

Superior Detection.



1 in 5 cervical cancers were missed with HPV-Alone.^{1,2*}



The collection process is the **SAME**. The difference is the results.³⁻⁵



The guidelines are clear: Pap + HPV (Co-testing) remains the preferred screening method.⁶

Pap + HPV (Co-testing) is the most widely adopted and preferred method for cervical cancer screening in the United States.^{6,7}

Studies show that 95% of cervical cancers are detected with Pap + HPV (Co-testing) providing the best possible protection for women ages 30-65.^{1,2}

Benefits of Pap + HPV (Co-testing)

Screening with HPV-Alone* misses cervical cancer

- ▶ Studies show 1 in 5 women with cervical cancer are missed by screening with HPV-Alone.^{1,2*}
- ▶ Screening with Pap + HPV (Co-testing) identified 70% of the cancers missed by HPV-Alone.^{1*}
- ▶ 95% of cervical cancers were detected by testing with Pap + HPV together (Co-testing).^{1,2}

Collection is the same

- ▶ Regardless of the algorithm, the collection method is identical. A Pap test is the only collection option available for both Pap + HPV (Co-testing) and HPV-Alone.^{3-5*}
- ▶ Get the whole cervical health picture with Pap + HPV (Co-testing). Two tests gives you two results: cytology and HPV.
- ▶ HPV-Alone*: the same collection process, less information. With this test you only receive an HPV result; in most cases the cytological data is not considered.

Guidelines are clear

- ▶ Pap + HPV (Co-testing) remains the most widely adopted and preferred cervical cancer screening method in the United States.⁷
- ▶ ACOG, ASCCP and SGO: expert guidelines recommend that for these women (ages 30-65), **Co-testing** with cervical cytology and hrHPV testing every 5 years is **preferred**, screening with cervical cytology alone every 3 years is acceptable and hrHPV testing alone can be considered as an alternative screening strategy.⁶

Choose Pap + HPV together because she's **Worth it.**

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

References: 1. 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 and Hybrid Capture 2 assay) 2. Austin RM, et al. Enhanced detection of cervical cancer and precancer through use of imaged liquid-based cytology in routine cytology and HPV cotesting. *Am J Obstet Gynecol.* 2018;150(5):385-392. doi:10.1093/ajcp/aaq114 (Study included ThinPrep Pap test, ThinPrep Imaging, Digene HPV, Cervista HPV and Aptima HPV) 3. cobas c4800 [package insert]. #05641268001-ON. Roche Molecular Systems, Inc. 4. Aptima HPV assay [package insert]. AW-12820 003. San Diego, CA; Hologic, Inc. 2019. 5. Cervista HPV HR [package insert]. #15-3100. San Diego, CA; Hologic, Inc. 6. ACOG. Practice Advisory: Cervical Cancer Screening (Update). <https://www.acog.org/Clinical-Guidance-and-Publications/Practice-Advisories/Practice-Advisory-Cervical-Cancer-Screening-Update>. Published August 21, 2018. Accessed May 31, 2019. 7. Hologic, Inc. Data on File.

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