From histologic results to Clinical Management of HPV+/Pap-

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Aim

To study the clinical management strategy for HPV+/Pap-.

Method:

In PKUPH (Peking University People's Hospital, PKUPH) outpatient clinic from **Jan** 2010 to Dec 2014, patients accepted LEEP surgery and complied with these items:

① Using Pap test combined with HPV testing as opportunity cervical cancer screening method；

②For abnormal screening result which was referred to colposcopy and taking biopsy confirmed CIN;

③ Taking LEEP as treatment method;

④ Followed at 6 month after surgery. There were 156 cases included, and all related information were analyzed.

Result:

① For 156 cases, histology confirmed as CIN1, CIN2, CIN3 and squamous cervical cancer are 8, 107, 38 and 3 cases respectively.

②For histology confirmed CIN2+, Pap test positive（≥ASC-US）rate is 69.3%（97/140）， HPV positive rate is 97.9%（137/140）， there is significant difference between them（P<0.001）.

Cytology and HPV results of biopsy confirmed CIN2+

Biopsy histology	Cytology		HPV		Total （n）
	Positive [n(%)]	Negative [n(%)]	positive [n(%)]	Negative [n(%)]	
CIN2	96(70.1)	41(29.9)	135(98.5）	2(1.5)	137
CIN3	1(33.3)	2(66.7)	2(66.7)	1(33.3)	3
合计	97(69.3)	43(30.7)	137(97.9)	3(2.1)	140

Result:

③ 46 Pap slides with HPV+/Pap- were reviewed. Of them, 20 Pap slides interpretation were the same as before, 26 cases were changed （≥ASC-US）. Pap interpretation missed 56.5%（26/46） cases at the first time. Among them, 13 cases（50.0%）were missed for the little amount of abnormal cells; 8 cases（30.8%）for mild atypical morphology changed； another 5 （19.2%）missed by stain problem.

Result:

④ 6 months after LEEP, Pap test negative rate is 89.1%（139/156），ASC-US is 6.4%（10/156）、LSIL is 4.5%（7/156）。HPV testing negative rate is 65.4%（102/156）.

Conclusion

①In this study, without HPV genotyping, 29.7% CIN2+ cases （44/148） will be missed among HPV+/Pap- cases if we followed by ASCCP guideline 12 months retest. Recommendation should be based on different clinic site and facility. If HPV 16\18 genotyping is not accessible, some cases, according to their clinical symptoms and signs, could be referred to colposcopy directly to avoid missed.

Conclusion

②HPV combined with Pap test could improve screening sensitivity. ③ The quality control of cervical exfoliate sample collection and interpretation should be strengthened.

Conclusion

④Pap test, HPV testing, colposcopy and LEEP will be supplementary to each other, quite a bit cases are HPV positive when HPV retest at 6 months after LEEP， that still need some more data to validate when and what methods will be better for cure test.