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Cervical cancer screening: Yesterday, today and tomorrow

Cervical cancer is the only malignancy with a well-defined, detectable and treatable precursor which can make the disease preventable. The Pap-test screening was the start-shot for the secondary prophylaxis of cervical cancer and has regardless the subjectivity in morphological evaluation and the inevitable false negative rate, contributed to the decline in the incidence and the mortality of lesion during the last five decades. Lack of well-organized screenings programs and low socio-economic conditions diminished, meanwhile, the efficiency of the screening in developing countries, which necessitated tailored screening-programs for these areas. The discovery of HPV's role in developing cervical cancer in the 1980s added the molecular biology test for HPV to the screenings program, initially as a triage test for mild cellular changes and since as primary Human Papillomavirus (HPV) screening. Primary prophylaxis was then launched by the HPV vaccination a decade ago. Specimen sampling for cytology was also improved by adding the cotton swab to Ayers spatula in the late 1970s/ early 1980s, which again was replaced by the Cytobrush a decade later. Yesterday's irrigation smear by using the cytopipette and the micropipette during 1960s, was the forerunner for today's liquid-based cytology. Fully or semi-automated imaging systems that are widely used today, were also preceded by several attempts for screening's automation in 1960s. But cervical cancer, despite improvements of primary and secondary prophylactic measures, despite quality improvements of specimen sampling and specimen processing and despite improvements of the quality of microscopy is not eradicated yet. Can we do it tomorrow?

Biography

Jalil Hariri is a Consultant Pathologist at Southern Jutland Hospital as well as SLB Hospital in Denmark. He has published several papers and oral presentations addressing primarily non-gynecological liquid-based cytology, immunocytochemistry and HPV.

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