

For many years, the Pap smear has been the most effective way to tell if a woman is at risk of developing cervical cancer.

The Pap smear may also identify a common viral infection called Human Papillomavirus (HPV). This brochure gives you some important facts about HPV and about current testing procedures.

What is HPV and why is it so important?

Human Papillomavirus (HPV) is quite a common viral infection that can cause skin warts and can also affect the genital tract in both men and women. There are many types of HPV and only some of these types affect the female genital tract causing lesions on the vulva, vagina and/or cervix.

HPV has been identified as the primary cause of some of the atypical changes in the cells of the cervix found in Pap tests, including changes that can lead to cervical precancer and cancer. Most women with HPV never get significant abnormality, precancer or cancer. However a few do and this is why HPV is so important.

The HPV types can be divided into two groups:

- *low risk types, which may cause genital warts and minor changes in the cervix;*
- *high risk types, which, in addition to minor changes, sometimes cause precancerous changes, and cervical cancer.*

Identifying the presence of the high risk HPV types in women helps identify the relatively few women who are at greater risk of developing precancerous changes and cancer.

How is HPV acquired?

Having HPV is not uncommon. It is an infection that can affect anyone who has ever been sexually active. In the vast majority of cases HPV infection is transient, causes no problems, and is harmless. However, in some women, persistent infection with the high risk HPV types is linked to the risk of developing precancerous changes and cancer of the cervix.

How do I know if I have HPV?

Unlike other viral or bacterial infections, HPV does not cause you to feel unwell, and does not cause irritation, discharge or bleeding. HPV may be present for years before it causes the characteristic changes in the cells of the cervix which are recognised in the routine Pap test.

The presence of HPV in the genital tract is most often detected in a routine Pap test. This is more common than discovering genital warts. Most women with HPV changes in the Pap test don't ever develop warts, and most do not realise they have the infection.

HPV can also now be detected through a simple test that uses advanced technology to detect the genetic code (DNA) of HPV. This test can identify the presence of the HPV types that have been linked with cervical precancer and cancer. The great majority of women with these types do not ever actually develop cancer, but a few do.

How can having the Digene HPV test help me?

From July 2006, the National Cervical Screening Program has recommended the use of this test following treatment of significant precancerous changes of the cervix, CIN2 or CIN3. If this test and the Pap test are normal at 12 and 24 months after treatment, then it is acceptable to continue having Pap smears two yearly, rather than annually, as had previously been the case in this group of women.

The HPV test may also be useful in other clinical situations particularly when the Pap test and other investigations do not completely correlate.

Negative results in both the Pap and HPV tests mean a significant cervical lesion is very unlikely. This can be reassuring especially if you have had a number of abnormal smears.

Collecting the sample for HPV testing.

The process of collecting cells for the HPV test is simple and can be performed either at the same time as your Pap test or on a separate visit. Cells are scraped or brushed gently from the cervix in a similar way to a Pap test. If you have had a ThinPrep test with your Pap smear, this specimen can also be used for the HPV test if it is necessary.

The test will be conducted and results analysed by our expert laboratory staff, including scientists and pathologists who will notify your doctor of the results.

What happens next?

The information about your HPV result, combined with the Pap test result, enables your doctor to assess whether you need any further investigation at present, or the timing of ongoing Pap test follow-up.

How is HPV infection treated?

If you have low grade changes in your Pap test then you are at low risk of progressing to severe precancerous change and cancer. In this instance, your doctor will recommend a Pap test follow-up protocol, or colposcopy if the changes persist. The National Cervical Screening Program no longer recommends treatment of low grade lesions.

Cervical lesions, such as CIN2 or CIN3 will be treated whether or not HPV is detected in the smear or biopsy. Your doctor will be able to discuss the effective treatment options with you. The lesions are generally quite small and may be removed either with surgical, diathermy or laser treatment.

Remember that cervical cancer is a rare condition. Cytology has led to the prevention of very many cases and new testing procedures such as the HPV test may also have a role in reducing the incidence of cervical cancer.

Note: A Medicare Rebate is available for the HPV test only when used following treatment of CIN2 or CIN3.

If you have any more questions about HPV, Pap smear results or have any other concerns about the testing procedure, feel free to contact your doctor or call Symbion Lavery Pathology.

understanding human papillomavirus

