Applying the CDC's "Guidelines for Prevention and Treatment of Opportunistic Infections in HIV-Infected Adults and Adolescents" to Managing HPV Disease

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Disclosures

- No financial ties to assay manufacturers
- Not a cytopathologist
- Will not discuss unapproved uses of HPV assays (FDA approved primary HPV screening using cobas: I was on FDA panel)
- Have done malpractice consulting for cases alleging missed cervical cancer

Background

- HIV+ women have higher risk for IN (esp LG) and cancer vs HIV- women
- Screening/treatment can reduce risk
- Elevated risk remains beyond age 65
- Risk for vaginal cancer remains elevated after hysterectomy
  - Unclear if true after hysterectomy for benign disease, though HGVAIN is increased vs HIV- women

CDC guidelines

- Cover range of OIs in HIV+ adults/adolescents
  - Epidemiology
  - Clinical manifestations
  - Diagnosis/screening
  - Prevention
  - Treatment
- HPV is in Section P
  - Includes warts, IN of cervix/vulva/vagina

→https://aidsinfo.nih.gov/contentfiles/lvguidelines/adult_oi.pdf

Preventing HPV Disease

- Vaccination for women targeting 11-12yo
  - Lower immunogenicity requires 3 shots even <14yo
  - May start at age 9, continue through age 26
  - Vaccinate males ages 9-21
  - Later vaccination appears ineffective (prior exposure)
- Condoms for penetrative intercourse
- Evidence for circumcision insufficient

Cervical screening: When to start

- Pap testing favored, given high prevalence of HRHPV
  - Cotesting not recommended before 30yo

- Begin Pap testing within 1y of intercourse (perinatal infection) or at time of diagnosis (if diagnosed <21)
  - No later than age 21

Cervical screening: Subsequent

- Paps annually till three negative, then q3y
  - Some recommend first repeat at 6mo
- If 30+yo, Pap or cotesting both acceptable
  - Cotesting not preferred: low specificity in women with high rates of opportunistic HPV
  - Non16 infections increased more than HPV16+
  - If cotest -/- once, rescreen in 3y
- Continue past age 65, given persisting high risk
- Continue after hyst, given persisting risk for HGVAIN

Managing abnormalities

- Generally follow 2012 ASCCP guidelines
- ASC-US: colpo if HPV+, retest in 6-12mo if HPV unknown
- Pap-/HPV+ cotesting: retest in 12mo
  - But colpo if HPV16/18+

HPV & antiretroviral therapy

- ART should not be influenced by HPV disease
- ART may decrease persistence/progression of CIN
- ART may reduce risk for genital warts/LGCIN
- Cervical cancer rates stable since ART
  - Anal cancer rates have risen despite ART