HPV 6, 11, 42/Combo detection doesn't ID CIN 2+, 3+ risk

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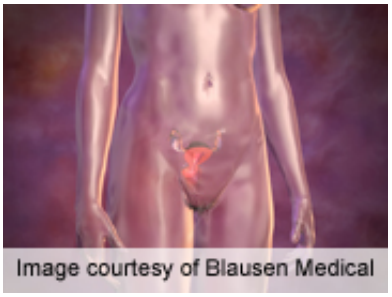
Image courtesy of Blausen Medical

(HealthDay)—Detection of human papillomavirus (HPV) 6, 11, 42 or combination infections does not identify increased three-year risk of cervical precancer, according to a study published in the January issue of *Obstetrics & Gynecology*.

Philip E. Castle, Ph.D., M.P.H., from the Albert Einstein College of Medicine in New York City, and colleagues used data from the New Mexico Human Papillomavirus Pap Registry for a stratified sample of 59,644 residual cervical cytology specimens that underwent HPV genotyping from a population of 379,000 cytology specimens. The three-year cumulative incidence of cervical intraepithelial neoplasia grade 2 or more severe (CIN 2+) and grade 3 or more severe (CIN 3+) was assessed after detection of 581 single or multiple infections of HPV 6, 11, or 42.

The researchers found that there was a 0.8 percent overall prevalence of a single infection of HPV 6, 11, or 42. After 581 HPV 6, 11, 42, or combinations infections, the three-year risk of CIN 2+ and CIN 3+ were 0.4 and 0.0 percent, respectively. In comparison, after a negative HPV result (27,522 cytologic results), the three-year risks of CIN 2+ and CIN 3+ were 0.2 and 0.1 percent, respectively.

"Testing for HPV 6, 11, 42, or combinations of those types should be discontinued because it has no proven benefit to patients," the authors write.

Roche Molecular Systems provided the Genotyping Test and equipment to automate the HPV genotyping assays. Two authors disclosed financial ties to pharmaceutical and biotechnology companies, including Roche.

More information: Full Text (subscription or payment may be required)