Re: Comparison of Three Management Strategies for Patients With Atypical Squamous Cells of Undetermined Significance: Baseline Results From a Randomized Trial

In their study of alternative management strategies for women with equivocal Pap smears, Solomon et al. (1) concluded that "HC 2 [Hybrid Capture 2™] testing for cancer-associated HPV [human papillomavirus] DNA . . . has greater sensitivity to detect CIN3 [cervical intraepithelial neoplasia grade 3] or above and specificity comparable to a single additional cytologic test indicating ASCUS [atypical squamous cells of undetermined significance] or above.” Solomon et al. (1) reported that the HPV test had a 96.3% sensitivity to detect CIN3 or higher (CIN3+) and a 10.0% positive predictive value in a population with a 5.1% prevalence of CIN3+. However, these data imply that the specificity of the HPV test was only 53.4%. Solomon et al. further reported that a repeat Pap smear based on the LSIL+ (i.e., low-grade squamous intraepithelial lesion or higher) had a 64.0% sensitivity to detect CIN3+ and a 14.3% positive predictive value in the same population. From the latter data, I calculate that the specificity of the follow-up Pap smear based on the LSIL+ criterion was actually 79.4%.

My calculations are given in Table 1, which shows the distributions of HPV test results (panel A) and follow-up Pap smear results based on the LSIL+ criterion (panel B) in a standard population of 10 000 women with atypical squamous cells on initial Pap smear.

The trade-off between the higher sensitivity of the HPV test and the higher specificity of the repeat cytology based on LSIL+ becomes especially important when the prevalence of disease is as low as 5.1%. For every 10 000 women with equivocal Pap smears, comparison of panels A and B shows that the HPV test will correctly identify 165 additional cases of high-grade cervical neoplasia (i.e., 491 – 326). However, at the same time, the test will mistakenly send to colposcopy an additional 2465 women who do not have precancerous or cancerous cervical lesions (i.e., 4419 – 1954).

The results reported by Solomon et al. (1) were widely misinterpreted by the media (2,3), which highlighted the finding that the HPV DNA test had a negative predictive value of 99.5% in the detection of high-grade cervical neoplasia. However, the negative predictive value is the probability that a patient with a negative HPV test did not have high-grade cervical neoplasia. By contrast, the specificity is the probability that a woman without high-grade cervical neoplasia had a negative HPV test (4).

Unless the HC 2 test can be improved to identify the specific oncogenic subtypes of HPV DNA, it may be superior to repeat cytology. Barring such improvements, we will need to balance the benefits of early detection of cervical neoplasia in 165 additional cases per 10 000 women against the higher costs of the HC 2 test and the costs and trauma of unnecessary colposcopy in 2465 additional cases per 10 000 women.

JEFFREY E. HARRIS

REFERENCES
The Atypical Squamous Cells of Undetermined Significance/Low-Grade Squamous Epithelial Neoplasia (ASCUS/LSIL) Triage Study (ALTS) is a milestone in efforts to determine the utility of human papillomavirus (HPV) DNA assays as an adjunct to primary cervical cytologic screening. Reporting for the ALTS investigators, Solomon et al. (1) present important data regarding the sensitivity of the Hybrid Capture 2™ (HC 2) HPV DNA test in detecting high-grade cervical intraepithelial neoplasia (CIN) following a borderline cytologic finding. Solomon et al. (1) conclude that, “[HC-2] sensitivity, combined with reasonable specificity for triage, makes HPV testing a viable option for the management of ASCUS [lesions found to be borderline by cytology].”

There is reason for concern, though, that these encouraging findings might be misinterpreted by nonexpert readers. The New York Times (2), for example, reported, “The NCI [National Cancer Institute] said that women who receive borderline abnormal results should be tested for HPV . . . .” If the perception that HPV DNA testing is the “standard of care” were to become widespread in the general public, it could be difficult to change, even if further investigation demonstrates that conservative management is more appropriate. Recent conversations with physicians have indicated that they too often fail to appreciate the preliminary nature of the findings to date.

Secondly, it is important to point out that the utility of HPV triage could possibly vary by age group and specific population characteristics, because of differences in positive predictive value. In sexually active college-aged women, for example, HPV DNA cumulative prevalence is very high (40%–60%), but the prevalence of CIN3+ or higher (CIN3+), which increases with age, is very low (3). Few true positives (CIN3+), relative to other groups, and greater potential for false-positive findings (i.e., accurate positive HPV DNA results but no detectable morphologic changes present) could result in a lower positive predictive value (true positives/true positive + false positives) (4). In fact, an increase in the false-positive rate would mean reduced specificity (true negatives/true negatives + false positives). Thus, the performance of the assay itself, in terms of detecting cervical disease, could potentially vary among populations. In keeping with this concern, the investigators reported that the prevalence of HPV varied among clinical centers (patient groups) from 31% to 60%, a nearly twofold difference. It will be important, therefore, for physicians to know the positive likelihood ratio (sensitivity/1 – specificity) for HPV DNA testing in a given age group and population, as well as the pretest probability of disease, before choosing to use HPV triage with a given patient. In populations that vary substantially from the ALTS cohort (e.g., human immunodeficiency virus-positive women), it may be necessary to conduct separate studies. Similar considerations apply to suggestions that HPV triage be used to determine the frequency of cervical cancer screening following a normal cytologic finding (5). Because of its strong study design and exceptional clinical work, the ALTS will carry special weight in the medical community. To begin to address the above issues, it would be helpful for the investigators to present the age- and population-specific data from the current investigation.

HOward STRICKLER
KEERTI SHAH

REFERENCES

affect the utility of HPV testing as a strategy for triage of ASCUS cytology. A detailed analysis of age and other factors on the performance of both cytology and HPV testing is the subject of a forthcoming ALTS publication.

DIANE SOLOMON  
MARK SCHIFFMAN

REFERENCE


NOTES

Editor’s note: The ALTS Trial receives support in the form of equipment and/or supplies at reduced cost from the Digene Corporation (Gaithersburg, MD), the Cytyc Corporation (Boxborough, MA), DenVu (Tucson, AZ), and the National Testing Laboratories (Fenton, MO).

Affiliations of authors: D. Solomon (Breast and Gynecologic Cancer Research Group, Division of Cancer Prevention), M. Schiffman (Environmental Epidemiology Branch, Division of Cancer Epidemiology and Genetics), National Cancer Institute, Bethesda, MD.

Correspondence to: Diane Solomon, M.D., National Institutes of Health, Executive Plaza North, 6130 Executive Blvd., Rockville, MD 20852 (e-mail: ds87v@nih.gov).