



More options for screening more patients

Our comprehensive cervical cancer screening portfolio empowers you to meet every unique patient need.



**Co-testing with
Pap and HPV**



**Primary HPV screening,
physician-collected**



**HPV screening,
patient self-collected**



Quest Diagnostics is committed to helping you
deliver best-in-class screening and testing.

Every woman should have access to potentially lifesaving screening

Routine cervical cancer screening for all women remains a challenge¹



4.4M fewer

American women received screening in 2021 versus 2019²



11% decrease in cervical cancer

among HPV-vaccinated women 21-29³

Quest is committed to supporting you in providing the necessary testing for your patients. Our comprehensive array of screening options is designed to reduce barriers and empower you to tailor testing approaches to meet the unique needs of each patient.

Quest supports leading cervical cancer screening guidelines

	American College of Obstetricians and Gynecologists ⁴	US Preventive Services Task Force ⁵ (guidelines in process)	American Cancer Society ⁶
Women younger than 24	No screening	No screening	No screening
Women ages 25-29	Pap alone every 3 years	Pap alone every 3 years	The following recommendations are for women ages 25-65: Preferred: - Primary HPV screening every 5 years Alternative options if HPV primary not available: - Pap alone every 3 years - Pap/HPV co-testing every 5 years - HPV self-collect every 3 years⁷
Women ages 30-65	Preferred: - Primary HPV screening every 5 years Alternative screening: - Pap alone every 3 years - Pap/HPV co-testing every 5 years - HPV self-collect every 3 years⁷	Preferred: - Primary HPV screening every 5 years Alternative screening: - Pap alone every 3 years - Pap/HPV co-testing every 5 years	
Women older than 65	Recommend continuing age-based screening for ≥20 years in those patients with a history of CIN 2, CIN 3, or adenocarcinoma in situ. Screening should be discontinued if patient has had adequate negative prior screening results and no history of CIN 2+. Adequate negative prior screening results is defined as 3 consecutive negative Paps or 2 consecutive negative co-tests within the past 10 years, with the most recent test occurring within the past 5 years. Women over 65 should continue to be screened if immune-compromised or exposed to diethylstilbestrol (DES) in utero. ⁷		
Women after hysterectomy with removal of the cervix and no history of high-grade precancer or cervical cancer	Do not screen	Do not screen. Applies to women without a cervix and without a history of CIN2 or a more severe diagnosis in the past 20 years or cervical cancer ever	Those who have had their cervix removed, such as from a hysterectomy, don't need screening as long as the surgery was done for reasons not related to cervical cancer or serious precancer
Women who have been vaccinated with the HPV vaccine	Follow age-specific recommendations (same as unvaccinated women)		

ACS, American Cancer Society; ACOG, American College of Obstetricians and Gynecologists; CIN, cervical intraepithelial neoplasia; HPV, human papilloma virus; HRSA, Health Resources and Services Administration; Pap, Papanicolaou test, gynecologic cytology; USPSTF, US Preventive Services Task Force.

Note: The above table may not be inclusive of every cervical cancer screening option in these guidelines, including Pap with Reflex to HPV scenarios. Clinicians should refer to health plan policy algorithms for coverage instructions on allowable screening and management of abnormal options and related coverage. Visit <http://www.hrsa.gov/womens-guidelines> for the most recent guidance from the Health Resources and Services Administration (HRSA).

The National Institutes of Health recommends people with HIV receive a Pap test yearly if age 21-29 and co-testing yearly if age 30 or older.⁴

Co-testing with Pap and HPV provides 2 levels of assurance

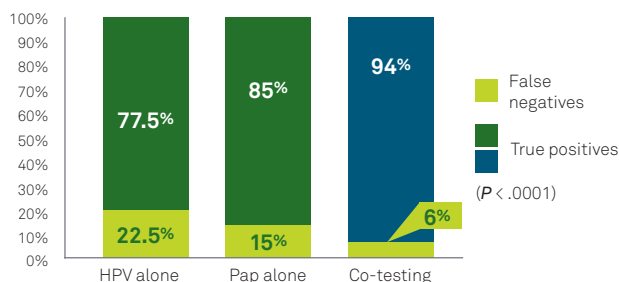
Co-testing with Pap and HPV together helps identify more cases of cancer and precancer than either test alone. In a recent Quest Diagnostics Health Trends® retrospective, longitudinal study, co-testing had a significant impact (see charts below).⁹

The Aptima® mRNA HPV assay targets E6/E7 mRNA and identifies high-risk infections that are both present and active, reducing the need for unnecessary patient call-backs and overtreatment. HPV types 16, 18, and 45 are associated with up to 80% of squamous cell carcinomas and up to 92% of HPV-related cervical adenocarcinomas.

Co-testing versus HPV alone

HPV was not detected in 1 in 5 cases of cervical cancer⁹

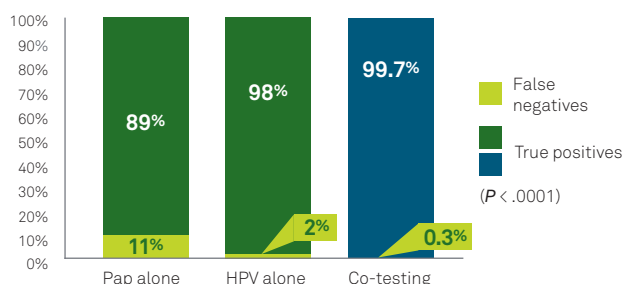
Data <12 months to cancer diagnosis



Co-testing versus Pap alone

Pap alone did not identify presence of a precancerous condition in 11% of patients⁹

Data <12 months to precancer diagnosis



Guidelines from leading organizations including ACOG, USPSTF, and ACS endorse co-testing as a Grade A level screening option for women ages 30-65.

Pap testing excellence and accuracy

- Almost 1 in 5 Pap tests are reviewed a second time as part of routine quality control
- Our quality control standards meet, and often exceed, all state and federal requirements
- Our team of medical experts includes 400 anatomic and clinical pathologists—a significant number of whom have a gynecologic subspecialty—who meet frequently to discuss your most challenging cases
- We perform a higher volume of Pap and high-grade lesion evaluations than most other labs

Note: No lab test is 100% accurate due to multiple reasons. Quest has controls in place to reduce these conditions.



Trust Quest to help elevate your patient care

We provide robust cytology testing and reporting in order to meet your cervical cancer screening needs.



Excellent performance

Tests that provide excellent clinical performance, specimen stability, and specimen availability^{10,11}



Accurate results

Advanced technology that enhances the cytotechnologist's ability to interpret cells on the slide



Enhanced reporting

Talk to your representative about our enhanced report for Pap and HPV testing for integrated, streamlined results



Pap summary reports

Your Quest Diagnostics representative can also ensure that you receive electronic access to a comprehensive list of all Pap and HPV patient results organized in order of highest risk on a monthly basis

As part of strategies to ensure every woman is tested, the USPSTF recommends primary HPV screening in women ages 30 to 65^{4,5,6}

With primary HPV screening, the high-risk HPV (hrHPV) test is used as the primary method to assess cervical cancer risk, with the Pap test reserved for follow-up when the hrHPV test identifies potential concerns. With traditional co-testing, both tests are performed simultaneously.

Screen for the types of HPV infection most likely to cause cancer

hrHPV causes virtually all cervical cancers. In fact, 2 high-risk types—HPV 16 and HPV 18—cause 70% of cervical cancers worldwide. HPV testing is recognized as providing the most clinically useful results for detecting cervical cancer risk in its earliest stages, when treatment is likely to have the greatest impact.¹²

Testing from Quest detects high-risk HPV strains

Primary HPV screening: cobas® HPV test

The cobas® HPV test is clinically validated and FDA-approved (with automatic reflex to cytology in high-risk positive results) to provide individual detection of HPV 16 and HPV 18 strains as well as simultaneous pooled results for 12 other high-risk genotypes.¹³

HPV patient self-collected: cobas® DNA HPV assay

The cobas HPV assay utilizes DNA-based PCR technology for the simultaneous detection of HPV genotype 16, type 18, and 12 other high-risk pooled results (31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, and 68).¹³

Individual results	12 pooled hrHPV results		
HPV 16	31	33	35
HPV 18	39	45	51
	52	56	58
	59	66	68



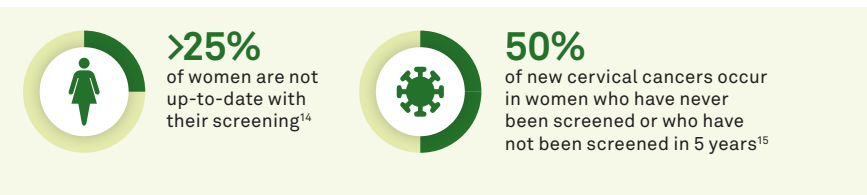
Self-collect options can help overcome obstacles to traditional screening

A landmark 2011 study found that more than a quarter of US women are not up-to-date with cervical cancer screening,¹⁴ and 50% of all new cervical cancers are in women who have never been screened or have not been screened in the previous 5 years.¹⁵ Screening for cervical cancer has been steadily declining for the past 20 years.¹

In many cases, noncompliance with screening guidelines can be attributed to lack of knowledge or access to appropriate care. There are also some women who delay testing because of the invasive nature of speculum-based specimen collection.

These may include

- Women with religious barriers to such procedures¹⁶
- Women with a history of physical trauma¹⁷
- Systemic and logistical constraints limiting access to care¹⁸



For these patients, self-collection provides a more discreet alternative.

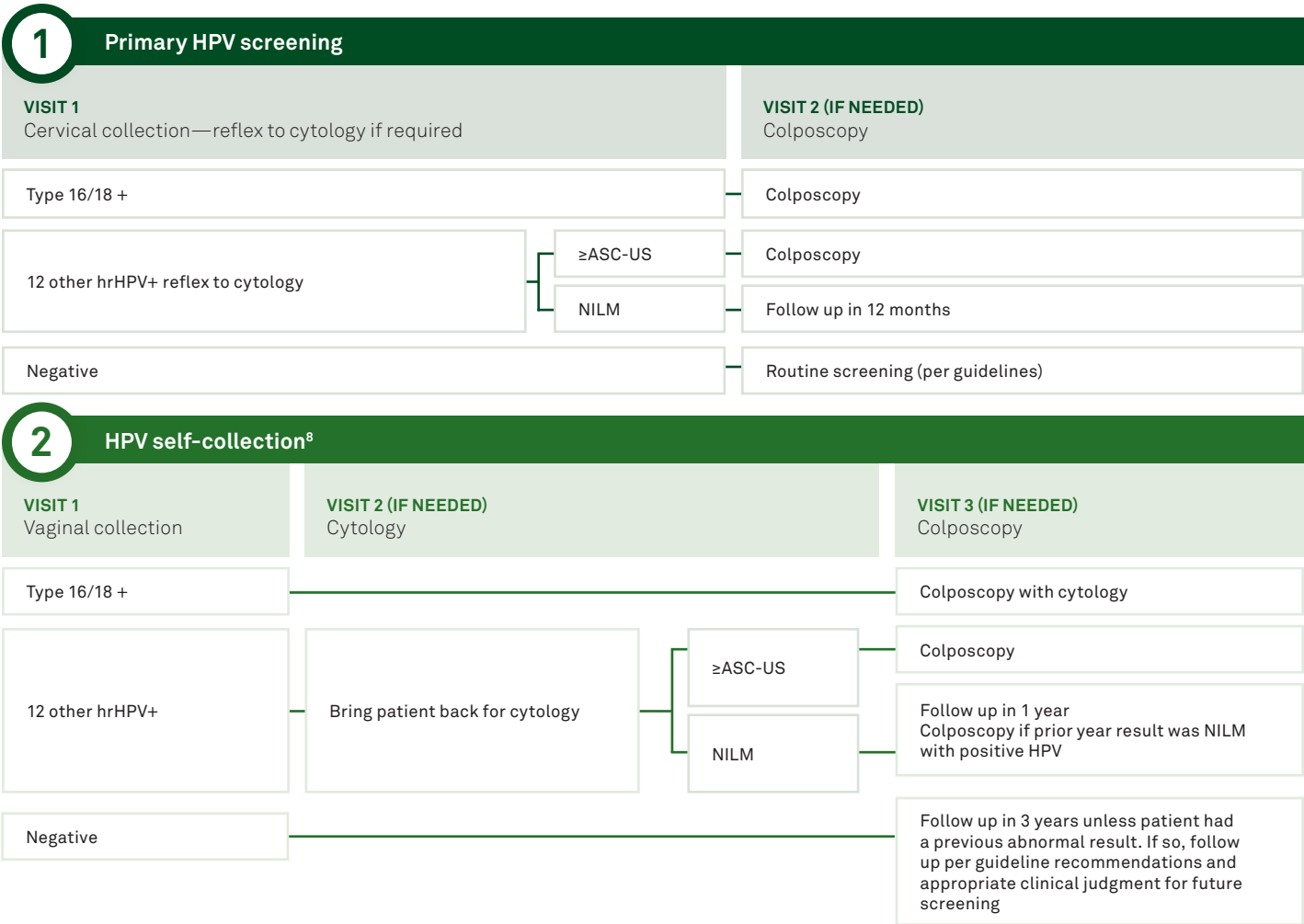
In any healthcare setting, the patient can privately collect the specimen using a vaginal swab. Self-collect testing from Quest identifies the same hrHPV genotypes specified in guidelines with similar confidence levels as physician-collected tests, while complying with all major screening guidelines.

Some self-collected patient results may require follow-up.

While a primary self-collected test will fulfill patient screening requirements, a vaginally collected specimen is insufficient for reflex to cytology. Consequently, patients who test positive or have inconclusive results will still need to undergo traditional cervical collection and, in some cases, may require colposcopy for further evaluation.

Two potential HPV-focused screening journeys

Guidelines continue to evolve, and Quest is committed to staying up-to-date with the most current algorithms.



ASC-US, atypical squamous cells of undetermined significance; hrHPV+, high-risk HPV, positive; NILM, non-invasive load monitoring or a negative Pap test result; type 16/18+, 2 high-risk types of HPV. Please see Table 1 and references 4, 5, and 6 for 2026 guidelines from ACOG, USPSTF, and ACS, respectively.

Together, we can remove barriers to cervical cancer screening



Self-collection provides patients with an effective, speculum-free HPV screening option

- Increase compliance among traditionally underserved populations
 - Those with religious or cultural objections¹⁶
 - Victims of abuse¹⁷
 - Anyone unable or unwilling to undergo a speculum exam



Part of our ongoing commitment to women's health

- Supported by advanced esoteric testing labs
- Testing options also include physician-collected co-testing with both Pap plus HPV or Pap alone, HPV primary screening, and HPV self-collection



The benefits of teaming with the largest provider of diagnostic services

- Guideline-based solutions
- Support from our nationwide team of medical and scientific experts
- Quantum® online lab services to simplify ordering, with enhanced results, transparent pricing, and billing support on phone or laptop
- In-network access with most private insurance plans, Medicare, and Medicaid, which helps to minimize billing and reimbursement challenges
- Financial assistance programs to remove affordability as a barrier to appropriate care



Additional information can be found in the Quest test directory at **QuestDiagnostics.com/TestDirectory** or by contacting your local Quest Diagnostics representative.



References

1. American Cancer Society. Cancer Prevention & Early Detection Facts & Figures 2026. <https://www.cancer.org/research/cancer-facts-statistics/cancer-prevention-early-detection.html>
2. Star J, Bandi P, Siegel RL, et al. Cancer screening in the United States during the second year of the COVID-19 pandemic. *J Clin Oncol*. 2023;41(27): 4352-4359. doi:10.1200/JCO.22.02170
3. American Cancer Society. Key statistics for cervical cancer. January 16, 2026. Accessed July 1, 2026. <https://www.cancer.org/cancer/types/cervical-cancer/about/key-statistics.html>
4. American College of Obstetrics and Gynecology (ACOG). Screening for cervical cancer. *Obstet Gynecol*. April 2026. Accessed June 10, 2026. doi:10.1097/AOG.0000000000006257
5. Christine B, Bush M, Thurakal A, Sheehy AM. New cervical cancer screening guidelines from the US Department of Health and Human Services: Strengthening Women's Preventive Health. *JAMA*. 2026;335(8):661-662. doi:10.1001/jama.2025.26456
6. Pant S. ACS: new cervical cancer screening guidelines. *JAMA*. 2026;335(4):298. doi:10.1001/jama.2025.23004
7. NIH. Guidelines for the prevention and treatment of opportunistic infections in adults and adolescents with HIV. Reviewed March 16, 2026. Accessed June 10, 2026. <https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-opportunistic-infections/human?view=full>
8. Perkins RB, Wolf AMD, Church TR, et al. Self-collected vaginal specimens for human papillomavirus testing and guidance on screening exit: An update to the American Cancer Society cervical cancer screening guideline. *CA Cancer J Clin*. 2026;e70041. doi:10.3322/caac.700418. ThinPrep 2000 System. Package insert. MAN-02624-001 Rev. 004. Hologic, Inc.; 2017.
9. ThinPrep 2000 System. Package insert. MAN-02624-001 Rev. 004. Hologic, Inc.; 2017.
10. Kaufman HW, Alagia DP, Chen Z, et al. Contributions of liquid-based (Papanicolaou) cytology and human papillomavirus testing in cotesting for detection of cervical cancer and precancer in the United States. *Am J Clin Pathol*. 2020;154(4):510-516. doi:10.1093/ajcp/aqaa074
11. Powell N, Smith K, Fiander A. Recovery of human papillomavirus nucleic acids from liquid-based cytology media. *J Virol Methods*. 2006;137(1):58-62. doi: 10.1016/j.jviromet.2006.05.033
12. NIH. Cervical cancer causes, risk factors, and prevention. August 2, 2024. Accessed December 20, 2024. <https://www.ncbi.nlm.nih.gov/books/NBK65901/>
13. Roche Diagnostics. cobas® HPV. Accessed December 20, 2024. <https://diagnostics.roche.com/global/en/products/lab/cobas-hpv-5800-6800-8800-pid00000297.html>
14. NIH. Cervical trends progress report. Cervical cancer screening. March 2024. Accessed December 20, 2024. https://progressreport.cancer.gov/detection/cervical_cancer
15. Subramaniam A, Fauci JM, Schneider KE, et al. Invasive cervical cancer and screening: What are the rates of unscreened and underscreened women in the modern era? *J Low Genit Tract Dis*. 2011;15(2):110-113. doi:10.1097/LGT.0b013e3181f515a2
16. Padela AI, Peek M, Johnson-Agbakwu CE, Hosseinian Z, Curlin F. Associations between religion-related factors and cervical cancer screening among Muslims in greater Chicago. *J Low Genit Tract Dis*. 2014;18(4):326-32. doi:10.1097/LGT.0000000000000026
17. Madding RA, Currier JJ, Yanit K, et al. HPV self-collection for cervical cancer screening among survivors of sexual trauma: a qualitative study. *BMC Women's Health*. 2024;24:509. doi:10.1186/s12905-024-03301-x
18. Farajimakin O. Barriers to cervical cancer screening: a systematic review. *Cureus*. 2024;16(7):e65555. doi:10.7759/cureus.65555

Image content features models and is intended for illustrative purposes only.

QuestDiagnostics.com

Quest®, Quest Diagnostics®, any associated logos, and all associated Quest Diagnostics registered or unregistered trademarks are the property of Quest Diagnostics. All third-party marks—® and ™—are the property of their respective owners. © 2025-2026 Quest Diagnostics Incorporated. All rights reserved. SB13576 9/2026