort, it would be very unwise to embark on such a program without a thorough study which will probably show that it has to be coupled with screening for other cancers, or diseases, and be incorporated in existing health service programs.