The IARC Perspective on Cervical Cancer Screening

TO THE EDITOR: As discussed by Bouvard et al. (Nov. 11 issue),[1] the International Agency for Research on Cancer (IARC), which evaluates screening and treatment strategies for cervical cancer, assigned an "A" rating to the quality of a cluster-randomized, controlled trial conducted in Mumbai, India.[2] Reportedly, the Mumbai trial assessed the effectiveness of visual inspection with acetic acid (VIA) for cervical cancer screening as compared with no screening.[1,2] However, documents obtained through the U.S. Freedom of Information Act established that the Mumbai trial assessed the effectiveness of unaided visual inspection, a cervical cancer screening test that cannot detect precancerous cervical lesions and had been discredited before the Mumbai trial began.[3] The journal that published the final trial results issued a corrigendum confirming that the trial had assessed the discredited cervical cancer screening test.[4] The U.S. Office for Human Research Protections determined that written informed consent was not obtained from trial participants.[3] Credible allegations of falsification of clinical staging data in that trial[3] remain neither confirmed nor disproved. The "A" rating assigned to the Mumbai trial, which contributed to preventable deaths from cervical cancer in at least 500,000 women by delaying cervical screening throughout India,[3,5] arouses concerns regarding the scientific and ethical probity of the IARC perspective on cervical cancer screening.[1]

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THE AUTHORS REPLY: Suba et al. raise an important point about one trial included in our evaluations. The Working Group performed a comprehensive review of published evidence on the effect of VIA on cervical cancer incidence and mortality. The final assignment to a group (A, B, C, or D) is based on an evaluation of all available literature[1] rather than individual studies or publications. In its assessments, the Working Group agreed that screening with VIA had not been definitively established to reduce cervical cancer incidence and therefore reached an evaluation in Group B for this outcome: "VIA may reduce the incidence of cervical cancer." In contrast, data were consistent across all available studies for the outcome of mortality, and the Working Group concluded that the body of evidence showed a reduction in mortality, with an evaluation in Group A for this outcome: "VIA is established to reduce the mortality associated with cervical cancer." Critically, however, the statement of the comparative effectiveness of human papillomavirus (HPV) DNA testing as compared with VIA clearly indicated that HPV DNA testing is preferred over VIA as a cervical cancer screening test.

Suba et al. suggest possible scientific misconduct in one of the studies in the evidence review.[2] The accusations were evaluated by the U.S. Office for Human Research Protections.[3,4] The systematic review process carried out by the IARC did not reveal any published erratum or amendment that would affect the conclusions of the study or call for any retraction of the original publication. Therefore, no basis was found to exclude the study from the evidence review.

The final IARC evaluation supports the recommendation of the World Health Organization Global Strategy to Accelerate the Elimination of Cervical Cancer as a Public Health Problem, which states that all countries should adopt HPV-based cervical cancer screening as soon as it is feasible.[5]

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Since publication of their article, the authors report no further potential conflict of interest.

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