## Foreword

Cervical cancer is preventable. A combination of vaccination against human papillomavirus (HPV) and early detection and treatment after screening should lead to this cancer becoming a rarity among women in all parts of the world in the decades to come, if these life-saving preventive interventions are implemented.

Colposcopy is an important triaging investigation of screen-positive women and thus represents an important component of cervical cancer screening. Colposcopy permits careful inspection of the cervical and vaginal mucosa to detect cervical intraepithelial neoplasia (CIN) and subclinical cervical cancer, and facilitates the treatment of cervical precancerous lesions under colposcopic control. Well-trained and informed providers are critical for performing accurate and safe colposcopy. This colposcopy manual was developed in the context of the cervical cancer screening research studies of the International Agency for Research on Cancer (IARC) and the related technical support provided to national programmes. It is thus a highly comprehensive manual, both for the training of new colposcopists and for the continuing education and reorientation of those who are more experienced.

In the past few years, there has been enormous progress in the understanding of the etiology and pathogenesis of cervical cancer, with important implications for early detection and prevention and for the practice of colposcopy. Currently, a number of women around the world are screened using visual inspection with acetic acid (VIA) or HPV testing. Performing colposcopy in VIA or HPV screen-positive women could be challenging because there are no prior morphological details linked to the screen positivity with which to guide and interpret the examination, in contrast to the situation with cytology screening. However, irrespective of the type of screening test used, colposcopy, if it is available in health services, remains the best method to direct biopsies to confirm the severity of clinical disease and to inform subsequent management of detected lesions.

Another evolution that will pose substantial challenges for colposcopy practice is the increasing implementation of HPV vaccination in many countries. Over time this will lead to a significant decline in the prevalence of HPV infection and of cervical abnormalities among vaccinated cohorts of women. On average, colposcopists will see fewer

abnormalities on the cervix, and the lesions caused by the HPV types other than 16 and 18 are likely to have less florid abnormal features. Therefore, highly skilled providers will be required for accurate and safe colposcopy practice, and thus the continuing education and reorientation of colposcopy practitioners with respect to the new developments is essential. This manual offers a valuable learning resource in this context, incorporating recent developments in the understanding of the etiology and pathogenesis of CIN, as well as in colposcopy and cervical pathology.

Expertise in performing equate, safe, and accurate colposcopic examinations requires high competence in the technical, interpretive, and cognitive aspects, and the capability to develop pragmatic and effective management plans and treatment. The competencies needed are manifold and include: basic theoretical knowledge of the instrumentation, the anatomy and pathophysiology of the cervix, the natural history and manifestations of transient and persistent HPV infections, the natural history of cervical neoplasia, the cytological and histopathological aspects of metaplasia, dysplasia, and cancer, and colposcopic indications and procedures; the ability to recognize and interpret the colposcopic appearances of normal, inflammatory, and neoplastic conditions; acquisition of skills in directing biopsies and managing colposcopic abnormalities; treatment of cervical cancer precursor lesions under colposcopic control; skills in avoiding and con-

trolling bleeding and other complications; and acquisition of communication skills. This comprehensive and concise manual covers all these aspects and will serve as a useful handbook for acquiring the necessary skills for the visual recognition and interpretation of colposcopic findings and for developing the personal and professional attributes required for competence in colposcopy. Thus, I believe that this IARC Technical Publication will be a valuable contribution to cancer control and research in the years ahead.

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