

Stellungnahme der AGO Austria zur therapeutischen Anwendung von Trichloressigsäure bei Patientinnen mit CIN 1 -3 für Kollegen und Patientinnen:

Auf Grund der Studienlage empfiehlt die Arbeitsgruppe für Gynäkologische Onkologie eine Anwendung von Trichloressigsäure (TCA) für intraepithelale Neoplasien CIN 1- 3 des Gebärmutterhalses nur unter Studienbedingungen.

Eine Retrospektive Studie aus Österreich zeigte Wirkung von TCA bei CIN 1-3 aber um 15 % weniger Wirkung als die herkömmliche operative Loop Konisation. Die Beobachtung der Patientinnen nach Behandlung wurde lediglich 8 Wochen vorgenommen. Die Daten für die Loop Konisation sind deutlich sicherer und dzt. state of the Art in der Behnadlung von höhergradigen intraepithelialen Neoplasien des Gebärmutterhalses.

Anbei der Abstract der österreichischen Studie und die anschließende Diskussion durch einen Reviewer des British Journal of Medicin Dr. Kaunitz.

Short-Term Efficacy of Trichloroacetic Acid in the Treatment of Cervical Intraepithelial Neoplasia.

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Abstract

OBJECTIVE:

To establish the short-term efficacy and tolerability of a single topical 85% trichloroacetic acid treatment for cervical intraepithelial neoplasia (CIN) 1-3.

METHODS:

A retrospective case series including all patients with CIN treated with trichloroacetic acid as first-line therapy was performed. Treatment response was evaluated by colposcopy, cervical biopsy, cytology, and type-specific human papillomavirus (HPV) testing 8 weeks after a single trichloroacetic acid treatment. Regression was defined as improvement from high-grade to low-grade CIN and remission was defined as improvement from any grade of CIN to no CIN. For

quantification of treatment-related pain, 107 (44.1%) patients rated their subjective perception on a visual analog scale.

RESULTS:

A total of 241 women were included in the study with 179 high-grade (CIN 2-3) and 62 low-grade (CIN 1) squamous intraepithelial lesions. For high-grade squamous intraepithelial lesions, the histologic regression rate was 87.7% (95% confidence interval [CI] 82.0-92.1) and the remission rate was 80.3% (95% CI 73.3-85.5). For low-grade squamous intraepithelial lesions, the remission rate was 82.3% (95% CI 70.5-90.8). Human papillomavirus types 16 and 18 were found in 53.7% and 7.3% of all women tested, respectively. Clearance rates of HPV type 16 and HPV type 18 were 73.5% (95% CI 62.5-81.3) and 75.0% (95% CI 46.2-95.0), respectively. Median pain score was 3.0 out of 10.0 (25th and 75th percentiles 2.3 and 4.3, respectively). There were no major side effects observed during treatment or follow-up.

CONCLUSION:

A high regression and remission rate and a high HPV clearance rate were observed 8 weeks after topical 85% trichloroacetic acid treatment for patients with CIN.

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Topical Trichloroacetic Acid for Cervical Intraepithelial Neoplasia

[Andrew M. Kaunitz, MD](#) reviewing *Geisler S et al. Obstet Gynecol 2016 Jan 7.*

1. Andrew M. Kaunitz, MD

TCA is inexpensive, convenient, and safe; however, **more efficacy data are needed.**

1. Andrew M. Kaunitz, MD

Because loop electrosurgical excision procedures (LEEP) for cervical intraepithelial neoplasia (CIN) can have adverse effects, therapeutic alternatives are important. Investigators in Austria conducted a retrospective cohort study of 241 women (median age, 31) with CIN 1–3 who received a single administration of 85% trichloroacetic acid (TCA) performed by one clinician at a colposcopy clinic. TCA, which causes protein denaturation and cell death, was applied to the ectocervix with a cotton swab and to the endocervical canal with the wooden end of the swab. Cervical cytology, type-specific human papillomavirus testing, and colposcopy were performed 8 weeks later.

Among women with biopsy results, no evidence of CIN was seen in 84% of those with CIN2 and 78% of those with CIN3. Among the 44% of women who reported pain at the time of TCA application, the median score was 3 (possible range, 0–10). Vasovagal symptoms without syncope occurred in 17 women. No bleeding requiring intervention or other serious adverse events were noted.

Comment

TCA (commonly used to treat genital warts) is inexpensive, easy for a clinician to apply to the cervix, and seems safe. Because the TCA solution has low viscosity (and rapidly damages tissue), meticulous attention to avoid dripping from the swab during application is required. **The 20% persistence of CIN seen 8 weeks after TCA treatment is higher than the 5% persistence seen after LEEP** (although follow-up intervals in the LEEP studies were longer than 8 weeks; [Cochrane Database Syst Rev 2013; 12:CD001318](#)). Whether repeated TCA application might enhance its efficacy is unknown — but these findings support TCA's further assessment as a nonsurgical treatment for CIN.