Counseling women who have HPV and normal Pap

Approximately 5-15% of women will have high-risk HPV and a normal Pap. Those women may have further questions regarding the meaning of their results. They will need to be reminded of:

- The importance of diligent follow-up, according to your recommendations for care.
- The current recommendation for follow-up of Pap normal and HPV positive patients is a repeat Pap and high-risk HPV DNA test in 6-12 months. Inform these patients that:
  - This does not mean you will develop cancer. In fact, in most women, an HPV infection will go away without causing any problems.
  - However, to be safe, I may want to repeat both the HPV and Pap tests in 6-12 months, since a panel of experts recently recommended this course of action. If either result is abnormal at that time, these experts recommended that I look at your cervix more closely using a special microscope called a colposcope.
  - We want to ensure that your cervix is healthy and to start treatment as early as possible, if needed.

Counseling women who have a normal Pap and do not have HPV

- Extensive medical experience and research shows that when both your Pap and HPV tests are normal, you have little to no risk of developing cervical cancer for the next several years. Thus, medical guidelines say that you do not need another Pap and HPV test for up to 3 years, if your doctor decides that is appropriate for you.
- You should return in one year for a well-woman visit, when I can check other aspects of your health and we can discuss any concerns or questions you may have.

If post-test counseling time is limited, refer your patients to www.theHPVtest.com—a web site dedicated to education about cervical cancer screening and HPV DNA testing. Useful information is available to women all of ages at the site.

Bibliography

Pre-Test Counseling

Before testing for HPV, the clinician should provide brief information on HPV, including its prevalence, the nature of transient versus persistent infections, and what it means when a woman is found to have a high-risk type of the virus. Educating patients on key HPV facts facilitates informed decision-making. It helps them to understand the risk factors for cervical cancer and the proposed screening regimen.

If pre-testing time is limited, clinicians should consider providing women with a Digene patient brochure prior to their annual exam. The folder indicates that additional information is available from several sources. Giving women these brochures while they're in the waiting room or lobby educates them about the importance of the annual well-woman visit, including cervical cancer screening and what this involves.

Basic Facts

These are the important pre-test messages to share with patients:

- Cervical cancer is preventable. It is caused by a virus called the human papillomavirus (HPV).
- It is estimated that as many as 8 out of 10 adults will have HPV at some point in their lives; however, almost none will ever know they had it.
- HPV can be transmitted during sexual activity through skin-to-skin contact, even when condoms are used.
- Even if you have been in a long-term, monogamous relationship, you may have HPV. The virus can stay dormant in your cervical cells for years – even decades.
- While HPV infection is common, cervical cancer is very rare. HPV usually causes no visible sign or problem before being fought off by your immune system.
- HPV by itself is not a “disease,” and there is no treatment for it.
- High-risk HPV types are associated with cervical cancer, where as low-risk types are associated with genital and other skin-related warts. It’s only when infection with a “high-risk” type of HPV doesn’t go away that it can cause cell changes leading to cervical cancer.

The Pap

Tells me whether your cervical cells have any abnormalities caused by HPV. However, like all tests, the Pap isn’t completely foolproof. Sometimes, abnormal cells may be missed.

The Digene® HPV Test

Tells me whether you have the virus that can cause abnormal cells to develop. If I know you have high-risk HPV, I can monitor you more closely, if needed.

- The Pap test is a procedure in which a sample of cervical cells is collected and sent to a laboratory. There, a laboratory professional looks at the cells under a microscope for signs of abnormal changes caused by high-risk HPV.
- The Digene® HPV Test is a computerized molecular test performed on the same sample of cervical cells as the Pap (or sometimes, on a separate sample) to determine whether or not high-risk HPV is present in the cells.
- Knowing your HPV status can help clinicians better recommend how often patients need screening. It also helps to determine when additional tests or procedures are needed, or to ensure that treatment is initiated before cancer can develop.

If the woman is younger than 30, also explain that:

- Because you are not yet 30 years old — an age when cervical cancer risk goes up if you are infected with high-risk HPV — you do not need routine HPV testing.
- Instead, I will ask the lab to test your cervical cells for high-risk HPV only if your Pap results are inconclusive, meaning they don’t look clearly abnormal, but they aren’t clearly normal either.
- Knowing whether you have HPV in this case helps me to determine if I should conduct additional procedures that look for pre-cancerous conditions.

If the woman is 30 or older, also explain that:

- Because you are now in the age group when cervical cancer is more likely to develop, and therefore you are at increased risk for cervical disease or cancer if you have a persistent HPV infection, I recommend that we test you for these high-risk types of HPV at the same time as we do your Pap.
- Screening with both the Pap and HPV DNA testing allows me to know with greater confidence how often you should be examined in the future and whether other procedures may be needed.

The Digene® HPV Test

The use of high-risk HPV DNA testing for primary adjunctive screening of women 30 and over, and the triage of inconclusive Paps (ASC-US) for women under 30, creates a need for simple and concise patient education. This tool will help you in your patient counseling efforts. It offers tips on what to say before you collect the cervical sample(s) needed for the Pap and HPV tests — and after the results have come back from the laboratory.

Cervical Cancer Screening for Your Patients

All women should receive HPV information as part of their well-woman visits. For women under 30, this information should include an explanation of the use of high-risk HPV testing when a Pap test is inconclusive. Women age 30 and older should be advised that a high-risk HPV test can be done as part of their primary screening for women 30 and over, and the proposed screening regimen.

Women under age 30

- Pap, and
- Reflex testing with the Digene® HPV Test (DNAwithPap™ Test) for ASC-US triage

Women 30 and older

- Pap, and
- Primary adjunctive screening with the Digene® HPV Test to detect high-risk HPV DNA types

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Post-Test Counseling

The goals of post-test counseling are to review the information that patients have already received on the significance of their HPV status and to discuss your recommended follow-up steps. Most women will be normal on both tests. When results are reported, women may need to be reminded of:

- The importance of the well-woman visit every year, even if a Pap and HPV test are not needed.
- A woman needs to see her doctor every year for other important women’s health services like breast exams, pelvic exams, reproductive counseling, nutrition, smoking cessation, and contraception, just to name a few.

Counseling women with HPV

Remind your patient that:

- Most women get HPV at some point.
- There is no way of knowing how long the virus has been in the cells, since it can “hide” for many years without being detected.
- Having HPV is not a sign of infidelity.
- Most women who have HPV do not develop abnormal cells or cancer. However, it also is true that women who have high-risk HPV in their cells a long time (persistent infection) are at greater risk for developing abnormal cells or cancer.

Counseling women who have HPV and ASC-US Pap

- This does not mean you will develop cancer. However, it does mean that we should do another exam, called a colposcopy, which looks directly at your cervix and helps me to determine if there are any pre-cancerous cells that need to be treated. During a colposcopy, I’ll look at your cervix using a special magnifying microscope. If necessary, I will also remove some tissue for analysis (a biopsy) so that I can better assess whether treatment is needed.

Continued