

Cervicovaginal lavage: possible alternative for cervical cancer screening?

Larissa de Melo Kuil. Maira Degiovani Stein, Adriana Tarla Lorenzi, Julio Cesar Possati Resende, Márcio Antoniazzi, Cristovam Scapulatempo-Neto, Adhemar Longatto-Filho, José Humberto Tavares Guerreiro Fregnani. (Barretos Cancer Hospital, Brazil).

AIM: To compare three sampling methods for cervical cancer screening: 1) Vaginal lavage performed by the woman herself (self-sampling), 2) Cervical lavage collected by the physician and; 3) Pap test collected using Rover brush (liquid-based cytology).

METHODS: The study included 150 women aged 18 to 64 years, referred to colposcopy at at the Barretos Cancer Hospital due to abnormal Pap smears. Cervicovaginal lavage and Pap smears were divided into two aliquots: one for the cytological study and one for molecular analysis of high-risk HPV (Hybrid Capture 2). All samples were preserved in SurePath vial (Becton Dickinson and CO),

RESULTS: HPV positive rate was significantly lower in self collection arm ($P = 0.035$) in comparison to standard collection (Pap test), but no difference was found between cervical lavage performed by the physician ($P = 0.761$) and Pap test. There was regular concordance between HPV testing of self-sampling ($\kappa = 0,43$; IC95%: 0,27-0,59) and cervical lavage performed by the physician ($\kappa = 0,39$; IC95%: 0,24-0,54) in comparison to the standard sampling (Pap). Self-sampling showed a worse accuracy in predicting CIN2 + (sensibilidade = 76.5%), and significantly lower AUC (0.70) in comparison to the standard collection (sensitivity = 82.1; AUC = .82). Cervical lavage performed by the physician had similar accuracy to predict CIN2+ in comparison to HPV detection in Pap test.

CONCLUSIONS: Self-sampling had the worst performance in detecting HPV and CIN2+. Despite that, it seems to be an interesting screening method for remote areas.