

# CLINICAL GUIDELINE MANAGEMENT FOR CERVICAL CANCER AND STD SCREENING

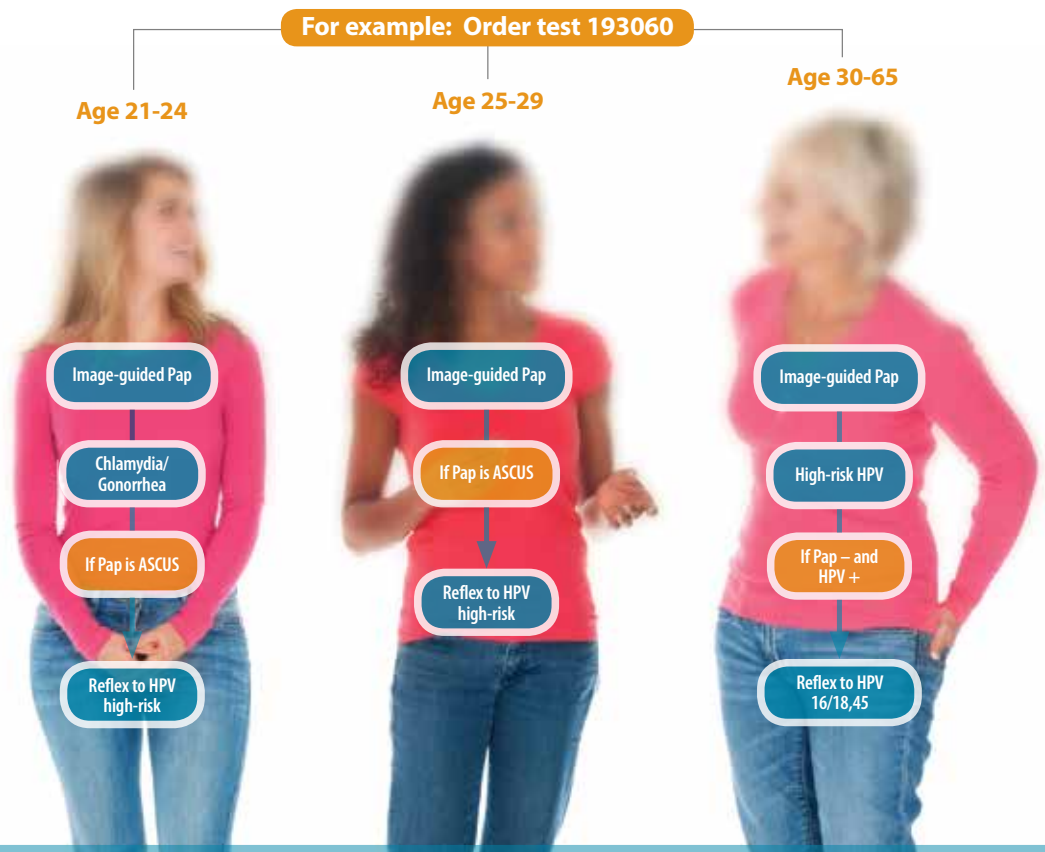
## Screening guidelines can be complex—LabCorp's age-based test protocol for cervical cancer and STD screening can help individualize patient care.

LabCorp offers an innovative, age-based test protocol to aid physicians when ordering cervical cancer and sexually transmitted disease (STD) screening tests. Clinicians can select a test number that will individualize cervical cancer and STD testing based on a patient's age (from 21-65) based on the American College of Obstetricians and Gynecologists (ACOG) guidelines. LabCorp offers this age-based protocol as an additional tool to help physicians manage their patients. You can continue to order individual cervical cancer and STD tests as appropriate for your patients' signs and symptoms.

LabCorp's age-based protocol follows the current ACOG guidelines. As ACOG guidelines evolve and change, if the test or age protocol is affected, LabCorp will update its test protocol in accordance with the guidelines.

### LabCorp's age-based test protocol:

An additional tool to help physicians manage their patients according to the patient's age. LabCorp based its test protocol on the American College of Obstetricians and Gynecologists (ACOG) guidelines.<sup>1-3</sup>



# Clinical Guideline Management Age-based Test Combinations

## Cervical Cancer and Chlamydia/Gonorrhea Screening (Aptima®)\* .....193060

- If age 30-65, perform: Image-guided Pap plus high-risk HPV. If Pap is normal but the high-risk HPV is positive, a reflex to HPV 16/18,45 will be performed.
- If age 25-29, perform: Image-guided Pap only. If Pap is ASCUS, a reflex to a high-risk HPV test will be performed.
- If age 21-24, perform: Image-guided Pap plus Ct/Ng. If Pap is ASCUS, a reflex to a high-risk HPV test will be performed.

## Cervical Cancer Screening Only (Aptima®)\* .....193065

- If age 30-65, perform: Image-guided Pap plus high-risk HPV. If Pap is normal but the high-risk HPV is positive, a reflex to HPV 16/18,45 will be performed.
- If age 21-29, perform: Image-guided Pap only. If Pap is ASCUS, a reflex to a high-risk HPV test will be performed.

Based on age and your patients' risk factors, additional test options may be warranted to monitor your patients' health. LabCorp offers two additional tests that follow ACOG guidelines with respect to cervical cytology and HPV, including an additional STD screening component.

## Cervical Cancer Screening plus *Chlamydia trachomatis*, *Neisseria gonorrhoeae* (Aptima®)\* .....193070

- If age 30-65, perform: Image-guided Pap plus high-risk HPV plus Ct/Ng. If Pap is normal but HPV is positive, reflex to HPV 16/18,45 will be performed.
- If age 21-29, perform: Image-guided Pap plus Ct/Ng. If Pap is ASCUS, a reflex to a high-risk HPV test will be performed.

## Cervical Cancer Screening plus *Chlamydia trachomatis*, *Neisseria gonorrhoeae*, and *Trichomonas vaginalis* (Aptima®)\* .....193075

- If age 30-65, perform: Image-guided Pap plus high-risk HPV plus Ct/Ng and Tv. If Pap is normal but HPV is positive, a reflex to HPV 16/18,45 will be performed.
- If age 21-29, perform: Image-guided Pap plus Ct/Ng and Tv. If Pap is ASCUS, a reflex to a high-risk HPV test will be performed.

In the ACOG Practice Bulletin No. 140 (December 2013), ACOG notes that several FDA-approved tests are commercially available for HPV testing.<sup>3</sup> The Aptima HPV assay\* is an FDA-approved mRNA method for the detection of high-risk HPV.

## ACOG Guidelines (Highlights)<sup>1-3</sup>

Test	Age <21	Age 21-24	Age 25-29	Age 30-65	Age >65
<b>Pap</b>	Not recommended for screening	Screen every 3 years	Screen every 3 years	Screen every 3 years	Screening should be discontinued if patient has had adequate negative prior screening results and no history of CIN2+. See ACOG Practice Bulletin No.168 for management of patient with history of CIN2+.
<b>HPV</b>	Not recommended for screening	Reflex to high-risk HPV when Pap is ASCUS is acceptable	Reflex to high-risk HPV is preferred when Pap is ASCUS	Screen every 5 years if both HPV and Pap are negative	
<b>HPV genotyping</b>	Not recommended for screening	Not recommended for screening	Not recommended for screening	If Pap is normal and HPV positive, reflex to HPV genotyping	If Pap is normal and HPV positive, reflex to HPV genotyping
<b>Ct/Ng</b>	If 24 years of age or younger and sexually active	If 24 years of age or younger and sexually active	If 25 years of age and older and have risk factors	If 25 years of age and older and have risk factors	Not recommended for screening

**Note:** ACOG guidelines address frequency at which cervical cancer and STD testing should be ordered based on test results. Clinicians should determine the appropriate frequency for their patients.

When ordering test(s), please be sure to include the patient's age/DOB. If age is <21 or >65, or age not provided with the sample, LabCorp will only perform an image-guided Pap test. For tests 193070 or 193075, if age is <21 or >65, or age not provided with the sample, the image-guided Pap and STD tests will be performed. Clinicians can call LabCorp to add on HPV or HPV 16/18,45 tests if necessary.

If reflex genotyping is performed, additional CPT codes and concomitant charges may apply.

Visit the online Test Menu at [www.LabCorp.com](http://www.LabCorp.com) for complete test information, including specimen collection requirements.

### References

1. American College of Obstetricians and Gynecologists. Cervical Cancer Screening and Prevention. ACOG Practice Bulletin. No. 168, October 2016. *Obstet Gynecol.* 2016 Oct; 128(4): 1-20.
2. American College of Obstetricians and Gynecologists. Annual Women's Health Care Ages 19-39: Exams and screening tests. <https://www.acog.org/About-ACOG/ACOG-Departments/Annual-Womens-Health-Care/FOR-PATIENTS/Pt-Exams-and-Screening-Tests-Age-19-39-Years>. Accessed August 22, 2017.
3. American College of Obstetricians and Gynecologists. Management of abnormal cervical cancer screening test results and cervical cancer precursors. ACOG Practice Bulletin. No. 140, December 2013. *Obstet Gynecol.* 2013 Dec; 122(6):1338-1367.

For more information, contact your LabCorp representative.



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