

Female doctors twice as likely to screen low-risk women for cervical cancer with HPV test

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For low-risk women, the likelihood that they get tested for the infection that causes cervical cancer (human papillomavirus or HPV) may depend on what clinic they visit, their doctor's status and whether their provider is male or female, a University of Michigan Health System study shows.

Female family physicians are twice as likely to order the HPV test (in addition to screening for [cervical cancer](#) through pap smears) for low-risk [women](#) aged 30-65 than their male counterparts, according to the findings published in the *Journal of the American Board of Family Medicine*. Other factors included training and processes among individual clinics and the status of the doctor – interestingly, residents and fellows were also more likely to order the test than more seasoned, faculty-level physicians.

Nearly all cervical cancers are caused by HPV infections, the most common sexually transmitted disease. Pap smears have traditionally been used to test for precancerous cells that lead to cervical cancer; however doctors can also now order an HPV test to check for the virus that causes the abnormal cells to develop.

New guidelines from the medical community recommend cervical cancer screening through a pap smear every three years or a pap smear and HPV co-testing every five years for women aged 30-65. The U-M study examined variations among doctors who ordered the additional HPV test for women whose [pap smear](#) results were normal.

"Cervical cancer has moved from being a molecular issue to an infectious issue and this whole concept of testing someone with normal cells in the cervix changes the paradigm on how you communicate with patients about HPV tests, and how and when to use them," says senior author Mack Ruffin IV, M.D., M.P.H., professor of [family medicine](#) at the U-M Medical School. "As HPV testing becomes more frequent, this data helps us identify differences in care that we can improve in the future."

Authors say it can be a prickly issue with patients. Since HPV is a [sexually transmitted disease](#), many women may not think the HPV test is necessary for them based on their sexual history. HPV, which has no symptoms, often goes away on its own but certain HPV types remain, leading to cell changes that can cause cervical cancer if left untreated.

Further study is also needed to examine why male doctors and faculty members are less likely to do the HPV tests in this population of women. Authors say the findings indicate that future efforts to change standards may need to particularly target these groups of care providers. Residents and fellows may have more current training on gynecology and screening guidelines, authors say.

"Cervical cancer can be the most preventable cancer in women. Current strategies using co-testing with pap and HPV tests are a well-received and cost-effective option for screening low risk women," says co-author Alisa Young, M.D., clinical lecturer in the U-M Department Family Medicine. "Our results show that clinic differences based on training can lead to variations in ordering practices for HPV testing, and these differences may lead to errors or.

"Our results show that variations in ordering HPV testing can vary based on training which can lead to inadequate or over-screening."

More information: *Journal of the American Board of Family Medicine*, "Human Papillomavirus (HPV) Testing for Normal Cervical Cytology in Low-Risk Women Aged 30-65 Years by Family Physicians," [DOI: 10.3122/jabfm.2013.06.120260](https://doi.org/10.3122/jabfm.2013.06.120260)

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