

Early screening of

CERVICAL CANCER

can save lives!



Cervical cancer is

2nd

most frequent
cancer in women.

Almost

99.7%

of cervical cancer is
attributed to **HPV infection.**

With an incidence of

18.3%

(123907 cases)
in India annually.

HPV High Risk Genotype by PCR, Cervical/Vaginal Smear

- Highly specific assay, useful for detection of high-risk (HR) HPV associated with the development of cervical cancer.
- Provides clinicians with indications of single or multiple HPV genotype-specific infection in patients.
- Reports 24 genotypes as "high risk" genotypes compared to other commercially available kits detecting only 14 genotypes as high risk.
- Also gives simultaneous detection of major high risk genotypes such as HPV 16, 18 and 45.
- WHO approved test.

Major High Risk Group

HPV-16, 18, 45

Other High Risk Group

HPV-26, 30, 31, 33, 34, 35,
39, 51, 52, 53, 56, 58, 59, 66,
67, 68, 69, 70, 73, 82, 97

Report Illustration

Name: Mrs. Dummy Hpv	CRM: 220000003621	Collected: 19-06-2022 16:00	Status: Provisional
Age: 25 Years	Location: PUNE	Received: 20-06-2022 16:00	Sample Quality: Adequate
Gender: Female	Lab ID: 20600104751	Reported: 10-Oct-2022 15:18	Client: Dummy (BS0001)

HPV High-Risk Genotype Real-Time PCR (RT-PCR)

Sample Type: Cervical Swab

RESULT:

Human Papillomavirus Qualitative	Not Detected
Human Papillomavirus Genotype	Not Applicable

METHODOLOGY:

Human Papillomavirus (HPV) detection using Taqman probe-based Real-Time PCR.

INTERPRETATION:

Results	Remarks
Detected	Sample provided contains High risk HPV DNA
Not Detected	Sample provided does not contain High risk HPV DNA / number of viral DNA copies are below the detection limit of the assay and range.
Inconclusive	PCR inhibitors are observed. Repeat Sample recommended

GENOTYPE:

Groups	Genotype
Major High Risk Group	HPV-16, 18, 45
Other High Risk Group	HPV-26, 30, 31, 33, 34, 35, 39, 51, 52, 53, 56, 58, 59, 66, 67, 68, 69, 70, 73, 82, 97

CLINICAL SIGNIFICANCE:

Over 100 Papillomavirus genotypes have been identified as belonging to the family Papillomaviridae (1). Most of the HPV genotypes may not cause problems. They usually clear up without any intervention within a few months after the acquisition, and about 90% clear within 2 years. A small proportion of infections with certain types of HPV (high risk) can persist and progress to cervical cancer (2). HPV types have been categorized as High risk, intermediate risk & Low risk based on various research studies. HPV 16 and 18 (high risk) are known to cause at least 70% of cervical cancers (2, 3). Worldwide, cervical cancer is the fourthmost frequent cancer in women (2). Persistent infection with oncogenic types of HPV followed by HPV DNA integration into the cellular genome is a required precursor in the pathway leading to cervical neoplasia.

DISCLAIMER:

Sensitivity can be affected by specimen collection and the presence of interfering substances. Results should be interpreted in conjunction with other available laboratory and clinical data. A negative high-risk HPV result does not exclude the possibility of future cytological Low/high-grade squamous intraepithelial lesion (L/HSIL) or underlying CIN2-3 or cancer. If clinical suspicion of HPV infection remains, a repeat sample collection and testing is recommended for both high risk and low risk groups associated with genital warts. The detection limit of this assay for HPV 16 & 18 is 0.745 IU/μl and 1.561 IU/μl respectively.

Test Ordering Information

Test Code	Test Name	Specimen Type	Technology	TAT
H0017	HPV High Risk Genotype by PCR, Cervical/vaginal smear	14 ml Cervical/Vaginal Swab	RT-PCR	Sample by 9pm, Report within 24 hrs
L0003	LBC PAP Smear, Cervical/vaginal Swab		Liquid based cytology	Daily by 9pm; Report within 2 days

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