

HPV triage of borderline & mild dyskaryosis & HPV test of cure

Information for sample takers

This information is intended to inform sample takers and to help them advise and counsel women who are having an HPV test as part of the sentinel sites implementation project. It is important to note that 95% of screened women will not require an HPV test.

What is Human Papilloma Virus (HPV)?

There are around 100 subtypes of HPV. Most do not cause significant disease in humans.

However, some subtypes (most notably type 16 and 18) have been confirmed as agents causing cervical cancer. These so called 'high risk' types do not cause symptoms such as visible genital warts (these are caused by types 6 and 11).

Almost all cervical cancers contain HPV DNA. Looking at cases of CIN, we find the number of cases with high risk HPV infection increases with increasing grade of CIN.

From this evidence we can say that women with no evidence of infection with high risk HPV are extremely unlikely to develop cervical cancer in the short to medium term. Even if they do have abnormal cytology, it is unlikely to reflect CIN2 or 3 and most will be mild abnormalities which regress without treatment.

Infection with high risk HPV is common, especially in young women (under 35 years old). In most cases the infection is transient. However, for reasons that are not yet known, around 20 to 30% of women do not clear the infection. It is this group who are at most risk of CIN, some of whom would eventually develop cervical cancer in the absence of screening.

How do women get the virus?

It is anticipated that this will be one of the main concerns for women. As far as we know, most cases are sexually transmitted; there are two important considerations:

- The infection is asymptomatic, so may have been present and undetected for many years. It may therefore have nothing to do with their current relationship
- A male partner may have acquired an asymptomatic infection with no visible lesions many years ago and passed it on unwittingly

Women can therefore be reassured that a positive test result for high risk HPV types should not imply infidelity or promiscuity by either partner.

Why are we using HPV testing?

The aim of HPV testing is to speed up referral to colposcopy, avoid referral for those who do not need it, and allow treated women to proceed to a three year recall period after just six months.

It is well known that some women with CIN3 have tests that show only low grade abnormalities. At the moment persistent borderline or mild abnormalities trigger referral to colposcopy, but this takes time. Returning women to routine screening can take two years after a single abnormal test result.

HPV testing aims to identify those women with cytology tests showing borderline changes or mild dyskaryosis who may have significant disease and refer them to colposcopy immediately. Women who are HPV negative are very unlikely to have significant disease, they can be reassured, avoid the anxiety of repeat screening tests and possible colposcopy referral before going back to routine recall.

See overleaf >>

The follow up of treated women currently involves annual screening for 10 years prior to them returning to routine recall. HPV testing at six months following treatment will allow HPV negative women with normal cytology to proceed to a three year recall period.

How is the test done?

The test is performed on the sample taken for the cytology test, so there is no need for the woman to be recalled for a second test.

Samples will be processed at the laboratory and all results will be issued as part of a single cytology report. As at present, each cytology report will have a result and a management recommendation. Where an HPV result is available, it will be included in the report and taken account of in the management recommendation.

How will HPV testing affect women?

Women whose cytology test shows moderate dyskaryosis or worse will not have an HPV test and will be referred to colposcopy as before.

Women whose cytology test result is negative will not have an HPV test and will be advised to return to routine recall or early repeat in view of previous history as at present.

Women whose cytology test shows borderline change or mild dyskaryosis will have an HPV test. If this test is positive they will be referred to colposcopy. If negative they will return to routine 3 or 5 year recall, depending on age.

All women who have been treated for CIN will have an HPV and cytology test at six months following treatment. Women who are HPV negative with normal cytology will proceed to a three year recall period. Women who are either HPV positive or have abnormal cytology will be referred back to colposcopy.

Does the HPV test affect colposcopy?

The HPV test only considers which women will go to colposcopy, which can go back to routine screening, or which can proceed to a three year recall period following treatment. At colposcopy the women will be managed according to the colposcopist's opinion on examination of the cervix as happens now.