**Mini-commentary on BJOG-20-0925.R2**

**Implications for HPV positive women**

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HPV Primary Screening has now been fully rolled out in England but there is still a way to go optimising the programme. It is only in recent years that women have been aware that cervical cancer is caused by a sexually transmitted infection. There was little stigma associated with abnormal cytology, but receiving a positive HPV result is new territory for most women.

Bennett and colleagues (BJOG 2020) present a psychosexual survey among the first women in England to undergo Primary HPV Screening. Women were sent a postal questionnaire shortly after receiving their screening result and then again 6 and 12 months later. They reported psychosexual distress shortly after receiving a positive HPV test result, which for some women, continued to a year later. Overall the levels of psychosexual distress were low: The average scores (possible range 1-5) among HPV positive women were between 2.1-2.3, reducing to 1.7-2.0 after 1 year, equating to an average answer of “a little”, compared to an average of 1.2 equating to an answer of “not at all” in HPV negative women. The authors questioned the clinical significance of any distress, but it seems unlikely that women would require primary care support. About a quarter of the HPV positive women were worried “quite a lot” or more about transmitting the virus to a partner. NHS leaflets and online resources focus on subsequent risk to women, but this study has shown that many women also worry about putting their partners at risk. There is limited information for men whose partners test HPV positive. Bennett et al suggest this should be addressed by improvements to leaflets given to women along with their results, but it will be a challenge to educate women given the complexity of transmission dynamics. Transmission rates vary widely between research studies which is not surprising given the technical difficulties involved. A large proportion of couples display discordant HPV infectivity, though concordance of the same HPV genotype does not necessarily prove transmission by the current partner (Kero et al, Acta Cytol 2019;63(2):143-14). Even if transmission rates are high, infections in men are less likely to persist with clearance after an average of 8 months. Subsequent penile lesions are rare, though HPV causes a sizable proportion of oropharyngeal cancers in men (Sichero et al Acta Cytol 2019 63(2):109-117).

As women experience several rounds of primary HPV screening, women with normal or low grade cytology will constitute the largest group of HPV positive women. We have shown that these women can be left for 1-2 years before returning for repeat screening as their HPV infections are likely to clear and their risk of cancer and pre-cancer (CIN3) is very low (Gilham et al, BJOG 2020 127(1):58-68). It is important therefore to make sure that HPV positive women are adequately educated concerning the risks both to them and their partner in order to reduce anxiety while waiting for repeat testing.

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