

3/25/13

Women should continue to get regular health examinations regardless of cervical cancer screening intervals.

An abnormal appearing cervix should be biopsied regardless of the result of the PAP. If you cannot biopsy the lesion at the time of the patient's appointment, refer for colposcopy.

This guideline assumes that the patient does not have the following medical conditions: HIV positive, a transplant taking anti-rejection drugs or a history of DES exposure.

**How often do I screen for cervical cancer?**

<21 years old - None

21-29 – Cytology alone every 3 years

30 - 65 years old – Co-testing every 5 years

**What to order for these patients:**

21-29 years old - ThinPrep with reflex HPV if ASC-US

30 - 65 years old - Co-testing with ThinPrep cytology and HPV testing.

**When do I stop screening for cervical cancer?**

You should stop screening in women 65 years of age or older if the last three screening tests were normal and she has not had cervical intraepithelial neoplasia (CIN) II or higher in the last 20 years. Do not restart testing for any reason.\*

You should stop screening in women who have a total hysterectomy (cervix is removed) for benign disease and no history of CIN II or higher in the last 20 years. Do not restart testing for any reason.\*.

**How often should a patient be screened after CIN II or higher is resolved?**

These patients remain at risk for 20 years, so screening should continue for 20 years after the CIN II or higher resolves spontaneously or with treatment. Testing reverts to the routine listed above after the follow up of the abnormality is completed.

**The following test results are NORMAL.**

Specimen adequacy: Satisfactory AND

Negative for intraepithelial lesion or malignancy,

**The following results are ABNORMAL and should be referred for colposcopy.**

Atypical squamous cells of Undetermined Significance (ASC-US), with a positive HPV test for high risk HPV subtypes.

Atypical squamous cells cannot exclude HSIL (ASC-H)

Atypical glandular cells (AGS)

Low-grade squamous intraepithelial lesions (LSIL)

High-grade squamous intraepithelial lesions (HSIL)

Squamous cell carcinoma

**What do I do with an unsatisfactory due to a lack of endocervical cells or transformation zone components (EC/TZ)?**

See updated ASCCP guideline from 2013. The HPV result is the key to the decision. If HPV negative, continue routine screening. If HPV unknown and 30 years or older, rescreen in 3 years. In women ages 21-29, continue routine screening.

**What do I do with an unsatisfactory result?**

See updated ASCCP guideline from 2013. **Repeat cytology only in 2-4 months.** The patient's age and HPV status does not matter.

\* See ASCCP, March 2013 and ACOG, November 2012 recommendations for details.