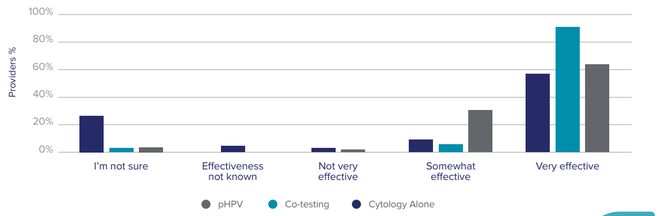
Effectiveness is Key

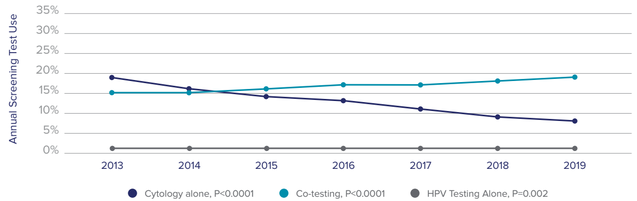
Provider Beliefs of Screening Modality Effectiveness[20]
30 - 65 Years Old



"Fewer providers believed in the effectiveness of pHPV [Primary HPV] to reduce cervical cancer mortality and were less likely to recommend pHPV [Primary HPV] in the correct age group and screening interval compared with cytology-based screening modalities"

- Kruse, 2023[20]

Annual Screening Trends in Cervical Cancer – Since 2013
Age 30-64 Years[21]



Additional Studies Show:

Co-testing increased from **5.6%** in 2008 to **84.3%** in 2019 in women aged **30-64 years**[22]

ACOG, ASCCP, SGO, and USPSTF Guidelines Recommend:[23]

For women ages **21-29** years old

Screening with cervical cytology alone every 3 years is recommended.

For women ages **30-65** years old

Co-testing with cervical cytology and high-risk HPV testing every 5 years is recommended.[1]

For women ages **65** years and older

Do not require screening after adequate prior negative screening results.

In Many Cases, Co-testing Is Covered by the Affordable Care Act

For patients, this may mean:[24]

No co-pay

No deductible

No out-of-pocket cost

Patients should consult their healthcare plans to verify coverage.

Learn why every woman is worth two tests at **hologicwomenshealth.com/cervicalhealth**

*A positive HPV screening result may lead to further evaluation with cytology and/or colposcopy.
† There are two additional screening methodologies also recommended in this age group.
For more information, see the April 2021 ACOG Practice Advisory.

Method + Technology Together *Define Performance*

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Pap + HPV Together

HOLOGIC®

WHY IS IT *Essential* TO KEEP THE PAP?

BECAUSE THEY'RE WORTH IT.

1 in 5 women with cervical cancer were missed by HPV-Alone* screening.[1]

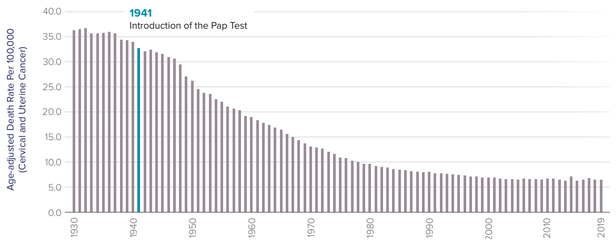
*A positive HPV screening result may lead to further evaluation with cytology and/or colposcopy.

Pap + HPV Together

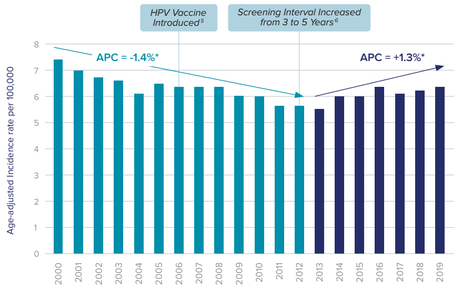
Know the Facts

The Pap Test Has Been the Most Successful Cancer Screening Program in History[2]

The rate of cervical cancer, which was a leading cause of death among women, has fallen by more than 70 percent since the Pap test was introduced over 80 years ago.[3] Previously, cervical cancer was the leading cause of cancer death in women, but now it is the fifteenth most frequent.



Incidence of Cervical Cancer in the US is Increasing in Women <50[4]



*Statistically significant

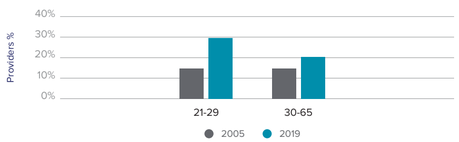
Is this the right time to make more drastic changes to screening?

"At no point in the publications describing the new guidelines [2012 consensus guidelines] it is acknowledged that we are now recommending more cancer and more death from cancer than the previously recommended 3-year cotesting provides, and that we are doing so presumably for the purpose of avoiding a cervical treatment that is not associated with detectable increased mortality."

- Kinney W, et al.[7]

Cervical Screening Rates Are Suboptimal and Continue to Decline[8,9]

Proportion of Women Without Up-to-Date Screening



"A new & alarming observation was the increasing percentage of women being screened at too long an interval."

- Castle et al. 2021[8]

Choose Pap + HPV

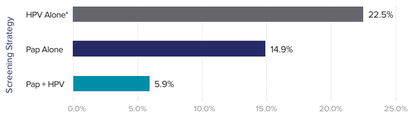
Recent Publications Representative of US Clinical Practice Showed Pap + HPV (Co-testing) Misses the Fewest Cancers/Precursors to Cancer

Key Study from 2020-Kaufman (Quest)[1]

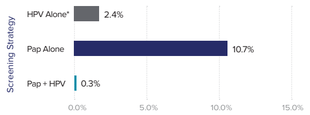
94.1% of cervical cancers were detected by Pap + HPV (co-testing)

99.7% of pre-cancers were detected by Pap + HPV (co-testing)

% Missed cancers < 12 months

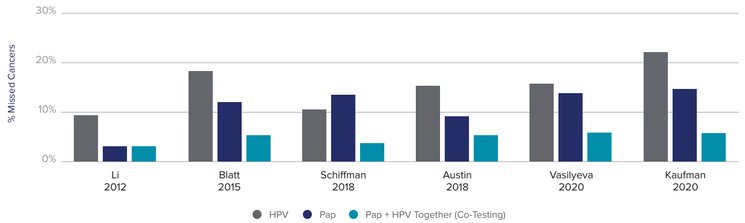


% Missed pre-cancers < 12 months



Pap + HPV Together (Co-Testing) Consistently Outperforms[1, 10-14]

Missed Cancer Rates



Pap+HPV Together (Co-testing) Studies: Key Findings

1 in 5 cervical cancers were missed with HPV Alone*[11,13]

Screening with Pap + HPV (Co-testing) identified **70%** of the cancers missed by HPV-Alone*[1]

95% of cervical cancers were detected with Pap + HPV (Co-testing)[11,13]

Don't Sacrifice

Several Clinical Studies Confirm Screening with HPV-Alone* Missed Cervical Cancer

Proportion of HPV Negative Cancer Cases[1,11,13,15-19]

This chart is a representation of clinical data from multiple published sources. The clinical studies represented within these sources were conducted using different study designs with various assays.

"Liquid based cytology (LBC) enhanced co-testing detection of cervical cancer ... to a greater extent than previously reported with conventional Pap smear and HPV co-testing."

- Austin RM, et al.[13]

Regardless of the Algorithm, the Cervical Collection Method Is the Same

The difference is in the results – with HPV-Alone*, you will receive less information with the same collection.

Samples may be collected in FDA approved liquid based cytology medium such as ThinPrep® Pap Test.

	Pap + HPV (Co-testing)	HPV-Alone*
COLLECTION METHOD	✓ Cervical Collection	✓ Cervical Collection
RESULTS	✓ HPV Test Result ✓ Cytology Result	✓ HPV Test Result ✗ Cytology Result