HPV Cotesting Policy Slow to Gain Acceptance

Kaiser officials expected a 'tidal wave of specimens' with Pap smears, but staff training was a key need.

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VANCOUVER, B.C. — Incorporating testing for human papillomavirus into cervical screening practices for women older than 30 years may take more effort than one would think, Walter Kinney, M.D., said at the 22nd International Papillomavirus Conference.

He described the first 123,909 HPV tests performed within the Kaiser Permanente system on women over age 30 who also had satisfactory results from cytology performed at the same time. Kaiser announced its "co-testing" policy of Pap smears plus HPV tests for women over age 30 in 2002.

"We told the lab to anticipate a tidal wave of specimens. That didn't happen," said Dr. Kinney of the Permanente Medical Group, Sacramento. "You can't just buy the reagent, announce the guidelines, turn on the machine, and expect this to happen."

Kaiser officials set about figuring out what to do to get clinicians and patients to accept HPV testing. "This was a humbling process that went on for a couple of years" but led to excellent acceptance rates by physicians and patients, he said at the meeting, sponsored by the University of California, San Francisco.

Between May 2003 and August 2004, 85%-93% of appropriate patients underwent cotesting at Kaiser facilities, with the exception of one facility that posted a 70% cotesting rate.

This compares with results of a 2005 survey of 185 ob.gyns. randomly selected from the American Medical Association database in which only 33% said they would offer cotesting, despite recommendations for its use by the American College of Obstetricians and Gynecologists and the American Cancer Society (Am. J. Obstet. Gynecol. 2005;192:414-21).

Kaiser gained wider acceptance of cotesting by addressing issues related to staff, patients, and clinicians. For staff, training on how and why to do HPV testing is critical. "They have to think it's something they would choose for themselves," and they need to know how to talk with patients about it, Dr. Kinney said. "Sometimes the patients believe the staff a lot more than they believe you."

Kaiser created a specimen-handling policy and flowcharts for cotesting, posted summary sheets, obtained new color-coded order forms and color-coded specimen bins, and redesigned its "Pap books" to track results and patient responses.

Patients should be informed about cotesting before the clinician arrives in the exam room, he said.

One way to do this is to have a medical assistant give the patient written materials after taking her blood pressure. Have information sheets handy, as well as brochures. For patients with abnormal test results, have available brochures explaining their condition.

What the clinician says to the patient about cotesting is important too. A poll of 350 Kaiser patients and 37 physicians asking why the patient did or did not have cotesting found that physicians believed both their words and printed materials were important. Patients, on the other hand, felt that what mattered most was whether physicians said cotesting is a good idea and that they would choose testing themselves.

Give clinicians the education and tools they need to know what to say to patients about cotesting, and how to say it. Steps include conferences and guidelines, sample messages or scripts, and handouts on frequently asked questions.

In the Kaiser study, only 5.3% of the first 123,909 cotests were HPV positive. Of these, 3.7% had negative Pap tests.

The rate of HPV positivity dropped by half after age 39, from 9% in 30- to 39-year-olds to 5% of 40- to 49-year-olds. HPV positivity rates decreased with age to a low of 3% in women in their 60s, then crept up a bit over time, he said.

The lead investigator in studying the HPV data was Barbara Fetterman, Ph.D., of the Permanente Medical Group, Oakland, Calif. ■

Survey Finds HPV Knowledge Gaps

VANCOUVER, B.C. — A large survey of U.S. clinicians in nine specialties identified clinically important gaps in their knowledge of human papillomavirus and found that many don't test for HPV in the recommended ways.

Several analyses of the survey results by investigators at the Centers for Disease Control and Prevention were reported in separate poster presentations at the 22nd International Papillomavirus Conference.

Only 35% of 4,305 clinicians surveyed were aware that recent scientific evidence shows that most HPV infections clear without medical intervention, reported Crystal M. Freeman, Ph.D., of Battelle Centers for Public Health Research and Evaluation of Seattle, which conducted the survey studies with the CDC. Knowledge of anogenital warts also appeared to be inadequate. Only 38% of respondents knew that anogenital warts do not increase the risk of cancer at the same sites where the warts are located, and only 47% knew that genital HPV types usually associated with external anogenital warts are not the same HPV types associated with cervical dysplasia and cancer.

Respondents included 464 ob.gyns., 1,107 primary care physicians (family or general physicians, internists, or adolescent medicine physicians), 966 specialists (dermatologists or urologists), 624 certified nurse-midwives, and 1,144 midlevel providers (nurse-practitioners or physician assistants).

A higher proportion of ob.gyns. (67%) knew that HPV infections may clear without medical intervention, compared with primary care physicians (31%), specialists (14%), midlevel providers (30%), or nurse-midwives (43%).

Nearly all respondents knew, however, that HPV infection is common (89%), that most people with HPV lack signs or symptoms of infection (95%), and that HPV infection increases the risk of cervical cancer (98%). They also showed high rates of knowledge that HPV infection causes anogenital warts (90%) and that treating warts or cervical dysplasia does not eliminate HPV infection (91%).

A second analysis of results related to HPV testing found that a minority uses HPV tests—35% of general internists, 33% of adolescent medicine physicians, and 57% of family or general physicians, Nidhi Jain, M.D., of the CDC in Atlanta reported at the conference, sponsored by the University of California, San Francisco. By comparison, 93% of ob.gyns. said they use HPV tests, as did 89% of certified nurse-midwives, 63% of nurse-practitioners, 56% of physician assistants, 10% of urologists, and 5% of dermatologists.

Among the 2,980 clinicians who use HPV tests, many test in ways not recommended by national guidelines, the survey found. The HPV test is approved to help manage patients with Pap results showing atypical squamous cells of undetermined significance (ASC-US), and 98% of the 2,980 respondents use it for that purpose.

The HPV test also is used by 91% of clinicians in patients with higher-grade Pap abnormalities, which is an off-label use of the test.

The second approved use of the HPV test is as an adjunct to Pap testing for cervical screening in women older than 30. Clinicians were equally likely to use HPV testing in women older or younger than 30 years, regardless of the guidelines.

A significant minority of clinicians also tested for HPV in men, patients with other sexually transmitted diseases, and patients with anogenital warts—all indications outside current guidelines. Ob.gyns. and nurse-midwives were the most likely to do an HPV test following an ASC-US Pap result, compared with other clinicians, Kathleen Irwin, M.D., of the CDC reported in a third poster on the survey.

Only 28% usually sought patient consent when doing an HPV test after an abnormal Pap result. Nearly half (48%) said they tell patients they are ordering an HPV test, and 58% usually explain the purpose of the HPV test as it relates to the Pap smear. ■

Lack of Simple Markers Cited For HPV Risk in Older Women

VANCOUVER, B.C. — There's no easy way to identify older women whose risk for human papillomavirus infection is low, so physicians should continue cervical screening unless the woman has tested negative consistently for the virus, Concepcion Diaz-Arrastia, M.D., and her associates advised in a poster presentation at the 22nd International Papillomavirus Conference.

Of 176 women older than 55 years, 19 (11%) tested positive for infection with high-risk or intermediate-risk types of the human papillomavirus (HPV) in a prospective, longitudinal study, they reported at the conference, sponsored by the University of California, San Francisco.

Low risk for HPV infection 'may be more difficult to establish in this age group.'

DR. DIAZ-ARRASTIA

"High-risk HPV infection is not restricted to young women," said Dr. Diaz-Arrastia of the University of Texas, Galveston, and her associates. All the women completed a detailed medical and sexual history form and had a pelvic exam that included a liquid-based cervical sample and HPV test. The study found no clear social markers of risk for HPV infection in this group of older women, whose mean age was 67 years. " 'Low risk' may be more difficult to establish in this age group," the investigators concluded.

More than a third of the HPV-positive women said they had been sexually inactive for more than the past 5 years. There were no significant differences between the HPV-positive and HPV-negative women in terms of the traditional social risk factors for cervical neoplasia, including a history of first sexual activity before age 16, number of sexual partners in their lifetimes, presence of other sexually transmitted disease, history of sexual abuse, or smoking habits.

Pap smear results also did not correlate with risk for HPV infection.

In the HPV-positive group, two women had atypical squamous cells of undetermined significance (ASC-US), and one woman had low-grade squamous intraepithelial lesions (LSIL). In the HPV-negative group, Pap results showed ASC-US in five women and LSIL in one woman.

Stratified by race, 4% of 113 Hispanic women were HPV positive, as were 23% of 43 non-Hispanic white women and 25% of 20 African American women, the investigators reported. ■