PHYSICIAN UPDATE

The Case for HPV Testing Combined with Cervical Cytology for Women 30 and Older

Pap + HPV co-testing for cervical cancer screening is reserved for women 30 and older, since a positive HPV test is more likely to represent persistent infection and increased risk of cervical cancer in this age group. This recommendation is consistent with ACOG, ACS and ASCCP guidelines. In women under 30 years of age, the prevalence of HPV is high, whereas the progression to cervical cancer in these patients is relatively low because most of these infections are asymptomatic and will clear on their own.

NATIONAL GUIDELINES SUPPORT PAP + HPV CO-TESTING

Cytology, used in combination with HPV testing for women age 30 and older, is integral to cervical cancer screening and patient management as recommended in guidelines published by the American Cancer Society (ACS), the American Society for Colposcopy and Cervical Pathology (ASCCP) and the American College of Obstetricians and Gynecologists (ACOG).

CO-TESTING VS REFLEX TESTING

A 2008 study in the American Journal of Obstetrics and Gynecology evaluated primary cervical cancer screening using Pap + HPV co-testing vs. reflex HPV testing if ASCUS (atypical squamous cells of undetermined significance) for the detection of high-grade cervical lesions in women 30 and older. This study revealed that sensitivities between the screening methods in this age group are:

- 53.8% for reflex testing if ASCUS
- 91% for Pap + HPV co-testing

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NATIONAL CANCER INSTITUTE EVALUATES CO-TESTING

The value of the HC-2 high-risk HPV test used in combination with cervical cytology in the evaluation of women with equivocal Pap test results was demonstrated in a large, carefully controlled study of nearly one million women sponsored by the National Cancer Institute (known as “ALTS” for ASCUS/ Low-Grade SIL Triage Study). Study conclusions:

**Sensitivity of HC-2:** Of the women with high-grade SIL or greater, 96% tested positive for high-risk HPV. Only 85% of these women would have been detected by repeat cytology.

**Negative Predictive Value of HC-2:** Of the women with ASCUS who were later shown not to have high-grade SIL or greater, 99% had a negative HPV test.

LIMITATIONS OF HPV TESTING

Patients with a cytological diagnosis of low-grade SIL (LGSIL), ASC-H (atypical squamous cells cannot exclude HGSIL), HGSIL or atypical glandular lesions do not benefit from HPV triage testing, and are best managed by immediate colposcopy/biopsy.

QUESTIONS?

If you have questions, please contact:

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REFERENCES