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TITLE

PREVALENCE AND PREDICTIVE VALUE OF HPV DNA FOR THE DIAGNOSIS HSIL IN HIGH-RISK WOMEN

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ABSTRACT

Cervical cancer (??) is preventable and treatable if detected early by regular organized screening.

Objective: to estimate HPV prevalence and predictive value of the self-sampling of HPV DNA for the diagnosis CIN and cervical cancer in in high-risk women.

Methods: This study included 300 women aged 25-59 years. Group I consisted of 150 female prisoners (high-risk women), group II consisted of 150 low risk women. The average age was 37.3±8 and 34.4±6.2 y o. All women were screened with 5 tests: cervical sample for routine cytology, sample for liquid-based cytology (LBC), sample for HPV DNA testing was collected by clinician and by using a self-sampling kit (Qvintip), colposcopy. Hr-HPV detection and genotyping were performed by polymerase chain reaction.

Results: The prevalence of HPV in group I was 72.7%, in group II – 25.3% (p<0.001). 16 cytology results In group I were positive in which 11 cases had CIN1 and 5 cases had CIN2,3. Positive LBC was detected in 10 patients in which 8 patients had CIN1 and 2 patient had CIN2,3. Abnormal colposcopic features were found in 32 cases. 49.3% women from group I had cervical abnormalities. According to the cervical biopsy normal findings had 40%; CIN1 – 27.5%; CIN2 – 5%; CIN3 - 15%; ca in situ – 7.5 %; CC - 5 % of women from group I; normal findings had 96.6%; CIN1 – 2.7%; CIN2 – 0.7% of women from group II. The sensitivity of these tests for the diagnosis of HSIL and CC: cytology and LBC – 35.7%; clinician- HPV-testing – 87.5 %; Qvintip – 85.7%; colposcopy – 42.9%. The specificity: cytology -77.3%, LBC – 100%; clinician- HPV-testing – 40.9%; Qvintip – 36.4%; colposcopy – 72.7%.

Conclusions: In summary, hr-HPV DNA-based screening test has more sensitivity than cytology and liquid-based cytology for the detection of CIN2+ and cervical cancer especially in high-risk women.

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