Transcript Details
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ReachMD
www.reachmd.com
info@reachmd.com
(866) 423-7849

Cervical Cancer Screening: How Co-testing with Pap & HPV Can Make a Difference

Announcer:
Welcome to ReachMD. This medical industry feature, titled “Cervical Cancer: The Importance of Co-testing”, is sponsored by Quest Diagnostics, a leader in Women’s Health. Today’s speaker is compensated by Quest Diagnostics for their time. This program is intended for clinicians caring for women. Presenting is Dr. Monique Rainford, a board-certified Obstetrician and Gynecologist.

Dr. Rainford:
Today we are going to talk about cervical cancer and the importance of co-testing with Pap and HPV together to offer superior detection of risk versus either test alone. I’ll also highlight recent data demonstrating the impact of the pandemic on cervical cancer screening and strategies to improve testing in high-risk communities.

Each year, over 14,000 women are diagnosed with cervical cancer in the United States alone and approximately 4,000 women will die from the disease. The pandemic has changed the dynamic by increasing the burden of cervical disease. A recent study in the *Journal of the American Medical Association* showed double-digit declines in cervical cancer diagnoses throughout the first year of COVID-19.

Decreases in newly identified cervical cancer cases suggest that there are women with undiagnosed malignancies, some of which may reflect advanced stages as a result of deferred care.

The pandemic has definitely impacted the timing that people seek care and sometimes with actual dire consequences. They come in for care and its later than you’d hope and sometimes later than would provide hope, depending on the condition.

There was a study in JAMA that showed that during the pandemic there was a double-digit decline in cervical cancer diagnosis. So, what does that mean for long-term health outcome? It means that at some point these people will come in with cervical cancer. The problem is they’ll come in with cervical cancer later and the truth about any cancer – the later it’s diagnosed, the worse the prognosis, the less options there are for treatment, the less opportunity for survival and beating the cancer, so to speak.

So, the pandemic had an adverse effect on people coming in for a diagnosis and is very likely will have an adverse effect on the life and longevity of people who come in with a cancer diagnosis.

So, it’s a vicious cycle. When they come in for care, they come in later for care. That could mean that if they have the disease, the disease has more time to progress and leaving less options for intervention.

As such, you may need to give them the screening that optimizes your chances of detecting disease as you would with anyone who is at higher risk, and I believe that co-testing gives you the opportunity to optimize your ability to detect disease, that disease being high-grade dysplasia or cervical cancer.

When a patient comes in for a visit, …I do co-testing – I want to ensure that I find out anything that I need to find out at that visit so that I can make the best diagnosis based on that one visit to decide how to take care of them in the future. I like co-testing for that reason because it gives us both PAP smear results and high-risk HPV results.

Co-testing, as evidenced in the 2020 health trends data, proves its clinical value and superior cancer detection capability.

Enough research has shown that co-testing picks up more cervical cancer diagnosis or CIN3 – cervical high-grade dysplasia.

Co-testing is when PAP and HPV are ordered together, processed together and the results are reported together.

A Quest study published in the American Journal of Clinical Pathology that was released in 2020 showed that co-testing with PAP and HPV was more likely to diagnose cervical cancer and pre-cancer than either PAP smear alone or HPV testing alone.

HPV testing alone fails to diagnose 1 in 5 women with cancer within 12 months of diagnosis.

That gives me the best information I need to determine if they have any pre-cancerous changes or frankly cancer or the best information I need to reassure them that everything is fine and I don't have to rescreen them for a few years.

I do feel that I have a responsibility and I try to do as much as possible if I can, even if the time is short.

Co-testing helps to prevent women between the ages of 30-65 who may have cancer or pre-cancer not fall through the cracks due to missed diagnosis.

When you read the rationale for U.S. Preventive Services Task Force guidelines, you recognize that there are certain populations that are at higher risk for cervical cancer or they're either more likely to be diagnosed with cervical cancer or they're more likely to die from a cervical cancer diagnosis.

FQHCs take care of a lot of high-risk patients. So, what do I mean when I talk about high-risk patients? They are high risk because sometimes they're under-screened. They can be high-risk by the very fact that they don't speak English… if you come into an FQHC, often it's because you can't get care anywhere else or you haven't been getting care anywhere else, and if you don't have access to care you may come in a little later for a condition that would be less risky if you sought care earlier.

In that population I want to do the tests that are most likely to diagnose the conditions for these patients because I know that they're probably presenting later for care. I know that they probably don't have as much routine screening as someone who is more affluent or belongs to another community. So, when they come in, I want to make sure that I find anything there is to find when they come in so that I can take care of it as quickly as possible to get the very best outcome for them.

Not only is co-testing more efficacious in detecting cervical cancer but it's actually more cost effective when you think about not just the upfront costs but when you think about the procedures a woman would have to have after in terms of colposcopies, when we think of the treatment she would have to have if diagnosed with cancer and follow-up.

Based on everything we have–all the information we have –co-testing seems a better option in every way for women in terms of both cost effectiveness and quality of life and lives saved.

We see that overall it is a very cost effective option. We've clearly seen with LARCs, long-acting reversible contraception, that while the upfront cost of a LARC is higher than the cost of an oral contraceptive pill, the overall costs are much lower for LARC compared with an oral contraceptive pill. We know that in terms of adherence, we know that in terms of unwanted, unintended pregnancies, we know that in terms of continual use of these methods and how long these methods last. For we do have real examples where sometimes the upfront cost of a product may be higher, but the overall benefits, the overall efficacy, the overall costs are actually much lower. We don't have to look very far in the future to see that benefit. We do have examples of that in clinical practice.

The bottom line is that the cost of treating pre-cancer and cancer far outweigh the cost of screening with co-testing, not to mention the benefit to women and women's lives.

Co-testing is an especially important screening strategy and effective guideline supported approach for high-risk patient populations.

When I do cervical cancer screening on my patients, I follow ACOG guidelines, which is consistent with U.S. Preventive Services Taskforce guidelines. To meet the HEDIS measures, we do have to follow the task-force guidelines. That gives three options in the 30-64 age group: PAP only every three years, HPV primary every five years or co-testing with PAP and HPV testing every five years. For the population we take care of FQHC, which is a very heterogeneous population, the test that gives them the highest likelihood of being diagnosed with cancer if they have it or pre-cancer if they have it is co-testing with PAP and HPV. That's why I do believe that that is the best test for the population of women that's cared for in FQHC settings.

I think it's so important that every female patient between the ages of 30-65 receive the best cervical cancer screening protection possible. Based on the information we have, this is what co-testing provides.

Announcer:
This program was brought to you by Quest Diagnostics, a leader in Women's Health. Get the facts on co-testing at

questwomenshealth.com.

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