HPV AND CERVICAL SCREENING

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Persistent infection with oncogenic types of human papillomavirus (HPV) is a necessary cause of cervical cancer. In December 2017, Australia transitioned from two yearly cervical screening with Pap tests (cervical cytology) to 5 yearly screening with HPV nucleic acid testing (NAT) on the basis of strong evidence from randomized trials that primary screening with HPV testing is more sensitive, has a longer lasting negative predictive value, and prevents more cervical cancer than cytology based screening. Immunosuppression due to HIV infection is associated with higher detection rates of HPV, higher detection rates of cervical lesions, and a higher incidence of cervical cancer, which is an AIDS defining illness.

In this presentation, I will discuss the current recommendation for cervical screening for women living with HIV in Australia, which is for 3 yearly screening and referral for further investigation if any oncogenic HPV is detected. I will discuss the current evidence about risk of cervical disease and cancer for women living with HIV, what is known about the impact of HAART, and what further evidence is needed. I will also briefly discuss the role of HPV vaccination.

Key reference: Brand A, Hammond I, Pather S, Roeske L, Wrede CD, Cancer Council Australia Cervical Cancer Screening Guidelines Working Party. 16. Screening in immune-deficient women [Version URL: https://wiki.cancer.org.au/australiawiki/index.php?oldid=190236, cited 2018 Sep 5]. Available from

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