A woman with long, wavy brown hair, wearing a red knit beanie, a green knit sweater, and a colorful patterned scarf, looking off to the side with a slight smile. The background is a blurred outdoor setting.

**know** *now*

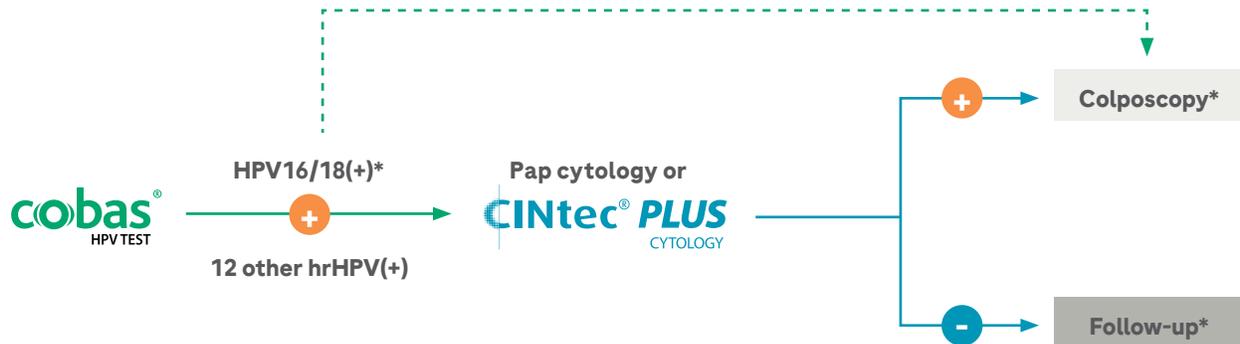
*if she is at risk for **cervical cancer***

***HPV primary screening, advancing cervical cancer prevention, with the cobas<sup>®</sup> HPV test***

# HPV primary screening for cervical cancer

HPV primary screening uses an algorithm that leverages the high sensitivity of HPV DNA, the built-in risk stratification of HPV genotypes 16 and 18, and triage with the high specificity of cytology for an optimal balance in cervical cancer screening.

- HPV primary screening is an important scientific and clinical advance in cervical cancer screening since it offers better reassurance of low cancer risk compared to cytology-only screening conducted at the same interval<sup>1</sup>
- HPV primary screening detected higher rates of CIN3-positives at first-round screening compared with cytology<sup>2</sup>
- HPV primary screening offers 2 triage options: Pap cytology and CINtec<sup>®</sup> PLUS Cytology<sup>3,4</sup>



\*For HPV16/18+ use as additional information in conjunction with the physician's assessment of patient screening history, other risk factors, and professional guidelines to guide patient management.

## *Professional medical societies support HPV primary screening*

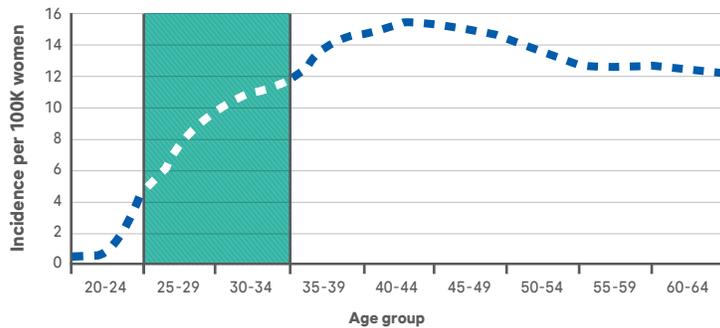
Leading medical societies, such as the American College of Obstetricians and Gynecologists, the American Cancer Society, the American Society for Colposcopy and Cervical Pathology, the Society of Gynecologic Oncology, and the United States Preventive Services Taskforce, now support HPV primary screening as an option for cervical cancer screening for women ages 25 and older.<sup>5,6,7</sup> This option for HPV screening can give you more information to manage your patients going forward.

# Early detection can preserve cervical health

## Incidence of invasive cervical cancer<sup>8</sup>

There is opportunity to identify women at highest risk for cervical cancer.

SEER data from National Cancer Institute highlights the incidence of cervical cancer by age group

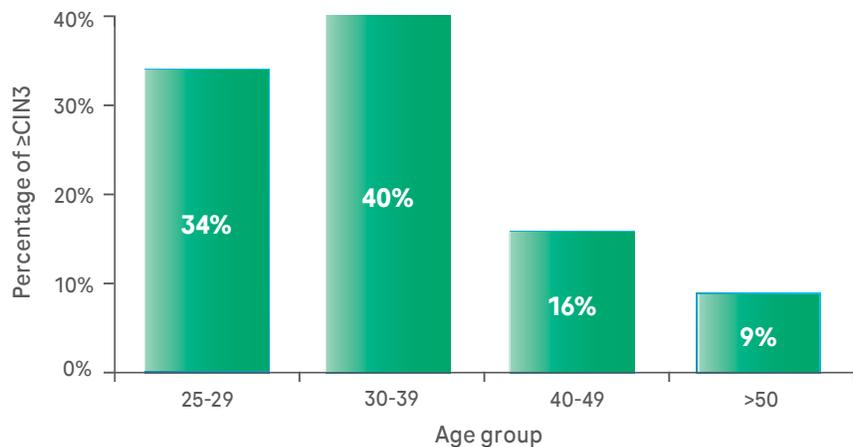


Third party data from the National Cancer Institute.

## Cervical disease incidence by age group

Percentage of confirmed high-grade disease ( $\geq$ CIN3, age 25+)<sup>9</sup>

The ATHENA Trial demonstrated the importance of primary screening across all ages.



*The cobas<sup>®</sup> HPV test was the first cervical cancer screening test approved for ASC-US reflex, co-testing, and primary screening<sup>3,4</sup> giving you the flexibility to choose the best screening method for your patients.*



# Know now what to do next

The **cobas**® HPV test is one of 3 tests in the Roche Cervical Cancer Portfolio covering the entire spectrum of screening, triage, and diagnostic solutions. Roche offers a comprehensive portfolio to help determine the individual level of risk a woman has so that you will know what to do next and when.



## SCREEN



**SCREEN** for the cause of cervical cancer and identify those who are safe to return to routine screening and those who are at risk.

## TRIAGE



**TRIAGE** women who will benefit from immediate intervention when transforming HPV infections are present.

## DIAGNOSE



**DIAGNOSE** with advanced biomarker technology to provide clear visual confirmation of the presence or absence of precancerous cervical lesions.

To learn more, visit [go.roche.com/cervicalsolutions](https://go.roche.com/cervicalsolutions)

Images shown are stock photos posed by models.

**References:** **1.** Huh WK, Ault KA, Chelmos D, et al. Use of primary high-risk human papillomavirus testing for cervical cancer screening: Interim clinical guidance. *Gynecol Oncol.* 2015;136(2). **2.** Melnikow J, Henderson JT, Burda BU, Senger CA, Durbin S, Weyrich MS. Screening for Cervical Cancer With High-Risk Human Papillomavirus Testing: Updated Evidence Report and Systematic Review for the US Preventive Services Task Force. *JAMA.* 2018;320(7):687-705. doi:10.1001/jama.2018.10400. **3.** **cobas**® HPV test. Package insert v17, US. Roche Diagnostics; 2018. **4.** **cobas**® HPV for **cobas**® 6800/8800. Package insert v1, US. Roche Diagnostics; 2020. **5.** Final Recommendation Statement: Cervical Cancer: Screening, <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/cervical-cancer-screening>. Accessed April 2023. **6.** Updated Cervical Cancer Screening Guidelines Practice Advisory. April 2021. <https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2021/04/updated-cervical-cancer-screening-guidelines>. Accessed April 2023. **7.** Fonthan, ETH et al. Cervical cancer screening for individuals at average risk: 2020 guideline update from the American Cancer Society. *CA Cancer J Clin.* 2020;70:321-345. **8.** National Cancer Institute. (2023, April 19). SEER Incidence and U.S. Mortality Rates by Age at Diagnosis, 2016-2020. *Cervix Uteri*. [https://seer.cancer.gov/statistics-network/explorer/application.html?site=57&data\\_type=9&graph\\_type=3&compareBy=rate\\_type&chk\\_rate\\_type\\_1=1&chk\\_rate\\_type\\_2=2&chk\\_rate\\_type\\_3=3&hdn\\_sex=3&race=1&advopt\\_precision=1&advopt\\_show\\_ci=on&hdn\\_view=1#resultsRegion1](https://seer.cancer.gov/statistics-network/explorer/application.html?site=57&data_type=9&graph_type=3&compareBy=rate_type&chk_rate_type_1=1&chk_rate_type_2=2&chk_rate_type_3=3&hdn_sex=3&race=1&advopt_precision=1&advopt_show_ci=on&hdn_view=1#resultsRegion1). Accessed April 2023. **9.** Wright, T. C., et al. *Gynecol Oncol.* 2015; 136(2): 189-197.

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