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SHORT ORIGINAL

Cervical cytology: Abnormal results

Citología cervical: resultados anormales

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Abstract

Data regarding current rates of abnormal cytology results reported in the first half of 2022 are presented and compared with those referenced in the Spanish cooperative study published seventeen years ago. It is concluded that the screening model in application is ineffective and inefficient and that it must be modified, adapting it to the requirements of the Spanish Ministry of Health and the World Health Organization.

Key words: Cytology, cervical cancer, screening.

Resumen

Se presentan los datos relativos a las tasas actuales de resultados citológicos anormales comunicados en el primer semestre de 2022 y se comparan con los referidos en el estudio cooperativo español publicado hace diecisiete años. Se concluye que el modelo de cribado en aplicación es ineficaz e ineficiente y que debe ser modificado, adaptándolo a las exigencias del Ministerio de Sanidad español y de la Organización Mundial de la Salud.

Palabras clave: Citología, cáncer de cuello uterino, tamizaje.

In 2005, in an experience of collecting and analyzing cytological results that has not been reproduced or modified, we published[1] the data provided by fourteen Spanish cytology laboratories – ours among them – on the rates of cervical cytology results issued as atypia or high/low grade lesion. Out of almost half a million results, 3.56% reported some degree of undetermined atypia (2.08%) or a low-grade (1.10%) or high-grade lesion (0.28%). Since then, these data have been considered a quality reference in the evaluation or discussion of the diagnostic activity of the laboratories that deal with cervical-vaginal cytology.

During the first semester of 2022, from January 1 to June 30, our laboratory has processed 8,833 cervical-vaginal smears. Of these, 67 cases (0.75%) have been reported with a result of undetermined atypia (34 cases, 0.38%), low-grade lesion (29 cases, 0.32%) or high-grade lesion (4 cases, 0.04%). These figures are clearly below those published in the reference Spanish survey. Are we undervaluing samples? We do not think so: the follow-up provided by our clinical colleagues confirms that false negatives are absolutely exceptional in our diagnostic experience[2]. But 0.75% of cytological results of undetermined atypia or intraepithelial lesion is far from the 3.56% that we published sixteen years ago. Reflecting on this fact leads us to think that the fundamental cause is the revision care model practiced. The opportunistic model –I check who consults me– is the one that continues to be practiced in our Community, and also in the majority of the Spanish Communities[3], both in Public and Private Health. In the referenced publication, published by a group led by the University of Castilla-La Mancha, it is detailed that 3 or 4 out of 10 Spanish women are not routinely checked in either the Public or Private Health Services and that there is, moreover, a clear preventive neglect of women over 50 years of age, of low socio-economic status and who live in rural areas, resulting in a very evident inequity in the procedure. Continually checking the same women represents an over control of this group, which is reflected in the poor numbers of abnormal cytological results that we present here, once again highlighting that the opportunistic structure of any screening program is

ineffective and inefficient. In addition, a very important detail, the group of unscreened women accounts for 8 or 9 out of every 10 incident cancers of the cervix[4]. These data from the Catalan Institute of Oncology, published by Raquel Ibañez, are very similar to those published in 2009 in the AFRODITA study[5]. In other words, the methodological circumstances of cervical cancer prevention remain the same. In the prevention of cervical cancer we are repeatedly ineffective and inefficient, but the most important thing is that we know what we have to do and what we do not do: an order from the Ministry of Health of April 2019 details it[6]: In Public Health policy, screening of cervical cancer must be population-based and will be applied in general to women between the ages of 25 and 65. Primary screening test and interval between examinations:

1. Women between the ages of 25 and 34: Cytology every three years.
2. Women between the ages of 35 and 65: Determination of high-risk human papillomavirus.

In Private Health, in times like the current one of databases and computerized records, it is very easy to find out which women have not accessed the consultation for more than three to five years, locate them and write them a letter recommending their review.

As we have already denounced in previous publication[7], the Spanish situation is far from being the desired one and ordered by the Ministry, but without a doubt we have the technical and assistance capacity to correct it. We know what we have to do. Let's do it. Only in this way will we comply with the recommendation of the World Health Organization[8], which asks exactly to follow the preventive policy detailed above to achieve something extremely important, that cervical cancer in a 20-year horizon can be the first cancer eradicated in the world.

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