

# A Clinician's Guide to Counseling Patients about Cervical Cancer Screening

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



## Cervical Cancer Screening for Your Patients

All women should receive HPV information as part of their well-woman exams. 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 with the Pap.

### Women under age 30

- Pap
- Reflex testing with the HPV test for ASC-US triage

### Women 30 and older

- Pap
- Primary adjunctive screening with the HPV test to test for high-risk HPV DNA types

## 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 women understand risk factors for cervical cancer and the proposed screening regimen.

## Basic Facts

These are the important pre-screening 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, most people will never 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 signs or problems 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, whereas 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 that can lead to cervical cancer.
- The Pap test is a procedure in which a sample of cervical cells is collected. The cells are sent to a laboratory where a laboratory professional looks at the cells under a microscope for signs of abnormal changes caused by high-risk HPV.
- The HPV Test\* is a computerized, molecular test performed on the same sample of cervical cells as the Pap (or some times, on a separate sample) which determines whether or not high-risk HPV is present in the cells.
- Knowing one's HPV status can help clinicians better recommend how often screening is needed, and determine when additional tests or procedures are needed. It also helps ensure that treatment is initiated before cancer can develop.

\*Digene Corporation makes the only HPV test approved by the FDA for cervical cancer screening.

## For a woman younger than 30, explain that:

- Because you are not yet 30 years old, you do not yet need routine HPV testing. Your cervical cancer risk goes up at the age of 30 if you are infected with high-risk HPV.
- 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.

## For a woman 30 and older, 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 are infected with high-risk HPV, I recommend that we test you for high-risk HPV at the same time we do your Pap.
- Screening with both the Pap and the HPV tests allows me to know with greater confidence how often you should be examined in the future and whether other procedures may be needed.



### 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 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.

## Post-Test Counseling

The goals of post-test counseling are to review the test results and the significance of a woman's HPV status and to discuss recommended follow-up steps.

Most women will be normal on both tests. These women may need to be reminded of:

- The importance of the well-woman exam every year, even if a Pap and HPV test are not needed.
- The need for a repeat Pap and an HPV test in at least 3 years.

### When counseling a woman with HPV, remind her that:

- Most women get HPV at some point.
- Having HPV is not a sign of infidelity since there is no way of knowing how long the virus has been in the cells. The virus can "hide" for many years without being detected.
- 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.

### When counseling a woman who has HPV and ASC-US or abnormal Pap, explain to her that:

- 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 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.

### When counseling a woman who has HPV and normal Pap, inform her that:

- This does not mean you will develop cancer. In fact, in most women, an HPV infection will go away without causing any problems.
- Just to be safe, however, I may want to repeat both the HPV and Pap tests in 6-12 months. If either result is abnormal at that time, I will look at your cervix more closely using a special microscope called a colposcope to determine whether treatment is needed.

### When counseling a woman who has a normal Pap and does not have HPV, explain to her that:

- 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 depending on what is appropriate for you based on your health history, you may not need another Pap and HPV test for up to 3 years.
- You should return in one year for a well-woman exam, when I can check other aspects of your health and we can discuss any concerns or questions you may have.