

# 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.

[hologic.com](http://hologic.com) | [diagnostic.solutions@hologic.com](mailto:diagnostic.solutions@hologic.com) | 888.484.4747

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# Managing Abnormal HPV Results

## Genotyping Guidelines<sup>1</sup>



“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.”<sup>2</sup>

- ACOG

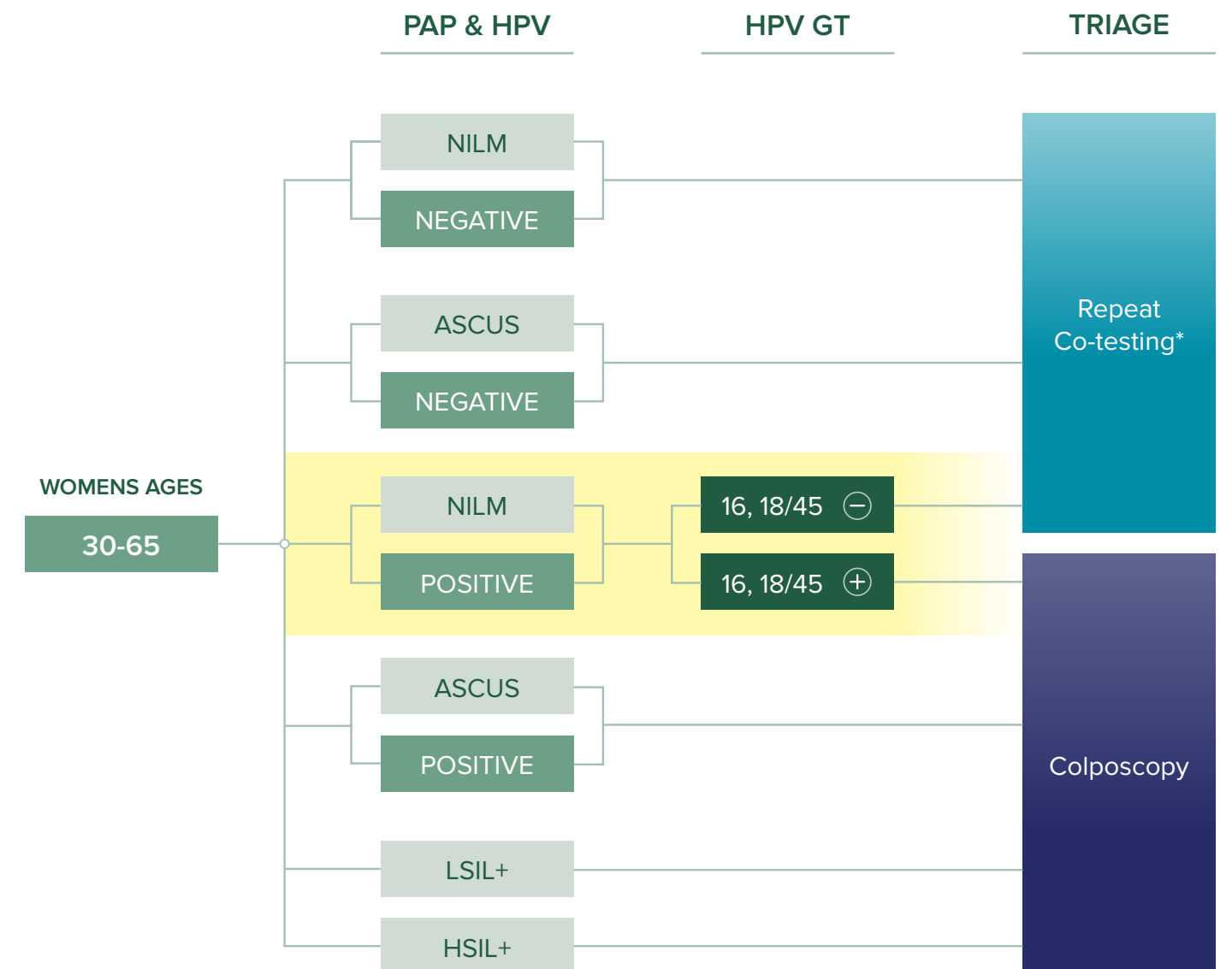
Cytology-negative and HPV-positive Co-test results occurred in 3.7% of women 30 and older.<sup>2</sup>



HPV types 16, 18, and 45 are associated with up to 94% of HPV-related cervical adenocarcinomas.<sup>3</sup>

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

# Triage Guidelines for Abnormal HPV Results<sup>1</sup>



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.