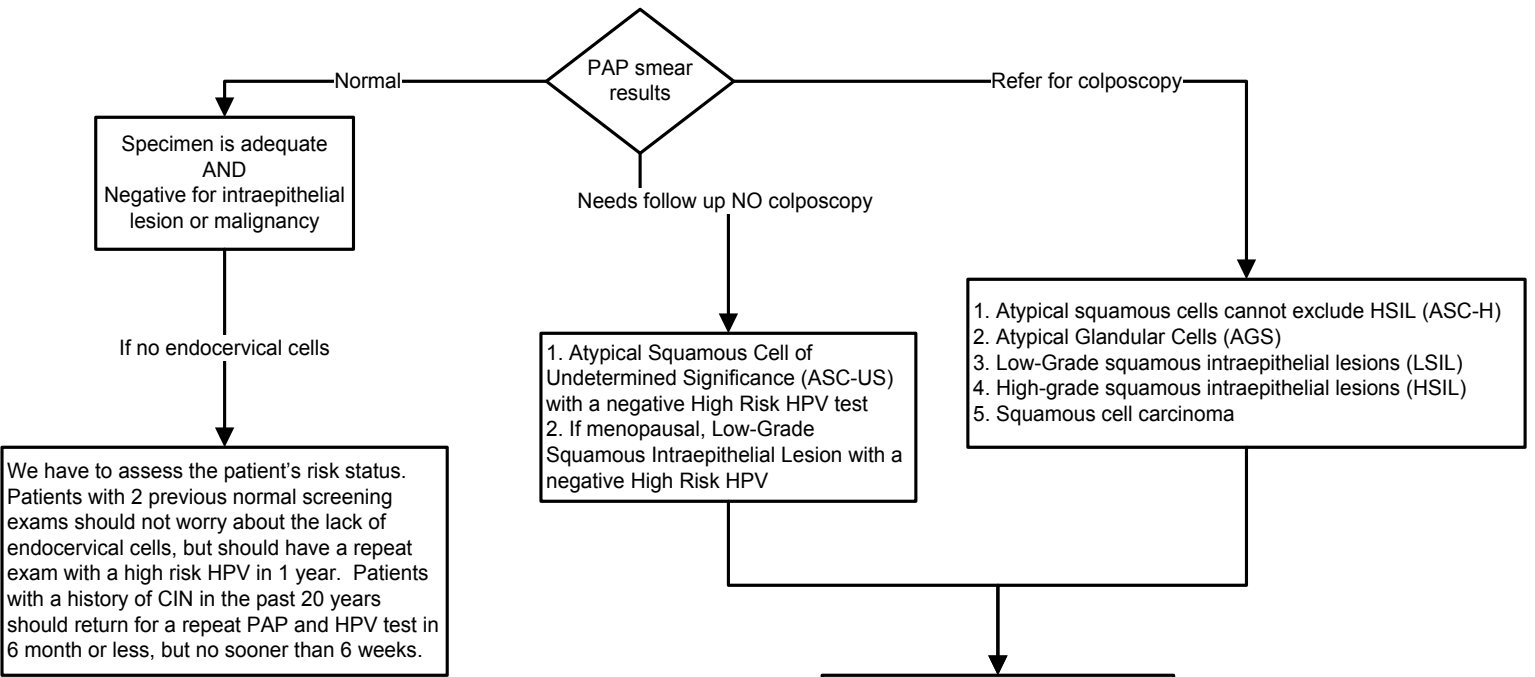
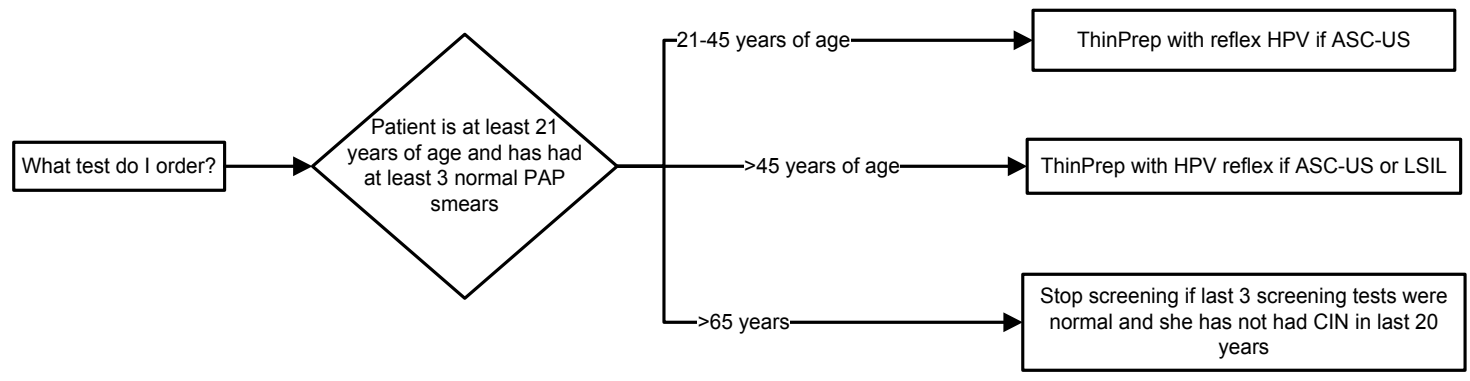


This guideline assumes the last 3 screening tests for cervical cancer were normal and the patient does not have the following medical conditions: HIV positive, a transplant taking anti-rejection drugs or a history of DES exposure.

**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.**



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) in the last 20 years.

You should stop screening in women who have a total hysterectomy (cervix is removed) for benign disease and no history of CIN in the last 20 years.

Every patient should be screened annually for high risk sexual behavior. If screening has been stopped for a reason above, screening for cervical cancer can if new high risk behavior occurs. Screening for sexually transmitted infections should continue as needed independent of cervical cancer screening.

Follow:  
 2006 Consensus Guidelines for the Management of Women with Abnormal Cervical Cancer Screening Tests American Journal of Obstetrics and Gynecology (2007;197(4):346-355)

See attachment for when you should deviate from the published ASCCP guideline