

Transcript Details

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Primary HPV Screening: A Nurse Practitioner's Perspective

Narrator:

Welcome to ReachMD. The following clinician-patient dialogue is provided in partnership with Omnia Education and supported by an independent educational grant from Roche Diagnostics.

The following is a representative dialogue between a nurse practitioner and her patient, as she explains primary high-risk HPV screening. Other episodes in this 3-part series can be found at ReachMD.com/HPV.

NP Aimee: Hi Carol. My name is Aimee and I am a nurse practitioner and will be doing your exam today. I see you are a new patient to our practice. Welcome. I have a few things to review with you from the forms you filled out and then I will have you get set up for your exam.

Carol: Nice to meet you.

NP Aimee: I see that you are 28 and are here for an annual exam. I notice here that you last had a pap test three years ago, you have also indicated that all your pap tests in the past have been normal.

Carol: Yes, I just moved here a few months ago, I've been very busy with a new job and my wedding last year. I should have come in sooner for a pap, but time got away from me. At the clinic, where I got birth control pills before, they told me I didn't need a pap until this year. That didn't sound right to me. My aunt had cervical cancer and I was worried I should have come in sooner.

NP Aimee: Actually, you are right on time. I can understand how you might be concerned given what is going on with your aunt. I hope she's doing well now. I'll be explaining more about how screening for cervical cancer has changed since your previous visit for a GYN exam. First though, I want to reassure you that having a family member with cervical cancer does not increase your risk. As I will explain, cervical cancer is not a familial disease.

Carol: That's a relief for me. My aunt has been telling the family and all her friends to get a pap test. It's all she seems to talk about these days. Will you be doing a pap test today?

NP Aimee: Our practice has started screening for cervical cancer with a newly approved HPV test that is much more accurate for detecting pre-cancer and cancer than the standard pap test in women your age. Though you wouldn't know the difference from a pap test unless I told you.

Carol: HPV test? Isn't that an STD? I couldn't have that because I've only been with my husband. I don't think he could have an STD because we have been together since we graduated from college.

NP Aimee: Let me start about telling you about HPV or the human papilloma virus. HPV is sexually transmitted. And, it is very common. In fact, it is estimated that 4 out of every five women will have had the infection by the time they are 50. You can get infected even if you have only had sex with one person.

There are many strains of the HPV virus. Some strains are not related to cancer and will not cause cancer at all. Though some strains of the virus may cause warts, for example. Of the strains related to cancer, we know that some of those strains are more likely to cause cancer than others. The test we are doing today looks specifically for those cancer-causing strains. There are other HPV tests, but this test has been shown to have enough accuracy in women your age that a pap isn't required.

Carol: If HPV infections are so common, does that mean that all women will get cancer from it?

NP Aimee: In most cases, the body's own immune system renders the human papilloma virus inactive. The test we are doing today tells

us if there is an active infection present. It will also tell us the strain of the virus if found. Keep in mind that if a test is positive, meaning the virus was found, it can be from a new infection or it can be an infection from years before.

Carol: It better not be a new infection, I certainly haven't done anything to be exposed to a new anything. So, what does a positive test mean?

NP Aimee: If the test is positive it could mean that the immune system hasn't stopped the virus. It's not the HPV infection itself that is the problem, it is the persistence of the HPV infection. Persistent HPV infections can cause changes in the cells that can become pre-cancer or cancer. The good news is that this test catches the infection that can cause cell changes. The pap test, is a very good test, but it catches cell changes and can sometimes miss cell changes.

Carol: If the test is positive, what then?

NP Aimee: The test will tell us what strains of the virus are present. From there, depending on the strain detected, we'll either have you back more often than every three years or schedule other tests to see what's what. My patients can be very worried if they hear they have a positive result. Keep in mind, the test is about an infection that in most cases can be managed.

Carol: Do you do a pap test at the same time? I want to be sure I don't have cancer.

NP Aimee: No, we don't have to do a pap test at your age because the HPV test is even more accurate in finding what we are looking for. I am very happy to be able to offer this to my patients so both of us can be assured that a negative test means there is nothing going on to be concerned about. It's even more reassuring to me than a pap test. The next time you will need cervical screening will be when you are 31. After the age of 30, co-testing, meaning the HPV test plus the pap test, is what is recommended.

Carol: Now I am confused. Why would you do two tests after I'm 30?

Aimee:

The pap test plus the HPV test after the age of 30 helps further reassure that disease isn't present. If both these tests are negative, the chances of having cervical cancer are very low. Plus, you won't need testing for another five years.

Carol: Well, OK then. Thanks so much for answering my questions.

NP Aimee:

There's a lot of information online about HPV. We have a pamphlet in the office, we'll make sure you get a copy of it when you sign out.

Even though you won't need another test for three years, assuming this test is negative, annual visits gives us chance to catch up on what is going on with you and answer any questions you might have. So, I hope to see you next year regardless of the results of today's test. In particular, schedule a visit with me if you decide to become pregnant.

I'll bring you to the exam room so you can get changed for the exam and I will find some of that information on the test to give you.

Carol: Thanks. I appreciate that.

Narrator:

This ReachMD brief was provided in partnership with Omnia Education. For more information or to access the other episodes in this video series, visit ReachMD.com/HPV.

Thank you for listening.