

# New Technologies for Cervical Cancer screening

<b>Submission date</b> 29/04/2005	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 03/06/2005	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 03/04/2013	<b>Condition category</b> Cancer	<input type="checkbox"/> Individual participant data

**Plain English summary of protocol**  
Not provided at time of registration

## Contact information

**Type(s)**  
Scientific

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## Additional identifiers

**EudraCT/CTIS number**

**IRAS number**

**ClinicalTrials.gov number**

**Secondary identifying numbers**  
N/A

## Study information

**Scientific Title**

**Acronym**

NTCC

**Study objectives**

Women who test negative in the experimental arm have a lower risk than women who test negative in the conventional arm of having a high-grade pre-invasive lesion detected in the three years following screening, therefore allowing longer screening intervals.

**Ethics approval required**

Old ethics approval format

**Ethics approval(s)**

The NTCC study was approved by the local research ethics committees of the participating centres. Ethical approval was obtained by the Dutch Ministry of Health, Welfare, and Sport for the NETHCON trial

**Study design**

Randomised controlled trial

**Primary study design**

Interventional

**Secondary study design**

Randomised controlled trial

**Study setting(s)**

Not specified

**Study type(s)**

Screening

**Participant information sheet****Health condition(s) or problem(s) studied**

Cervical cancer

**Interventions**

Women in conventional arm have conventional cytology and are referred for colposcopy according to the standard regular protocols.

Experimental arm follows two phases:

In phase 1, women have both liquid based cytology and human papillomavirus (HPV) testing (by Hybrid Capture 2) for high risk types. Women aged 35 years or more are referred for colposcopy if either HPV is positive or cytology is atypical cells of undetermined significance (ASCUS) or more severe. Women of age less than 35 are directly referred for colposcopy if cytology is ASCUS or more severe. If HPV is positive but cytology is less than ASCUS women are invited for repeating both tests after one year and referred for cytology if either is positive.

In phase 2, women in the experimental arm are tested only for HPV and are referred for colposcopy if it is positive, independently of age.

Women in both arms are be recalled for new screening by conventional cytology after three years. The detection of CIN2+ after recruitment and up to re-screening included will be compared.

### **Intervention Type**

Other

### **Phase**

Not Specified

### **Primary outcome measure**

The primary outcome measure is the detection rate (DR) of histologically confirmed cervical intraepithelial neoplasia grade 2 or more severe (CIN2+). In order to test the study hypothesis we will consider DR of CIN2+ after recruitment and up to including re-screening among women who tested negative at recruitment. The DR of CIN2+ at recruitment will be studied in order to investigate the cross sectional sensitivity of new technologies compared to conventional cytology (hypothesis: higher DR in experimental arm). The overall DR at recruitment and up to including re-screening in the two arms will be compared in order to study the relative over-diagnosis of regressive lesions.

### **Secondary outcome measures**

Main secondary outcome measures are the referral rate to colposcopy and the positive predictive value for CIN2+ in the two study arms.

### **Overall study start date**

01/02/2002

### **Completion date**

31/12/2004

## **Eligibility**

### **Key inclusion criteria**

Women 25 to 60 years old coming for a new screening episode in nine organised cervical screening programmes

### **Participant type(s)**

Patient

### **Age group**

Adult

### **Sex**

Female

### **Target number of participants**

94,000

**Key exclusion criteria**

1. Virgin
2. Pregnant
3. Hysterectomised
4. Treated for cervical cancer or intraepithelial lesions in last five years

**Date of first enrolment**

01/02/2002

**Date of final enrolment**

31/12/2004

**Locations****Countries of recruitment**

Italy

**Study participating centre**

Via San Francesco da Paola 31

Torino

Italy

10123

**Sponsor information****Organisation**

CPO Piemonte (Italy)

**Sponsor details**

Via San Francesco da Paola 31

Torino

Italy

10123

**Sponsor type**

Government

**ROR**

<https://ror.org/05v0e5774>

**Funder(s)****Funder type**

Government

### Funder Name

Italian Ministry of Health (Italy) - progetto speciale "Valutazione di nuove tecnologie per lo screening del cervicocarcinoma" and progetto speciale "Nuove tecnologie per lo screening del cervicocarcinoma. Follow-up"

### Funder Name

European Union (Belgium) - Europe Against Cancer contracts SI2.327046 and SPC.2002475

### Funder Name

Regional Administrations of the Italian Regions involved (Piemonte, Veneto, Emilia-Romagna, Toscana, Lazio and Provincia Autonoma di Trento)

## Results and Publications

### Publication and dissemination plan

Not provided at time of registration

### Intention to publish date

### Individual participant data (IPD) sharing plan

### IPD sharing plan summary

Not provided at time of registration

### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	results	01/07/2006		Yes	No
<a href="#">Results article</a>	results	07/07/2007		Yes	No
<a href="#">Results article</a>	results of blind revision of historic lesions	01/01/2008		Yes	No
<a href="#">Results article</a>	results	01/03/2010		Yes	No
<a href="#">Results article</a>	age-specific patterns of unsatisfactory results	01/08/2010		Yes	No
<a href="#">Results article</a>	results	01/08/2010		Yes	No
<a href="#">Results article</a>	results of nested substudy	01/02/2013		Yes	No