Co-testing has been identified as the preferred method for cervical cancer screening in women aged 30-65:\(^1\)

Co-testing has been recommended for two reasons:\(^1\)

1. To identify those patients at low risk of developing cervical disease
2. To identify patients at risk for cervical adenocarcinoma

“The addition of HPV testing to cytology also enhances the identification of women with adenocarcinoma of the cervix and its precursors. Compared to squamous cell cancers, cytology has been relatively ineffective in decreasing the incidence of invasive adenocarcinoma of the cervix.”

— American Society for Colposcopy and Cervical Pathology, 2012

Since the 1970s:\(^2\)

- 61% decrease in squamous cell carcinoma
- 32% increase in adenocarcinoma

Is she at risk for adenocarcinoma?

<table>
<thead>
<tr>
<th>Patient</th>
<th>Age</th>
<th>Cytology</th>
<th>HPV High-risk</th>
<th>Retest 12 mos. or genotyping</th>
<th>Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>35-65</td>
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</tbody>
</table>
APTIMA® HPV 16 18/45 Genotype Assay

The next-generation genotype test

APTIMA HPV 16 18/45 Genotype Assay

- Result for type 16 with separate combined result for HPV types 18 and 45

Reflex positive APTIMA HPV Assay results to genotyping for types 16, 18 and 45. Identification of these types as part of reflex testing may identify up to 94% of all cervical adenocarcinomas.¹

HPV Genotypes In Invasive Cervical Cancer²

HPV type 45:

- Is uncommon and only prevalent in 0.4% of women with normal cytology³
- Is the third most common HPV type in invasive cervical cancer³
- Types 16, 18 and 45 show higher carcinogenic potential relative to all other high-risk HPV types⁴

The addition of HPV type 45 identifies more women at risk for adenocarcinoma, with minimal impact to colposcopy rates.⁵