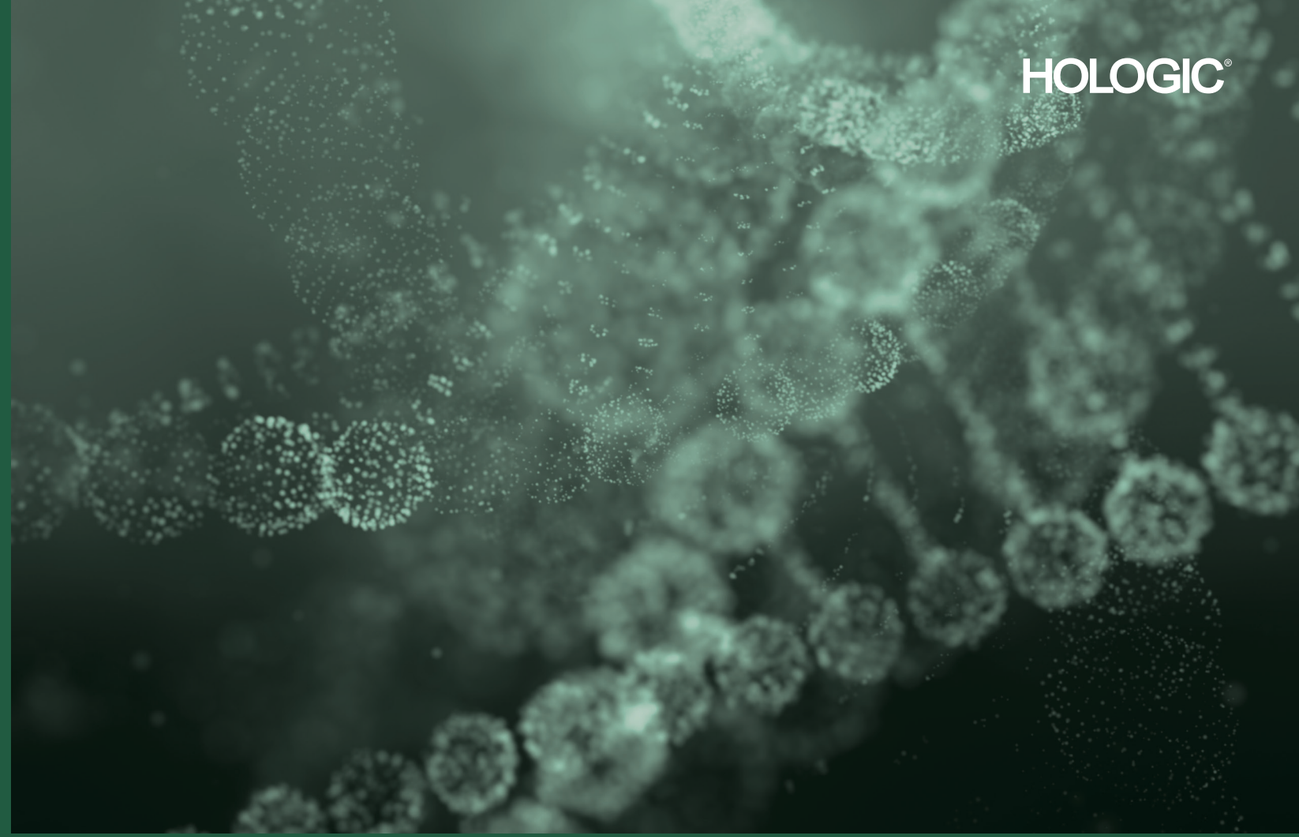

Genotyping Guidelines for Co-testing (Pap + HPV)

References: 1. ASCCP. Algorithms: Updated Consensus Guidelines for Managing Abnormal Cervical Cancer Screening Tests and Cancer Precursors. Published 2013. Accessed May 31, 2019. **2.** ACOG. Practice Bulletin No. 168: Cervical Cancer Screening and Prevention. 2016;128(4):e121. **3.** de Sanjose S, et al. Human papillomavirus genotype attribution in invasive cervical cancer: a retrospective cross-sectional worldwide study. *Lancet Oncol*. 2010;11(11):1048-1056. **4.** Aptima HPV Assay [package insert]. AW-12820. 003. San Diego, CA; Hologic, Inc. **5.** Aptima HPV 16 18/45 genotype assay [package insert]. AW-12821, 003. San Diego, CA; Hologic, Inc.

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Aptima® HPV
Assay

Aptima® HPV 16 18/45 Genotype
Assay

Managing Abnormal HPV Results

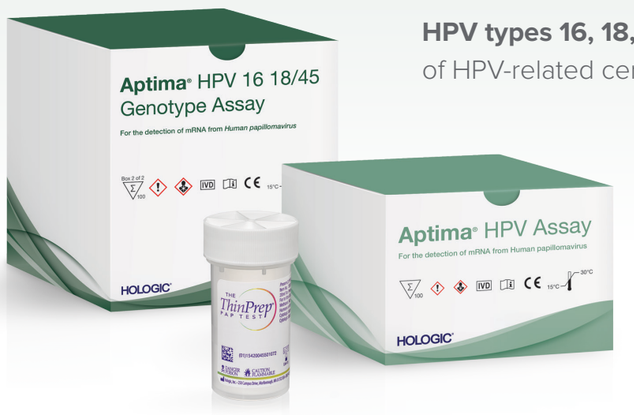
Genotyping Guidelines[1]

30-65 *AGE RANGE*

"Guidelines support the use of HPV genotyping for women aged 30–65 years who are undergoing cotesting and have negative Pap test results but positive high-risk HPV test results."[2]

- ACOG

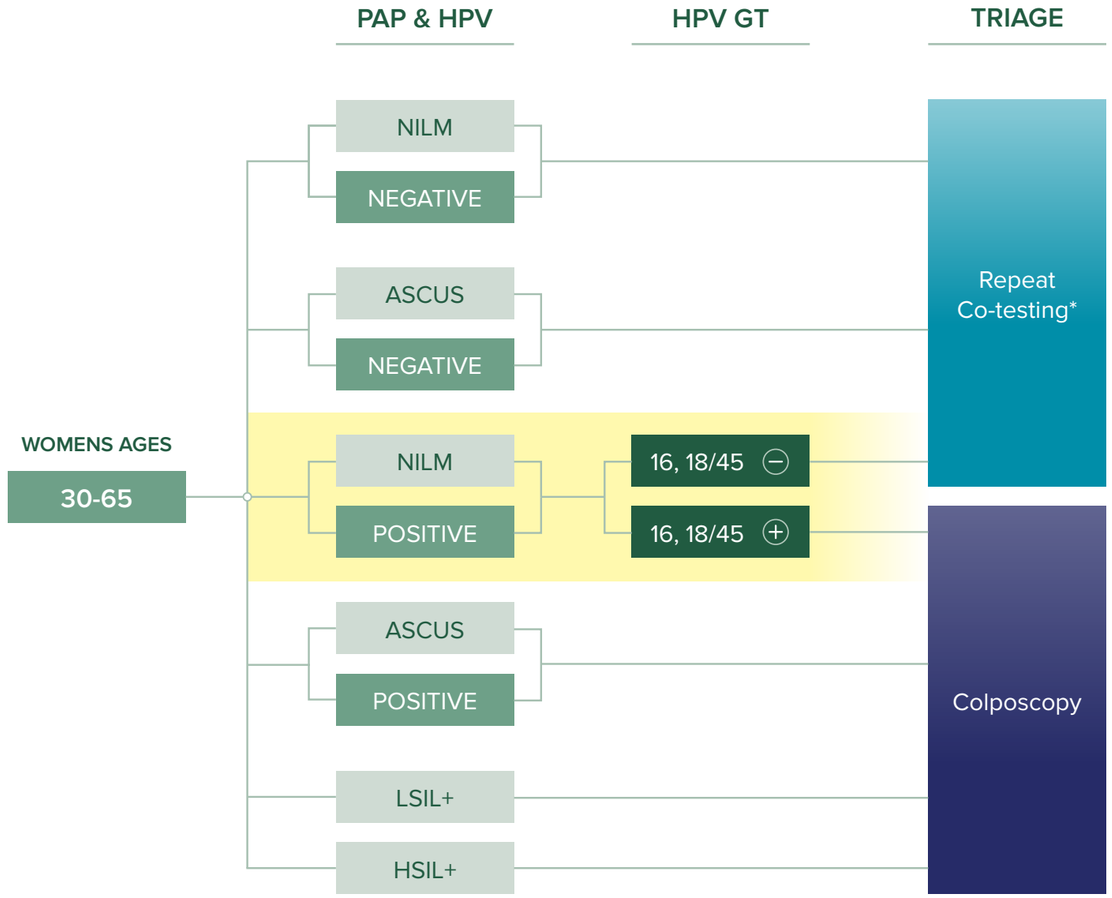
Cytology-negative and HPV-positive Co-test results occurred in 3.7% of women 30 and older.[2]



HPV types 16, 18, and 45 are associated with up to **94%** of HPV-related cervical adenocarcinomas.[3]

The Aptima® HPV assay and the 16 18/45 genotype assay can be run off of the **same patient sample**.[4,5]

Triage Guidelines for Abnormal HPV Results[1]



Genotyping is **ONLY** recommended for women between the ages of 30-65 with negative Pap test results but positive HPV test results.

*Co-testing follow-up intervals vary based on results, refer to ASCCP guidelines for specific follow-up intervals.