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Smarter Screening, Earlier Detection: Redefining Cervical Cancer Screening: Enhancing the Performance of Pap Smears and HPV DNA Tests

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ABSTRACT

Background

Despite recent medical advancements, cervical cancer continues to be among the most common causes of cancer morbidity and mortality for women around the world. Cervical cancer can be detected through screening techniques such as Pap smear cytology and HPV DNA tests, which help prevent its development. Both Pap smear and HPV DNA tests have some limitations in diagnosis, which may lead to misdiagnoses and errors. With technological advances in AI, novel techniques have been developed for cervical cancer screening and diagnosis.

Objectives

The purpose of this paper is to evaluate the efficacy of Pap smear and HPV DNA testing and the benefits of using AI in this process.

Results

It was noted that HPV DNA test is more sensitive in terms of diagnosis of cervical intraepithelial neoplasm than the traditional Pap smear test. The use of artificial intelligence to analyze the results of the Pap smear test resulted in considerable improvements in the accuracy of lesion detection as well as a decrease in false negatives. Furthermore, the introduction of artificial intelligence into HPV DNA tests increased their specificity and made the workflow more efficient.

Conclusion

In addition, artificial intelligence has shown much promise in the screening of cervical cancer due to its ability to improve the accuracy of diagnoses with both Pap smear and HPV DNA test. Further studies, validations, and proper implementation are critical in ensuring that AI technology is used optimally in gynecologic oncology and cervical cancer prevention programs around the world.

INTRODUCTION

Cervical cancer continues to be a health problem with estimates by the World Health Organization that over 600,000 people get diagnosed with the disease, causing more than 300,000 annual deaths (WHO, 2020).¹ The current tests available to screen for the condition include the Pap smear test and HPV DNA testing. While the Pap smear has long been considered the best test, it has not been effective due to the high variability of sensitivity levels resulting in false negative tests. On the other hand, HPV DNA testing is effective since it screens out high risk types of HPV associated with cervical cancer.² The use of AI technologies in medicine could revolutionize such screening processes.³

Cervical cancer is among the types of cancer that can be highly preventable if proper methods of screening and intervention are used. Even though there have been tremendous strides made in healthcare systems across the globe, many developing nations still have high mortality rates due to lack of access to organized screening services and late diagnoses.⁴ Chronic infection by high-risk strains of human papillomavirus is identified as the main cause of cervical cancer. As such, the earlier the detection of any changes within the cells due to HPV infection, the better. Over the past few years, international efforts aimed at improving public health have stressed the need to incorporate technological advancements into screening programs.⁵

Introduction of Pap test in the 20th century has played an instrumental role in reducing cases of cervical cancer among developed nations. The cytological procedure allows doctors to detect any precancerous cellular changes before they advance into cancer. 7 Nonetheless, the Pap smear test relies heavily on the skill and experience of the cytotechnologist/pathologist, rendering it prone to variations and errors. In addition to errors made in sampling process, slide preparations and microscopical examination, factors such as exhaustion may interfere with accurate diagnosis. This situation has motivated scientists to develop other screening tools.⁸

Testing for the presence of DNA of high-risk types of HPV infection that leads to the development of cervical cancer has become very sensitive molecular technique. As compared to traditional cytological methods, HPV DNA testing is more sensitive and helps to identify women at a higher risk of developing cervical lesions early on.⁸ In addition, HPV testing permits longer periods of screening because of its negative predictive value. However, there are issues pertaining to test interpretation, cost-effectiveness, and the handling of transient HPV infection that does not lead to malignancy. Thus, a proper balance needs to be struck between sensitivity and specificity.⁹

Recently, the emergence of artificial intelligence (AI) as a game changer for diagnostic and clinical decision support processes has sparked interest in the medical field. AI systems can be employed to analyze cytology pictures, identify abnormal cells, and help clinicians interpret HPV DNA testing results, thereby facilitating faster and more accurate analysis.¹⁰ Machine learning and deep learning techniques hold great promise for enhancing the consistency of diagnostic procedures while minimizing the stress associated with the workload of clinicians. Incorporation of AI in the cervical cancer screening process might prove extremely useful, especially in settings with fewer healthcare providers who possess specialized knowledge.¹¹

METHODOLOGY

This study combines information obtained from multiple sources concerning the use of AI technology in detecting cervical cancer, especially when comparing Pap smear test with HPV DNA test. Literature from reputable sources such as PubMed, Scopus, and Google Scholar was reviewed systematically. Some of the search terms used were "AI in cervical cancer screening," "Pap smear," "HPV DNA test," and "machine learning." Extracted data include sensitivities, specificities, and accuracy of the two diagnostic tests with regard to the influence of AI.

Data Sources

1. Clinical Trials: Data from multicenter trials assessing AI algorithms' performance in screening.
2. Meta-Analyses: Comprehensive reviews comparing Pap smear and HPV DNA testing outcomes.
3. AI Algorithm Studies: Research focusing on AI applications in image analysis and predictive modeling.

RESULTS

The analysis revealed several key findings:

1. Sensitivity and Specificity

- The HPV DNA test had an overall sensitivity rate of about 93% in diagnosing CIN when compared to 70% sensitivity for the Pap test no. 2.
- Enhanced Pap smear evaluation through artificial intelligence technology increased sensitivity rates as seen in some researches where results went up to 85%.¹²

2. AI Integration

- The AI algorithms managed to decrease the number of false negatives in pap smear testing by detecting the slight cytopathological abnormalities that the human eye may miss. One of the studies shows that the detection of dysplastic cells by AI technology is possible with 90% precision.²⁰
- Another study showed that the specificity of HPV DNA testing interpretation using AI algorithms was 95%.²⁰

3. Practical Implications

Integration of AI in screening process helps to achieve efficient flow and relieve cytopathologists from excessive workload as well as making sure patients get follow-ups in time. For example, AI could be applied in prioritization of patients according to certain risks¹¹.

4. Reduction in Diagnostic Variability

Artificial Intelligence-supported screening tools showed a marked decrease in inter-observer variability between cytopathologists. The automated image analysis made diagnosis more consistent for detecting cervical abnormalities in various healthcare environments ¹⁹.

5. Efficiency and Turnaround Time

Several other studies found that incorporating AI improved the turnaround time of screening because of the automation of repetitive tasks like scanning the slides and classifying the cells. This led to an increased number of specimens being processed without compromising accuracy ¹¹.

6. Risk Stratification and Predictive Modeling

Predictive models for HPV infection that would progress into high-grade cervical lesions proved successful, as they combined demographic information, HPV genotypes, and cytology results to predict future disease development with an accuracy rate of more than 88%.

7. Performance in Low-Resource Settings

The use of Artificial Intelligence (AI) on mobile and cloud-based systems for cervical cancer screening in underprivileged and rural areas, where qualified cytopathologists are scarce, proved to be successful. This was made evident through research findings which highlighted the success of AI-assisted screening ²⁰.

8. Cost-Effectiveness

From an economic perspective, AI technology for cervical cancer screening had the potential to save money through reducing unnecessary biopsies and avoiding repeated screenings while allowing early intervention treatments. This makes the implementation of AI-based technologies in screening programs economically feasible¹².

DISCUSSION

The conclusions reveal the role of artificial intelligence in improving the practices related to cervical cancer screening. Although Pap smear tests and HPV DNA tests remain among the traditional means to detect the disease, their imperfections create the need for innovation. The use of technology in analysis of huge datasets and discovery of underlying patterns will contribute towards improved detection and lower rates of cervical cancer.

The widespread use of artificial intelligence in screening for cervical cancer illustrates the ongoing changes in the contemporary healthcare environment. More often than not, the technology becomes a tool that enables clinicians to conduct diagnostic imaging, pathology, and prediction with greater precision and efficiency.¹² When applied to the task at hand, AI algorithms are capable of processing huge amounts of data without making mistakes caused by human subjectivity. Such an approach is particularly relevant to screening performed in high-throughput settings, where manual assessment can cause confusion and delay of diagnosis. With regard to cervical cancer prevention, AI is likely to prove highly valuable.¹³

An equally significant point to be considered is the use of AI technology to mitigate the health care disparity among diverse groups in geographic regions. The scarcity of skilled cytopathologists, laboratory facilities, and funding required for implementing such initiatives is one of the key factors restricting many developing nations from carrying out widespread screening campaigns. ¹⁴ AI-enhanced systems can assist in overcoming such limitations by facilitating automated or partially automated interpretation of Pap smear slides along with HPV test results. The implementation of cloud-based AI systems and digital pathology technologies will also make it easier for patients to consult remotely with specialists using telemedicine services.¹⁵

While such advancements are exciting, the application of AI within the clinical setting is not without its own challenges. Data protection and patient confidentiality emerge as significant problems when dealing with extensive amounts of medical information used by AI systems. Furthermore, bias may arise in the diagnostic process if training sets utilized in AI are not representative enough.¹⁶ "Ethical and regulatory issues include data privacy, bias in training data, and lack of adequate testing prior to approval for clinical use." Thus, the establishment of strict protocols concerning the validation of AI and its effectiveness within the diagnostic process is crucial before implementing it on a larger scale.

In addition, the implementation of AI technologies is meant to complement, and not substitute the role of clinicians in diagnosing, counseling, and treating patients. The presence of humans will remain essential when making critical decisions related to medical care and the management of the patient's health. In order to achieve success in applying new methods of screening, clinicians must work closely with algorithms and learn how to utilize them effectively. Further investigations must be dedicated to both improving the capabilities of the system and assessing the willingness of patients to undergo such screenings and of clinicians to use this technology. ¹⁷

Practical Implications for Patients

In relation to patients, AI use in cervical cancer screening may improve accuracy of diagnosis and help avoid any procedures that may be unnecessary. AI involvement in triaging patients according to their risk may allow for customized care for these patients. For instance, AI can assist in determining those patients requiring closer monitoring and even early treatment. ¹⁸

Current Treatments and Future Directions

The current treatment strategies for cervical cancer involve the use of surgery, radiation therapy, and chemotherapy, but all these are more effective when the condition is diagnosed at an early stage. In future studies, the impact of the adoption of AI for cervical cancer screening needs to be examined as well as the cost-effectiveness of these innovations in varied medical facilities.

CONCLUSION

The importance of AI in cervical cancer screening especially in improving the performance of the Pap smear and HPV DNA testing cannot be underestimated. The improved performance in sensitivity and specificity can improve patients' quality of life and improve the screening process in general. More research in this area is highly recommended in order to benefit from the use of AI technology in the future.

REFERENCES

1. Sung H, Ferlay J, Siegel RL, Laversanne M, Soerjomataram I, Jemal A, Bray F. Global cancer statistics 2020: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. *CA: a cancer journal for clinicians*. 2021 May;71(3):209-49.
2. Arbyn M, Simon M, de Sanjosé S, Clarke MA, Poljak M, Rezhake R, Berkhof J, Nyaga V, Gultekin M, Canfell K, Wentzensen N. Accuracy and effectiveness of HPV mRNA testing in cervical cancer screening: a systematic review and meta-analysis. *The Lancet Oncology*. 2022 Jul 1;23(7):950-60.
3. Zeb S, Nizamullah FN, Abbasi N, Fahad M. AI in healthcare: revolutionizing diagnosis and therapy. *International Journal of Multidisciplinary Sciences and Arts*. 2024 Aug 17;3(3):118-28.
4. Hamid MK, Hasneen S, Lima AK, Shawon SR, Shahriar M, Anjum R. Cervical cancer trends, HPV vaccine utilization, and screening in low-and lower-middle-income countries: an updated review. *Therapeutic advances in vaccines and immunotherapy*. 2025 Jul;13:25151355251356646.
5. Kusakabe M, Taguchi A, Sone K, Mori M, Osuga Y. Carcinogenesis and management of human papillomavirus-associated cervical cancer. *International Journal of Clinical Oncology*. 2023 Aug;28(8):965-74.
6. Galani A, Zikopoulos A, Moustakli E, Potiris A, Paraskevaidi M, Arkoulis I, Machairoudias P, Stavrakaki SM, Kyrgiou M, Stavros S. Cervical Cancer Screening in the HPV-Vaccinated and Digital Era: Reassessing Strategies in Light of Artificial Intelligence and Evolving Risk. *Cancers*. 2025 Sep 30;17(19):3179.
7. Ekaterina K, Irakli K, Elene K, Ana M, Mariam A. A Comparative Study of Conventional Pap Smear and Liquid-Based Cytology. *Health Science Reports*. 2025 Apr;8(4):e70768.
8. Okunade KS, Adejimi AA, John-Olabode SO, Oshodi YA, Oluwole AA. An overview of HPV screening tests to improve access to cervical cancer screening amongst underserved populations: from development to implementation. *Risk management and healthcare policy*. 2022 Jan 1:1823-30.
9. Perkins RB, Wentzensen N, Guido RS, Schiffman M. Cervical cancer screening: a review. *Jama*. 2023 Aug 8;330(6):547-58.
10. Einstein MH, Zhou N, Gabor L, Sahasrabudhe VV. Primary human papillomavirus testing and other new technologies for cervical cancer screening. *Obstetrics & Gynecology*. 2023 Nov 1;142(5):1036-43.
11. Maleki Varnosfaderani S, Forouzanfar M. The role of AI in hospitals and clinics: transforming healthcare in the 21st century. *Bioengineering*. 2024 Mar 29;11(4):337.
12. Zhang Y, Yuan J, Chen L. Transforming cervical cancer pathological diagnosis through artificial intelligence: progress, performance, and barriers to clinical implementation. *Frontiers in Oncology*. 2026 Jan 20;15:1716018.
13. Namrata K, Agrawal N. Emerging technologies for early detection of cervical cancer: A narrative review of screening, molecular diagnostics, and artificial intelligence applications. *Journal of Preventive and Complementary Medicine*. 2026;5(1):46-56.
14. Hussain SA, Bresnahan M, Zhuang J. Can artificial intelligence revolutionize healthcare in the Global South? A scoping review of opportunities and challenges. *Digital health*. 2025 Jun;11:20552076251348024.
15. Hawkins LA, Rumano RP, Smith SS, Beverly-Hery CM, Fisher JL, Clark A, Champion V, Oppong BA, Paskett ED. Telehealth utilization during the COVID-19 pandemic: comparing breast cancer survivors to non-cancer patients and implications for current practice. *Breast Cancer Research and Treatment*. 2026 Apr;216(3):38.

16. Weiner EB, Dankwa-Mullan I, Nelson WA, Hassanpour S. Ethical challenges and evolving strategies in the integration of artificial intelligence into clinical practice. *PLOS digital health*. 2025 Apr 8;4(4):e0000810.
17. Vangalla R. Human-AI Interaction in Healthcare: Enhancing Treatment Plans. *Journal Of Engineering And Computer Sciences*. 2025 Nov 17;4(11):146-51.
18. Takahashi T, Kobayashi Y, Sakurai R, Matsuoka K, Akatsuka J, Kisu I, Iwata T, Takayama J, Matsuzaki M, Yamagami W, Banno K. A Systematic Review of the Application of Artificial Intelligence in Colposcopy: Diagnostic Accuracy for Cervical Intraepithelial Neoplasia and Cervical Cancer. *Clinical Medicine Insights: Oncology*. 2025 Sep;19:11795549251374908.
19. Wu T, Lucas E, Zhao F, Basu P, Qiao Y. Artificial intelligence strengthens cervical cancer screening—present and future. *Cancer biology & medicine*. 2024 Oct 15;21(10):864-79.
20. Giansanti D, Lastrucci A, Pirrera A, Villani S, Carico E, Giarnieri E. AI in cervical cancer cytology diagnostics: A narrative review of cutting-edge studies. *Bioengineering*. 2025 Jul 16;12(7):769.