



Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333

March 21, 2005

Dear Colleague,

In light of the recent launch of a national consumer marketing campaign for an HPV DNA test sponsored by Digene (manufacturer of the Hybrid Capture II HPV test), this is an appropriate time to highlight some key public health points about HPV and cervical cancer. While the campaign about the HPV test will largely impact cervical cancer prevention programs and activities, questions may also be directed to STD and family planning clinics. The campaign materials can be found at www.thehpvtest.com.

If you get questions, it will be important to reassure patients and providers that there have been no changes from any professional organization in the recommendations regarding the importance, timing or use of Pap tests. The attached table summarizes the cervical cancer screening recommendations from the American Cancer Society (ACS), the U.S. Preventive Services Task Force (USPSTF) and from the American College of Obstetricians and Gynecologists (ACOG). It also summarizes their guidance on the use of new technology for cervical cancer screening, as well as that of the American Society for Colposcopy and Cervical Pathology (ASCCP).

Additionally, this may be an opportune time to answer questions from patients about HPV transmission and prevention. Our research is showing that health-care providers are the best and most trusted source of information for women about HPV and cervical cancer screening. The interaction between providers and women patients may be the most important factor in determining whether a woman participates in routine screening and adheres to recommended follow-up care. Therefore, it is important for health care providers to emphasize:

- HPV is a very common virus that is transmitted during sex. Most sexually active adults will have it at some point in their lives; most will never know it because it usually has no symptoms and goes away on its own without causing any problems.
- Most women who are sexually active will get HPV at some point, but very few women with HPV will develop cervical cancer. Persistent infection is the most important risk factor for cervical cancer.
- HPV is not new, but it is only in the last decade that its link to cervical cancer has been widely accepted by the scientific community.
- Individual strategies to prevent genital HPV infection include:
 - Abstinence from genital contact with others
 - For those who are sexually active, a long-term mutually-monogamous relationship with an uninfected partner

- For those who are sexually active and not in a long-term mutually monogamous relationship, reducing the number of sex partners and choosing partners less likely to be infected (partners who have had no or few prior sex partners)
- Available scientific evidence suggests the effect of condoms in preventing HPV infection is unknown, but condom use has been associated with lower rates of the HPV-associated diseases of genital warts and cervical cancer.
- Available scientific evidence is not sufficient to recommend condoms as a primary prevention strategy for the prevention of genital HPV infection, but it does indicate that the use of condoms may reduce the risk of cervical cancer.
- Regular cervical cancer screening for all sexually active women and treatment of precancerous lesions remains the key strategy to prevent cervical cancer.
- The Pap test is the gold standard for cervical cancer screening, and has been one of the most successful public health programs in the United States. In the past 40 years, widespread cervical cancer screening using the Pap test has resulted in a dramatic reduction in the number of cervical cancer cases and deaths. Most women today who get cervical cancer have not been screened or rarely been screened using a Pap test, or have not had proper follow-up after an abnormal test.

CDC's HPV webpage (<http://www.cdc.gov/std/hpv/default.htm>) is a good source of HPV information for patients and health care providers. Downloadable fact sheets and clinical information can help providers inform patients about HPV infection and answer questions that may arise from the media campaign.

Sincerely,

A handwritten signature in black ink, appearing to read "John M. Douglas, Jr. MD". The signature is fluid and cursive, with the initials "MD" written separately to the right of the name.

John M. Douglas, Jr., MD
Director, Division of STD Prevention

Attachment