

USPSTF CERVICAL CANCER SCREENING GUIDELINES AND THE IMPORTANCE OF CO-TESTING

The Issue

On September 12, 2017, the U.S. Preventive Services Task Force (USPSTF) released a draft of its new guidelines for cervical cancer screening. The USPSTF draft guidelines are a significant departure from their previous recommendations, as they do not include co-testing for cervical cancer screening. Co-testing – combining a Pap test with an HPV test – is the current standard of care because it identifies significantly more cervical pre-cancer and cancer than either test used alone. The USPSTF has not yet finalized its cervical guidelines. The Prevent Cancer Foundation[®] joins the American College of Obstetricians and Gynecologists (ACOG), the American Cancer Society (ACS), the Cytopathology Education and Technology Consortium (CETC), the Black Women's Health Imperative (BWHI) and others in strongly recommending the final USPSTF cervical cancer screening guidelines include co-testing.

What the Experts Say

“We urge the USPSTF to retain 5-year co-testing as a screening option for women aged 30-65 years... we are deeply concerned that payers may consequently deny coverage for co-testing, which remains the preferred method in our guidelines and is supported by Level 1 evidence demonstrating its efficacy for cervical cancer prevention.”

– ACOG, October 9, 2017 USPSTF Comments

“The CETC is concerned that if Primary HPV screening every 5 years is endorsed by the USPSTF, without co-testing as a screening option, this change may potentially impact safety and efficacy for cervical cancer prevention in the United States...Women in general are not interested in assuming more cancer risk.”

– CETC, October 2, 2017 USPSTF Comments

“A Pap test plus an HPV test (called co-testing) is the preferred way to find early cervical cancers or pre-cancers in women 30 and older.”

– ACS Website, January 2018

“By not including co-testing, women over the age of 30 would be limited to either a Pap test or an HPV test. This is a significant departure from established current clinical practice and could not only risk reversing nearly 75 years of advances against cervical cancer diagnoses and deaths, but also widen the racial disparity gap for cervical cancer.”

– Black Women's Health Imperative, October 9, 2017 The Hill Op-Ed

“This curtailment of comprehensive screening for cervical cancer could have a devastating impact on women's health care, while also putting the progress we've made on saving lives through screening in peril. Limitations on cervical cancer co-testing must be reconsidered.”

– Prevent Cancer Foundation, October 6, 2017, U.S. News and World Report Op-Ed



What Do These Draft Recommendations Mean?

- **More cancers missed.**

Without access to co-testing, women's lives will be at risk. In the United States, several large studies indicate that screening with a co-testing strategy identifies more cervical pre-cancer and cancer than either test used alone. Recent studies demonstrate that the use of the HPV test alone may miss cancer in as many as one in five women.

- **Questionable analysis/modeling.**

The draft recommendations are based in part on assumptions which favor HPV testing alone, an incomplete evidence review, and heavy reliance on studies from outside the U.S. These studies fail to reflect U.S. medical practice and U.S. patient demographics, and used non-FDA approved methods/tests.

- **Confusion among patients and providers.**

The USPSTF 2018 draft guidelines conflict with the 2017 recommendations on when and how often to get screened. This will lead to confusion about when and how often to get screened and whether a screening exam will be covered by insurance. This also runs counter to current clinical practice and will undermine the screening decisions between a patient and her doctor.

- **Limited access to screening via insurance coverage.**

This change to cervical cancer screening guidelines has serious implications for insurance coverage. If the guidelines are finalized as drafted, health plans will no longer be required to cover co-testing (they are only required to cover those services with an A or B rating from the USPSTF; the draft guidelines give no rating to co-testing).

What the USPSTF Draft Guidelines Say

	2012 Recommendation	2017 Recommendation
Pap cytology alone	A grade: every 3 years 21-65 years of age	No change
Combination of Pap cytology and HPV testing (co-testing)	A grade: every 5 years 30-65 years of age	Removed
HPV alone	D grade: <30 years of age Not included: 30-65 years of age	A grade: every 5 years 30-65 years of age

We urge the USPSTF to include co-testing in their final cervical cancer screening guidelines.

