

Cervical Cancer Screening Guideline

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Most recent guideline approval date: September 2015

Guidelines are systematically developed statements to assist patients and providers in choosing appropriate health care for specific clinical conditions. While guidelines are useful aids to assist providers in determining appropriate practices for many patients with specific clinical problems or prevention issues, guidelines are not meant to replace the clinical judgment of the individual provider or establish a standard of care. The recommendations contained in the guidelines may not be appropriate for use in all circumstances. The inclusion of a recommendation in a guideline does not imply coverage. A decision to adopt any particular recommendation must be made by the provider in light of the circumstances presented by the individual patient.

Major Changes as of September 2015

This guideline now focuses exclusively on recommendations for screening.

For the management of Pap and human papillomavirus (HPV) test results and follow-up colposcopy results, the recommendations of the 2012 ASCCP Consensus Guidelines Conference (Massad 2013) have been adopted. A presentation of the recommendations is available on the Guidelines page of the ASCCP website: <http://www.asccp.org/asccp-guidelines>. See “Algorithms – PDFs for your personal use.”

The ASCCP recommendations and algorithms are available in a mobile application for iPhone, iPad, and Android devices at <http://www.asccp.org/store-detail2/asccp-mobile-app>. As of January 2016, the cost for the app is \$10.

New	Previous
<p>For women aged 30 and older, the preferred screening method is co-testing (with both Pap and HPV tests) every 5 years; Pap testing every 3 years is an alternative.</p> <p>For women aged 21–29, the preferred screening method remains Pap testing every 3 years.</p>	<p>The preferred screening method for women aged 21 and older was Pap testing every 3 years. Co-testing every 5 years was an alternative.</p>
<p>Screening with HPV testing only is not recommended for women of any age.</p>	<p>_____</p>
<p>Women aged 21 through 24 are now managed less invasively than in previous recommendations:</p> <ul style="list-style-type: none"> • ASC-US results no longer reflex to HPV for women under age 25. • ASC-US or LSIL results require repeat cytology at 12 months and again at 24 months. If either repeat Pap is ASC-US or higher, colposcopy is indicated. 	<ul style="list-style-type: none"> • ASC-US results reflexed to HPV for women of all ages. • ASC-US results required colposcopy if HPV-positive. If HPV unknown, Pap repeated at 6 and 12 months or colposcopy. All LSIL results required immediate colposcopy.
<p>For women aged 25 or older with ASC-US–positive, HPV-negative results, repeat co-testing in 3 years is recommended.</p>	<p>Repeat co-testing in 5 years was recommended for women in this group.</p>
<p>ASC-US: atypical squamous cells of undetermined significance LSIL: low-grade squamous intraepithelial lesion</p>	

Prevention

Cervical cancer prevention measures include regular screening with Pap tests and reducing the risk of human papillomavirus (HPV) infection through condom use and HPV vaccination. In the presence of HPV infection, cigarette smoking is thought to be associated with a significantly increased risk of squamous cell carcinoma, and tobacco cessation is an important aspect of decreasing risk of cervical dysplasia (ACOG 2009).

- HPV vaccination is recommended for both males and females aged 9–26 years for the prevention of HPV-related diseases. See the Immunization Schedules.
- Tobacco cessation is recommended for all individuals. See the Tobacco Use Guideline.

Screening

Virtually all cervical cancers are caused by HPV infections, with just two types—16 and 18—responsible for approximately 70% of all cases. Other high-risk genotypes (such as 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, and 68) are also included in the high-risk HPV test.

Screening tests

The Pap test is the preferred screening option for women aged 21 through 29 and should be repeated every 3 years. The Pap test is also an alternative screening option for women aged 30 and older. For women aged 25 and older, a reflex HPV test is performed when Pap results are ASC-US (atypical squamous cells of undetermined significance).

Co-testing (with both Pap and HPV tests) is the preferred screening option for women aged 30 and older and should be repeated every 5 years. Co-testing is **not** recommended for women under age 30.

Note: Patients should be made aware that not all health plans cover HPV testing without co-insurance/deductible.

Primary HPV screening: Screening with HPV testing alone (with reflex to Pap) is emerging as a third screening option. Although there was an interim update in 2015 (Huh 2015) that supported the use of primary HPV screening, this method is not yet integrated into the guidelines themselves and is not yet counted by HEDIS® as a valid screening method. For these reasons, this screening method is generally not recommended at this time, until there is further practical guidance on how to implement and manage primary HPV screening. However, primary HPV screening may be acceptable in rare cases, such as when patients would otherwise refuse screening.

Who to screen

- All women aged 21 through 64 years should be screened regardless of whether they have ever been sexually active.
- Women who are immunized against HPV should be screened by the same regimen as non-immunized women.

Table 1. Recommendations for cervical cancer screening

Eligible population	Test(s)	Frequency
Average-risk women aged 21 through 29 years	Pap test	Every 3 years
Average-risk women aged 30 through 64 years	Preferred Co-testing (Pap test plus HPV test)	Every 5 years
	Alternative Pap test	Every 3 years

Who not to screen

Women younger than 21 years: Screening is not recommended for women younger than 21 years regardless of age of onset of sexual activity, as it may lead to unnecessary and harmful evaluation and treatment in women at very low risk of cervical cancer. Findings from observational studies suggest that high-risk HPV infections and cytologic abnormalities are common and transient in women younger than 21. In addition, cervical intraepithelial neoplasia (CIN) grade 3 or higher is much less common in the younger cohort. Sexually active women younger than 21 should be counseled regarding safe sex and contraception and tested for sexually transmitted infections.

Women aged 65 and older: Screening is generally not recommended for women aged 65 and older. There is adequate evidence that screening with Pap tests in women aged 65 and older who have had adequate prior screening and are not otherwise at high risk provides little to no benefit. The 2012 ACS-ASCCP-ASCP guideline (Saslow 2012) defines adequate prior screening as three or more documented, consecutive, and technically satisfactory normal/negative Pap tests, or two consecutive negative co-tests, with the most recent test occurring within the past 5 years and no abnormal/positive Pap tests within the last 10 years. The one exception is women who have been treated for CIN 2, CIN 3, or adenocarcinoma in situ, who should continue to be screened for at least 20 years, even if the screening extends past age 65.

Women who have had a hysterectomy: Screening for cervical cancer is not recommended in women who have had a hysterectomy that included removal of the cervix and no prior history of CIN.

Evidence/References

To develop the Cervical Cancer Screening Guideline, the guideline team adopted the following externally developed evidence-based guidelines:

Huh WK, Ault KA, Chelmow D, et al. Use of primary high-risk human papillomavirus testing for cervical cancer screening: interim clinical guidance. *Gynecol Oncol*. 2015 Feb;136(2):178-182.

Massad MS, Einstein MH, Huh WK, et al; **2012 ASCCP Consensus Guidelines Conference**. 2012 updated consensus guidelines for the management of abnormal cervical cancer screening tests and cancer precursors. *J Low Genit Tract Dis*. 2013 Apr;17(5 Suppl 1):S1-S27.

Saslow D, Solomon D, Lawson HW, et al; **ACS-ASCCP-ASCP Cervical Cancer Guideline Committee**. American Cancer Society, American Society for Colposcopy and Cervical Pathology, and American Society for Clinical Pathology screening guidelines for the prevention and early detection of cervical cancer. *CA Cancer J Clin*. 2012 May-Jun;62(3):147-172.

Guideline Development Process and Team

Development process

The Cervical Cancer Screening Guideline was developed using an evidence-based process, including systematic literature search, critical appraisal, and evidence synthesis. For details, see Evidence Summary and References.

This edition of the guideline was approved for publication by the Guideline Oversight Group in September 2015.

Team

The Cervical Cancer Screening Guideline development team included representatives from the following specialties: family medicine, gynecologic oncology, obstetrics/gynecology, and pathology.

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Disclosure of conflict of interest

Kaiser Permanente requires that team members participating on a guideline team disclose and resolve all potential conflicts of interest that arise from financial relationships between a guideline team member or guideline team member's spouse or partner and any commercial interests or proprietary entity that provides or produces health care–related products and/or services relevant to the content of the guideline.

Team members listed below have disclosed that their participation on the Cervical Cancer Screening Guideline team includes no promotion of any commercial products or services, and that they have no relationships with commercial entities to report.

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Team members listed below have provided the following disclosures of financial interest/arrangement or affiliation with one or more corporate organizations.

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Grant/research support from National Cancer Institute: “Randomized Trial of In-Home Cervical Cancer Screening in Under-screened Women of Health.”