

Private Pay HPV: Q+A

LifeLabs is offering private pay human papillomavirus (HPV) testing in BC. This is being offered for either primary HPV screening or as a follow-up option for patients with abnormal cytology results. There are implications for patients and providers when private pay testing is used with respect to ongoing cervix screening. The following Q&A document has been prepared to answer questions on the use of private pay HPV testing in BC.

What is BC's recommendation for cervix screening?

The Cervix Screening Program does not recommend private pay HPV testing at this time. The current BC cervix screening guidelines effectively prevent and detect cervical cancer for those eligible. Cervix screening is recommended for asymptomatic people with a cervix ages 25 to 69 living in BC. Those at average risk of developing cervical cancer should be screened every three years with a Pap.

Those at higher than average risk of developing cervical cancer and who are not currently followed by a colposcopist should be screened more frequently with cytology. For more information on screening recommendations for those at higher than average risk please visit the Screening BC website (see "Screening Recommendations for Individuals at High Risk of Developing Cervical Cancer" document in the Cervix Health Professionals section).

Those with an abnormal result (ASCUS/LSIL persisting for at least 12 months, AGC, ASC-H, or HSIL+) should be referred to colposcopy for follow-up.

Why does the Cervix Screening Program NOT recommend private pay HPV testing?

The current Cervix Screening Program recommendations provide effective prevention and detection for asymptomatic women ages 25-69. A one-time HPV test and its result will not be captured by the Cervix Screening Program. These results will not be available to Cervical Cancer Screening Laboratory staff when subsequent Pap tests are sent in for a patient and cannot be taken into consideration when recommendations are provided by the laboratory.

Patients will be recalled for screening based on their most recent screening test information captured by the Cervix Screening Program. If providers refer patients for an HPV test, follow-up and recall by the Cervix Screening Program cannot be supported. Screening is most effective when done regularly with coordinated follow-up.

Is HPV testing covered by MSP?

Primary HPV testing and post-cytology follow-up HPV testing are not currently covered by MSP. This test is not insured by BC's Medical Services Plan (MSP) and is currently only available on a user-pay basis at \$90 per test.

Post-treatment HPV testing is available in BC and can be ordered by colposcopists.

What is HPV testing and how can it be used for cervix screening?

Cervical pre-cancer and cancer is caused by high risk HPV types. Testing for high risk HPV can identify women at higher risk of having pre-cancerous changes of the cervix. However, it will also detect transient HPV infections that will not cause pre-cancerous changes. Secondary testing to further triage those with a positive HPV test is needed to prevent harm from unnecessary colposcopy.

Patients who have been recommended for colposcopy based on a cytology result should not undergo follow-up HPV testing as the HPV result would not change the recommendation for colposcopy.

HPV testing in women under age 30 is not recommended as it is more likely to detect a transient infection that would resolve spontaneously.

Is HPV testing an approved test for cervix screening?

HPV testing has been approved for cervix screening and there are some jurisdictions who have introduced HPV testing as part of their cervix screening program.

Why is HPV testing not used in BC's Cervix Screening Program?

The Cervix Screening Program is exploring primary HPV screening for women ages 30 to 69 years old. There are several implications to the program if primary HPV screening is introduced in BC with respect to information management, recall algorithms and follow-up testing guidelines. At this time the program's systems cannot accept and store non-cytology results. Therefore tracking these outcomes for patients and appropriately recalling patients is not currently possible. It is important that all aspects of patient care and education, healthcare provider education, and cervix screening program operations are coordinated and prepared before a technology change is implemented.

If my patient chooses to undergo HPV testing, how should abnormal results be followed up?

The Cervix Screening Program encourages patients and providers to follow the existing BC screening recommendations. Should a patient choose to undergo private pay HPV testing, the following algorithm will be used by colposcopists in BC to guide follow-up.

