

New USPSTF Cervical Cancer Screening Draft Recommendations Would Put Lives at Risk

The USPSTF (United States Preventive Services Task Force) **draft** recommendations¹:

UNCHANGED	NOW EXCLUDED	NOW INCLUDED
Pap-Along: Grade A Interval = 3 years; Ages 21-65	Co-Testing: Pap+HPV (Previous Grade A recommendation)	HPV-Along*: Grade A Interval = 5 years; Ages 30-65

USPSTF Analysis Did Not Consider Current US Medical Practice

USPSTF ANALYSIS	CHALLENGES	
<p>USPSTF relied heavily on data from Europe and Canada.²</p>	<p>Did not take into account HPV negative cervical cancers.²</p> <p>5 of 7 studies evaluated used conventional cytology.²</p> <p>HPV tests used did not have FDA approval for HPV-Along* screening.²</p> <p>All studies used HPV DNA testing.²</p> <p>Did not use genotyping as part of co-testing.²</p> <p>Despite inferior sensitivity inputs HPV-Along* showed decreased mortality rates vs. co-testing.²</p>	<p>Data from US clinical practice has shown, 1-in-5 cervical cancers missed with HPV-Along* screening.³</p> <p>Less than 5% of US market uses conventional cytology – which reduces performance of co-testing in analysis.⁴</p> <p>US guidelines and clinical practice emphasize the importance of FDA-approved testing.^{5,6}</p> <p>Co-testing with mRNA is the most widely used screening strategy in the US – specificity would have been improved.^{7,8}</p> <p>Inclusion would have led to immediate treatment of 16/18+ results and may improve model performance.</p> <p>Co-testing detects more pre-cancer and cancer than either test alone, proven by data from real-world US clinical practice.^{3,9-13}</p>

Recent **HRSA** recommendations and **ACOG** guidelines **include Co-Testing** for women age 30 to 65 as the **preferred screening strategy** for cervical cancer.^{5,6}

**TAKE ACTION BY
OCTOBER 9, 2017**

Visit **ProtectPapPlusHPV.com**
to learn more and urge USPSTF to reconsider.



* A positive HPV screening result may lead to further evaluation with cytology and/or colposcopy.

References:

1. U.S. Preventive Services Task Force. Draft Recommendation Statement, Cervical Cancer: Screening. <https://www.uspreventiveservicestaskforce.org/Page/Document/draft-recommendation-statement/cervical-cancer-screening2>. Published September 2017. Accessed September 14, 2017. 2. U.S. Preventive Services Task Force. Draft Evidence Review: Cervical Cancer: Screening. <https://www.uspreventiveservicestaskforce.org/Page/Document/draft-evidence-review/cervical-cancer-screening2>. Published September 2017. Accessed September 14, 2017. 3. Blatt AJ, et al. Comparison of cervical cancer screening results among 256,648 women in multiple clinical practices. *Cancer Cytopathol.* 2015;123(5):282-288. doi:10.1002/cncy.21544. (Study included ThinPrep, SurePath, Hybrid Capture 2 Assay). 4. Laboratory Economics. The U.S. Anatomic Pathology Market: Forecast & Trends 2016. Poughkeepsie, NY: Laboratory Economics; 2016. 5. The American Congress of Obstetricians and Gynecologists. Practice Bulletin Number 168: Cervical Cancer Screening and Prevention. *Obstet Gynecol.* 2016;128(4):e111-e130. 6. Women's Preventive Services Initiative. Recommendations for preventive services for women: final report to the U.S. Department of Health and Human Services, Health Resources & Services Administration. Washington, DC: American College of Obstetricians and Gynecologists; 2016. 7. Hologic, Inc. Data on file. 8. Aptima HPV Assay [package insert, AW-12820 Rev.001], San Diego, CA; Hologic, Inc., 2015. 9. Zhou H, et al. Clinical performance of the Food and Drug Administration-Approved high-risk HPV test for the detection of high-grade cervicovaginal lesions. *Cancer Cytopathol.* 2016;124(5):317-23. doi:10.1002/cncy.21687. (Study included cobas HPV test, SurePath, ThinPrep). 10. Katki HA, Kinney WK, Fetterman B, et al. Cervical cancer risk for women undergoing concurrent testing for human papillomavirus and cervical cytology: a population-based study in routine clinical practice. *Lancet Oncol.* 2011;12(7):663-72. PMID: 21684207. [http://dx.doi.org/10.1016/S1470-2045\(11\)70145-0](http://dx.doi.org/10.1016/S1470-2045(11)70145-0). 11. Gage JC, Hunt WC, Schiffman M, et al. Similar risk patterns after cervical screening in two large U.S. populations. *Cervical Dysplasia.* 2016;128(6):1248-57. 12. Gage JC, Schiffman M, Katki HA, et al. Reassurance against future risk of precancer and cancer conferred by a negative human papillomavirus test. *J Natl Cancer Inst.* 2014;106(8). PMID: 25038467. <http://dx.doi.org/10.1093/jnci/dju153>. Accessed September 13, 2017. 13. Katki HA, Schiffman M, Castle PE, et al. Five-year risks of CIN 3+ and cervical cancer among women who test Pap-negative but are HPV-positive. *J Low Genit Tract Dis.* 2013;17(5 Suppl 1):S56-63.