Cervical Cytology Screening Guideline

EVALUATION AND TREATMENT

Cervical cytology screening guidelines have been continuously changing as we continue to learn more about HPV and what causes cervical cancer. The American Society for Colposcopy and Cervical Pathology (ASCCP) last published guidelines in 2006 and continues to provide updates as new data is discovered. This document was created to help providers better understand the cervical cytology screening guidelines . The goal of clinical management is to identify and treat high-grade disease to decrease the risk of developing invasive cancer. Providers may need to balance risks of precancerous overtreatment with development of invasive disease.

Population	Sanford Clinical Guideline	Clinical Pearls
Younger than 21 years	Screening not recommended.	
21-29 years	Recommended cytology every 3 years.	
30-65 years	Recommend screening with a combination of cytology and HR HPV testing every 5 years, preferred. *Or* Recommended screening with cytology every 3 years.	See ASCCP guidelines if patient is +HR HPV.
Older than 65 years	Recommend against screening women who have had *adequate prior screening.	Screening should not resume for any reason, even if a woman reports having a new sexual partner.
After hysterectomy	Recommend against screening in women who have had a hysterectomy with removal of cervix and who do not have a history of a high-grade precancerous lesion (ie. CIN 2 or 3) or cervical cancer.	
Previously treated for CIN 2/3	Recommend screening with cytology in 6, 12 and 24 months after treatment, then may return to routing screening (pap every 3 years or if 30 years or older co-testing every 5 years) for a minimum of 20 years.	
HPV vaccinated	Recommended screening practices should not change on the basis of HPV vaccination status.	
Pregnancy	Recommended screening practices should not change based on pregnancy status.	Pregnancy is not a risk factor for HPV or cervical cancer.
HIV + / Immunosuppression (defined as history of organ transplant and/or on chronic steroids	If the patient is sexually active no matter what age or $\geq$ 21 years, start screening 6 months apart in the first year after diagnosis and then annually.	These patients have a suppressed immune system and so are more at risk for the persistence of +HR HPV infection.

* Adequate prior screening is three consecutive negative cytology results or two consecutive negative co-tests within the 10 years before cessation of screening, with the most recent test occurring within the past 5 years.

Revised 08222012

REFERENCE INFORMATION

Abbreviations	
+ HR HPV	Positive High Risk Human Papillomavirus
CIN	Cervical Intraepithelial Neoplasia
ASC-US	Atypical Squamous Cells of Undetermined Significance
LSIL	Low Grade Squamous Intraepithelial Lesion
ASC-H	Atypical Squamous Cells – High Grade
ECC	Endo Cervical Curettage
LEEP	Loop Electrosurgical Excision Procedure
ACOG	American College Obstetrics and Gynecology
ASCCP	American Society for Colposcopy and Cervical Pathology
Co-test	Normal Pap plus HR HPV test

References

1. Wright, TC.; et. al. (Oct. 2007). 2006 Consensus guidelines for the management of women with abnormal cervical screening tests. American Journal of Obstetrics & Gynecology. pp 346-355. Retrieved from http://download.journals.elsevierhealth.com/pdfs/journals/0002-9378/PIIS0002937807009301.pdf
2. ACOG Practice Bulletin #109, 12/2009: Cervical Cytology Screening
3. ACOG Committee Opinion #463, 8/2010: Cervical Cancer in Adolescents: Screening, Evaluation, and Management.
4. March 15, 2012. US Preventative Services Task Force Screening for Cervical Cancer. Annals of Internal Medicine. Retrieved from http://www.uspreventiveservicestaskforce.org/uspstf11/cervcancer/cervcancerrs.htm

Revised 08222012