



Primary HPV testing for cervical cancer screening

Labcorp offers an additional option for cervical cancer screening

Primary HPV screening

Primary HPV screening is an approach for performing cervical cancer screening whereby initial testing for high-risk HPV types (including HPV 16 and HPV 18) is conducted and, dependent on the results of that testing, additional cytology testing is performed automatically by reflex.

The Cobas® HPV DNA test

This test utilizes an amplified molecular technology known as polymerase chain reaction (PCR) to detect HPV type 16 and 18 individually while simultaneously detecting 12 additional oncogenic HPV types (31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, and 68) in a combined format on a single sample.¹

Guidelines and endorsement

The adoption of the US Preventive Services Task Force (USPSTF) guidelines expands the recommended options for cervical cancer screening in average-risk individuals aged 30 years and older to include screening every 5 years with Primary HPV testing.

This guideline recommendation has been endorsed by the following groups:

- American College of Obstetricians and Gynecologists (ACOG)³
- American Society for Colposcopy and Cervical Pathology (ASCCP)³
- Society of Gynecologic Oncology (SGO)³
- American Cancer Society (ACS)²

In addition to Primary HPV testing, the USPSTF guidelines for cervical cancer screening for patients aged 30-65 years old also include:

- Cytology alone every 3 years
- Co-testing (High-risk HPV and cytology) every 5 years.³

Test details

Test Code	Test Name	Specimen Type
507415	Primary HPV (High Risk HPV, Cobas®) with Reflex to Gynecologic Pap (Image-Guided)	Cervical cells in ThinPrep® vial

Patient Report



Specimen ID: 237-C00-9994-0

Control ID:

Acct #: 01850070

Phone: (336) 584-1762

Rte: 00

SAMPLE REPORT

TEST ACCOUNT

1000 MAIN RD

BURLINGTON NC 27215



Patient Details

DOB: 10/16/1988

Age(y/m/d): 34/10/16

Gender: F

Patient ID:

Specimen Details

Date collected: 08/25/2023 0000 Local

Date received: 08/25/2023

Date entered: 08/25/2023

Date reported: 08/29/2023

Physician Details

Ordering:

Referring:

ID:

NPI:

Test(s) Ordered

HR HPV With Reflex to IG Pap

INTERPRETATION

NIL NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY. [c], (03)

Specimen Adequacy (03)

Satisfactory for evaluation. Endocervical and/or squamous metaplastic cells (endocervical component) are present.

HPV RESULTS

+ HPV other hr types (01)
Positive

+ HPV 16 (01)
Positive

+ HPV 18 [b], (01)
Positive

HPV rfx to IG Pap
See PAP results.

COMMENTS

[c] The Pap smear is a screening test designed to aid in the detection of premalignant and malignant conditions of the uterine cervix. It is not a diagnostic procedure and should not be used as the sole means of detecting cervical cancer. Both false-positive and false-negative reports do occur. (02)

Performed by Tiea L Kesler, Supervisory Cytotechnologist (ASCP) (03)

[b] This nucleic acid amplification test detects fourteen high-risk HPV types: HPV16, HPV18 and twelve other high-risk types (31,33,35,39,45,51,52,56,58,59,66,68) without differentiation.

CO-CCO2023-23799940

Clinical Info: TESTING

PERFORMING LABS

(01) BN Labcorp Burlington 1447 York Court, Burlington, NC 27215-3361

(02) C0 ISO Programming Cyto E Davis Street, Burlington, NC 27215-0000

(03) WW125 Lisa Hampton Testing E Davis Street, Burlington, NC 27215-0000

For inquiries, the physician may contact the lab using the numbers indicated above.

Lab: (626) 473-4262 Dir: Sanjai Nagendra, MD

Lab: (626) 473-4262 Dir: Jane Doe, VP

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Date Issued: 08/25/23 1522 ET

FINAL REPORT

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References:

1. Cobas® HPV Test, Package Insert, 05641268001-19EN, Revision 19.0
2. Cervical cancer screening for individuals at average risk: 2020 guideline update from the American Cancer Society. *CA Cancer J Clin.* 2020 Sep;70(5):321-346. doi: 10.3322/caac.21628. Epub 2020 Jul 30.
3. Curry SJ, Krist AH, Owens DK, Barry MJ, Caughey AB, Davidson KW, et al. Screening for cervical cancer: U.S. Preventive Services Task Force recommendation statement. U.S. Preventive Services Task Force. *JAMA* 2018;320:674-86. Available at: <https://jamanetwork.com/journals/jama/fullarticle/2697704>. Retrieved April 12, 2021.

