

PL-13

Secondary prevention of cervical cancer: diagnostic pathways and follow-up in the Local Health Authority of Reggio Calabria

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Background. Cervical cancer is closely associated with persistent infection by human papillomavirus (HPV), particularly high-risk genotypes HPV 16 and 18. Progression from persistent infection to intraepithelial lesion and carcinoma is generally slow, allowing early detection and treatment of high-grade cervical lesions and prevention of invasive disease. Organized screening is therefore essential to reduce incidence and mortality. The current model includes cytology for women aged 25–29 years and primary HPV-DNA testing in older women, followed by cytological triage of HPV-positive women and colposcopy when indicated.

Materials and Methods. A descriptive analysis was conducted of the organized cervical cancer screening programme implemented by the Reggio Calabria Local Health Authority in 2025. The programme used HPV-DNA testing through self-sampling, followed, in positive cases, by cytological triage and referral for colposcopy according to GISCi recommendations. The number of invited and participating women, first-level positive results, colposcopic outcomes, diagnoses of cervical intraepithelial neoplasia grade 2 or 3 (CIN2/CIN3), and treatments performed were analysed. The contribution of a mobile screening unit in reaching geographically underserved areas was also assessed.

Results. Among 25,059 women in the target population, 8,923 participated in screening; 2,005 invitations were undelivered, resulting in a participation rate of 39%. Overall, 397 women were referred for colposcopy. Of these, 161 received a grade 0 result and continued the scheduled screening pathway, while 227 had a grade 1 result, including 5 CIN2 diagnoses. Nine women were classified as grade 2; among the available data, 4 had negative results, 1 had CIN2, 1 had CIN3, and 1 refused further diagnostic assessment. Seven women underwent treatment. HPV vaccination was recommended to all unvaccinated women. The mobile unit improved access to screening in geographically difficult-to-reach areas.

Conclusions. The experience of the Reggio Calabria Local Health Authority supports the value of HPV-based screening with self-sampling, provided that it is integrated with a structured cytological triage pathway, one-year surveillance, and colposcopy for persistent HPV infection or abnormal cytology. The organized programme and mobile unit facilitated the early detection of high-grade lesions and improved accessibility. Continued outcome monitoring, completion of missing data, and establishment of a biobank could support future studies on molecular biomarkers for triage.