

# A 32% rise in cervical adenocarcinoma.<sup>1</sup>

## What can you do? Now there's an answer.

The APTIMA® HPV mRNA Genotyping Assay for types 16, 18/45 gives you knowledge that's power.

Although cervical cancer rates are declining overall, cervical adenocarcinoma rates have been increasing for decades.<sup>1</sup> Adding testing for HPV to cytology — cotesting — can help identify those patients most at risk for progressing to adenocarcinoma, helping you determine which patients may need to be followed more closely.

### Why cotest?

Cotesting has been identified as the preferred method for cervical cancer screening in women ages 30–65 for two reasons:<sup>2</sup>

1. To identify those patients at low risk of developing cervical disease
2. To enhance the identification of patients at risk for cervical adenocarcinoma

Adenocarcinoma has risen 32% in the study period since the 1970s:<sup>1</sup>

↑ 32% increase in adenocarcinoma

↓ 61% decrease in squamous cell carcinoma

*“The addition of HPV testing to cytology also enhances the identification of women with adenocarcinoma of the cervix and its precursors. Compared to squamous cell cancers, cytology has been relatively ineffective in decreasing the incidence of invasive adenocarcinoma of the cervix.”*

— American Society for Colposcopy and Cervical Pathology, 2012<sup>3</sup>

### For women ages 30–65, Pap and HPV cotesting:

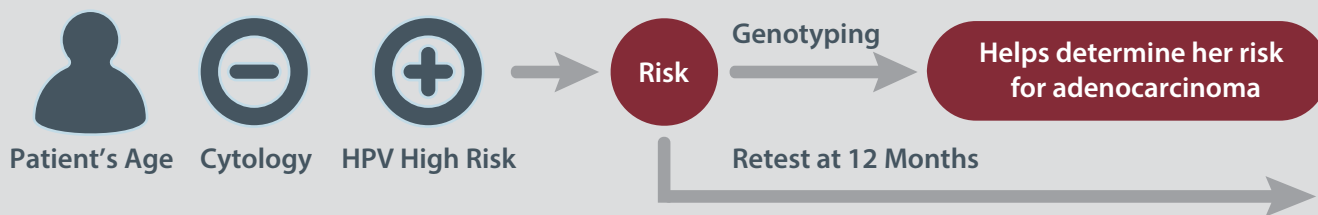
Test Name	Test Code
Pap, ThinPrep® w/HPV mRNA with Reflex to Genotypes 16, 18/45 if Pap is Negative and HPV is Positive	435

**Clinical utility:** Identification of these types as part of reflex testing may identify 80–94% of all cervical adenocarcinoma<sup>4</sup>

**Reports:** Result for type 16 with separate combined result for HPV types 18 and 45

HPV Genotypes 16, 18/45 is also orderable separately using test code 906546

# Which of your patients is at risk for cervical adenocarcinoma?



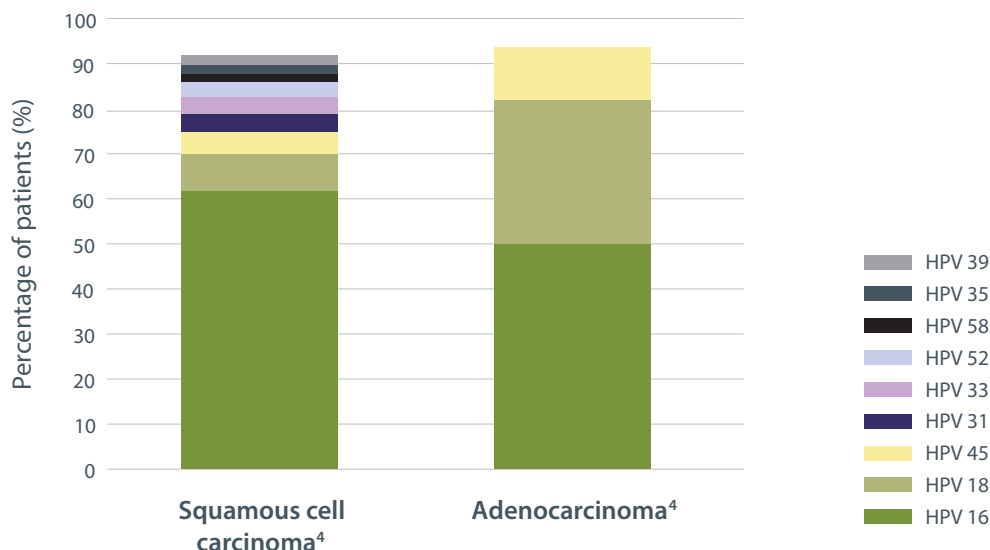
## APTIMA<sup>®</sup> HPV mRNA Genotyping Assay for types 16, 18/45

APTIMA HPV mRNA genotyping includes genotype 45 to identify almost all HPV types associated with cervical adenocarcinoma. Evidence shows that the addition of HPV type 45 identifies more women at risk for adenocarcinoma with minimal impact to colposcopy rates.<sup>4</sup>

### HPV type 45:

- Is uncommon and only prevalent in 0.4% of women with normal cytology<sup>4</sup>
- Is the third most common HPV type in invasive cervical cancer<sup>4</sup>
- Types 16, 18 and 45 show higher carcinogenic potential relative to all other high-risk HPV types<sup>5</sup>

### HPV Genotypes in Invasive Cervical Cancer<sup>4</sup>



### References

1. Adegoke O, et al. Cervical cancer trends in the United States: a 35-year population-based analysis. *J Women's Health*. 2012;21(10):1031–1037.
2. Saslow D, et al. American Cancer Society, American Society for Colposcopy and Cervical Pathology, and American Society for Clinical Pathology screening guidelines for the prevention and early detection of cervical cancer. *J Low Genit Tract Dis*. 2012;16(3):175–204.
3. Saslow D, et al. American Cancer Society, American Society for Colposcopy and Cervical Pathology, and American Society for Clinical Pathology screening guidelines for the prevention and early detection of cervical cancer. *Am J Clin Pathol*. 2012;137(4):516–542.
4. de Sanjose S, et al. Human papillomavirus genotype attribution in invasive cervical cancer: a retrospective cross-sectional worldwide study. *Lancet Oncol*. 2010;11(11):1045–1056.
5. Guan P, et al. Human papillomavirus types in 115,789 HPV-positive women: a meta-analysis from cervical infection to cancer. *Int J Cancer*. 2012;131(10):2349–2359.

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### Warning:

This test is not intended for use in determining the need for treatment (i.e., excisional or ablative treatment of the cervix) in the absence of high-grade cervical intraepithelial neoplasia (CIN). Patients who are HPV 16, 18/45 positive should be monitored carefully for the development of high-grade CIN according to current practice guidelines. The APTIMA HPV 16, 18/45 Genotype Assay is not intended for use as a stand-alone assay. The assay should be performed only as a follow-up to an APTIMA HPV Assay positive result, and should be interpreted in conjunction with cervical cytology test results. The APTIMA HPV 16, 18/45 Genotype Assay is not intended for use in women under age 30 with normal cervical cytology. The APTIMA HPV 16, 18/45 Genotype Assay is not intended to substitute for regular cervical cytology screening. The use of this test has not been evaluated for the management of HPV vaccinated women, women with prior ablative or excisional therapy, hysterectomy, who are pregnant, or who have other risk factors (e.g., HIV+, immunocompromised, history of sexually transmitted infection).