

<< Back | Print

Table 2: HPV testing—ASCCP 2006 consensus guidelines highlights

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- Use only analytically and clinically validated HPV tests.
- Test for high-risk HPV types only. There is no role for low-risk-HPV testing in a cervical cancer screening program.
- Screening can use co-testing with Pap and HPV in women over 30 years. If both tests are negative, re-screen in three years.
- HPV testing of adolescents is unacceptable.
- Reflex HPV testing for the triage of women with ASC-US is preferred, except in women 20 years of age or younger.
- Reflex HPV testing for the triage of postmenopausal women with LSIL is an acceptable choice.
- HPV testing may be used as a stand-alone test in the post-colposcopy and post-treatment management guidelines.
- Use HPV testing in the post-colposcopy management of low-grade abnormalities at 12-month intervals.
- Use HPV testing in the post-treatment management of HSIL and AIS at six- to 12-month intervals as test of cure.

Related Links

- [ASCCP '06 consensus guidelines—what's new and different?](#)
- [Table 1: Key points for pathologists: ASCCP 2006 consensus guidelines](#)

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