Combining Pap Smears With HPV Testing May Reduce Cervical Cancer Screenings for Women With HIV

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Combining standard Pap smears with testing for human papillomavirus (HPV) may allow women living with HIV to reduce the frequency of cervical cancer screenings and unnecessary biopsies, according to a new study published in the July 25 issue of the Journal of the American Medical Association (JAMA).

“This study found similar risk of cervical precancer and cancer in HIV-infected women and HIV-uninfected women with normal [Pap smears] and a negative test [for cancer-causing HPV strains] at enrollment,” concluded Marla Keller, MD, of Albert Einstein College of Medicine in the Bronx, New York, and her colleagues. “Specifically, through five years of follow-up, we observed no meaningful differences in the cumulative incidence of [precancerous lesions] between HIV-uninfected women and HIV-infected women, regardless of CD4 cell count in this cohort.”

In March 2012, the United States Preventive Services Task Force revised its cervical cancer screening guidelines for HIV-negative women ages 30 or older to once every five years from once every three years, provided they have a normal Pap smear and a negative test for strains of HPV responsible for cervical cancer. Because women living with HIV have a higher risk of cervical cancer, compared with their HIV-negative peers, they are encouraged to undergo Pap smears much more frequently—two tests, at six-month intervals, in the first year following their HIV diagnosis and, if normal, repeat screenings every year. HPV testing is not currently recommended for HIV-positive women.

Keller and her colleagues set out to determine whether cervical cancer screening could be reduced in women living with HIV who have a normal Pap smear and a negative HPV test result. They reasoned that for women with normal cervical cells and no evidence of cervical HPV infection, the risk of cervical precancer or cancer is likely to be very low for several years regardless of HIV status, thereby reducing the burden of frequent Pap smears and, by extension, unnecessary biopsies.

The study compared data available from 420 women living with HIV and 279 HIV-negative women enrolled in the Women’s Interagency HIV Study (WIHS), all of whom had normal Pap smears (cytology) upon entering the study. Eighty-eight percent of the women living with HIV were

negative for cancer-causing (oncogenic) strains of HPV, compared with 91 percent of the HIV-negative women.

At both the three- and five-year follow-up screening intervals, the incidence of precancerous cervical lesions was found to be similar in both HIV-positive and HIV-negative women with normal Pap smears and negative tests for cancer-causing HPV upon entering the study. No cases of cervical cancer were detected in either group.

In summary, the results of this study suggest that HIV-infected women undergoing long-term clinical follow-up who have normal Pap smears and are negative for HPV have a risk of cervical precancer similar to that in HIV-uninfected women through five years of follow-up, the authors explain. “Additional observational studies or a randomized clinical trial may be necessary before clinical guideline committees consider whether to expand current recommendations regarding HPV co-testing to HIV-infected women. More broadly, the current investigation highlights the potential for a new era of molecular testing, including HPV as well as other biomarkers, to improve cervical cancer screening in HIV-infected women.”

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