



2016
Cervical Cancer Screening: Cytology (Pap Smear)
Clinical Guidelines

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Cervical Cancer Prevention: Screening with the Pap Smear

First Screen Screening of cervical cytology (Pap smear) should begin at age 21. Women under the age of 21 should not be screened regardless of the age of initiation of sexual activity or other risk factors.

Adolescent cervical cancer prevention programs need to focus on universal HPV vaccinations. The vaccination is safe, cost effective and has proven to be effective when used in adolescents before becoming sexually active

Women ages 21-29 Screening with cytology alone is recommended every 3 years even if the 21-29 year old woman has had 2 or more consecutively negative cytology screens. 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. HPV testing with cytology should not be used in women in this age group alone or with co-testing.

Women ages 30 -65 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** Women ages 30 to 65 it is acceptable to be screened with cervical cytology alone every 3 years. Cytology with HPV testing (cotesting) every 5 years is preferred.
- **The combined use of a cervical cytology test and a test for high-risk HPV** Under with 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, and were exposed to DES or who were previously diagnosed with cervical cancer.

Women older than 65 years of age with history of negative prior screenings and no history of CIN2+ within the last 20 years should not be screened for cervical cancer. Testing should not resume for any reason once testing has been discontinued.

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 of any age who have undergone Hysterectomy with removal of the cervix and no history of CIN2+ should not be screened for vaginal cancer. Again screening should not be resumed once discontinued even if the woman has a new sex partner.

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.) ACOG recommends cessation between age 65-70 years with 3 consecutive normal cytology tests and no abnormal tests in the past 10 years.

Preventive Maintenance Regular office visits and pelvic exams should be performed for preventive maintenance on an **annual** basis.

For Complete guideline, please go to www.asccp.org/Guidelines

References

Colposcopy & Pap Smear

1. American Cancer Society, American Society for Colposcopy and Cervical Pathology (2013), 2012 Updated Consensus Guidelines for the Management of Abnormal Cervical Cancer Screening Tests and Cancer Precursors Journal of Lower Genital Tract Disease. V. 17 no. 5, 2013, S1-S27. www.asccp.org/Guidelines
2. CDC- Cervical Cancer Screening (2013) Retrieved January 25, 2016. http://www.cdc.gov/cancer/cervical/basic_info/screening.htm
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