

Understanding HPV

Sheila Allison, MD

Fourteen subtypes are considered high-risk. They are named such because they are responsible for abnormal cells on the cervix and ultimately cervical cancer. Two of these subtypes were also included in the vaccine.

Of the HPV high-risk subtypes, Types 16 and 18 are responsible for two-thirds of all cervical cancers. This information is what has dramatically changed management of abnormal PAPs.

Because most women younger than 30 will be exposed to and subsequently clear the HPV virus, we do not concern ourselves with a positive HPV result unless it is causing very abnormal cells. When a woman under 30 is having a PAP, the HPV status is not checked UNLESS cells are showing some precancerous changes. At that point further appropriate testing is recommended. We make the assumption that she will clear the virus and are less aggressive than previously.

Older than 30, HPV is automatically done at the time of PAP smear testing. This is because we assume that the patient (unless she has NEVER been sexually active or has only been in a mutually monogamous relationship) has been exposed to the virus and has cleared it. Persistent positive HPV is a red flag for prolonged exposure. This exposure can stimulate the production of abnormal cells that increase the risk of cervical cancer.

Of particular concern is Types 16 and 18. In a large study that included 32,260 women, of women over 30 who tested positive for one of these, there was an 11.4% risk of cells abnormal enough to merit some type of treatment. This was the case even if the PAP demonstrated no abnormal cells. It is possible that a woman has not been told previously that her PAP is abnormal because HPV testing has never been done.

Further evaluation usually involves a procedure called colposcopy. Colposcopy is done in the office and involves looking at the cervix under magnification to identify any abnormal appearing areas. If found, these areas are biopsied and the sample sent to the lab. The point is to determine the MOST abnormal cell type so that appropriate treatment can be recommended. Often, the cells are normal because the virus has not caused abnormal cells.

The above change in management decreases the number of procedures on younger women who are going to naturally clear the virus and at the same time, allows us to be more aggressive in older women who are at higher risk.

I have mentioned the immune system more than once. Daily lifestyle impacts immunity greatly and good nutrition, enough sleep, and regular exercise are all important. Smoking is a risk factor for cervical cancer. Women who are on long-term steroids have compromised immunity as do those positive for HIV/AIDS. In addition to the above healthy habits, I also recommend a good multivitamin and antioxidants, both of which should be purchased at a place that carries good quality supplements (not the bargain brand, cheapest available). All these will help in clearing the virus.

On an up note, women over 35 who have never had an abnormal PAP can space out intervals between PAP smears (unless a risk factor is identified) and women over 65 can eliminate them completely. This does not mean women can forgo having a breast and pelvic exam which still should be done annually.

I am sure there will be more changes in the future as more information is available. I will keep you informed as I learn more information.



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Dr. Allison believes the more women are educated about health issues, the more they can practice preventive health care. She has written articles on gynecology, menopause, sexual dysfunction, and other health issues for local newspapers.