

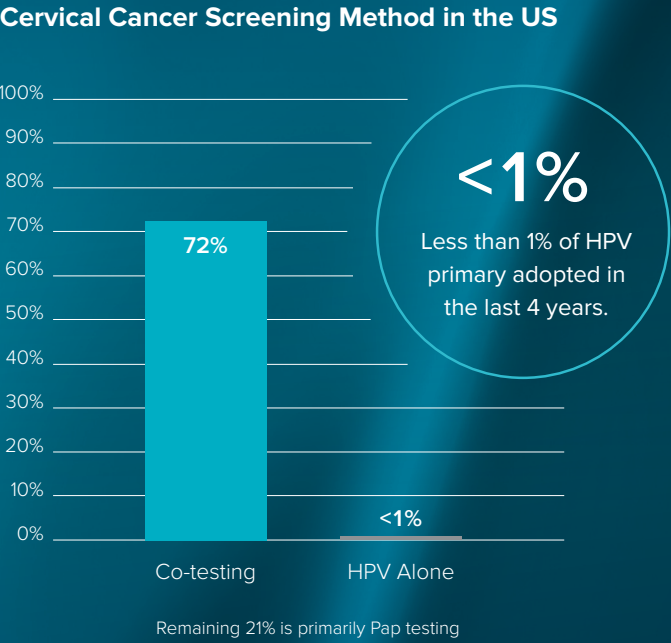
Guidelines Recommend Co-testing as the Preferred Method

Expert guidelines recommend that for these women (ages 30-65), co-testing with cervical cytology and hrHPV testing every 5 years is preferred, screening with cervical cytology alone every 3 years is acceptable, and hrHPV testing alone can be considered as an alternative screening strategy.¹⁶



Co-testing Adoption Rates at an All Time High

Because Pap+HPV Together (Co-testing) provides more protection against CIN3+ and cervical cancer than screening with either HPV or Pap alone, Co-testing has become the most widely used screening method in the United States.¹⁷



“Which Screening Prevents The Most Cervical Cancer?”



GO WITH CO-TESTING

Forbes¹⁸

Co-testing is covered by the Affordable Care Act.
For patients, this means:¹⁹



No co-pay



No deductible



No out-of-pocket cost

Patients should consult their healthcare plans to verify coverage.

ThinPrep
PAP TEST



Aptima[®] HPV
Assay

Method + Technology
Together Define Performance

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HOLOGIC[®]



1 IN 5

women with Cervical Cancer will be missed by Screening with HPV-Alone.*^{1,2}

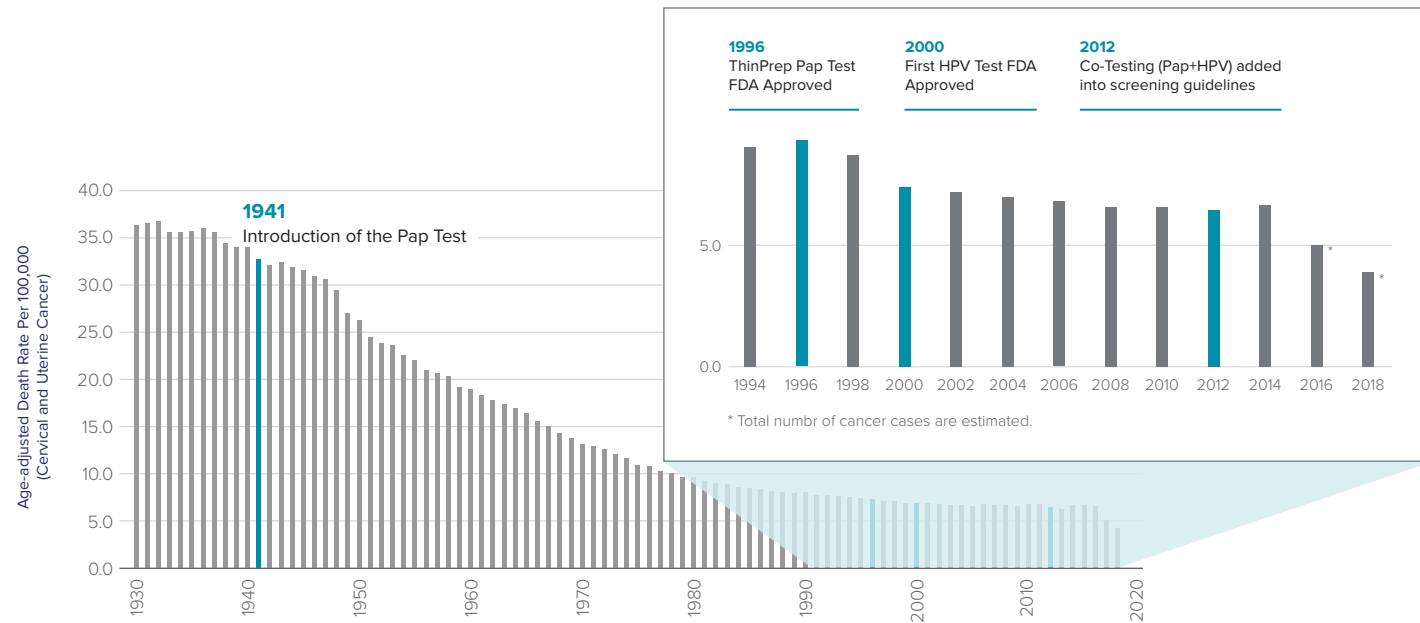


*A positive HPV screening result may lead to further evaluation with cytology and/or colposcopy.

Know the facts

Paving the way for improved cervical care:

The Pap test, along with improvements in technology and advancements in cervical cancer screening guidelines are credited with significantly decreasing cervical cancer death rates.³



Regardless of the algorithm, the collection method is the same.

	Pap+HPV (Co-testing)	HPV-Alone*
COLLECTION METHOD	 ✓ Cervical Collection	 ✓ Cervical Collection
RESULTS	✓ HPV Test Result ✓ Cytology Result	✓ HPV Test Result ✗ Cytology Result



Testing with the ThinPrep® Liquid Pap vial or any other Liquid Pap vial.

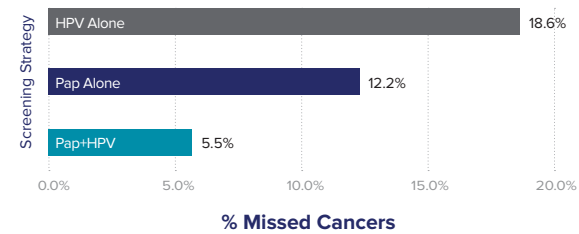
Choose Pap+HPV

Recent publications representative of US clinical practice show Pap+HPV (Co-testing) misses the fewest cancers/precursor to cancer:

Key Study from 2015¹

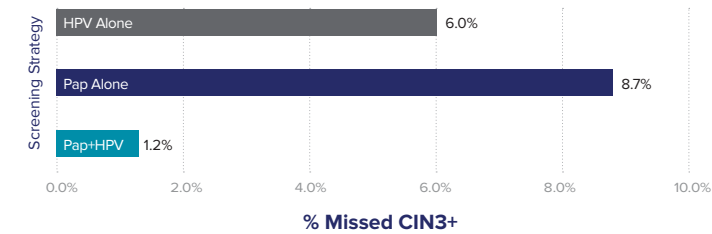
Pap+HPV Together™ identified
70% of cancers missed

by screening with HPV-Alone.*



Pap+HPV Together™ identified
80% of the CIN3+ cases missed

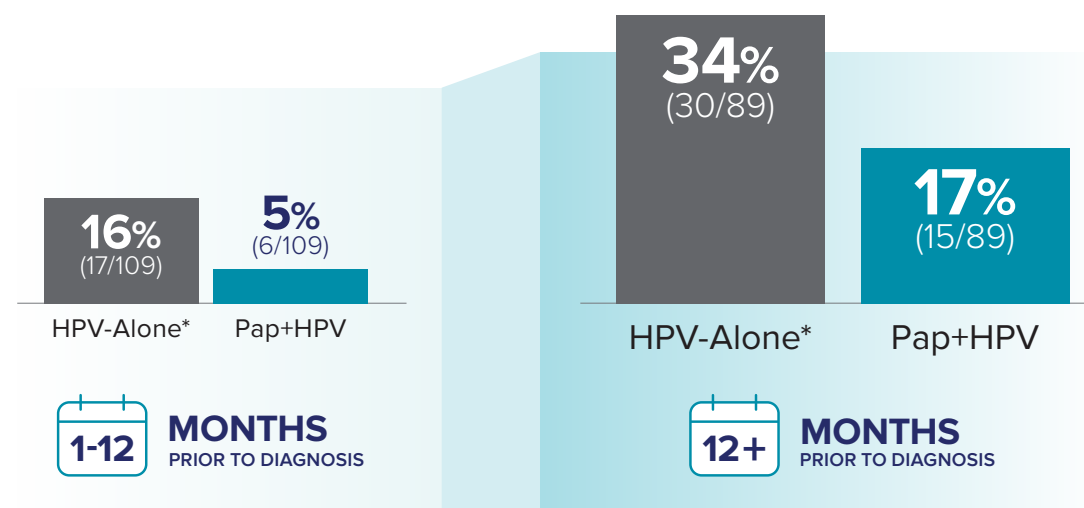
by screening with HPV-Alone.*



Key Study from 2018²

2x

AS MANY WOMEN
WITH CERVICAL
CANCER WOULD
BE MISSED WITH
HPV-ALONE*
(PRIMARY)
SCREENING VS.
CO-TESTING
(PAP+HPV)



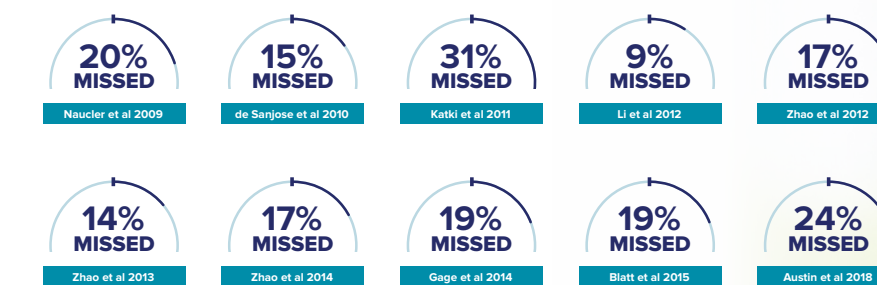
95%

OF CERVICAL CANCERS MAY BE DETECTED BY TESTING WITH
PAP+HPV TOGETHER¹

Don't sacrifice

Several clinical studies confirm, screening with HPV-Alone* misses cervical cancer.

Proportion of HPV Negative Cancer Cases^{1-2,4-11}



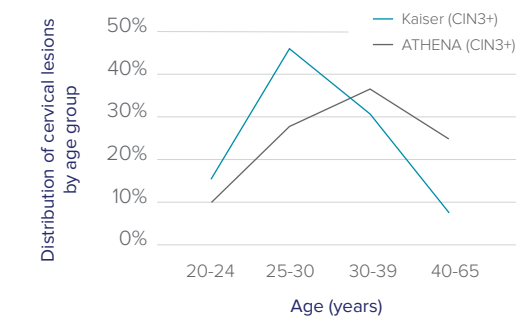
This chart is a representation of clinical data from multiple published sources. The clinical studies represented within these sources were conducted using different study designs with various assays.

Precancerous lesions are common but cancer is rare among females in their 20s.

No Benefit¹²⁻¹³

The high incidence of CIN in women in their 20s has been documented in literature for more than a decade, but rates of cervical cancer are very low.

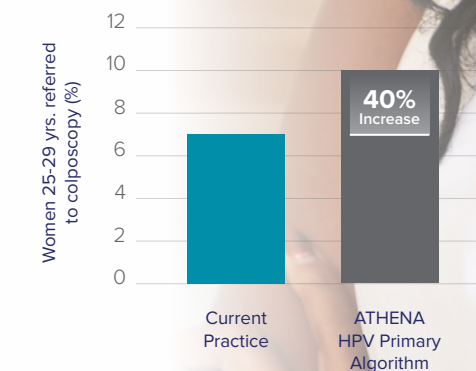
Cervical Lesions are Most Common Among Females in Thier 20s



Potential Harm¹³⁻¹⁵

It is also estimated that screening with HPV-Alone* in women aged 25-29 will lead to more colposcopies in this young age group.

Estimated Increase in Colposcopies: ATHENA (1 in 5 tested positive for HPV)



“Liquid based cytology (LBC) enhanced cotesting detection of CxCa [...] to a greater extent than previously reported with conventional Pap smear and HPV co-testing.” – Austin³