

# HPV Subtype Comments

**Low-risk Bands** - In accordance with ACOG recommendations, women found during cervical sampling to be infected with this virus should be followed with routine cervical cytology screening, and the same considerations for screening applied as if the bands were negative.

Low Risk	Comments
<b>6, 11</b>	The most common HPV subtypes detected in benign ano-genital warts. They have been classified as low-risk in association with the development of cervical cancer. They are the most frequent HPV subtypes associated with benign squamous cell lesions of the oral, pharyngeal, laryngeal or sino-nasal mucosa.
<b>42, 43</b>	Pooled data from many studies reporting on the association of cervical cancer and HPV infection showed that this subtype has a low-risk in association with the development of cervical cancer.

**High-risk Bands** - In accordance with ACOG recommendations, women with a negative cytology screen who test positive should have another cytology screen, and HPV test in 6 to 12 months.

High Risk	Comments
<b>16</b>	The most common type among cervical cancer cases. It accounts for about half of all cases of squamous cell carcinoma worldwide. It is also the second most prevalent type in patients with cervical adenocarcinomas. The presence of HPV-16 places a woman at 38 times the risk for the development of cervical cancer compared to those who are HPV negative. A vaccine that prevents persistent infection with this virus is now commercially available.
<b>18</b>	The second most common subtype found in patients with cervical squamous cell carcinoma. It is the most prevalent type of infection in patients with cervical adenocarcinomas. A vaccine that prevents persistent infection with this virus is now commercially available.
<b>33</b>	Detected in about 2% of patients with cervical squamous cell carcinoma. Most patients found to harbor this subtype are over thirty-five years of age. It is found also as a co-infection with either HPV-16, HPV-18 or HPV-31.
<b>35</b>	Relatively rare in patients with cervical squamous cell carcinoma. It is found mostly in patients over fifty years of age with cervical squamous cell carcinoma
<b>39</b>	Rarely detected in patients with cervical squamous cell carcinoma. It is found mostly in patients over fifty years old with cervical squamous cell carcinoma
<b>45</b>	The third most common type of infection detected in patients with cervical squamous cell carcinoma and cervical adenocarcinoma.
<b>51, 56</b>	Pooled data from many studies reporting on the association of cervical cancer and HPV infection showed that this subtype has a high-risk in association with the development of cervical cancer. It is rarely detected in patients with cervical squamous cell carcinoma younger than thirty-four HPV-39 high-risk is rarely detected in patients with cervical squamous cell carcinoma. It is found mostly in patients over fifty years old with cervical squamous cell carcinoma
<b>58, 59</b>	Considered to be the seventh most common infection in patients with cervical squamous cell carcinoma. It is primarily detected in patients over thirty-five years of age.
<b>66</b>	Pooled data from eleven studies reporting on the association of cervical cancer and HPV subtype has a high-risk in association with the development of cervical cancer.
<b>68</b>	It is extremely rare to detect this viral type in patients with cervical squamous carcinoma. However, since it has not been detected in benign lesions it is still considered high-risk in association with the development of cervical cancer.

