

Foreword



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One of the most remarkable improvements in women's health care is in the primary and secondary prevention of cervical carcinoma. Although the incidence and mortality from cervical cancer decreased substantially in the past several decades in the United States, it remains the third most common gynecologic malignancy. When cervical cytology screening programs were introduced to communities, a marked reduction in cervical cancer incidence followed. In countries where cytologic screening is not widely available, cervical cancer remains common.

This issue of *Obstetrics and Gynecology Clinics* guest edited by Alan Waxman, MD, MPH, provides a comprehensive review of cervical cancer screening and prevention techniques. Matters addressed include the recommended timing and frequency of screening with cytology, and the role of human papillomavirus (HPV) DNA testing in cervical screening. The contributors offer a comparison of liquid and conventional Pap tests, and describe how cytology specimens are processed and interpreted in the laboratory. The increasing use of computer-assisted technologies in the interpretation of Pap tests is particularly exciting.

Colposcopy with directed biopsy is still the standard of care for initial management of most cytologic abnormalities. Readers will find in this monograph a comprehensive review of the histologic basis of colposcopy and the uncertain role of endocervical curettage. The intricacies of management of both the abnormal Pap test and abnormalities proven on biopsy were revamped by the second American Society for Colposcopy and Cervical Pathology (ASCCP) Consensus Conference, whose recommendations were published in the Fall of 2007. The authors provide several articles written by participants of that conference to give readers a comprehensive understanding of the new guidelines and the evidence that supports them.

We now know that infection with HPV is necessary in the development of cervical neoplasia. Factors that determine which high-risk types of HPV infections will develop into squamous intraepithelial lesions remain poorly identified. Although it is estimated that up to 100% of women with histologic cervical intraepithelial neoplasia (CIN) 2 or CIN 3 will test positive for a high-risk type of HPV, many women harbor the virus in their lower genital tracts without cytologic or histologic changes. Primary prevention is now available thanks to new anti-cancer vaccines using a virus-like particle produced from

the L1 gene of the HPV. Dr. Waxman opens this issue with an in-depth discussion of the natural history of HPV infection, its role in the pathophysiology of cervical cancer, and the promise of the new vaccines.

It is our desire that this issue will attract the attention of providers caring for the millions of women undergoing cervical cancer screening. Practical information provided herein by this distinguished panel of contributors will hopefully aid in the development and implementation of more specific and individualized treatment plans. Views expressed here are not absolute, however, and should be considered as guidelines based on advice from experts such as these contributors.

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