

Cervical Cancer Screening Guidelines

Introduction

New technology for performing cervical cancer screening is evolving rapidly, as are recommendations for classifying and interpreting the results. Persistently positive high-risk HPV is essential for the development of cervical cancer. Therefore, guidelines have been updated to incorporate the use of HPV testing in regular screening.

The advantage for HPV co-testing is not only to find women with current cervical disease, but to also identify those at risk of developing disease in the future. In contrast, cytology only finds current disease.

The rationale for the use of combined (cytology plus HPV DNA) primary screening in women over the age of 30 years is that cytology has moderate sensitivity and high specificity; and HPV testing for high-risk viral types has high sensitivity and moderate specificity. The combination of both tests together provide nearly 100% sensitivity, while maintaining the specificity of cytology.

When to start screening

Cervical screening using liquid-based cytology should begin at age 21.

Cervical cancer screening for women 30 and older with the Pap plus HPV test should begin at age 30 years.

Who should be screened?

Co-testing using the combination of cytology plus HPV DNA testing is recommended for healthy women 30 and older.

It should also be noted that the reason a combined screening program is not suggested for women under the age of 30 and especially under the age of 25 years, is that the prevalence of transient HPV infection is so high.

Frequency of screening - *general recommendations for healthy (non-pregnant) women*

Up to 30 years of age: biennial Pap smears using liquid cytology

Over 30 years of age: Screen with both HPV and Pap using liquid cytology. Rescreen every 5 years using COMBINED testing only if both are negative (routine sure path collection and additional endocervical swab for HPV)

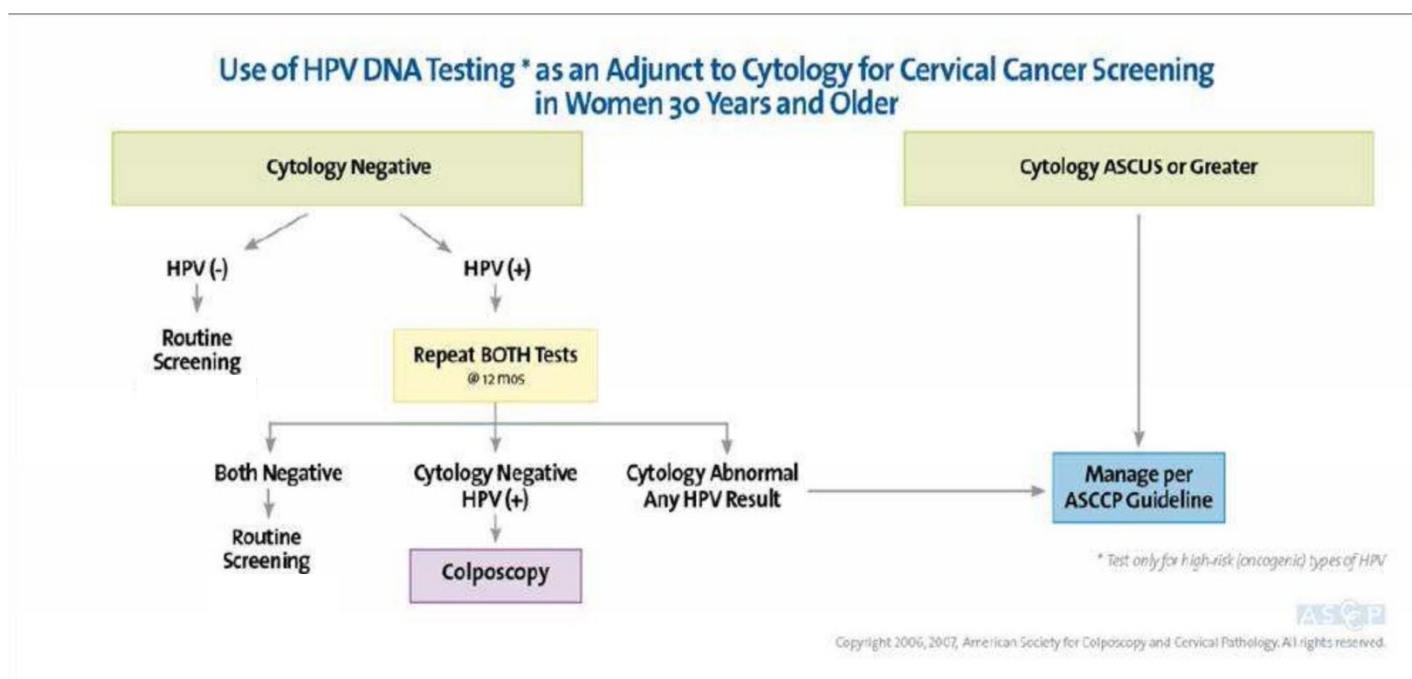
Other high-risk populations

Screening intervals may differ from the guidelines above for special populations of women at higher risk, including women who: have a history of CIN2, CIN3 or cervical cancer were exposed in utero to diethylstilbestrol (DES) are immunocompromised are HIV-positive are pregnant.

Results and Algorithms

- If a cervical cytology test is negative, re-screen in three years
- Women aged 30 years and older who have had three consecutive negative cervical cytology screening test results may extend the interval between cervical cytology examinations to every 3 years.
- Any woman aged 30 years or older who receives negative test results on both cervical cytology screening and HPV DNA testing should be re-screened no sooner than 5 years subsequently.
- Cervical cytology test negative and High-Risk HPV DNA test positive: repeat both tests in 12 months then follow algorithm below

The PAP test is a screening test for cervical cancer with inherent false-negative results. A negative PAP smear result does not preclude the presence of carcinoma or intraepithelial lesion.



Sources:

Wright TC Jr, Massad LS, Dunton CJ, Spitzer M, Wilkinson EJ, Solomon D. 2006 consensus guidelines for the management of women with abnormal cervical cancer screening tests. 2006 American Society for Colposcopy and Cervical Pathology sponsored Consensus Conference. Am J Obstet Gynecol 2007;197:346-55. (Level III)

Robert A. Smith, Vilma Cokkinides and Harmon J. Eyre. American Cancer Society Guidelines for the Early Detection of Cancer. 2006 CA Cancer J Clin 2006;56;11-25; DOI: 10.3322/canjclin.56.1.11

ACOG practice bulletin: Clinical Management Guidelines for Obstetrician-Gynecologists. Number 109. Cervical Cytology Screening American College of Obstetrics and Gynecologists. December 2009.

Mayrand MH, Duarte-Franco E, Rodrigues I, Walter SD, Hanley J, Ferenczy A, Ratnam S, Coutlee F, Franco EL. Human Papillomavirus DNA versus Pananicolau Screening Tests for Cervical Cancer. New England Journal of Medicine 2007: 357.16.1579-88

Wright TC Jr, Schiffman M, Cox JT, Garcia F, Goldie S, Hatch K, Noller KL, Roach N, Runowicz C, Saslow D. 2004 Interim Guidance for the Use of Human Papillomavirus DNA Testing as an Adjunct to Cervical Cytology for Screening. The American College of Obstetricians and Gynecologists. 2004: 103.2.305

Screening for Cervical Cancer, Topic Page. March 2012. U.S. Preventive Services Task Force. ACOG <http://www.uspreventiveservicestaskforce.org/uspstf11/cervcancer/cervcancersum.htm>

Patient Education Fact Sheet, PFS004 New Guidelines for Cervical Cancer Screening. September 2013. ACOG