

CAP 39: High-Risk Human Papillomavirus Status to Inform Patient Prognosis in Oropharyngeal Squamous Cell Carcinoma

1. How is this measure different than CAP 36? Why is it a new measure?

CAP 36 (HR-HPV Testing in OPSCC) required use of p16 IHC for high-risk HPV testing on oropharyngeal biopsies and resections for oropharyngeal squamous cell carcinoma. Based on practice feedback, denominator counts were low—many practices did not see 20 cases. Because of the updated denominator, Numerator has been updated to allow for any testing methodology the practice sees fit: p16 IHC, FISH, PCR/RT-PCR, L1 IHC, etc

2. So we do not have to do p16 IHC anymore?

That's correct, of course, you can if that is your preferred testing method. If you do, we recommend the 70% nuclear/cytoplasmic cutoff per the guideline.