1667 women with cervical intraepithelial neoplasia 2 or 3 (CIN 2/3; 718 with CIN 2 and 949 with CIN 3; mean age = 37 years). The CIN was detected in the Florence screening program from January 1, 1985, through June 30, 2005, and was conservatively treated with conization (n = 733), loop electrosurgical excision procedure (n = 900), or local destructive treatment (diathermy or laser vaporization; n = 34). Linkage to the Tuscany Cancer Registry (2) allowed us to identify patients with invasive carcinoma that occurred at least 6 months after CIN 2/3 treatment but before December 31, 2005.

Nine patients with incident cervical carcinoma were identified during a total of 16784.29 person-years and an average follow-up of 10 years, corresponding to an invasive cancer rate of 53.6 per 100000 women-years. Such an incidence rate was higher than that of the general population, the difference being statistically significant, with an observed to expected ratio of 5.7 (= 9/1.6, 95% confidence interval [CI] = 2.9 to 10.9). In a multivariable analysis, the incidence rate of invasive cancer was not associated with age, CIN grade, or conservative treatment type, with the highest difference being associated with local destructive treatment (odds ratio = 5.5, 95% CI = 0.46 to 66.5) compared with conization.

The incidence of invasive cervical carcinoma among women after CIN 2/3 conservative treatment was even higher than that among women with a negative Pap test (which prompted triennial rescreening). Linkage between the cancer registry and data from a consecutive series of 169918 women with a negative Pap test (matched by age ±1 year, date of Pap test ± 1 year, and province of residence) revealed an absolute risk of subsequent invasive cancer of 1.8 per 100000 women-years (a value that is much lower than those reported in the British Columbia cohort). The incidence of invasive cancer among women who have been treated conservatively for CIN 2/3 was 39.9 (95% CI = 3.9 to 1966.9) times higher during the first 5 years of follow-up and 25.5 (95% CI = 4.2 to 268.3) times higher thereafter (6–20 years of follow-up).

We confirm a statistically significant higher risk of invasive cervical cancer among women who have received conservative treatment for CIN 2/3 than among women in the general population or among women with a negative Pap test.

Re: Cervical Intraepithelial Neoplasia Outcomes After Treatment: Long-term Follow-up From the British Columbia Cohort Study

The results reported by Melnikow et al. (1) are consistent with what we have observed in a similar ongoing survey. We considered
women with negative Pap tests, a finding that appears to support the need for long-term intensive surveillance of these subjects (3). Nevertheless, we would like to stress two points. First, the analysis of the clinical history of nine patients with incident invasive cervical cancer showed that three of them were diagnosed with cervical cancer within 1 year by adequate cytological follow-up, whereas the other six patients received inadequate follow-up and/or inadequate treatment. Although we cannot be sure that proper treatment and/or follow-up would have promptly identified the cervical cancers in these six women, systematic intensive long-term surveillance might not be necessary. Second, CIN 2/3 lesions are a consequence of human papillomavirus infection, which may persist or be cleared after conservative treatment. Adopting the same follow-up protocol for any CIN 2/3 lesion might expose most women with a CIN 2/3 lesion to oversurveillance. Follow-up that is based on human papillomavirus testing might be more convenient because it would allow a better selection of subjects for intensive long-term surveillance.

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Notes
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Melnikow et al. declined our invitation to respond to this correspondence.
DOI: 10.1093/jnci/djp307
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