ACOG, ASCCP, SGO, and USPSTF guidelines recommend:

For women ages 21-29 years old:[16]

Screening with cervical cytology alone every 3 years Is recommended.

For women ages 30-65 years old:†[16]

Co-testing with cervical cytology and high-risk HPV testing every 5 years is recommended.

For women ages 65 years and older:[16]

Do not require screening after adequate prior negative screening results.

In many cases, co-testing is covered by the Affordable Care Act.

For patients, this may mean:[18]

No co-pay

No deductible

No out-of-pocket cost

Patients should consult their healthcare plans to verify coverage.

Learn why every woman is worth two tests at **hologicwomenshealth.com/cervicalhealth**

WHY IS IT ESSENTIAL TO KEEP THE PAP?

BECAUSE THEY'RE WORTH IT.

1 in 5 women with cervical cancer were missed by HPV-Alone* screening.[1]
Pap + HPV (co-testing) empowers you to do everything you can to protect the health of your patients.

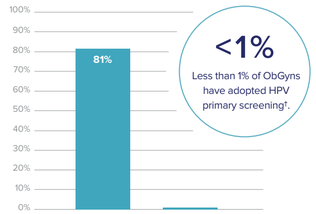
*A positive HPV screening result may lead to further evaluation with cytology and/or colposcopy.

Pap + HPV Together™

Co-testing adoption rates at an all time high

Because Pap + HPV together (co-testing) provides more protection against CIN3+ and cervical cancer than screening with either HPV or Pap-alone, co-testing has become the most widely used screening method by ObGyns in the United States.[17]

Cervical Cancer Screening Method in the US for women ages 30 to 65



<1%
Less than 1% of ObGyns have adopted HPV primary screening†.

Remaining 18% is primarily Pap-based testing
†Based on a 2019 survey of ObGyns

[1] There are two additional screening methodologies also recommended in this age group. For more information, see the April 2021 ACOG Practice Advisory.

Method + Technology Together *Define Performance*

*A positive HPV screening result may lead to further evaluation with cytology and/or colposcopy.

References: 1. Kaufman H, et al. Contributions of Liquid-Based (Papanicolaou) Cytology and Human Papillomavirus Testing in Cotesting for Detection of Cervical Cancer and Precancer in the United States. Am J Clin Pathol. 2020;XX:0-0 DOI: 10.1093/AJCP/AQAA074 (Study included ThinPrep Pap test, SurePath Pap test, SurePath imaging, Aptima HPV and Hybrid Capture 2). **2.** American Cancer Society. The Pap (Papanicolaou) Test. https://www.cancer.org/cancer/cervical-cancer/detection-diagnosis-staging/screening-tests/pap-test.html. Published 2020. Accessed Aug 19, 2020 **3.** American Cancer Society. Cancer Statistics Center. https://cancerstatisticscenter.cancer.org/?_ga=2.150839477.2044751383.1547156654-2943865231.1544563210#!/. Accessed May 20, 2020 **4.** North American Association of Central Cancer Registries. Fast Stats https://faststats.naaccr.org/selections.php?#Output Accessed May 10, 2021 **5.** Kinney et al. Magnitude of increased lifetime risk of cervical cancer and death from cervical cancer with new screening recommendations. Gyn Onc 133(2014) 2(207): 38 **6.** Blatt AJ, et al. Comparison of cervical cancer screening results among 256,648 women in multiple clinical practices. Cancer Cytopathol. 2015;123(5):282-288. doi:10.1002/ cncy.21544 (Study included ThinPrep Pap Test, SurePath Pap Test and Hybrid Capture 2 assay). **7.** Austin RM, et al. Enhanced detection of cervical cancer and precancer through use of imaged liquid-based cytology in routine cytology and HPV cotesting. Am J Obstet Gynecol. 2018;150(5):385-392. doi:10.1093/ajcp/aqy114 (Study included ThinPrep Pap test, ThinPrep imaging, Digene HPV, Cervista HPV and Aptima HPV). **8.** Schiffman M, et al. Relative Performance of HPV and Cytology Components of Cotesting in Cervical Screening. J Natl Cancer Inst. 2018; 110(5):501-508. doi: 10.1093/jnci/djx225 (Study included conventional cytology, SurePath Pap test and Hybrid Capture 2). **9.** Naucler P, et al. Efficacy of HPV DNA testing with cytology triage and/or repeat HPV DNA testing in primary cervical cancer screening. J Natl Cancer Institute. 2009; 101(2):88-99. doi.org/10.1093/jnci/djn444 (Study included conventional Pap, laboratory developed test for HPV detection). **10.** de Sanjose S, et al. Human papillomavirus genotype attribution in invasive cervical cancer: retrospective cross-sectional worldwide study. Lancet Oncol. 2010;11(11):1048-56. doi:10.1016/S1470-2045(10)70230-8 (Study included laboratory developed test for HPV detection). **11.** Kalliki HA, et al. Cervical cancer risk for women undergoing concurrent testing for human papillomavirus and cervical cytology: a population-based study in routine clinical practice. Lancet Oncol. 2011;12(7):663-672. doi:10.1016/S1470-2045(11)70145-0 (Study included conventional Pap, Hybrid Capture 2 assay). **12.** Zhao Y, et al. Relationship between cervical disease and infection with human papillomavirus types 16 and 18, and herpes simplex virus 1 and 2. J Med Virol. 2012;84:1920-1927. doi.org/10.1002/jmv.23353 **13.** Zhao C, et al. Cervical screening test results associated with 265 histopathologic diagnoses of cervical glandular neoplasia. Am J Clin Pathol 2013;140:47-54. doi.org/10.1309/AJCPIP9M9HPVBSSC **14.** Zhao C, et al. Prior high-risk human papillomavirus testing and Papanicolaou test results of 70 invasive cervical carcinomas diagnosed in 2012. Arch Pathol Lab Med. 2014;184-188. **15.** Gage J, et al. Reassurance against future risk of precancer and cancer conferred by a negative human papillomavirus test. J Natl Cancer Inst. 2014;106(8). doi:10.1093/jnci/dju153 (Study included conventional Pap, Hybrid Capture® 2 assay). **16.** American College of Obstetricians and Gynecologist. Women's Health Care Physicians. https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2021/04/updated-cervical-cancer-screening-guidelines. Released April 2021. Accessed May 10, 2021. **17.** Hologic, Inc. Data on File. **18.** CDC. Prevention Through Health Care: Preventive Service Tables. HPV. https://www.cdc.gov/nchhstp/preventionthroughhealthcare/preventiveservices/std.htm. Updated May 2, 2018. Accessed August 20, 2020.

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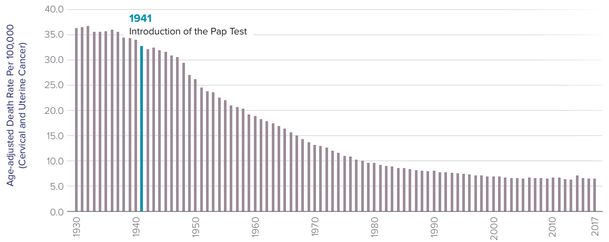
Pap + HPV Together™

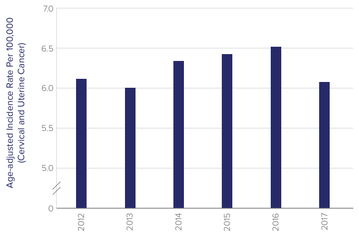
KNOW THE FACTS

The Pap test has been the most successful cancer screening program in history.[2]

The rate of cervical cancer, which was a leading cause of death among women, has fallen by more than 70 percent since the Pap test was introduced over 50 years ago.[3] Previously, cervical cancer was the leading cause of cancer death in women, but now it is the fifteenth most frequent.



Cervical cancer is no longer decreasing[4]



Is this the right time to make more drastic changes to screening?

"At no point in the publications describing the new guidelines [2012 consensus guidelines] it is acknowledged that we are now recommending more cancer and more death from cancer than the previously recommended 3-year cotesting provides, and that we are doing so presumably for the purpose of avoiding a cervical treatment that is not associated with detectable increased mortality."

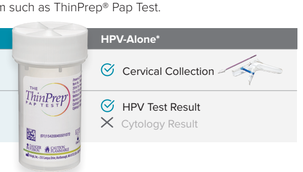
- Kinney W, et al.[5]

Regardless of the algorithm, the collection method is the same.

The difference is in the results – with HPV-Alone*, you will receive less information with the same collection.

Samples may be collected in FDA approved liquid based cytology medium such as ThinPrep® Pap Test.

	Pap + HPV (Co-testing)	HPV-Alone*
COLLECTION METHOD	✓ Cervical Collection	✓ Cervical Collection
RESULTS	✓ HPV Test Result ✓ Cytology Result	✓ HPV Test Result ✗ Cytology Result



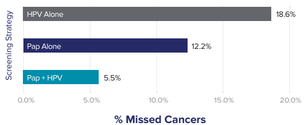
CHOOSE PAP + HPV

Recent publications representative of US clinical practice showed Pap + HPV (co-testing) misses the fewest cancers/precursors to cancer:

Key study from 2015[6]

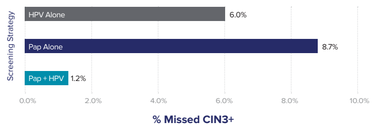
Pap + HPV together identified

70% of cancers missed
by screening with HPV-Alone*



Pap + HPV together identified

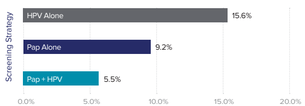
80% of the CIN3+ cases missed
by screening with HPV-Alone*



Key study from 2018[7]

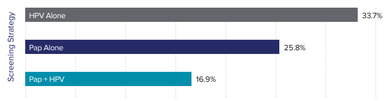
1-12 Months prior to Diagnosis

% Missed cancers



12+ Months prior to Diagnosis

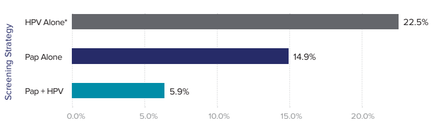
% Missed cancers



Key study from 2020[1]

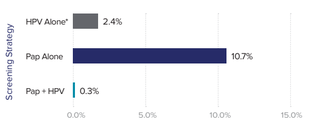
94.1% of cervical cancers were detected by Pap + HPV (co-testing)

% Missed cancers < 12 months



99.7% of pre-cancers were detected by Pap + HPV (co-testing)

% Missed pre-cancers < 12 months



DON'T SACRIFICE

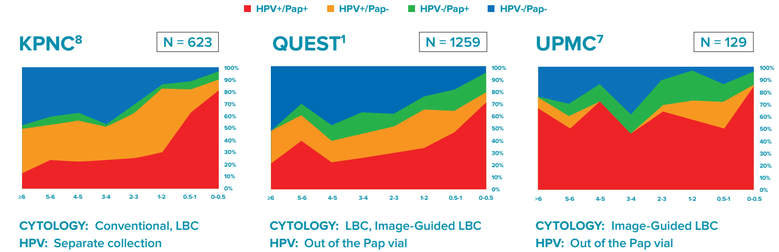
Studies demonstrated the contribution of cytology at detecting cervical cancer cases.

Comparison of Three Longitudinal Co-Testing Studies

Kaiser Permanente Northern California (KPNC): Regional laboratory and Integrated Delivery Network
University of Pittsburgh Medical Center (UPMC): Large academic medical center
Quest Diagnostics: National reference laboratory

	KPNC[8]	QUEST[1]	UPMC[7]
Inclusive of patients from a variety of health plans		✓	✓
Opportunistic screening more reflective of current US practices		✓	✓
Methods and technologies more reflective of current US practices		✓	✓
Data used to inform guideline decisions	✓		
Relative Contribution of Cytology over HPV-Alone* for cervical cancer diagnosis (>12 months)	7.3%	20.7%	25.3%

~3X increase in Cytology contribution at Quest vs KPNC[1,8]



CYTOLOGY: Conventional, LBC
HPV: Separate collection

CYTOLOGY: LBC, Image-Guided LBC
HPV: Out of the Pap vial

CYTOLOGY: Image-Guided LBC
HPV: Out of the Pap vial

Several clinical studies confirm screening with HPV-Alone* missed cervical cancer.

Proportion of HPV Negative Cancer Cases[1, 6, 7, 11-15]

This chart is a representation of clinical data from multiple published sources. The clinical studies represented within these sources were conducted using different study designs with various assays.

"Liquid based cytology (LBC) enhanced co-testing detection of cervical cancer ... to a greater extent than previously reported with conventional Pap smear and HPV co-testing."

- Austin RM, et al.[7]