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Dear Provider,

Once upon a time, cervical cancer screening consisted of a single test, the Pap smear. However, testing has become increasingly complex, with many options available for Pap tests and for determination of HPV status. This communication addresses the latter.

Enclosed is an algorithm that describes HPV testing options available through Vista Pathology and Rogue Valley Medical Center. To the greatest degree possible, our testing follows guidelines established by the American Society for Colposcopy and Cervical Cytology (ASCCP). Briefly, three HPV testing options are available, and these are:

Reflex testing: HPV testing performed if Pap interpretation is ASC-US (patients older than 20), LGSIL in postmenopausal patients or atypical glandular cell (AGC, formerly AGUS).

DNA Pap: Pap + HPV testing for women over 30 and without a history of HGSIL or recent LGSIL. Testing is not performed if the Pap interpretation is LGSIL, HGSIL, ASC-H or cancer. Those patients in whom both the Pap and HPV are negative may defer repeat screening for 3 years in the absence new risk factors.

Non-reflex testing: HPV testing is performed regardless of the Pap diagnosis.

Selecting either reflex testing or DNA Pap offers the most clinically relevant results in the vast majority of cases. Non-reflex testing or DNA Pap offers the most clinically relevant results in the vast majority of cases. Non-reflex testing often results in unnecessary testing that does not alter clinical management, such as when the PAP clearly demonstrates dysplasia and the patient can be safely presumed to be HPV infected.

HPV Genotyping: Approximately 70% of cervical cancers are associated with high-risk types 16 and 18, so women infected with these types may warrant an increased level of surveillance. Consensus guidelines recommend HPV genotyping in cases in which the DNA Pap result is a positive HPV test and negative Pap.

If DNA Pap is ordered on the requisition slip, we will automatically advance the testing to HPV genotyping if the HPV testing is positive and the Pap is negative. Currently, this is the only standard recommendation for HPV genotyping. Note that genotyping is not the same as high-risk HPV testing. In general, "HPV testing" implies screening for multiple high-risk HPV types; low-risk HPV testing is not generally recommended or available except in unique circumstances.

Please keep the enclosed algorithm at hand for future reference. Additional information can be found on the ASCCP website (asccp.org). If you have questions, please feel free to call me.

Sincerely,

Robin Pike, MD
Pathologist / Cytopathologist