



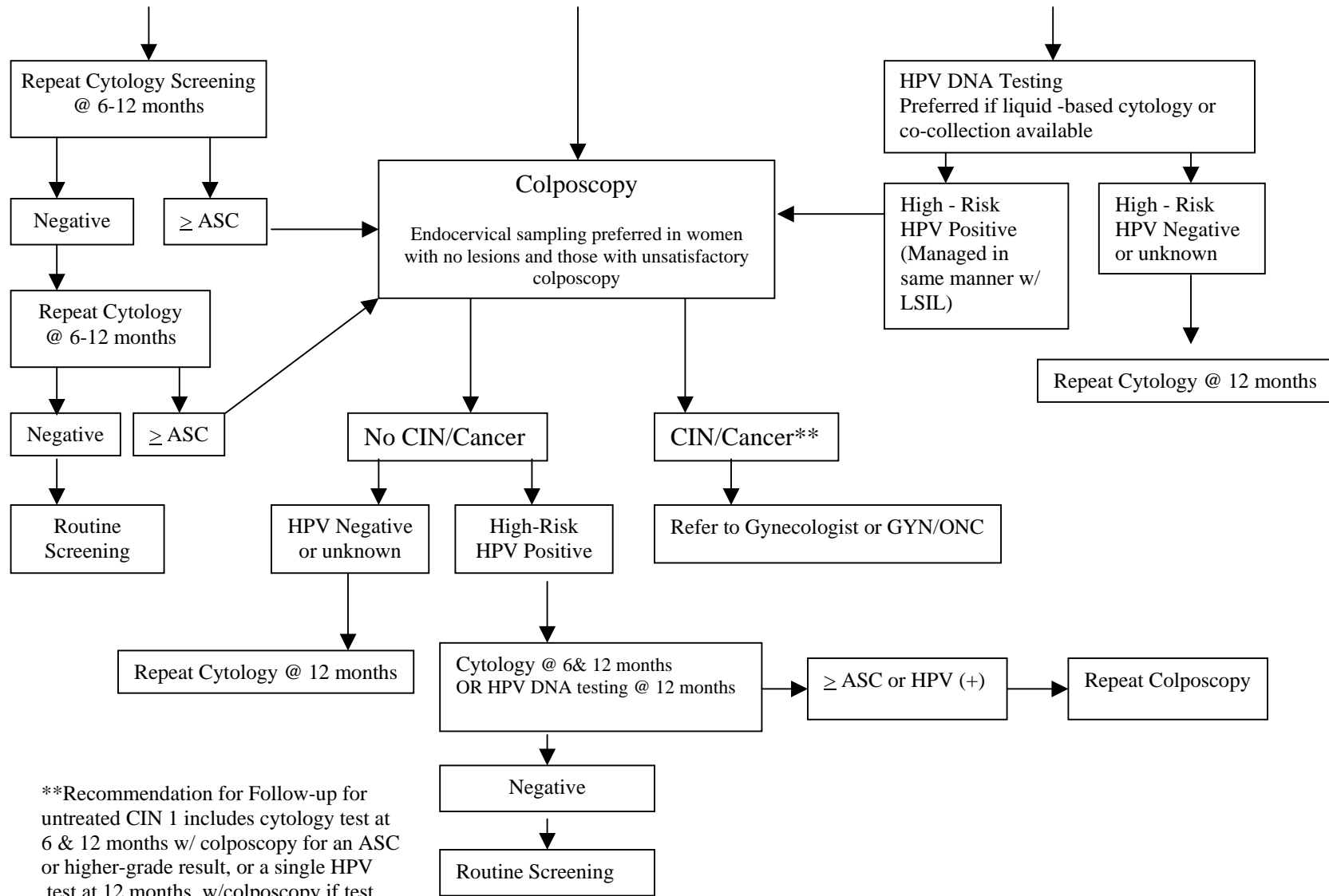
2008 Cervical Cancer Screening: Cytology (Pap Smear) Clinical Guidelines

Guideline History

Date Approved	09/94, 01/08
Date Revised	10/05, 01/08
Date Reviewed	06/05, 12/07
Next Review Date	01/10

Cervical Cancer Screening: Cytology (Pap Smear)

*ASCCP Guideline available at www.asccp.org



Recommendation for Follow-up for untreated CIN 1 includes cytology test at 6 & 12 months w/ colposcopy for an ASC or higher-grade result, or a single HPV test at 12 months, w/colposcopy if test result is positive.

Refer to the 2006 Consensus Guideline (www.asccp.org) for management of Pap smears > ASC-US and for management of abnormal.

Cervical Cancer Prevention: Screening with the Pap Smear

First Screen Screening of cervical cytology (Pap smear) should begin by approximately 3 years after first sexual intercourse or by age 21, whichever comes first.

Women up to age 30 Women in this age range should undergo annual screening. Women under age 30 have a higher likelihood than older women of acquiring high-risk types of HPV that cause premalignant cervical disease which should be ruled out before extending the screening intervals.

Women age 30 and older There are two acceptable screening options for women in this age group. Under either option, women may not need annual screening:

- **Testing using cervical cytology alone** If a woman age 30 or older has negative results on three consecutive annual cervical cytology tests, then she may be re-screened with cervical cytology alone every 2-3 years.
- **The combined use of a cervical cytology test and a test for high-risk HPV** Under this option, women receive both a cervical cytology test and a genetic test that looks for certain high-risk types of human papillomavirus (HR-HPV) that are known to cause cervical cancer. Once women test negative on both tests, they should be re-screened with the combined tests no more frequently than every 3 years. If only one of the tests is negative, more frequent screening will be necessary.

Exceptions

More frequent screening may be required in women who are infected with HIV, are immunosuppressed, were exposed to DES or who were previously diagnosed with cervical cancer.

Absence of Endocervical Cells Cervical cytology screening lacking endocervical cells may be repeated in 1 year when testing was performed for routine screening.

Hysterectomy Women who have had a hysterectomy with removal of the cervix for benign reasons and with no history of abnormal or cancerous cell growth may discontinue routine cytology screening. Women who have had such a hysterectomy, but who have a history of CIN 2 or 3 should be screened annually until they have three consecutive, negative vaginal cytology tests; then they can discontinue routine screening.

When to Discontinue Screening Physicians can determine on an individual basis when an older woman can stop having cervical cancer screening, based on such factors as her medical history and ability to monitor the patient in the future. (ACS recommends cessation of routine screening at age 70 with three or more normal Pap smear results and no abnormality within 10 years. The USPSTF recommends cessation at age 65. ACOG has not set an upper age limit for cervical cancer screening.)

References

Colposcopy

- American College of Obstetrics and Gynecology Practice Bulletin (2005). Management of Abnormal Cervical Cytology and Histology Obstetrics & Gynecology No. 66, September 2005.
- Cervical Cytology: Evaluation and Management of Abnormalities. American College of Obstetrics and Gynecology Technology Bulletin, August 1993, (183).
- Kurman, R.J., Henson, D.E., Herbst, A.L., Noller, K.L., & Schiffman, M.H. (1994). Interim guidelines for management of abnormal cervical cytology. Journal of the American Medical Association, 271(23), 1866-1869.
- Lungu, O., Sun, X.W., Felix, J., Richart, R.M., Silverstein, S. & Wright, T.C. (1992). Relationship of human papillomavirus type to grade of cervical intraepithelial neoplasia. Journal of the American Medical Association, 267 (18), 2493-2496.
- American Society for Colposcopy and Cervical Pathology (2007). Management of Women with Atypical Squamous Cells of Undetermined Significance (ASC-US). Journal of Lower Genital Tract Disease. 11.No. 4 October 2007.
- OB Specialty Advisory Group (December 2007).

Pap Smear

- American College of Obstetrics and Gynecology Technology Bulletin (1993), Cervical Cytology: Evaluation and Management of Abnormalities, August 1993, 183.
- American Society for Colposcopy and Cervical Pathology (2007). 2006 Consensus Guidelines for the Management of Women with Abnormal Cervical Screening Tests. Vol. 11, No. 4, October 2007.
- Kurman, R.J., Henson, E., Herbst, AL, Nobler, K.L., & Schiffman, M.H. (1994). Interim guidelines for management of abnormal cervical cytology. Retrieved from the Journal of the American Medical Association, 271(23), 1866-1869.
- Lungu, O., Sun, X.W., Felix, J., Richart, R.M., Silverstein, S. & Wright, T.C. (1992). Relationship of human papillomavirus type to grade of cervical intraepithelial neoplasia.. Retrieved from the Journal of the American Medical Association, 267, (18), 2493-2496.
- OB Specialty Advisory Group (December 2007).