

30th European Congress of Pathology

Pathology: Path to Precision medicine

8 – 12 September 2018, Euskalduna Conference Centre, Bilbao, Spain

Disclosure Information

I hereby declare that I have had business or personal interests in the following industrial enterprises since 1 September 2017:

Name of the enterprise / Nature of the interest

Enterprise | Interest

No disclosures.



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Cervical cancer screening in Germany: the reasons of an unusual choice

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Screening program for cervical cancer in Germany

Start of the program: 01.07.1971

Age: 20 y, no upper age limit (Federal health system)

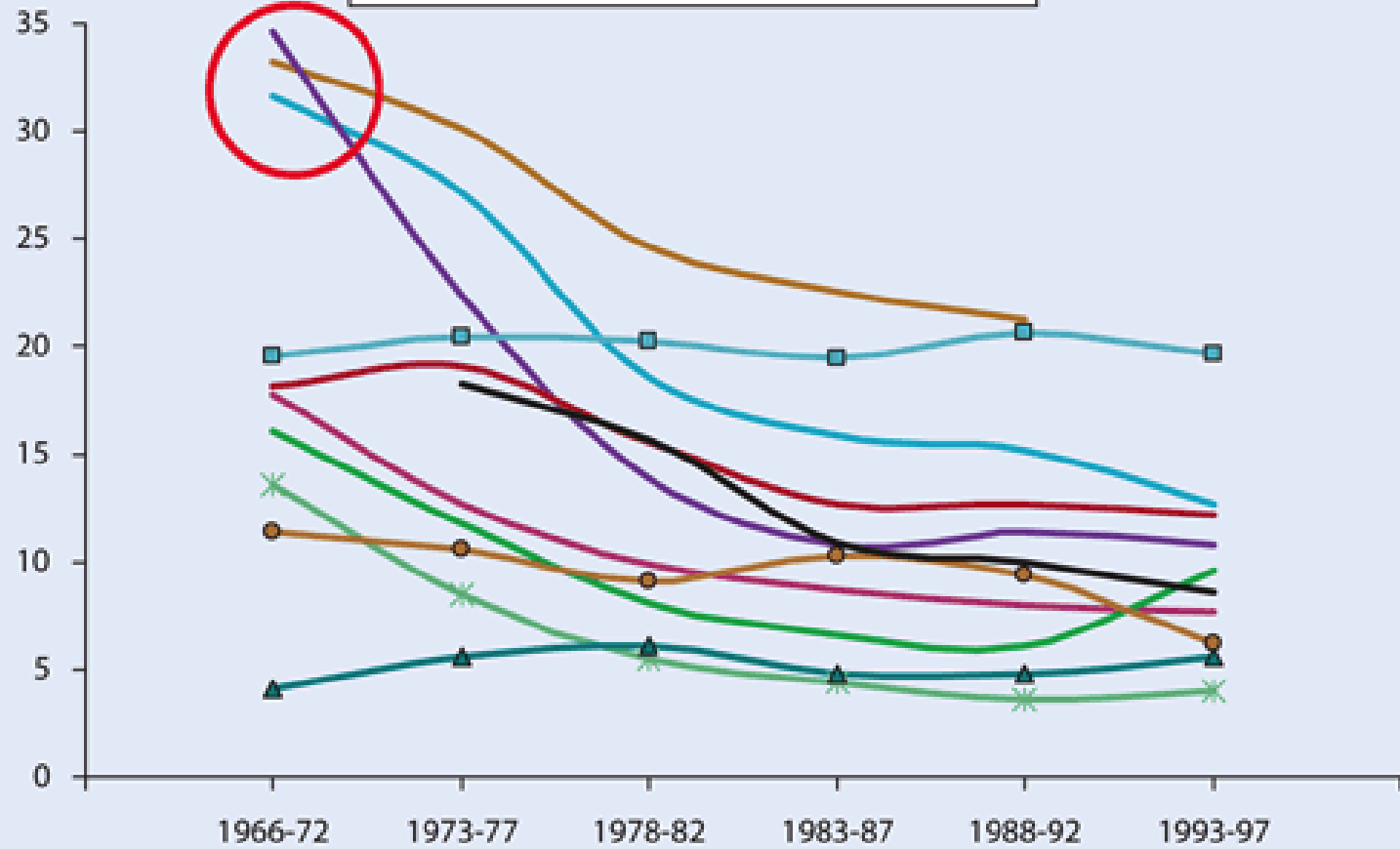
Cumulative participation rate: about 79% in 3 years

Method: conventional Pap smear every year (about 15 Mill./year)

Classification: Munich Nomenclature III since July 2014

Triage: cytology, HPV test or p16/Ki-67

Deutschland, DDR, Dänemark



- Denmark
- Norway
- Switzerland, Geneva
- Finland
- UK, England, Oxford
- GDR
- France, Bas-Rhin
- Germany, Saarland
- Poland, Cracow
- Spain, Zaragoza
- Sweden

Volker Schneider,
 Pathologe 2012; 13:
 286-292

Cervical carcinoma in Germany

Robert-Koch-Institute Berlin

New cases in
2014: 4540

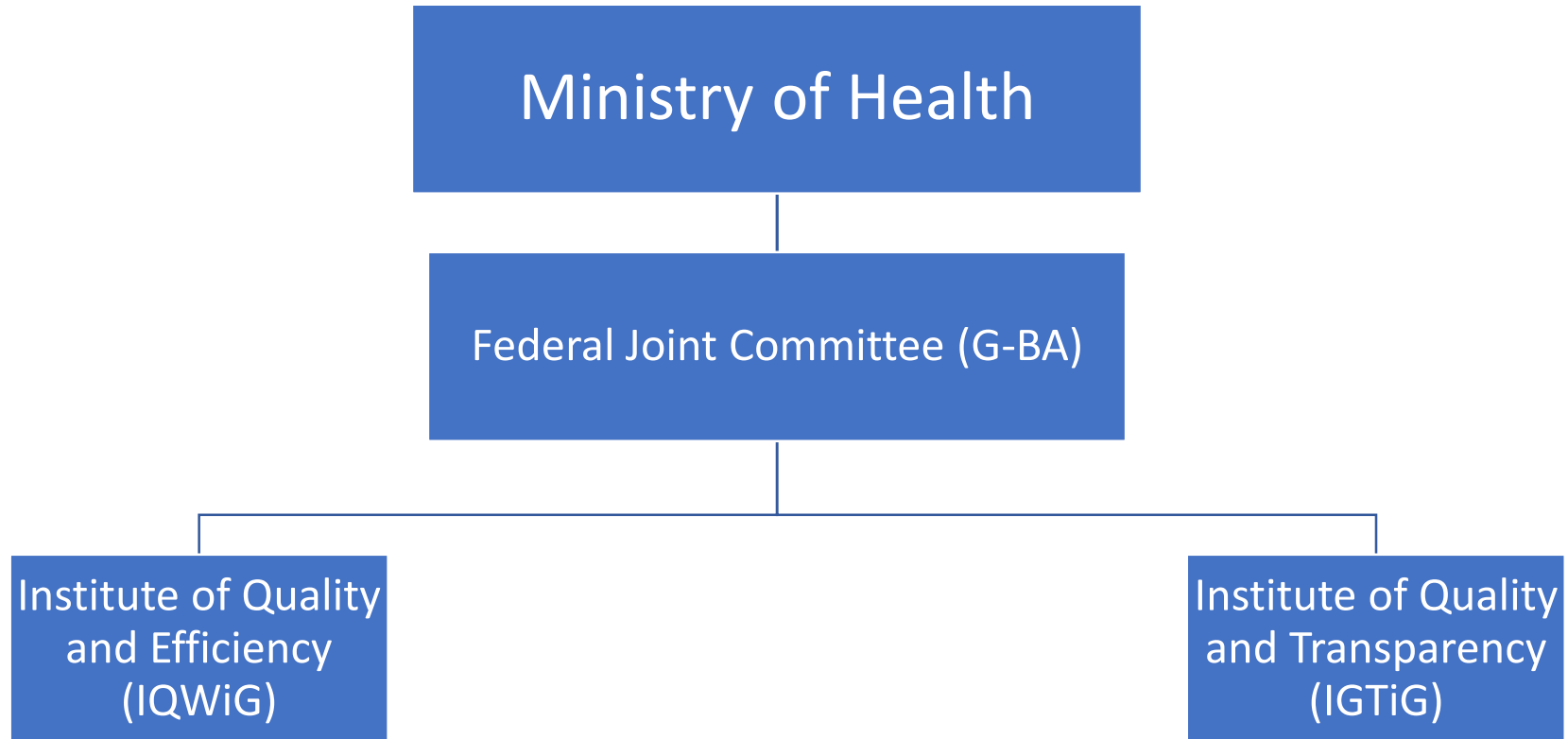
Death rate in
2015: 1541

Estimated
number of new
cases for 2018:
4300

Actual Screening System

- Not opportunistic (not exploiting immediate opportunities, especially regardless of planning or principle)
- Decentralized organization
- Exclusive involvement of medical specialists such as gynecologists and pathologists
- Training and activity regulated by Quality Assurance Agreement of [National Association of Statutory Health Insurance Physicians](#) (KBV)
- Ensuring the quality of structure and results through annual control by the State KV / Cytology Commissions
- Monitoring the laboratories by merging the laboratories data at country level in the context of benchmarking

Legislation in German Federal Health System



Federal Joint Committee (G-BA): issues directives for the benefit catalog of the statutory health insurance funds. Specifies which services are reimbursed in medical care.

Preparatory steps for a new screening system

- 2010: Federal Joint Committee (G-BA) (physicians, dentists, federal health insurance): mandate to Institute for Quality and Efficiency in Health Care (IQWiG) on the effectiveness of HPV test in primary screening (IQWiG-report S10-01)
 - 5 population based randomized controlled intervention studies
- Adoption of the Cancer Screening and Registration Law (KFRG) in 2013 (based on the National Cancer Plan)
- October 2013: mandate to IQWiG for an update report (Rapid Report S13-03)
 - No additional data from the literature

IQWiG-report 2013 /Comparative benefit assessment

HPV testing, alone or in combination with a cytology-based method compared to an exclusively cytology-based strategy in the context of early detection of cervical carcinoma in primary screening indicates an advantage in terms of a reduction in the combined endpoint CIN 3+.

HPV testing, alone or in combination with a cytology-based procedure, results in a lower cervical carcinoma incidence than the use of a cytology-based procedure alone.

Because of differing screening strategies in the different studies no recommendation for a specific strategy can be given.

Cornerstones of new Screening System

- Invitation letter by health insurance every 5 years from 20 – 60 years of age
- Age group 20 – 34 years: Pap smear every year
 - No major change in the system!
- Age group ≥ 35 years: Co-testing every 3 years
- No upper age limit (definition postponed after results of data monitoring become available)
 - However, women should be informed of the conditions under which stopping screening is associated with a low risk of cancer.

Sept. 15, 2016

Due to the high prevalence of HPV in the age group < 30 yrs., significant overdiagnosis and overtreatment can be assumed.

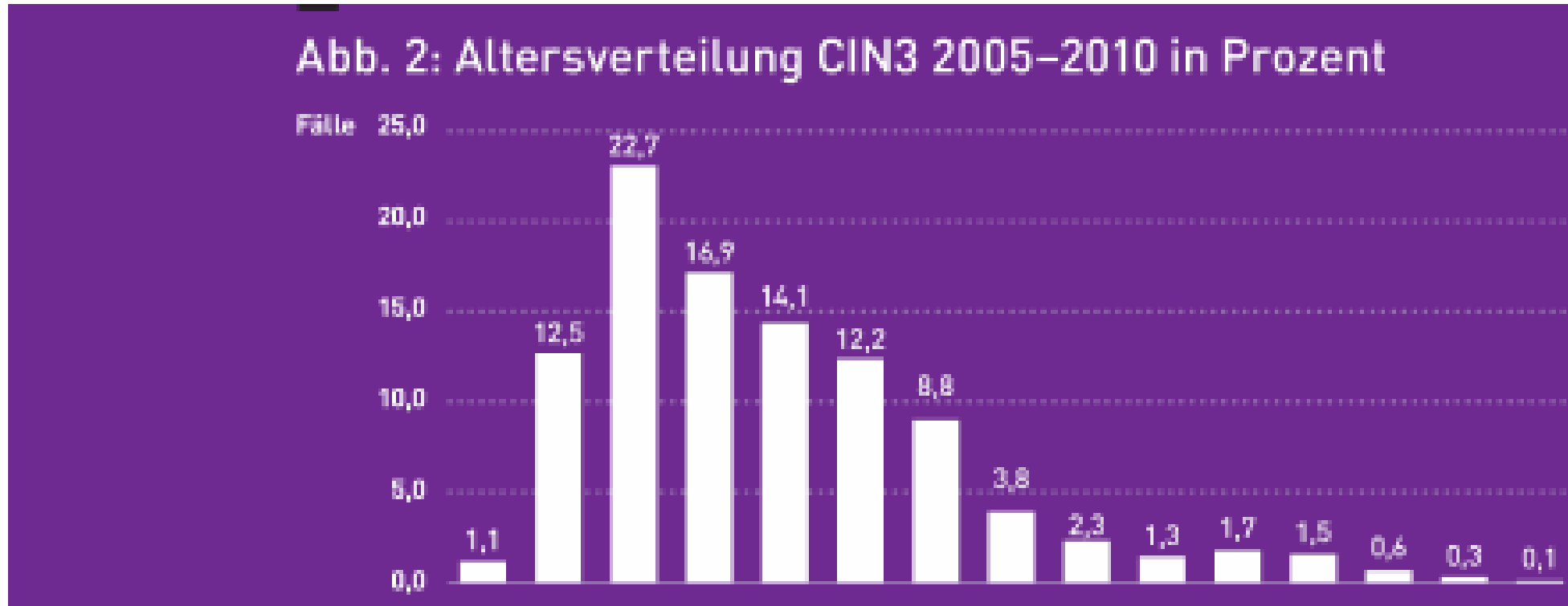
European guidelines recommend no HPV- based screening under 30 years

There is no clear evidence for or against HPV-based screening for ages 30-34 years.

Cornerstones of new Screening System
continued

Age distribution of CIN 3 cases (n=6615)

5 private labs



53,2% of the cases in the age groups 15-34
36,3% of the cases in the age groups 15-29

Scheler and Pöschel patho 3.2011

Summary

A new screening program to be started in Germany in 2019, no exact date yet

Main obstacle: lack of gynecologists certified in colposcopy

Unclear whether final report in co-screening will be made by cytologists or woman's gynecologist

Algorithms for positive findings not yet published