

Transcript Details

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Use of HPV Genotyping for Triage in a 36-Year-Old Woman

Narrator:

Welcome to ReachMD. The following clinician-patient dialogue is provided in partnership with Omnia Education and supported by an independent educational grant from Roche Diagnostics.

The following is a representative dialogue between a clinician and a 36-year-old patient who has been found to have a positive HPV test. Other episodes in this 3-part series can be found at ReachMD.com/HPV.

Dr. Wright: Hi Jill, thanks for coming in today. I wanted to discuss with you in person the results of your recent cervical cancer screening. Just to reassure you, we didn't find cervical cancer. However, the screening indicated that you are at risk for cervical disease.

Jill: What do you mean that I'm at risk for cervical disease? That sounds pretty serious.

Dr. Wright: When we screened you for cervical cancer we did both a Pap test as well as tested you for human papillomavirus or HPV. This is the virus that causes cervical cancer as well as some vulvar and vaginal cancers. Your Pap test came back completely normal, but you tested positive for HPV.

Jill: I've heard about HPV. I had my daughter vaccinated against HPV a couple of years ago.

Dr. Wright: That's great. I tell all my patients that they should make sure both their daughters and sons get vaccinated. I also vaccinate them if they in the target age group. There are a lot of different types of HPV but the two types that most commonly because cervical disease are HPV 16 and 18. These are also two of the types that the HPV vaccines prevent. The newer HPV tests tell us not only whether you have HPV, but can also tell us whether you have HPV 16 or 18.

Jill: Did I have HPV 16 or 18 and why do you want to know if I have HPV 16 or 18?

Dr. Wright: Jill you did have HPV 16. This is important because it is the type of HPV that is most commonly found in women with cervical disease. There have been a number of large studies and they have shown that women of your age with a normal Pap test who are found to have HPV 16 have about a 1 in 9 chance of having significant cervical disease.

Jill: That is scary - you mean I have a 1 in 9 chance of having cervical cancer. I'm just 36 years old.

Dr. Wright: Not cancer Jill - I'm talking a precancer. Precancers are relatively common and can be easily treated with a simple procedure that we do right here in the office. In fact, I treated two women with cervical precancer in this office yesterday afternoon. That is why we screen women for cervical disease. The goal is to find the precancers and to treat them so they don't develop into cervical cancer.

Jill: So, what do I do now?

Dr. Wright: Well because you have HPV 16, I recommend that we make an appointment for a colposcopy examination. When we do a colposcopy examination I will put in a speculum and then look at your cervix with a special microscope. I'll also probably take a biopsy which can cause some discomfort but isn't really painful. We will send the biopsy to the laboratory and they will tell us whether you have a precancer or not.

Jill: That doesn't sound too bad. I had a colposcopy when I was in college. They told me everything was OK and I didn't have to worry.

Dr. Wright: That is likely to be the case this time also. Do you have any more questions?

Jill: What would you have recommended if I didn't have HPV 16?

Dr. Wright: Women with normal Paps who have one of the other HPV types are at much lower risk for having a precancer than women with HPV 16 or HPV 18. Therefore, we tell them to come back in 12 months for repeat testing with HPV and a Pap. This is also what we are going to have you do if we don't find anything on the colposcopy exam.

Jill: But I thought once you had HPV it never goes away which is why we vaccinate against it.

Dr. Wright: Actually, most women who have HPV, even HPV 16, and don't have a precancer will become HPV negative after a couple of years.

Jill: Is there anything you can give me that will make the HPV go away faster?

Dr. Wright: Not yet, a number of companies are trying to develop either vaccines or drugs for women who already have HPV. Unfortunately, none of these have been proven to actually work. So why don't you see Alexandra at the front desk and she will make an appointment for your colposcopy exam.

Narrator:

This ReachMD brief was provided in partnership with Omnia Education. For more information or to access the other episodes in this video series, visit ReachMD.com/HPV.

Thank you for listening.