NOTICE OF CHANGE OF SERVICE

Date: May 1, 2007  

To: Housestaff Physicians, Faculty, Nursing Personnel, Primary Care Network Physicians and Nurses

From: Lydia P. Howell MD  
Vice Chair and Director, Anatomic Pathology

Re: Second notice: Reflex HPV testing for ASCUS Pap tests

Effective last December, the Department of Pathology and Laboratory Medicine began performing reflex HPV testing for Pap tests with a result of Atypical Squamous Cells of Undetermined Significance (ASCUS). This reflex test has been approved by the Medical Staff Executive Committee. Residual material from liquid-based Pap tests with an ASCUS result will therefore be automatically sent for molecular testing to evaluate for the presence of high-risk HPV subtypes. A separate physician order will not be required.

The implementation of reflex HPV testing is based on published evidence from the National Cancer Institute’s Atypical Squamous Cells of Undetermined Significance/Low Grade Squamous Intraepithelial Lesion Triage Study” (ALTS) and others that have shown reflex HPV testing to be the most cost-effective follow-up strategy for ASCUS Pap tests (1-3). Reflex HPV testing performs similarly in different age groups, including pre-, peri- and post-menopausal women, as demonstrated in an American Cancer Society study (4). Reflex HPV testing following ASCUS Pap tests has been recommended as the preferred strategy by the American Society for Colposcopy and Cervical Pathology and American College of Obstetrics and Gynecology (5,6).

Physician orders for HPV testing in other clinical scenarios are still required. Established indications for HPV testing (7,8) include:
- Follow-up for a negative colposcopic exam in women with an initial Pap result of ASC-H or LSIL.
- Follow-up for a Pap test result of LSIL Pap test in post-menopausal women or adolescents.
- Follow-up for women with biopsy-confirmed CIN I who are not receiving treatment.
- Post-treatment follow-up for biopsy-proven CIN II or III.
- Primary screening.

Algorithms and links to the published references for these indications are available on the American Society of Clinical and Cytologic Pathology’s website (http://www.ascp.org/consensus.shtml). Links to these algorithms are also available on the cytology section of our department website (http://www.ucdmc.ucdavis.edu/pathology/services/clinical/cytology/)

If you have any questions, please contact Robin Davis CT (ASCP), cytology supervisor (4-7531); Alaa Afify MD, Director of Cytology (4-7477); or me (4-4911).

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References:


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