

HPV Digene Testing – Update January 2010

What is Human Papilloma Virus (HPV)?

HPV is recognised as a risk factor for development of cervical cancer. It is one of the most common sexually transmitted infections. There are over 70 known types of HPV, 23 are specific to both the female and male genital tract. These genital tract specific types are divided into two classes, “High risk” (eg Types 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) and “Low risk” (eg Types 6,11). HPV DNA assays in current use only test for high-risk types as, at the present time, there is no identified link of low-risk types leading to cervical cancer. Most women with HPV will NOT develop cervical cancer. If infection with high risk HPV persists there is an increased risk of developing a high-grade squamous abnormality.

HPV Testing in the Management of Cervical Abnormalities

There is strong evidence that HPV testing is valuable as a test of cure to monitor the effectiveness of the treatment of High Grade Squamous Lesions of the cervix

Women with High-grade Squamous Intraepithelial Lesions (HSIL – specifically CIN2 or CIN3)

A woman previously treated for HSIL requires a colposcopy and cervical cytology at 4 – 6 months after treatment. Cervical cytology and HPV typing should then be carried out at 12 months after treatment and annually thereafter until the woman has tested negative by both tests on two consecutive occasions. The woman should then be screened according to the recommendation for the average population.

Women with Low-grade Squamous Intraepithelial Lesions (LSIL)

There is insufficient evidence to support the use of HPV testing in the triage of LSIL (CIN1 or less)

A Medicare rebate is **not** available for HPV testing on women with LSIL.

Glandular lesions of the cervix, and any lesions of the vulva, uterus or ovaries likewise **do not** qualify for the medicare rebate. Vault smears from women who have had a hysterectomy for invasive cancer of the cervix do not technically qualify for the rebate either.

When is a Medicare Rebate Available?

'High Risk' HPV testing attracts a Medicare rebate for women who have been treated by excisional or ablative therapy for a HSIL (high grade **squamous** intraepithelial lesion).

The current Medicare Benefit Schedule contains the following item:

*Item No: 69418: A test for high risk human papilloma virus (HPV) in a patient who: has received excisional or ablative treatment for **high grade squamous intraepithelial lesions (HSIL)** of the cervix **within the last two years**;*

or

*who **within the last two years** has had a **positive HPV test** after excisional or ablative treatment for HSIL of the cervix;*

or

*is already undergoing annual cytological review for the follow-up of a **previously treated HSIL**.*

To a maximum of 2 of this item in a 24 month period

How Is the HPV Specimen Collected?

The HPV sample can be collected in the same manner as a health care provider would collect a ThinPrep sample. The sample should be collected prior to the application of acetic acid, anti-fungal creams etc. A cervical brush or other collection device is inserted into the endocervix to collect cells for testing; the sample is then rinsed into a ThinPrep specimen bottle. Clearly mark the request form that a HPV DNA test is required.

What is the Cost When a Medicare Rebate Not Available?

When a HPV is requested and the clinical details provided do not confirm that the patient meets the Medicare requirements for a Medicare Rebate, the patient will receive an account for \$64. Medicare will not pay any portion of this cost.

Helpful link to NH&MRC publication;

Screening to Prevent Cervical Cancer:

Guidelines for the Management of Asymptomatic Women with Screen Detected Abnormalities

www.nhmrc.gov.au/publications/synopses/files/wh39.pdf

also www.cancerscreening.gov.au for information on the National Cervical Screening Program.