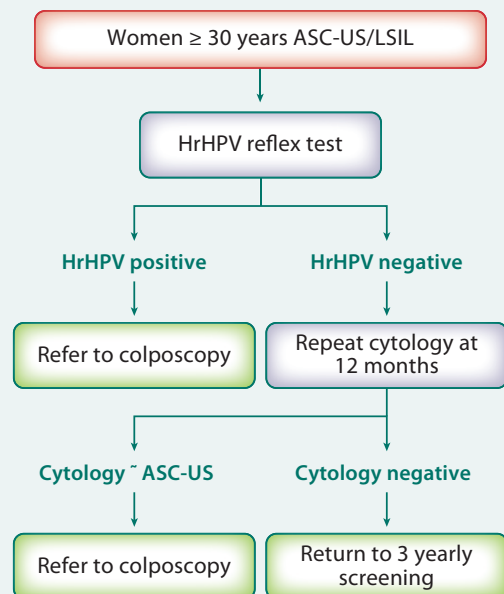


HPV Testing Guidelines

Guidelines currently recommend HrHPV testing in the following three clinical situations:

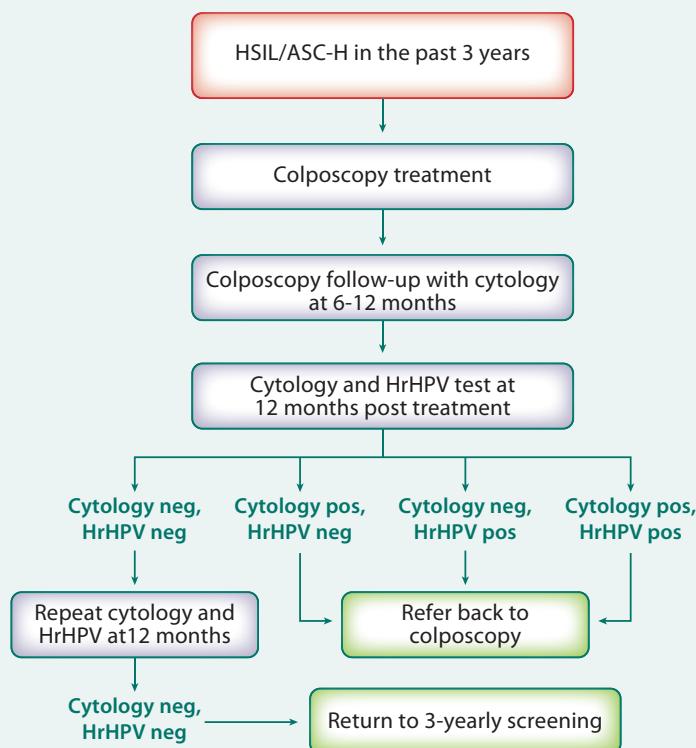
Triage of women 30 years and older with ASC-US or low-grade changes (who have not had an abnormal smear within the last 5 years)¹



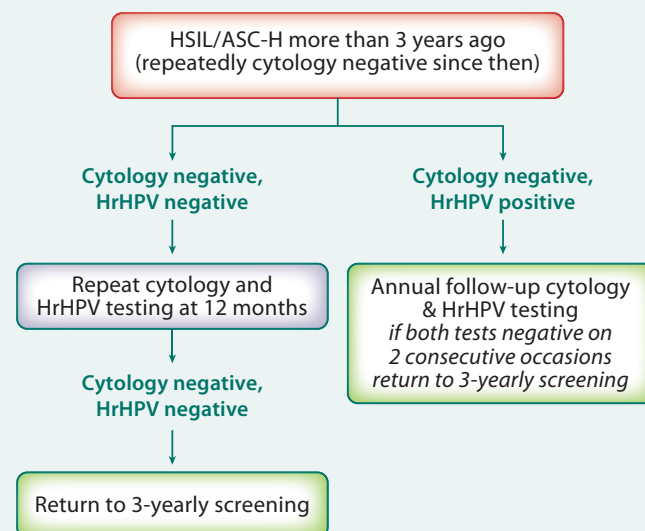
Laboratories usually initiate the HPV test the HrHPV result is reported at the same time as the ASCUS /LSIL result

Women (all ages) treated for a high-grade lesion, to help assess whether the lesion has been completely resolved²

HrHPV testing of women with a previous high grade lesion following colposcopy within the last 3 years †



HrHPV testing of women with a high grade lesion more than 3 years previously, with subsequent repeated negative cytology tests (historical testing) ‡



† NB. HrHPV negative, cytology ASCUS/LSIL, as per Flowchart 2, Guidelines for Cervical Screening in New Zealand, p 24

‡ • Cytology positive HRPV Negative at any stage, refer to colposcopy, dependent on cytology result, as per Flowchart 2, Guidelines for Cervical Screening in New Zealand, p 24
• Refer to colposcopy for any clinical concern

Post colposcopy management of women with discordant results: eg high-grade cytology and negative, satisfactory colposcopy

Where findings on colposcopy/histology are negative or show low-grade changes only and the discordance persists following case review, HrHPV testing can be a useful adjunct to further management. Management is decided at a Multi Disciplinary Meeting (MDM).

The Colposcopists usually initiate the HPV test

1. From Guidelines for Cervical Screening in New Zealand, published by the National Screening Unit, Ministry of Health, August 2008
2. From Guidelines for Cervical Screening in New Zealand, Update 1: April 2010, published by the National Screening Unit, Ministry of Health, August 2010