ALLIANCE FOR CERVICAL CANCER PREVENTION: SETTING THE RECORD STRAIGHT

The recently published article by Suba et al.[1] advocates for expanded access to Papanicolaou testing worldwide and for analysis of obstacles to effective screening programs. We are pleased to see discussion of this important topic in the Journal.

Suba et al. criticized the work of the Alliance for Cervical Cancer Prevention (ACCP), an alliance of 5 organizations with a goal of reducing cervical cancer deaths among the world's poorest women. The article repeats previous criticisms the authors have made,[2] including about the safety of visual screening approaches, the ethics of several ACCP studies, the assertion that ACCP leaders are "loath to recommend"[1(p50)] cytology, and the theoretical underpinnings of ACCP cost analyses.

We strongly disagree with the authors' comments about our work and have responded in detail to these criticisms previously. We refer Journal readers to our most recent response to Suba et al.[3] and to the voluminous evidence describing our work, a small portion of which is cited here.[4–10] The comprehensive work of the ACCP can be reviewed online (http://www.alliance-cxca.org); we invite readers to visit the site and make their own determinations regarding ACCP's ethical, clinical, scientific, and public health value.

Another recurring criticism that Suba et al. make about ACCP's work is that it is influenced by private-sector interests. We would like to take this opportunity to set the record straight. The ACCP has never received funding from any commercial entity. An erroneous statement about an ACCP link with Digene Corporation in a 2004 editorial has been corrected.[11] Suba et al. may be misinterpreting PATH's separate START project (http://www.path.org/projects/start_project.php), which is working to develop simple, rapid, and affordable biochemical screening tests (including a simpler human papillomavirus test) in partnership with 2 private-sector companies. The START project is funded by the Bill & Melinda Gates Foundation and the National Institutes of Health; PATH receives no funding from commercial partners for START work.

It is regrettable that Suba et al. discourage new approaches to cervical cancer prevention, often with arguments based on uninformed or inaccurate information. We believe that there are multiple strategies to prevent cervical cancer, including well-run cytology-based programs, human papillomavirus DNA testing–based programs, "screen-and-treat" programs, and human papillomavirus vaccine introduction. Women in developing countries clearly will benefit from the new policies, programs, and pilot efforts related to these approaches. ■

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