NIH Public Access
Author Manuscript
Diagn Cytopathol. Author manuscript; available in PMC 2010 July 1.

Published in final edited form as:
Diagn Cytopathol. 2009 July ; 37(7): 542–543. doi:10.1002/dc.21097.

Statement on HPV DNA Test Utilization:

Cytopathology Education and Technology Consortium

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Testing for carcinogenic or high-risk human papillomavirus (HPV) DNA has proven utility in cervical cancer screening and in many aspects of clinical management for cervical cancer prevention. However, inappropriate testing increases costs without benefit and potentially results in over-treatment of women. This Statement was developed by the Cytopathology and Technology Education Consortium and has been endorsed by additional professional medical societies as listed below. It is intended as a concise, convenient summary of clinical indications for HPV DNA test utilization based on the American Cancer Society 2002 screening recommendations1 and interim guidance2, and the 2006 American Society for Colposcopy and Cervical Pathology (ASCCP) consensus management guidelines3. Circumstances in which HPV DNA testing is considered appropriate, and when such testing is generally not appropriate, are outlined below. This statement is intended to serve an educational tool and reference to improve management of women and reduce inappropriate use of HPV tests.

1. High-risk (oncogenic) HPV DNA testing is appropriate in the following circumstances:

- **1.1** Routine cervical cancer screening in conjunction with cervical cytology (dual testing or co-testing) for women 30 years and older:
  - **1.1.1** For women who are cytology-negative but HPV positive, repeat both tests in 12 months
  - **1.1.2** For women who are both cytology and HPV negative, repeat both tests only after a 3-year interval
- **1.2** Initial triage management of women 21 and older with a cytologic result of ASC-US
- **1.3** Initial triage management of post-menopausal women with cytologic result of LSIL
- **1.4** Post-colposcopy management of women of any age with initial cytologic result of Atypical Glandular Cells*(AGC) or ASC-H (when initial workup does not identify a high grade lesion)
- **1.5** Post-colposcopy management of women 21 and older with initial cytologic results of ASC-US or LSIL (when initial colposcopy does not identify a high grade lesion)
- **1.6** Post-treatment surveillance.

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*Note that for AGC results, HPV testing is not to be used for triage to decide whether to refer to colposcopy; however HPV testing may be done at the time of colposcopy to guide post-colposcopy management.

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2. High-risk (oncogenic) HPV DNA testing is generally NOT appropriate in the following situations:

   2.1 Routine cervical cancer screening in women less than 30 years of age

   2.2 Routine screening with HPV testing and cervical cytology more often than every 3 years for women 30 years and older whose tests were negative at last screen (see 1.1.2 above)

   2.3 Initial triage or management of adolescents (age 20 and younger) wit**h any** abnormal cytologic result. Further, if HPV testing is inadvertently performed, the results should not be used to influence patient management

   2.4 Initial triage of LSIL (except for post-menopausal women; see 1.3 above)

   2.5 Initial triage of ASC-H, HSIL or AGC*/AIS in women of any age

3. Repeat high-risk (oncogenic) HPV DNA testing should generally not be done in less than 12 months:

   3.1 Exceptions include follow-up to AGC NOS when no pathology is found at initial workup, and follow-up after treatment for CIN 2,3. See ASCCP Guidelines for specific recommendations on testing intervals.3

4. Testing for <u>low-risk</u> (non-oncogenic) HPV types has NO role in routine cervical cancer screening or for the evaluation of women with abnormal cervical cytology.

Endorsed by the:

American Cancer Society

#American Society for Clinical Pathology

American Society for Colposcopy and Cervical Pathology

#American Society of Cytopathology

#American Society for Cytotechnology

#College of American Pathologists

#International Academy of Cytology

#Papanicolaou Society of Cytopathology

# Indicates member of the Cytopathology Education and Technology Consortium

The intent of this summary is to facilitate provider education and to encourage appropriate utilization of HPV testing. *Clinical judgment should always be used when applying a guideline to an individual patient because it is impossible to develop guidelines that apply to all situations.* Links to the 2006 ASCCP Consensus Guidelines, as well as management algorithms, are available on the ASCCP website at http://www.asccp.org/consensus/cytological.shtml.

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References

1. Saslow D, Runowicz CD, Solomon D, Moscicki AB, Smith RA, Eyre HJ, Cohen C. American Cancer Society Guideline for Early Detection of Cervical Neoplasia and Cancer. 2002; 52:342–362.
2. Wright TC Jr, Schiffman M, Solomon D, Cox JT, Garcia F, Goldie S, et al. Interim guidance for the use of human papillomavirus DNA testing as an adjunct to cervical cytology for screening. Obstet Gynecol. 2004; 103:304–309. [PubMed: 14754700]
3. Wright, Massad, Dunton, Spitzer, Wilkinson, Solomon. for the 2006 ASCCP-Sponsored Consensus Conference, 2006 Consensus Guidelines for the Management of Women with Abnormal Cervical Screening Tests. Journal of Lower Genital Tract Disease. 2007; 11(4):201–222. and *American Journal of Obstetrics and Gynecology* 2007;197(4);346-355. [PubMed: 17917566]

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Appropriate Uses of HPV Testing in Screening and Triage

Age	Routine Screening	Initial Triage				
		ASC-US	LSIL	ASC-H	AGC*	HSIL
≤20	2.1	2.3	2.3	2.3	2.3	2.3
21–29	2.1	1.2	2.4	2.5	2.5	2.5
30+	1.1#	1.2	2.4	2.5	2.5	2.5
Post-Menopausal	1.1#	1.2	1.3	2.5	2.5	2.5

Cell color indicates if HPV testing is appropriate (green) or not appropriate (red). Numbers in table cells refer to text outline.

#For women 30 and older who are both cytology and HPV negative, repeat both tests only after a 3-year interval.

*Note that for AGC results, HPV testing is not to be used for triage to decide whether to refer to colposcopy; however HPV testing may be done at the time of colposcopy to guide post-colposcopy management.