Shape the future of cervical cancer screening:
Identify HPV 31

The BD Onclarity™ HPV Assay with extended genotyping is the only FDA-approved HPV test that individually identifies HPV 31, which poses a higher risk for cervical precancer as compared to HPV 18 and should be managed similarly.[1-4]

The BD Onclarity™ HPV Assay is available out of BD SurePath™ Liquid-based Pap Test and Hologic ThinPrep® Pap Test.

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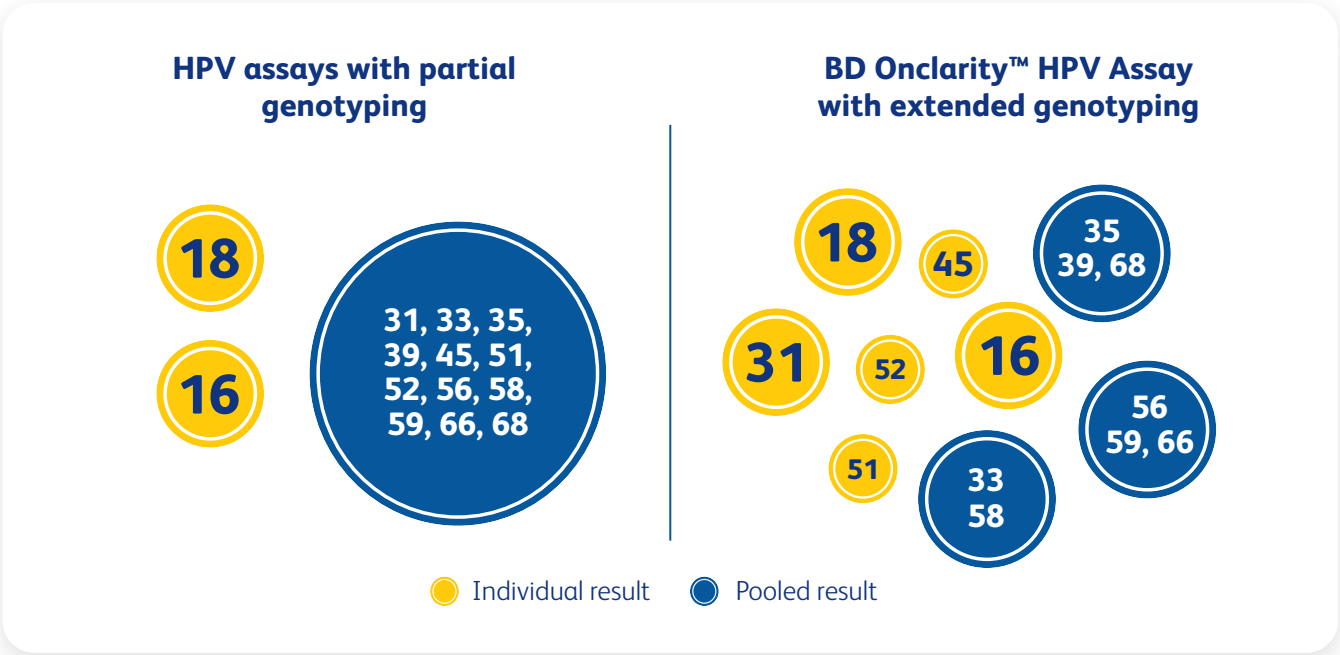
Extended genotyping brings value to clinical decision-making and patient care

Get specific, actionable insights on an extended set of HPV genotypes



Report multiple high-risk HPV genotypes in a single, **pooled result**[5]

Reports **6 high-risk HPV genotypes individually** and the other 8 high-risk genotypes in strategic, small groups[5,6]

May **mask the true risk** of CIN3+ disease due to HPV 31 and will likely lead to a one-year follow-up recommendation instead of an immediate colposcopy referral[2-4]

HPV 31

Can individually **identify HPV 31**, which poses a higher risk for cervical precancer as compared to HPV 18[1,3]

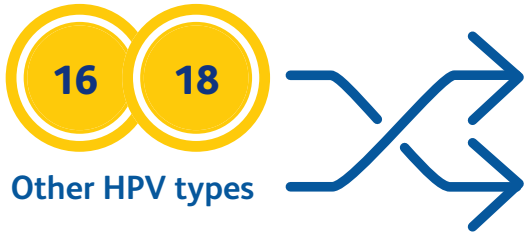
Prohibits monitoring of genotype-specific HPV persistence beyond HPV 16 and 18[2]

#1 RISK FACTOR

Can track genotype-specific high-risk HPV persistence, the most important determinant of cervical cancer risk in women who test HPV-positive, **regardless of HPV genotype**[2,7-9]

The **BD Onclarity™ HPV Assay with extended genotyping** allows for a **more precise, accurate** way to measure a woman's risk for developing cervical precancer compared to an assay with partial genotyping.[2,3,7-10]

Adapt to the evolving landscape of cervical cancer screening



As the vaccinated population increases, HPV 16 and 18 are decreasing in prevalence, making it **crucial to identify the other high-risk HPV genotypes.**[11,12]

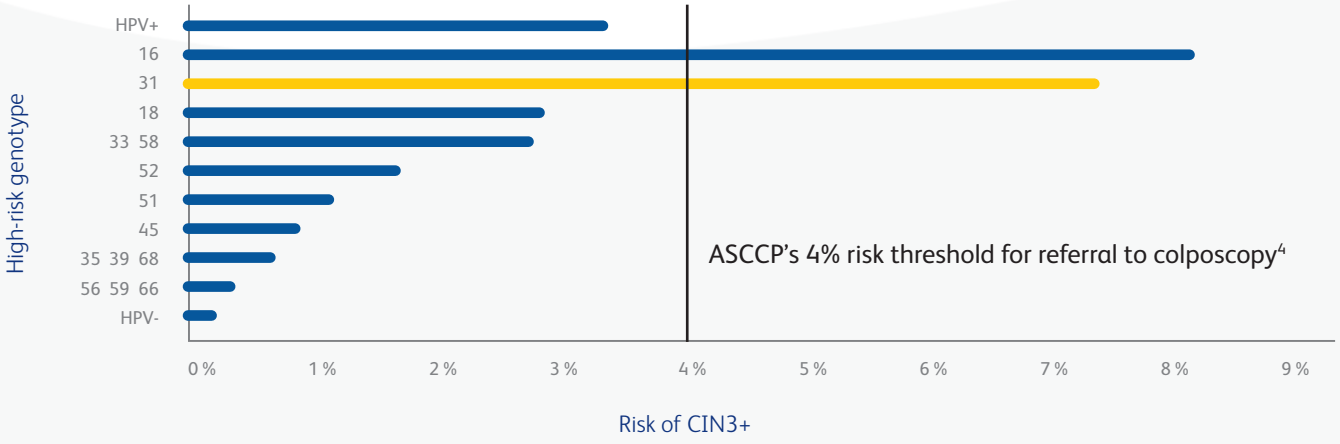
The evolving cervical cancer screening and management guidelines and changes in HPV genotype prevalence are impacting clinical management and calling for a shift towards **HPV testing with extended genotyping.**[2,4,11,12]

HPV 31 identification matters. Extended genotyping is critical.

Following the American Society for Colposcopy and Cervical Pathology (ASCCP) principle of **"similar management for similar risk"**, women with an immediate risk for CIN3+ disease above 4% should be referred to colposcopy.[4]

In the BD Onclarity™ HPV Assay FDA trial, women 25 years and older with HPV 31 and normal cytology had an immediate risk for CIN3+ similar to HPV 16 that exceeds the colposcopy referral threshold of 4% recommended by ASCCP management guidelines.[3,4]

Risk of CIN3+ by HPV type in women ≥ 25 years with normal cytology



Created from information provided in *Stoler MH et al. Gynecol Oncol.* 2019,153(1):26-33.

Only an HPV assay with extended genotyping can individually identify high-risk HPV genotypes beyond HPV 16 and 18, including HPV 31[2]

Shape the future of cervical cancer screening with the BD Onclarity™ HPV Assay

- Provides an individual result for HPV 31, which poses a higher risk for cervical precancer as compared to HPV 18[1,3]
- Individually identifies 6 high-risk HPV genotypes to allow for genotype-specific HPV persistence tracking, the most important determinant of cervical cancer risk in women who test HPV-positive[2,5-9]
- The only FDA-approved HPV assay that offers extended genotyping[5,6]
- FDA approved for the three most-common cervical cancer screening paradigms offering the flexibility you need to adopt to changing screening guidelines[5,6]
- Consensus guidelines favor a personalized risk-based management of cervical cancer screening results with HPV testing as the foundation for risk-estimation[4]
- Available out of BD SurePath™ Liquid-based Pap Test and Hologic ThinPrep® Pap Test

Improve your cervical cancer screening: Identify HPV 31

Let's shape the future of women's health. Together and now.

For more information about BD Onclarity™ HPV Assay, please visit **womens-health-solutions.bd.com**

References: 1. Monsonego J et al. *Gynecol Oncol.* 2015;137(1):47–54. **2.** Bonde JH et al. *J Low Genit Tract Dis.* 2020;24(1):1-13. **3.** Stoler MH et al. *Gynecol Oncol.* 2019;153(1):26–33. **4.** Perkins RB et al. *J Low Genit Tract Dis.* 2020;24:102–31. **5.** Salazar K et al. *J Am Soc Cytopath.* 2019;8:284–92. **6.** *BD Onclarity HPV Assay US Package Insert* [8089894]. **7.** Elfgren K et al. *AM J Obstet Gynecol.* 2017;216(3):264e1–e7. **8.** *Radley D et al. Hum Vaccin Immunother.* 2016;12(3):768–72. **9.** *Bodily J, Laimins LA. Trends Microbiol.* 2011;19(1):33–9. **10.** *Bonde J et al. Int J Cancer.* 2019;145:1033–41. **11.** Wright TC et al. *Gynecol Oncol.* 2019;153(2):259–65. **12.** Drolet M et al. *Lancet.* 2019;394(10197): 497–509.

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