

# Spotlight on Health

## Cervical Cancer Screening Co-testing

Screening for cervical cancer has been used to save lives for many years. Screening was first done using only the Pap test. For decades, this was the gold standard test for screening. Then scientists learned that the human papillomavirus (HPV) causes almost all cervical cancers. Shortly after this discovery, HPV tests became available. They've since been used to complement the Pap test. In this newsletter, we'll take a look at the benefits of co-testing (a Pap test *plus* an HPV test). We'll also review how co-testing fits in with cervical cancer screening guidelines.

### Co-testing and Screening Guidelines

The most recent cervical cancer screening guidelines were published this year by the American College of Obstetricians and Gynecologists (ACOG).<sup>1</sup> They are the same as previous guidelines:

#### ACOG 2016 Cervical Cancer Screening Guidelines<sup>1</sup>

| Age (years) | Recommended Screening   |
|-------------|---|
| <21         | No screening  |
| 21 to 29    | Pap test every 3 years  |
| 30 to 65    | Pap test + HPV co-testing every 5 years (preferred)<br><b>or</b> Pap test every 3 years |
| >65         | No screening (if low cancer risk)   |

Co-testing is not recommended for teens and young adults.<sup>1</sup> In fact, screening is not needed at all for girls and women <21 years old. About 90% of HPV infections in this group go away by themselves.<sup>2</sup> Thus, the risk for cervical cancer is very low.

Co-testing is not recommended for women 21 to 29 years of age either.<sup>1</sup> This is because most HPV infections in this age group still go away by themselves. But the risk for cancer is a little higher than in those <21. So for women 21 to 29 years old, screening with a Pap test alone is recommended.<sup>1</sup>

Co-testing is recommended for women 30 to 65 years of age. In fact, it's the preferred way to screen.<sup>1</sup> In this age group, fewer HPV infections go away on their own. Thus the risk for cancer is higher.

### Benefits of Co-testing

The guideline committee identified these benefits of co-testing every 5 years compared with Pap testing alone every 3 years<sup>1,3</sup>:

- Detection of more women with abnormal cells that could turn into cancer.



### Quick Facts

- Not all women get screened for cervical cancer regularly, and it shows.
  - About half of all cervical cancers occur in women who have never been screened.<sup>3</sup>
  - Another 10% occur in women who haven't been screened in the last 5 years.<sup>3</sup>
- Women with cervical cancer have much better survival rates if the cancer is diagnosed early. The percentage of women with cervical cancer who survive at least 5 years is<sup>4</sup>:
  - 91% if diagnosed early (local stage)
  - 57% if diagnosed in the intermediate stage (regional stage)
  - 16% if diagnosed late (distant stage)
- Cervical cancer usually doesn't have symptoms in the early stage. Once the cancer spreads into the surrounding tissues, symptoms begin to appear. The most common symptoms are abnormal vaginal bleeding, unusual vaginal discharge, and pain during vaginal intercourse.

- Earlier detection of precancer.
- Lower risk of precancer and cancer in future years when the HPV result is negative.
- Increased detection of adenocarcinoma of the cervix, a type of cancer that is not detected very well by the Pap test alone.

## How the Laboratory Can Help

The laboratory plays a big role in cervical cancer screening. When a woman is due to be screened, her doctor will collect the specimen. Then it gets sent to the laboratory for testing. The laboratory can do both the Pap test and the HPV test. If the doctor orders a co-test, both tests will be done. The lab can also do a follow-up HPV test that can tell if a woman has one of the types of HPV most likely to cause cancer. This follow-up test is called an HPV genotype test.

Quest Diagnostics offers a selection of tests for cervical cancer screening. These include image- and nonimage-guided Pap testing, HPV mRNA testing, co-testing, and HPV genotyping. Information about these tests can be found in the [Test Center](#).

## What Women and Their Doctors Can Do

Regular screening should be part of every woman's personal healthcare. At a woman's annual well-woman exam, she and her doctor can talk about which screening test(s) is best for her. A woman's doctor can also discuss her cervical cancer risk factors with her.

## Risk Factors for Cervical Cancer

The most important risk factor for cervical cancer is infection with one of the types of HPV most likely to cause cancer. Other risk factors include:

- Smoking
- HIV infection
- Some medications that suppress the immune system
- Past or present sexually transmitted infection (chlamydia)
- Diet low in fruits and vegetables
- Being overweight
- Long-term use of birth control pills
- Never having used an intrauterine device (IUD) for birth control
- 3 or more full-term (39-40 weeks) pregnancies
- Age younger than 17 at first full-term pregnancy
- Family history of cervical cancer

## Screening Is Covered by Health Plans

Under the Affordable Care Act, cervical cancer screening must be covered by health plans. So a woman with health insurance can't be charged a copay.

## References

1. The American College of Obstetricians and Gynecologists. Practice Bulletin No. 157: Cervical Cancer Screening and Prevention. *Obstet Gynecol.* 2016;127(1):e1-e20.
2. Rodríguez AC, Schiffman M, Herrero R, et al. Rapid clearance of human papillomavirus and implications for clinical focus on persistent infections. *J Natl Cancer Inst.* 2008;100:513-517.
3. Saslow D, Solomon D, Lawson HW, 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.
4. American Cancer Society. Cancer facts and figures 2015. [www.cancer.org/acs/groups/content/@editorial/documents/document/acspc-044552.pdf](http://www.cancer.org/acs/groups/content/@editorial/documents/document/acspc-044552.pdf). Accessed January 14, 2015.