



*The President of  
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## The cherished “Pap”

It was in 1943 when Dr George Papanicolaou opened new horizons in the field of cervical cancer prevention, by communicating his research on vaginal cytology as an indicator of cervical cancer. Thereafter, the accessibility of the Pap test to the female population dramatically reduced the cervical cancer incidence and was thus established as the most efficient screening test ever. As decades passed the value of annual screening became engraved on the mind of the female population, a phenomenon which finally resulted in the prevalence of an indisputable routine of frequent screening.

Years later, extending in the same direction of scientific revolution, the Nobel honored Harald zur Hausen found that the human papilloma virus is the main cause of cervical cancer. At that point, a new path in cervical cancer prevention was estab-

lished and HPV testing came to be a topic of broad interest for the scientific community, as the identification of high-risk HPV 16 and 18 brought about a shift from the early-stage diagnosis to a cervical cancer risk stratification concept, a promising and revolutionary approach which in a worldwide consensus was deemed as more effective for primary screening, triage and follow-up after treatment than cervical cytology.

In practice however, as far as our country's health system is concerned, public perception did not keep up with the scientific evolution. The 'bet' to reduce excess consumption of Pap smears among currently screened women and to maximize the screening coverage of the target population in a regular basis at recommended intervals was not widely accepted. The new idea had to confront the habitualness and

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reassurance of a thriving frequent screening routine.

In fact, still, women do not understand the meaning of a negative or positive HPV DNA test (as opposed to the 'Pap') and cytology triage after positive tests cause confusion, insecurity and demand for cure. On the other hand, the available health facilities proved to be insufficient to support the new screening strategy. Initiatives such as invitation letters or phone calls to recommend a Pap smear, the implementation of GPs in reaching women who do not attend screening, the supplying of self-sampling kits for HPV testing to non-screened women and the availability of specialized health providers who can explain the meaning of HPV DNA testing, counsel and schedule screening are still far from being a reality, especially now in the middle of an economic crisis. Apparently, such strategies require a well-organized environment and solid adherence policies to be successful.

Vaccination is another parameter that affects the screening strategy. In Greece vaccination coverage is under 50% and in a global scale, great heterogeneity arises. It is obvious that yet again scientific evolution faces an unprepared society unwilling to sustain financing for HPV vaccination programs, frank gov-

ernment endorsement and effective public enlightenment about the value of HPV vaccines. Hypothetically, among a population immunized in total against 9 HPV types what could be the impact of Pap tests or HPV DNA testing and how 9-valent vaccination heterogeneity could influence the optimization and cost effectiveness of each screening strategy?

Even if HPV testing has evolved as the most logical choice for screening women in the post-vaccination era, still cytology will remain a central part of cervical cancer prevention strategies via its niche in triaging HPV-positive women or due to women's confusion and the inadequacy of the health system. HPV DNA testing has successfully been established in countries with a centralized healthcare delivery process, sophisticated guidelines and proper integration of vaccination. For the rest, including our country, as scientific rampancy will soon deliver ground-breaking discoveries, it is probable to omit this aspect and catch up with the upcoming aspects of medical progress with high-precision throughput technologies, in hope that our scientific, public and political framework will be ready to incorporate the innovation. Until then, we are moving on with our cherished 'Pap'. ■