American College of Physicians questions value of HPV DNA testing

By ACSH Staff — May 4, 2015

Back in February, several prominent medical associations made a recommendation that the newly FDA approved HPV DNA test should replace pap smears or co-testing (pap smear and HPV assay) as the primary mechanism for detecting cervical cancer for all age groups. The report [1] was written by representatives from the Society of Gynecologic Oncology, American Society for Colposcopy and Cervical Pathology, American College of Obstetricians and Gynecologists, American Cancer Society, American Society of Cytopathology, College of American Pathologists, and American Society for Clinical Pathology and was published concurrently in Gynecologic Oncology, Journal of Lower Genital Tract Disease, and Obstetrics and Gynecology.

Along with the endorsement for HPV DNA testing, the report also outlined that DNA testing should begin at age 25, for women of average risk, and should be repeated every 3 years unless there is a positive result. Any detection of HPV DNA should be followed up with a colposcopy if a high risk strain is detected or a pap smear if a low risk HPV strain is detected. The guidelines were established based on an extensive review which included data from tens of thousand of woman over several years. Of the data co-author Warner Huh, MD said “Every single study worldwide that has looked at this issue shows the same result: HPV testing outperforms Pap testing.

Although Dr. Huh sounds confident about their recommendation, not everyone agrees with DNA testing particularly for women in their twenties. The American College of Physicians (ACP) published a report [2] recently citing that HPV DNA testing on women under 30 may do more harm than good. Their guidelines, published in Annals of Internal Medicine are supported by American Congress of Obstetricians and Gynecologists (ACOG) and the American Society for Clinical Pathology (who oddly signed off on both recommendations).

The ACP states that HPV infection in younger women can be frequently transient, and a positive test for DNA without cellular abnormalities can lead to many harmful downstream effects such as unnecessary biopsies, tests and hysterectomies. Their guidelines state that women of average risk should get a pap smear at 21 and repeat testing every three years thereafter. Also, starting at 30 testing can expand to include HPV testing and the interval does not need to be more frequent than
once every 5 years. Finally, women older than 65 or younger than 21 should not receive any screening for cervical cancer. These guidelines are in line for those put out by the United States Preventive Services Task Force three years ago.

One of the impetuses behind the ACP’s guidelines is a concern that over screening is becoming rampant among physicians. The report states that 60 percent of women reported being screened for cervical cancer by age 21 and almost 53 percent of women aged 75 to 79 reported being screened recently. Both guidelines state that testing in these age groups is unnecessary because the risk for cervical cancer in these groups is practically non-existent.

The question now remains: who is right? The authors of the guidelines from February state that DNA testing for HPV will catch more cervical intraepithelial neoplasia than pap smears will, however many of these don’t lead to cancer and even they admit that it is still unclear what the impact of the increasing the use of DNA testing will have on actual cancer prevention.

ACSH’s Nicholas Staropoli agrees It is certainly unclear what the effects of HPV DNA testing in younger women will be on reducing overall cervical cancer rates in America. However, what is abundantly clear is that vaccinating against HPV is a no-brainer for cervical cancer prevention as 99 percent of cervical cancers are caused by the virus.

COPYRIGHT © 1978-2016 BY THE AMERICAN COUNCIL ON SCIENCE AND HEALTH

Source URL: https://www.acsh.org/news/2015/05/04/american-college-of-physicians-questions-value-of-hpv-dna-testing

Links