Robert Jach

HPV Prevention and Control Board

Country Meeting

HPV Prevention and Control Landscape and the Way Forward

Warsaw, Poland

23 – 24 November 2023

Standardization of procedures according to the PSCCP

efc

PTK i PSM

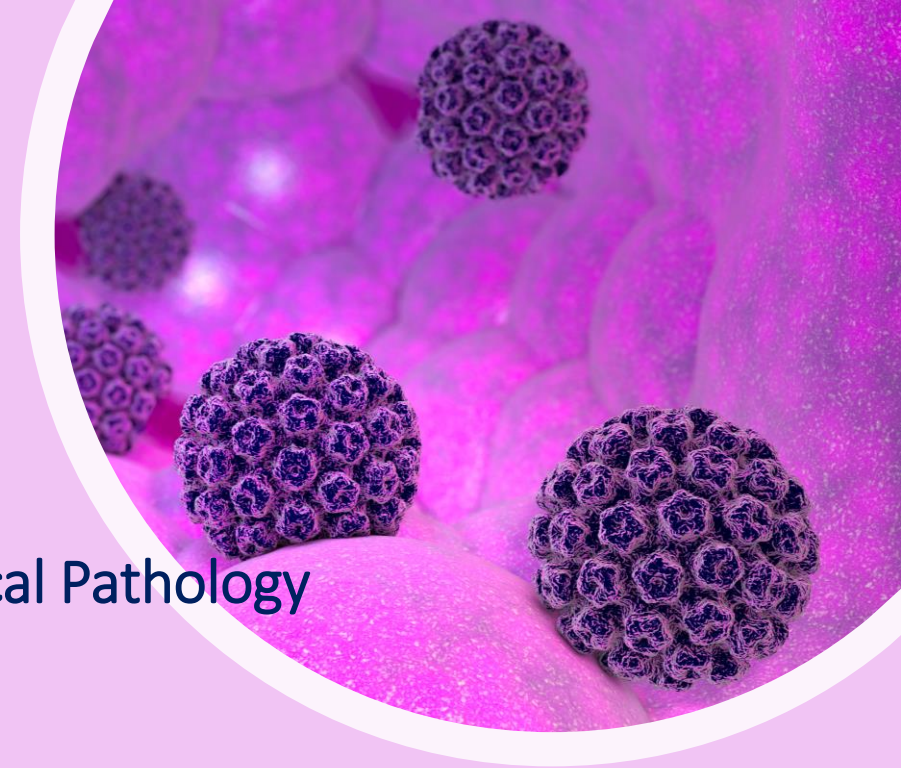
Professor Robert Jach, MD, PhD

consultant: gynecologist-obstetrician, gynecological oncologist and gynecological endocrinologist,
PSCCP Master of Colposcopy
Head of the Division of Gynecologic Endocrinology, Jagiellonian University Medical College, Krakow, Poland

President of the Board of the Polish Society of Colposcopy & Cervical Pathology (PTKiPSM/PSCCP)
Member of the Board of the Polish Society for Gynecological Oncology (PTGO)
Officer/Treasurer of the European Federation for Colposcopy
Member of the Board of the the International Federation of Cervical Pathology and Colposcopy

I have given a lecture sponsored by the Roche company.

I declare no conflicts of interests.



European Federation for Colposcopy

PSCCP – Polish Society for Colposcopy and Cervical Pathology

COLPOSCOPY 2020 Project started – the first guidelines in Poland standardized all ccs procedures in HPV-related strategy

Secondary prevention of the cervical cancer in the HPV-related strategy – PSCCP Statement *POLISHPV 2023* (in Progress)

Where are we know in Poland?

- **opportunistic public funds-based model (cc every 3 y 25-64) with registry, without standardization for HPV-related strategy (coverage 11,61% 01/10/2023)**
  LOW ACCEPTANCE – LOW TRUST

- **opportunistic private funds-based model (various approaches, heterogeneous) – no registry, standardization ongoing (coverage? up to 60%)**
  TRADITION – ACCEPTANCE – TRUST

- **history:** organized population-based program 2006-2016 (coverage up to 26,8%)

https://www.nfz.gov.pl/dla-pacjenta/programy-profilaktyczne/dane-o-realizacji-programow/
Nowakowski A et al. NOWOTWORY Journal of Oncology 2018, volume 68, number 2, 108-112.
Nowakowski et al, Marc Arbyn and Ahti Anttila. BMC Cancer (2015) 15:279

The role of opportunistic private funds-based screening in Poland

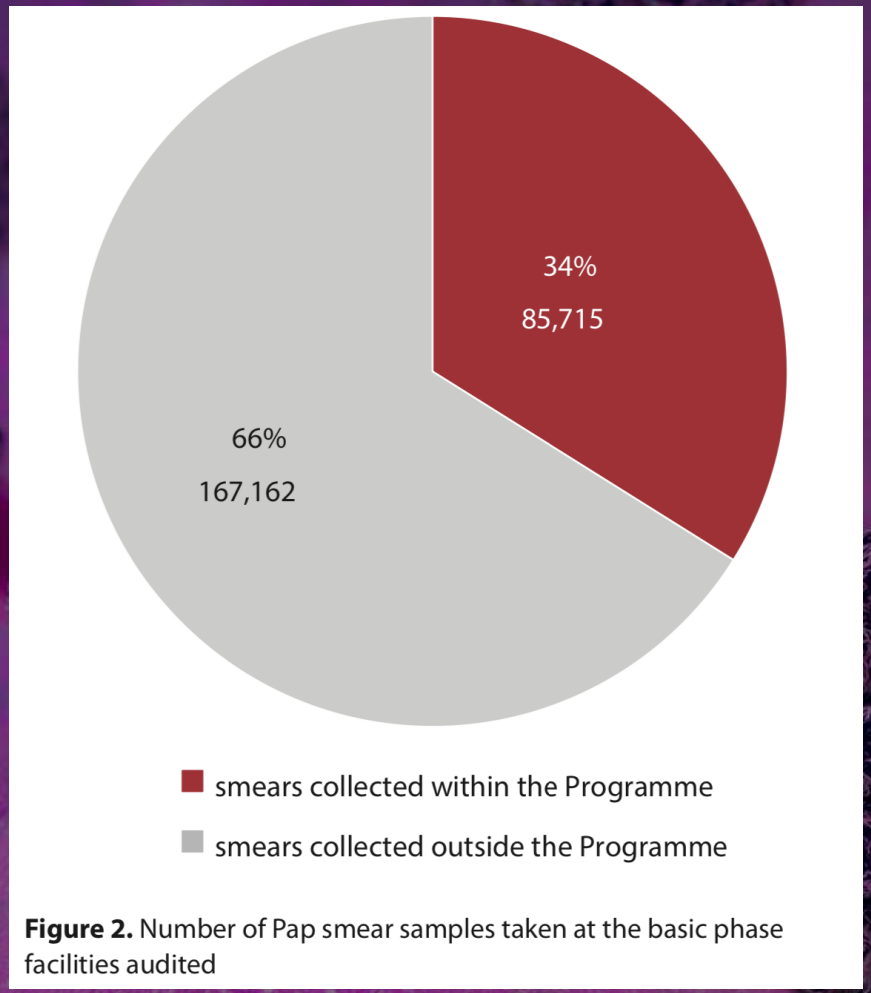


Figure 2. Number of Pap smear samples taken at the basic phase facilities audited

Turkot M et al. NOWOTWORY Journal of Oncology 2018, volume 68, number 2, 65-78.

The role of opportunistic private funds-based screening in Poland

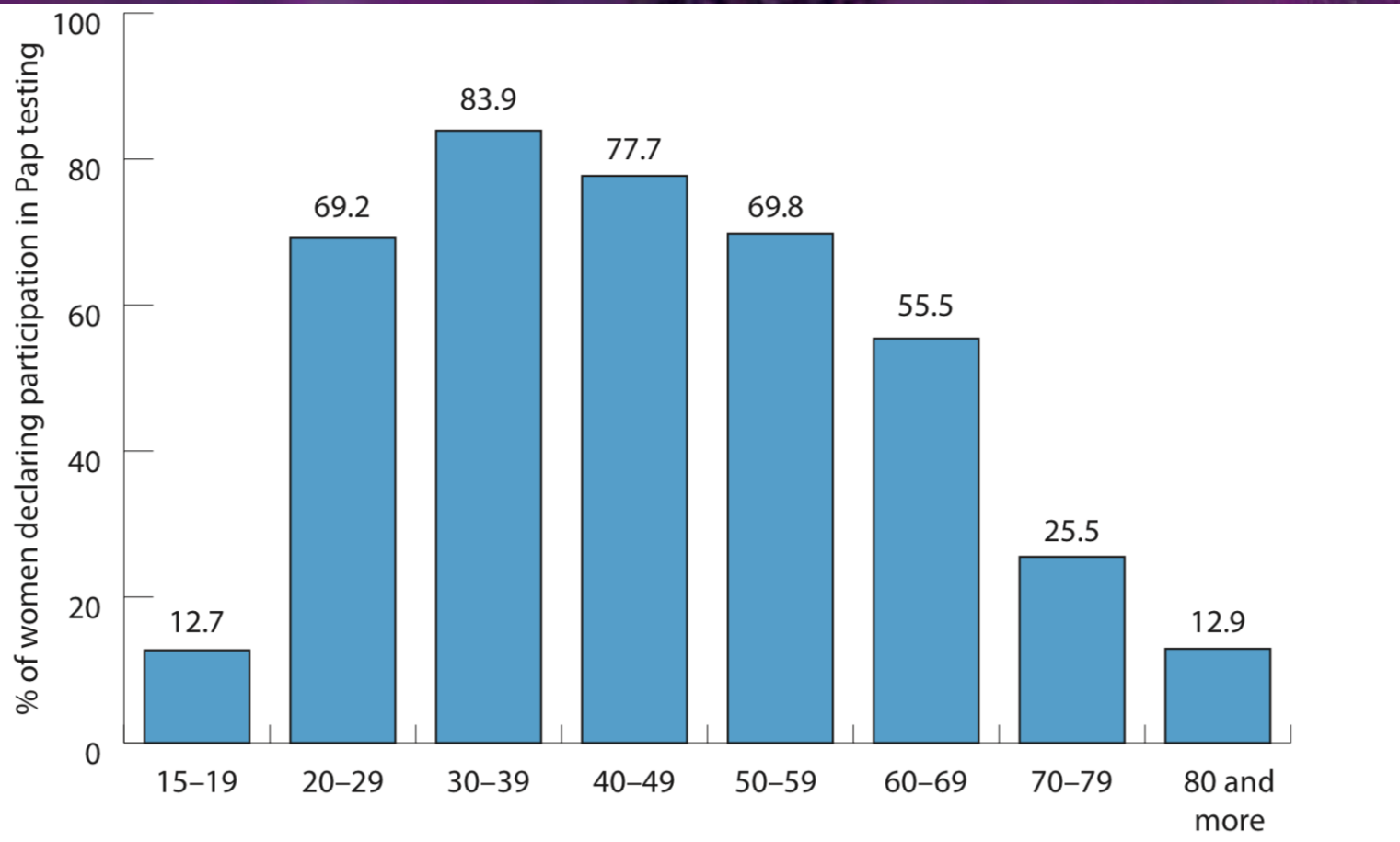
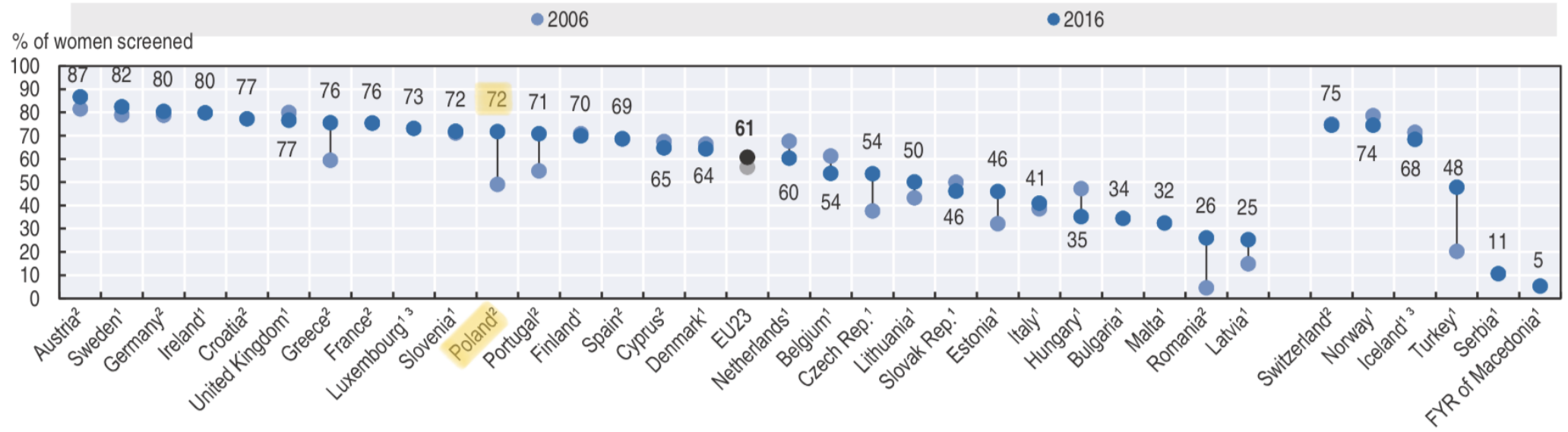


Figure 1. Questionaire-based data on participation in cervical cancer screening within the previous 3-years among Polish women [7]

Nowakowski A et al. NOWOTWORY Journal of Oncology 2018, volume 68, number 2, 108-112.

The role of opportunistic private funds-based screening in Poland

6.16. Cervical cancer screening in women aged 20-69 within the past 3 years, around 2006 and around 2016

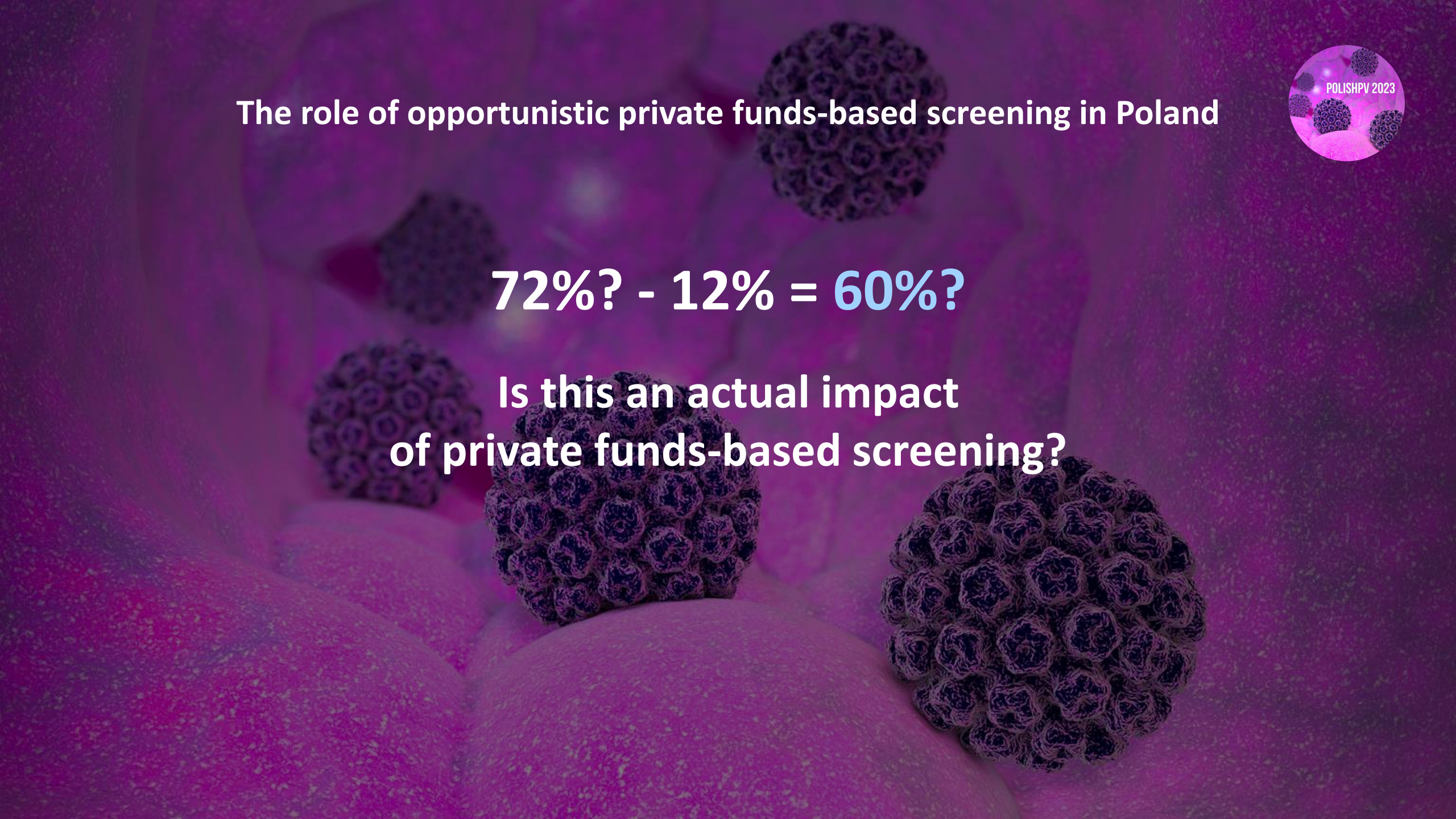


1. Programme.
2. Survey.
3. Three-year average.

Note: The EU average is unweighted and only includes countries with data covering the whole time period.

Source: OECD Health Statistics 2018, *https://doi.org/10.1787/health-data-en*.

StatLink http://dx.doi.org/10.1787/888933835915



The role of opportunistic private funds-based screening in Poland

72%? - 12% = 60%?

Is this an actual impact of private funds-based screening?

COLPOSCOPY 2020 CCS Standardization Project - Polish response to the WHO Call for Action 2020

The Cervical Cancer Screening Continuous Quality Improvement Project (CQI „SKY” Project)

COLPOSCOPY 2020 CCS Standardization Project

The first and only comprehensive multi-level project for the standardization of diagnostic and therapeutic procedures in the secondary prevention of CCS in Poland, introducing new screening paradigms.

Jach R, Mazurec M, Trzeszcz M et al. Ginekol Pol. 2020;91(6):362371.
Jach R, Mazurec M, Trzeszcz M et al. Med. Prakt. Ginekol. Położ., 2022; 6: 67–80
www.kolposkopia.info POLISHPV 2023 Statement (in Progress)

COLPOSCOPY 2020 CCS Standardization Project

Continuous Quality Improvement Project

of introducing and updating recommendations for Polish opportunistic screening model outside public financing with the possibility of implementation (including partial) into a model financed from public funds.

Jach R, Mazurec M, Trzeszcz M et al. Ginekol Pol. 2020;91(6):362371.
Jach R, Mazurec M, Trzeszcz M et al. Med. Prakt. Ginekol. Położ., 2022; 6: 67–80
www.kolposkopia.info POLISHPV 2023 Statement (in Progress)

COLPOSCOPY 2020 CCS Standardization Project

Standardization of all ccs secondary prevention procedures

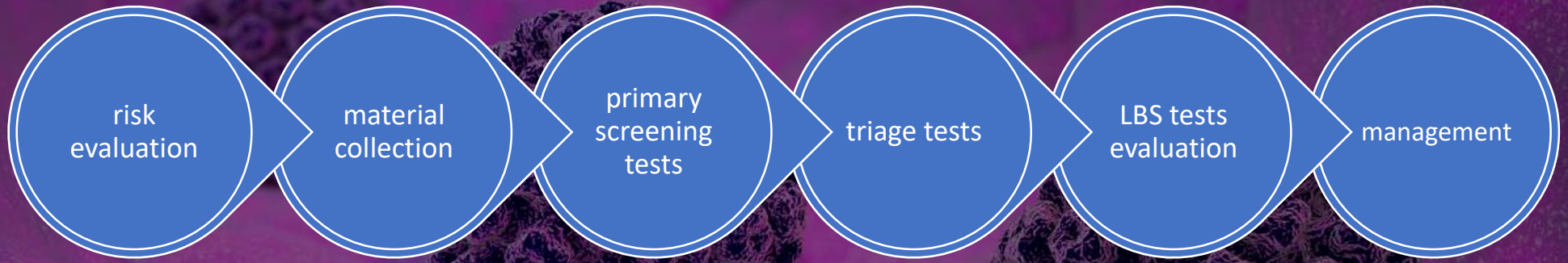
- **Pre-Colposcopy stage** (*pre-colposcopic procedures*)
- **Colposcopy stage** (*standardized colposcopy and expedited treatment*)
- **Post-Colposcopy stage** (*excisional or ablative treatment, active observation, follow-up*)

Jach R, Mazurec M, Trzeszcz M et al. Ginekol Pol. 2020;91(6):362371.
Jach R, Mazurec M, Trzeszcz M et al. Med. Prakt. Ginekol. Położ., 2022; 6: 67–80
www.kolposkopia.info POLISHPV 2023 Statement (in Progress)

COLPOSCOPY 2020 CCS Standardization Project

PSCCP standardization of all ccs secondary prevention procedures

Pre-Colposcopy stage



Jach R, Mazurec M, Trzeszcz M et al. Ginekol Pol. 2020;91(6):362371.
Jach R, Mazurec M, Trzeszcz M et al. Med. Prakt. Ginekol. Położ., 2022; 6: 67–80
www.kolposkopia.info POLISHPV 2023 Statement (in Progress)

COLPOSCOPY 2020 Project – *POLISHPV 2023* Statement

Material collection PSCCP standardization

material collection

Methods of material collection - standardization:

- **medical staff collected samples** – by physicians (gynecologists!) or midwives
- **self-sampling** – vaginal swab

Jach R, Mazurec M, Trzeszcz M et al. Ginekol Pol. 2020;91(6):362371.
Jach R, Mazurec M, Trzeszcz M et al. Med. Prakt. Ginekol. Położ., 2022; 6: 67–80
www.kolposkopia.info POLISHPV 2023 Statement (in Progress)

COLPOSCOPY 2020 Project – *POLISHPV 2023* Statement

Liquid-based preparation PSCCP standardisation

Methods of material preparation – standardization & validation:

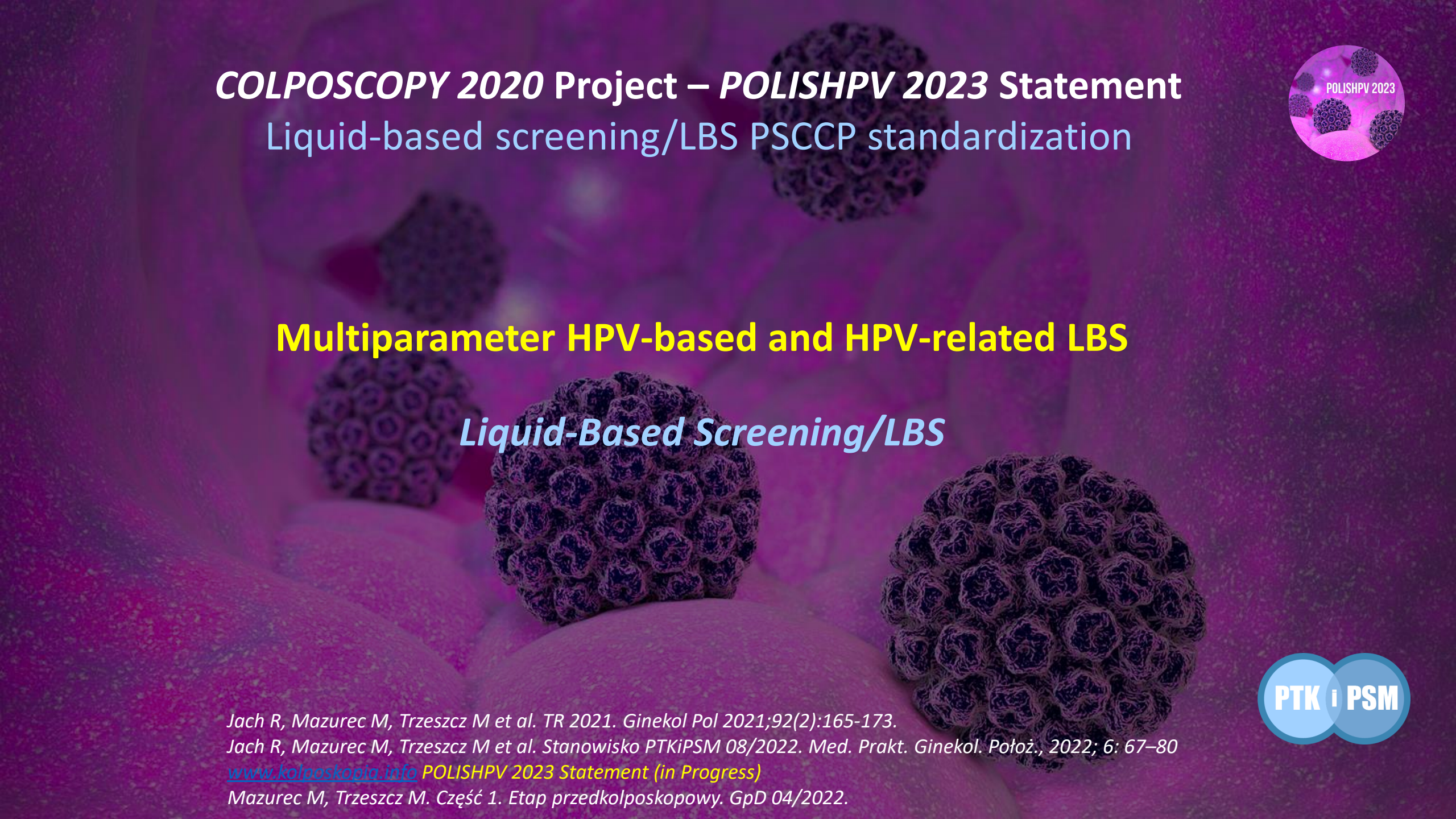
material collection

- **SurePath**
- **PreservCyt/ThinPrep**

Jach R, Mazurec M, Trzeszcz M et al. Ginekol Pol. 2020;91(6):362371.
Jach R, Mazurec M, Trzeszcz M et al. Med. Prakt. Ginekol. Położ., 2022; 6: 67–80
www.kolposkopia.info POLISHPV 2023 Statement (in Progress)

COLPOSCOPY 2020 Project – *POLISHPV 2023* Statement

Liquid-based screening/LBS PSCCP standardization



Multiparameter HPV-based and HPV-related LBS

Liquid-Based Screening/LBS

Jach R, Mazurec M, Trzeszcz M et al. TR 2021. Ginekol Pol 2021;92(2):165-173.
Jach R, Mazurec M, Trzeszcz M et al. Stanowisko PTKiPSM 08/2022. Med. Prakt. Ginekol. Położ., 2022; 6: 67–80
www.kolposkopia.info POLISHPV 2023 Statement (in Progress)
Mazurec M, Trzeszcz M. Część 1. Etap przedkolposkopowy. GpD 04/2022.

COLPOSCOPY 2020 Project – *POLISHPV 2023* Statement

Liquid-based screening/LBS PSCCP standardization

The Project recommends the use of a liquid medium as a medium for material collected from the cervix, which, after dedicated laboratory preparation, allows the necessary diagnostic tests to be performed in one collection.

Liquid-based screening (LBS) based on the primary molecular HRHPV14 DNA detection test (optionally RNA – based on WHO 2021 guideline) with limited (16/18) genotyping, is recommended as the diagnostic optimum.

Jach R, Mazurec M, Trzeszcz M et al. TR 2021. Ginekol Pol 2021;92(2):165-173.
Jach R, Mazurec M, Trzeszcz M et al. Stanowisko PTKiPSM 08/2022. Med. Prakt. Ginekol. Położ., 2022; 6: 67–80
www.kolposkopia.info POLISHPV 2023 Statement (in Progress)
Mazurec M, Trzeszcz M. Część 1. Etap przedkolposkopowy. GpD 04/2022.

COLPOSCOPY 2020 Project – *POLISHPV 2023* Statement

Liquid-based screening/LBS PSCCP standardization

Single material collection (one patient visit) = all screening tests:

- **HRHPV14 with limited (16/18) genotyping**
- **LBC**
- **p16/Ki67 DS**

Jach R, Mazurec M, Trzeszcz M et al. TR 2021. Ginekol Pol 2021;92(2):165-173.
Jach R, Mazurec M, Trzeszcz M et al. Stanowisko PTKiPSM 08/2022. Med. Prakt. Ginekol. Położ., 2022; 6: 67–80
www.kolposkopia.info POLISHPV 2023 Statement (in Progress)
Mazurec M, Trzeszcz M. Część 1. Etap przedkolposkopowy. GpD 04/2022.

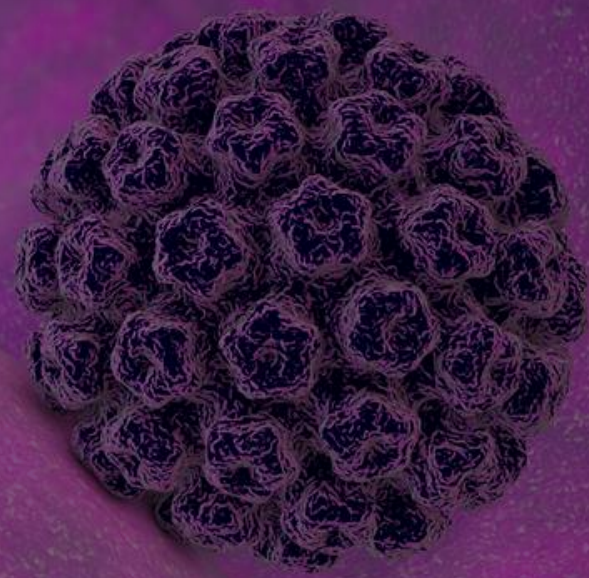
COLPOSCOPY 2020 Project – *POLISHPV 2023* Statement

Clinically validated HRHPV14 tests PSCCP standardization based on FDA Approval

Validated HRHPV14 DNA tests (for primary HPV testing alone in USA) with limited (16/18) genotyping:

primary screening tests

- ***Cobas* HPV assay**
- ***Onclarity* HPV assay**



FDA PMA No: P100020/S008, 04/2014
FDA PMA No: P160037, 02/2018

COLPOSCOPY 2020 Project – *POLISHPV 2023* Statement

Clinically validated HRHPV14 tests PSCCP standardization based on ESGO 2020 list

Validated HRHPV14 DNA tests (for primary HPV testing alone ESGO 2020) with limited (16/18) genotyping:

primary screening tests

- *Alinity m HR HPV Assay* (Abbott)
- *Anyplex II HPV HR Detection (Seegene)*
- *Cobas 4800 HPV test (Roche)*
- *HPV-Risk Assay* (Self-Screen BV)
- *Onclarity HPV Assay* (BD)
- *Papillo-Check HPV-Screening Test* (Greiner Bio-One)
- *RealTime High Risk HPV Test* (Abbott)
- *Xpert HPV* (Cepheid)

Arbyn M et al. 2020 List of human papillomavirus assays suitable for primry cervical cancer screening. Cin Microbiol Infect 2021

www.kolposkopia.info *POLISHPV 2023 Statement (in Progress)*

COLPOSCOPY 2020 Project – *POLISHPV 2023* Statement

Clinically validated HRHPV14 tests PSCCP standardization based on WHO 2021 Guideline

HRHPV14 mRNA tests may also be used (for primary HPV testing) with limited (16/18/45) genotyping using samples taken by the health-care provider:

primary screening tests

- *APTIMA HPV Test* (Hologic)

Note: No recommendation was made for using HPV mRNA in women living with HIV because evidence on the outcomes of using HPV mRNA detection applicable to this population was not identified.

Web Annex. Evidence-to-decision framework for mRNA testing for HPV. In: WHO guideline for screening and treatment of cervical pre-cancer lesions for cervical cancer prevention, second edition: use of mRNA tests for human papillomavirus (HPV). Geneva: World Health Organization; 2021. Licence: CC BY-NC-SA 3.0 IGO.

Arbyn M et al. Lancet Oncol 2022; 23: 950-60

www.kolposkopia.info POLISHPV 2023 Statement (in Progress)

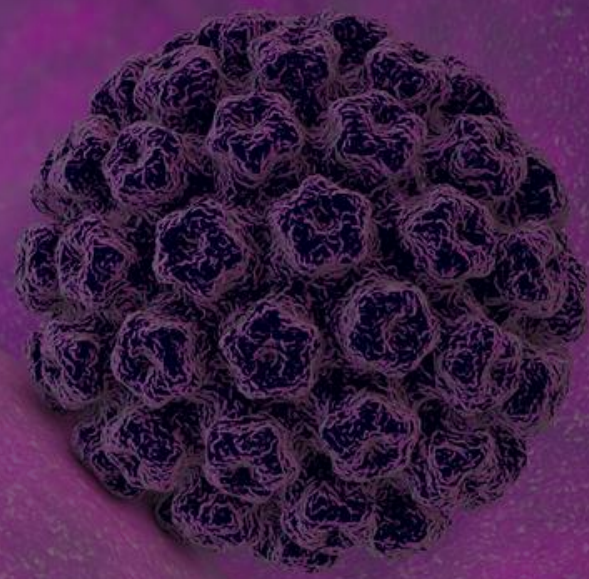
COLPOSCOPY 2020 Project – *POLISHPV 2023* Statement

Triage tests PSCCP standardization

Recommended HSIL triage tests for HPV HR12+:

triage tests

- reflex cytology
- reflex p16/Ki67 test



PMA P190024: FDA Summary of Safety and Effectiveness Data.
Jach R, Mazurec M, Trzeszcz M et al. Ginekol Pol 2021,92(2):165-173
www.kolposkopia.info POLISHPV 2023 Statement (in Progress)

COLPOSCOPY 2020 Project – *POLISHPV 2023* Statement

Triage tests PSCCP standardization

triage tests

p16/Ki67 DS

The future of HSIL risk triage?

PMA P190024: FDA Summary of Safety and Effectiveness Data.
Jach R, Mazurec M, Trzeszcz M et al. Ginekol Pol 2021,92(2):165-173
www.kolposkopia.info POLISHPV 2023 Statement (in Progress)

Polish LBS validation for opportunistic private funds-based model
(large data studies)

Trzeszcz M, Mazurec M, Jach R, et al. Liquid-Based Screening Tests Results: HPV, Liquid-Based Cytology, and p16/Ki67 Dual-Staining in Private-Based Opportunistic Cervical Cancer Screening. ***Diagnostics*** (Basel). 2021 – *IF 3,9*

Trzeszcz M, Mazurec M, Jach R, et al. Is Primary HPV with Secondary p16/Ki67 Dual-Stain an Alternative HSIL-Risk Detection Strategy in Cervical Cancer Screening for Women under 30 Years? ***Diagnostics*** (Basel). 2021 – *IF 3,9*

Mazurec K, Trzeszcz M, Mazurec M, et al. Triage Strategies for Non-16/Non-18 HPV-Positive Women in Primary HPV-Based Cervical Cancer Screening: p16/Ki67 Dual Stain vs. Cytology. ***Cancers*** (Basel). 2023 – *IF 5,2*

Martyna Trzeszcz, Maciej Mazurec, Robert Jach, et al. p16/Ki67 dual stain triage versus cytology in primary human papillomavirus-based cervical cancer screening with limited genotyping. *Authorea*. August 11, 2023. **DOI:** 10.22541/au.169173724.46140403/v1 – ***J Med Virol*** *IF 12,7*

Preprint
(accepted 15/11/2023)
***JMV*: IF 12.7**

COLPOSCOPY 2020 Project – *POLISHPV 2023* Statement

Liquid-based screening/LBS PSCCP standardization

It really works in opportunistic private funds-based model in Poland

COLPOSCOPY 2020 **Project –** ***POLISHPV 2023*** **Statement**

Gynecological cytopathology PSCCP standardization

HPV Cytologist Academy

PSCCP & PTDL

(Polish Society of Laboratory Diagnostics)

Educational Project with Certification

in gynecological cytopathology for Polish cytotechs

COLPOSCOPY 2020 Project – *POLISHPV 2023* Statement

Gynecological cytopathology PSCCP standardization

HPV Cytologist Academy

Courses levels of certification in liquid-based preparation (LBC & DS) in HPV-related strategy:

LBS tests evaluation

- Level 0 – basics in gynecological cytopathology (online) is just starting
- **Level 1** – LBC as a triage test in HPV-related strategy (on-site)
- **Level 2** – DS as a triage test in HPV-related strategy (on-site)

COLPOSCOPY 2020 Project – *POLISHPV 2023* Statement

Gynecological cytopathology PSCCP standardization

HPV Cytologist Academy

LBS tests evaluation

LBS quality assessment and control standardization:

- LBC reporting rates
- cytologic-virologic correlations (CVC)
- virologic/cytologic- histologic correlations (V/CHC)
- immunocytologic-histologic correlations (IHCHC)
- PPV in gynae cytopathology

COLPOSCOPY 2020 Project – *POLISHPV 2023* Statement

Management PSCCP standardization

management

Management strategies:

- tests results-based (classic)
- risk-based (progressive) open for new tools
  (e.g. DS, extended genotyping, vaccination status)

COLPOSCOPY 2020 Project – *POLISHPV 2023* Statement

Management PSCCP standardization

HPV-based & HPV-related screening

HRHPV test standardization

HRHPV with limited (16/18) genotyping

- HPV 16/18+ to colposcopy
- HPV HR12+ to triage
- safer for patients
- unknown (probably low) quality Polish gynae cytopathology

COLPOSCOPY 2020 Project – *POLISHPV 2023* Statement

Test results-based management PSCCP standardization

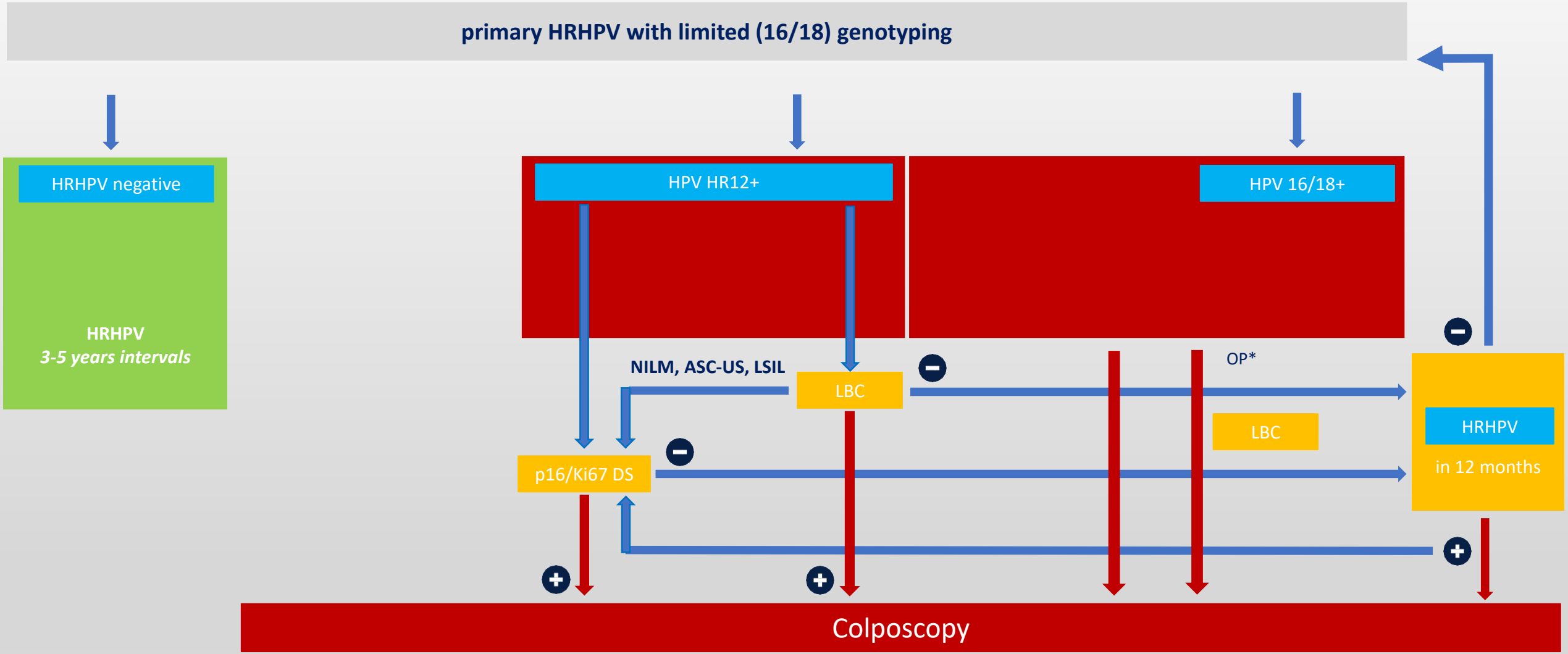
FLOWCHARTS

management

Primary test standardization:

- primary HPV with limited (16/18) genotyping
- primary cotesting
- age range 25-74y (minimum)
- intervals 3-5y

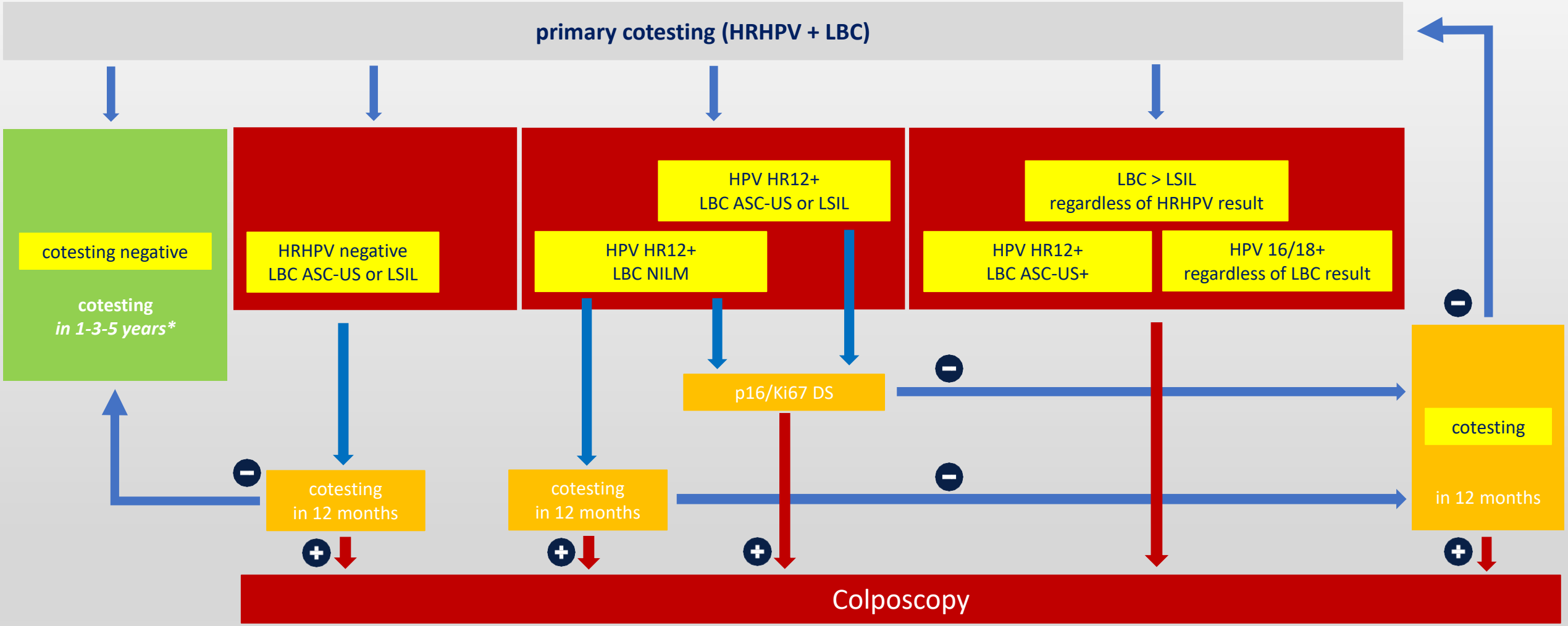
25 to 74 YEARS (minimum)



OP* - option

screening model: primary HRHPV

25 to 74 YEARS (minimum)



*special situation: immunosuppressed – obligatory in 12 months

screening model: primary cotesting

COLPOSCOPY 2020 Project– *POLISHPV 2023* Statement

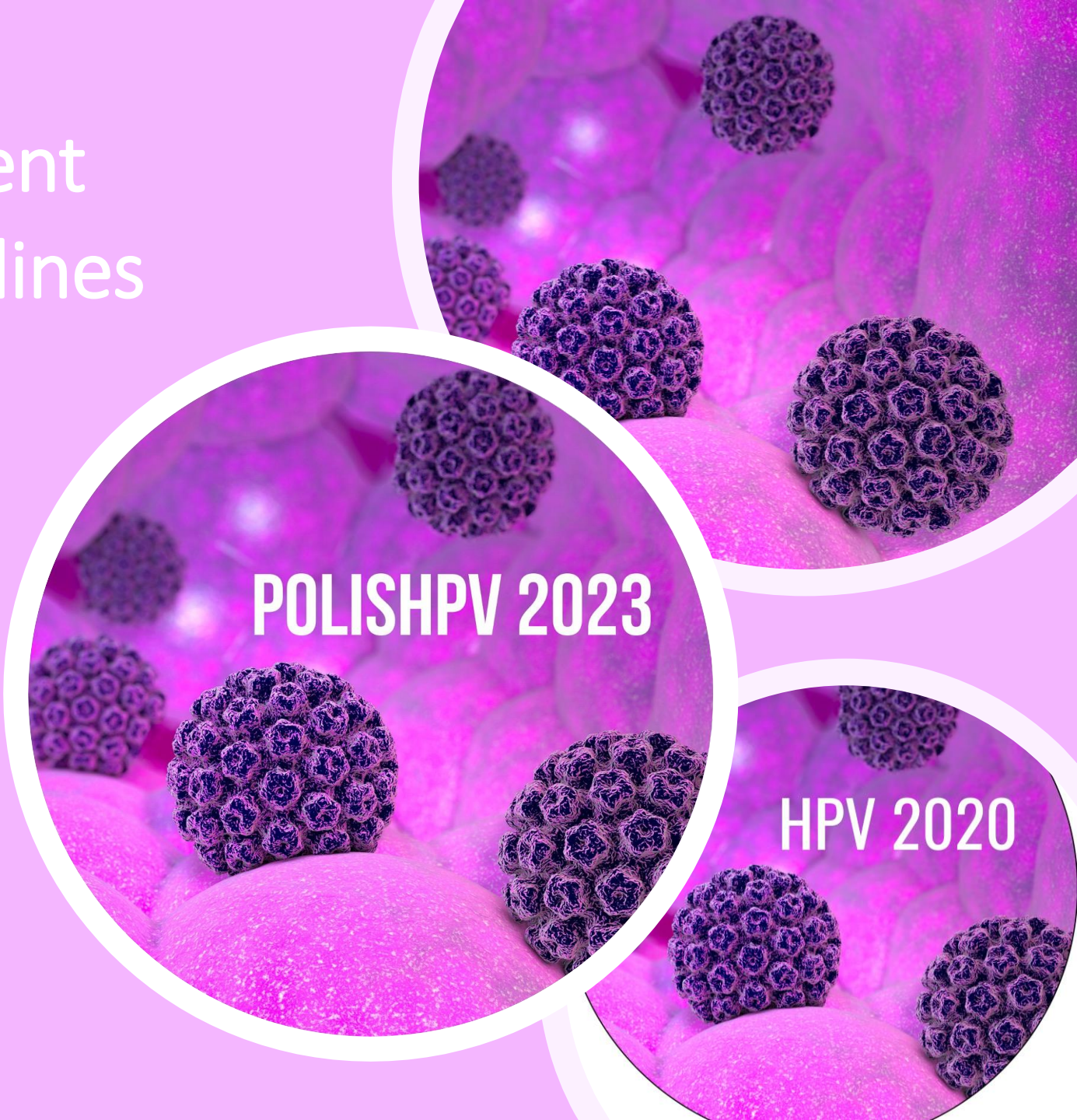
Risk-based management PSCCP standardization based on ASCCP 2019 Guidelines and mobile App

Management standardization based on:

- immediate HSIL/CIN3+ risk
- 3 Years HSIL/CIN3+ risk
- 5 Years HSIL/CIN3+ risk
- equal management for equal risk

Why can we implement the ASCCP 2019 Guidelines in Poland?

?



The main paradigm for implementing ASCCP 2019, as an international guidelines, locally in Poland

„Patients with similar test results and screening history combinations have largely similar CIN 3+ risk, regardless of their geographic location, race, ethnicity, or socioeconomic status”

Perkins RB et al. J Low Genit Tract Dis. 2020;24(2):167-177

COLPOSCOPY 2020 CCS Standardization Project

PSCCP standardization of all ccs secondary prevention procedures

Colposcopy & post-Colposcopy stages

Courses levels of certification in colposcopy (PSCCP & EFC) in HPV-related strategy:

- **Level 1 – in colposcopy**
- **Level 2 – in excisional & ablative procedures**

Jach R, Mazurec M, Trzeszcz M et al. Ginekol Pol. 2020;91(6):362371.
Jach R, Mazurec M, Trzeszcz M et al. Med. Prakt. Ginekol. Położ., 2022; 6: 67–80
www.kolposkopia.info POLISHPV 2023 Statement (in Progress)

Performance of standardised colposcopy to detect cervical precancer and cancer for triage of women testing positive for human papillomavirus: results from the ESTAMPA multicentric screening study

*Joan Valls, Armando Baena, Gino Venegas, Marcela Celis, Mauricio González, Carlos Sosa, Jorge Luis Santin, Marina Ortega, Ana Soilán, Elmer Turcios, Jacqueline Figueroa, Margarita Rodríguez de la Peña, Alicia Figueredo, Andrea Verónica Beracochea, Natalia Pérez, Josefina Martínez-Better, Oscar Lora, Julio Yamil Jiménez, Diana Giménez, Laura Fleider, Yuly Salgado, Sandra Martínez, Yenny Bellido-Fuentes, Bettsy Flores, Silvio Tatti, Verónica Villagra, Aurelio Cruz-Valdez, Carolina Terán, Gloria Inés Sánchez, Guillermo Rodríguez, Maria Alejandra Picconi, Annabelle Ferrera, Laura Mendoza, Alejandro Calderón, Raul Murillo, Carolina Wiesner, Nathalie Broutet, Silvana Luciani, Carlos Pérez, Teresa M Darragh, José Jerónimo, Rolando Herrero, Maribel Almonte, on behalf of the ESTAMPA study group**

Summary

Background Colposcopy, currently included in WHO recommendations as an option to triage human papillomavirus (HPV)-positive women, remains as the reference standard to guide both biopsy for confirmation of cervical precancer and cancer and treatment approaches. We aim to evaluate the performance of colposcopy to detect cervical precancer and cancer for triage in HPV-positive women.

Methods This cross-sectional, multicentric screening study was conducted at 12 centres (including primary and secondary care centres, hospitals, laboratories, and universities) in Latin America (Argentina, Bolivia, Colombia, Costa Rica, Honduras, Mexico, Paraguay, Peru, and Uruguay). Eligible women were aged 30–64 years, sexually active, did not have a history of cervical cancer or treatment for cervical precancer or a hysterectomy, and were not planning to move outside of the study area. Women were screened with HPV DNA testing and cytology. HPV-positive women were referred to colposcopy using a standardised protocol, including biopsy collection of observed lesions, endocervical sampling for transformation zone (TZ) type 3, and treatment as needed. Women with initial normal colposcopy or no high-grade cervical lesions on histology (less than cervical intraepithelial neoplasia [CIN] grade 2) were recalled after 18 months for another HPV test to complete disease ascertainment; HPV-positive women were referred for a second colposcopy with biopsy and treatment as needed. Diagnostic accuracy of colposcopy was assessed by considering a positive test result when the colposcopic impression at the initial colposcopy was positive minor, positive major, or suspected cancer, and was considered negative otherwise. The main study outcome was histologically confirmed CIN3+ (defined as grade 3 or worse) detected at the initial visit or 18-month visit.

Findings Between Dec 12, 2012, and Dec 3, 2021, 42 502 women were recruited, and 5985 (14·1%) tested positive for HPV. 4499 participants with complete disease ascertainment and follow-up were included in the analysis, with a median age of 40·6 years (IQR 34·7–49·9). CIN3+ was detected in 669 (14·9%) of 4499 women at the initial visit or 18-month visit (3530 [78·5%] negative or CIN1, 300 [6·7%] CIN2, 616 [13·7%] CIN3, and 53 [1·2%] cancers). Sensitivity was 91·2% (95% CI 88·9–93·2) for CIN3+, whereas specificity was 50·1% (48·5–51·8) for less than CIN2 and 47·1% (45·5–48·7) for less than CIN3. Sensitivity for CIN3+ significantly decreased in older women (93·5% [95% CI 91·3–95·3] in those aged 30–49 years *vs* 77·6% [68·6–85·0] in those aged 50–65 years; p<0·0001), whereas specificity for less than CIN2 significantly increased (45·7% [43·8–47·6] *vs* 61·8% [58·7–64·8]; p<0·0001). Sensitivity for CIN3+ was also significantly lower in women with negative cytology than in those with abnormal cytology (p<0·0001).

Interpretation Colposcopy is accurate for CIN3+ detection in HPV-positive women. These results reflect ESTAMPA efforts in an 18-month follow-up strategy to maximise disease detection with an internationally validated clinical management protocol and regular training, including quality improvement practices. We showed that colposcopy can be optimised with proper standardisation to be used as triage in HPV-positive women.

Funding WHO; Pan American Health Organization; Union for International Cancer Control; National Cancer Institute (NCI); NCI Center for Global Health; National Agency for the Promotion of Research, Technological Development, and Innovation; NCI of Argentina and Colombia; Caja Costarricense de Seguro Social; National Council for Science and Technology of Paraguay; International Agency for Research on Cancer; and all local collaborative institutions.

Lancet Glob Health 2023; 11: e350–60

See **Comment** page e304

*Members listed in the appendix (p 5)

Early Detection, Prevention and Infections Branch, International Agency for Research on Cancer, Lyon, France (J Valls PhD; A Baena PhD, R Murillo MD, R Herrero MD, M Almonte PhD); **Centro de Investigación Biomédica en Red de Cáncer (CIBERONC), Madrid, Spain** (J Valls); **Clínica Angloamericana, Lima, Peru** (G Venegas MD); **Escuela de Medicina Humana, Universidad de Piura, Lima, Peru** (G Venegas); **Instituto Nacional de Cancerología, Bogotá, Colombia** (M Celis MD, M González MD, Y Salgado BSN, S Martinez BSN, R Murillo, C Wiesner MD, C Pérez MD); **Hospital Monseñor Victor Manuel Sanabria Martínez, Puntarenas, Costa Rica** (C Sosa MD, J L Santin MD); **Hospital Nacional, Ministerio de Salud Pública y Bienestar Social, Itauguá, Paraguay** (M Ortega MD, A Soilán MD); **Instituto Nacional del Cáncer, Ministerio de Salud Pública y Bienestar Social, Capiatá, Paraguay** (M Ortega); **Hospital Materno Infantil de San Lorenzo, Ministerio de Salud Pública y Bienestar Social, San Lorenzo, Paraguay** (A Soilán); **Programa Nacional contra el Cáncer, Tegucigalpa, Honduras** (E Turcios MD, J Figueroa MD); **Hospital Nacional Profesor Alejandro Posadas, Buenos Aires, Argentina** (M Rodríguez de la Peña MD, A Figueredo MD); **Centro de Salud Ciudad de la Costa,**

POLISHPV 2023

What do we need to be the Best?

Colposcopy procedure standardization

ESTAMPA Study 2023

PTK i PSM

ESTAMPA

standardized colposcopy protocol

- **Sensitivity for HSIL/CIN2+**

  90,4% (95% CI: 88,4-92,2)

- **Specificity for less than HSIL/CIN2**

  50,1% (95% CI: 48,5-51,9)

What do we need to be the Best?

Colposcopy procedure standardization

ESTAMPA Study 2023

what can we achieve?

VIA MEDICA

RECOMMENDATIONS

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COLPOSCOPY 2020 — COLPOSCOPY PROTOCOLS
A Summary of the Clinical Experts Consensus Guidelines of the Polish Society of Colposcopy and Cervical Pathophysiology and the Polish Society of Gynecologists and Obstetricians

Robert Jach[1*], Maciej Mazurec[2*], Martyna Trzeszcz[2,3*], Anna Bartosinska-Dyc[4], Bartlomiej Galarowicz[5], Witold Kedzia[6**], Andrzej Nowakowski[7**], Kazimierz Pitynski[8**]

Reviewers: Mariusz Zimmer[9], Andrzej Marszalek[10], Krzysztof Czajkowski[11], Zbigniew Kojs[12], Wojciech Rokita[13]

*Authors should be deemed the first authors due to the equal contribution to this article
**Authors should be deemed the senior authors due to the equal contribution to this article

[1]President of the Polish Society of Colposcopy and Cervical Pathophysiology and the Main Chair of the Cervical Pathology, Colposcopy and Cytology Subdivision of PTGiP; Division of Gynecologic Endocrinology, Jagiellonian University Medical College, Cracow, Poland
[2]Board of the Cervical Pathology, Colposcopy and Cytology Subdivision of PTGiP; Corfamed Woman's Health Center, Wroclaw, Poland
[3]Board of the Clinical Cytology Subdivision of Polish Pathology Society; Division of Pathology and Clinical Cytology, University Hospital in Wroclaw, Poland
[4]Surgical Gynecology and Gynecological Oncology Department, Polish Mother Health Centre Research Institute, Lodz, Poland
[5]Clinic of Gynecological Endocrinology and Gynecology, University Hospital Cracow, Poland
[6]Department of Perinatology and Gynecology, Gynecology Clinic, Poznan University of Medical Sciences, Poland
[7]Head of the Central Coordinating Center for Cervical Cancer Screening Program in Poland, Department of Cancer Prevention, Maria Sklodowska-Curie National Institute of Oncology, State Scientific Institute, Warsaw, Poland
[8]Department of Gynecology and Oncology, Jagiellonian University Medical College, Cracow, Poland
[9]President of the Polish Society of Gynecologists and Obstetricians; Second Department of Gynecology and Obstetrics, Wroclaw Medical University, Poland
[10]Department of Tumour Pathology and Prophylaxis, Poznan University of Medical Sciences, Greater Poland Cancer Centre, Poznan, Poland
[11]National Consultant in Obstetrics and Gynecology, 2nd Chair and Department of Obstetrics and Gynecology, Medical University of Warsaw, Poland
[12]National Consultant in Gynecologic Oncology, Department of Oncological Gynecology, Oncology Centre Maria Sklodowska-Curie Institute, Cracow, Poland
[13]Department of Obstetrics and Gynecology, Voivodeship Combined Hospital of Kielce; Department and Clinic of Obstetrics and Gynecology, Collegium Medicum Jan Kochanowski University of Kielce, Poland

Corresponding author:
Robert Jach
Division of Gynecologic Endocrinology Jagiellonian University Medical College
e-mail: Robert.jach@uj.edu.pl
phone: 512-484-102

POLISHPV 2023

What do we need to be the Best?

PSCCP/PCOG Colposcopy procedure standardization

Polish Colposcopy Protocols 2020

The first step to the future

PTK i PSM

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BASIC PROTOCOL — minimal colposcopy approach

According to the main goal of the guidelines a minimal colposcopy scope is recommended — the basic protocol should therefore be treated as an obligatory minimum colposcopy approach, which includes:

- ECC (minimum) and/or ECB (optional) in the case of:
  - TZ3 (obligatory) and TZ2 (optional) (VI-A)
  - positive status of HRHPV 16 and/or 18 (VI-B)
  - ASC-H+ (ASC-H and higher) cytologic results (VI-A)
  - positive p16/Ki67 test result (VI-B)
  - abnormal colposcopic findings or suspicious for invasion (VI-A)
  - all major screening abnormalities of precolposcopic stage when any colposcopic abnormalities were found (VI-B)
  - considering the subsequent ablation treatment (cryo- or laser ablation) (VI-A)

  [1, 3, 13, 16, 25, 29–33, 35, 44, 75, 76].
- Targeted biopsy (in particular, from lesions assessed as abnormal colposcopic findings, suspicious for invasion, suspicious metaplasia and from other suspected areas) (VI-A)

Division of Gynecologic Endocrinology Jagiellonian University Medical College
e-mail: Robert.jach@uj.edu.pl
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OPTIMAL PROTOCOL — recommended colposcopy approach

- always ECC and/or ECB (VI-B)

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Currently, there is no alternative to standardized colposcopy in Poland based on the recommendations of the Colposcopic Nomenclature and Colposcopic Protocols of the COLPOSCOPY 2020 Project.

PTK i PSM

What do we need for the future?

?

The Future

- original hybrid model
  - ➢ organized public funds-based - ? ?
  - ➢ opportunistic private funds-based – **HRHPV with limited (16/18) genotyping and triage tests for HPV HR12+ with standardized colposcopy**

Secondary prevention of the cervical cancer in the HPV-related strategy
PSCCP Statement *POLISHPV 2023*


We have to work very hard…

Thank you for attention