Could she have HPV?

Human Papillomavirus

Most of your female patients will likely experience HPV infection

Human papillomavirus (HPV) is the most common sexually transmitted infection in the United States, surpassing the infection rates of chlamydia and gonorrhea combined. It is so common that at least 50 percent of sexually active men and women get HPV at some point in their lives. By far, genital warts are the most common visible indicator of a HPV infection. Fortunately these are easily noticed by patients or health care providers and almost always are associated with low-risk HPV types that have little to no cancer-causing potential. In contrast, HPV infections of the cervix are associated with both low-risk and/or high-risk HPV types. Most HPV cervical infections spontaneously regress, but the persistence of high-risk HPV (i.e. 16 and 18) can lead to cervical cancer. Approximately 12,000 women in the U.S. get cervical cancer each year; almost all cases are due to high-risk HPV infections. Unfortunately, the vast majority of women persistently infected with high-risk HPV remain asymptomatic until they develop cervical cancer.

Screening guidelines

To reduce your patients' risk of developing cervical cancer, it is recommended that you follow these screening guidelines:

Population	Screening method(s)	Management of screen results
< 21 years	Do not screen	Not applicable
21 - 29 years	Cytology every 3 years	**Cytology negative or HPV-negative ASC-US:** Rescreen with cytology in 3 years
		Cytology (LSIL or higher) or HPV-positive ASC-US: Refer to ASCCP guidelines
30 - 65 years	Cytology every 3 years (acceptable)	**Cytology negative or HPV-negative ASC-US:** Rescreen with cytology in 3 years
		Cytology (LSIL or higher) or HPV-positive ASC-US: Refer to ASCCP guidelines
	Cytology and HPV "cotesting" every 5 years (preferred)	**Cotest negative or HPV-negative ASC-US:** Rescreen with cotesting in 5 years
		Cytology (LSIL or higher) or HPV-positive ASC-US: Refer to ASCCP guidelines
		Cytology negative, HPV Positive: Option 1: 12-month follow-up with cotesting Option 2: Test for HPV 16/18 genotyping Positive: refer to colposcopy Negative: 12-month follow-up with cotesting
> 65 years	Do not screen if woman has had adequate prior screening and is not otherwise at high-risk for cervical cancer	Not applicable
After hysterectomy	Do not screen women who have had a hysterectomy with removal of the cervix and who do not have a history of a high-grade precancerous lesion (CIN 2 or 3) or cervical cancer	Not applicable
HPV vaccinated	Follow age-specific recommendations (same as unvaccinated women)	Not applicable

[1]Moyer VA, et al. Screening for Cervical Cancer: United States Preventive Services Task Force Recommendation Statement. *Ann Int Med* 2012;156(12):880-891.

[2]Saslow D, et al. American Cancer Society, American Society for Colposcopy and Cervical Pathology, and American Society for Clinical Pathology Screening Guidelines for the Prevention and Early Detection of Cervical Cancer. *Ca Cancer J Clin* 2012;62:147.172.

NOTE: These guidelines were developed to address cervical cancer screening in the general population. These guidelines do not address special, high-risk populations who may need more intensive or alternative screening. These special populations include women 1) with a history of cervical cancer, 2) who were exposed *in utero* to diesthylstilbestrol (DES), and 3) who are immune-compromised (e.g. infection with human immunodeficiency virus.)

See reverse side for collection options.

Beaumont

BEAUMONT LABORATORY ▪ 800-551-0488

Beaumont Laboratory uses the Roche cobas® HPV Test, which:

- detects 14 high risk HPV types associated with the development of cervical cancer
- offers automatic genotype-specific reporting at no additional charge as follows:
  - HPV Genotype 16
  - HPV Genotype 18
  - Other HPV High-Risk
    NOTE: Includes 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66 and 69
- has a 99 percent negative predictive value for CIN 2-3 or higher for women with ASC-US cytology results

Specimen collection:

- can be performed from the same cervical ThinPrep PreservCyt or SurePath specimen
- offers widespread reimbursement coverage

Test Codes:

Stand Alone

- High-Risk HPV – HPVO

Both Pap and HPV Testing

- PAPS – SurePath
- PAPT – ThinPrep

When ordered together, cytology and HPV DNA test results will be combined into a single report with a minimal increase in turnaround time of the cytology test.

For more information or questions on Human papillomavirus molecular diagnostic testing, please contact Bobby Boyanton, M.D. or a Customer Service Agent at 800-551-0488.

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