

WHAT'S NEW

From the U.S. Preventive Services Task Force

An Overview of Recommendations

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Screening for Cervical Cancer

What Screening Is Recommended by the USPSTF?

- The U.S. Preventive Services Task Force (USPSTF) strongly recommends screening women for cervical cancer if they are sexually active and have a cervix.
- The USPSTF recommends against routinely screening women older than age 65 if they have had adequate recent screening with normal Pap smears and are not otherwise at increased risk for cervical cancer.
- The USPSTF recommends against routine Pap screening for women who have had a total hysterectomy for benign disease.
- The USPSTF concludes that the evidence is insufficient to

recommend for or against new technologies (such as ThinPrep®) in place of conventional Pap tests.

- The USPSTF concludes that the evidence is insufficient to recommend for or against *human papillomavirus* (HPV) testing as a primary screening test for cervical cancer.

The Task Force concludes that screening should begin within 3 years of the start of sexual activity or age 21, whichever comes first, and should be done at least every 3 years. The risk for cervical cancer and the yield of screening decline through middle age. For women older than 65 who have had normal Pap smears, the benefits of continued screening may not outweigh the potential harms, such as false-positive test results and invasive procedures. The Task Force also concludes that the yield of detecting vaginal neoplasms is

too low to justify continuing screening after a total hysterectomy.

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Most cases of cervical cancer occur in women who are not screened adequately. Clinicians, hospitals, and health plans should develop systems to identify and screen women, including older women, who have had no screening or who have been screened inadequately in the past.

Why Aren't Annual Pap Tests or Newer Technologies Recommended?

The USPSTF found no direct evidence that annual screening is more effective

What's New from the U.S. Preventive Services Task Force is a series of fact sheets based on recommendations of the U.S. Preventive Services Task Force (USPSTF). The USPSTF systematically reviews the evidence of effectiveness of a wide range of clinical preventive services—including screening, counseling, and chemoprevention (the use of medication to prevent disease)—to develop recommendations for preventive care in the primary care setting. **This fact sheet presents highlights of USPSTF recommendations on this topic and should not be used to make treatment or policy decisions.**

More detailed information on this subject is available in several Systematic Evidence Reviews, a Summary of the Evidence, and the USPSTF Recommendations and Rationale, which can be found on the Agency for Healthcare Research and Quality's (AHRQ) Web site (<http://www.preventiveservices.ahrq.gov>) and through the National Guideline Clearinghouse (<http://www.guideline.gov>). The Summary of the Evidence and the USPSTF Recommendations and Rationale are available in print through the AHRQ Clearinghouse (1-800-358-9295, or ahrqpubs@ahrq.gov).

www.ahrq.gov

than less frequent screening in preventing cases of cervical cancer or death from cervical cancer. Cervical cancer usually progresses from precancerous lesions to invasive cancer over many years. Unless women are at increased risk for cervical cancer, screening less frequently is likely to be effective while reducing the number of false-positive results.

The available data are insufficient to determine whether newer, more expensive forms of Pap tests are better than conventional Pap tests. Although some data suggest new tests like ThinPrep® may detect more high-grade lesions, they may also increase false-positive results. HPV tests are not yet

approved for use as primary screening tests for cervical cancer but research is underway to determine whether HPV tests can identify women who need more or less frequent screening with Pap tests.

How Do These Recommendations Differ from Previous Task Force Recommendations?

These recommendations reinforce earlier recommendations that sexually active women get regular Pap testing at least every 3 years. The revised recommendations, however, raise the age at which routine screening should

begin, as a result of data suggesting that the risk for cervical cancer in adolescents is low and the risk for false-positive results is high. The recommendation against continuing routine screening in women after age 65, or after a total hysterectomy, are stronger than in 1996, reflecting new data on the low yield and potential harms of such screening.

For more information on screening for cervical cancer, contact the following organizations:

healthfinder™
<http://www.healthfinder.gov>

**National Cancer Institute
National Institutes of Health**
<http://www.nci.nih.gov>



**U.S. Department of Health
and Human Services**



**Agency for Healthcare
Research and Quality**
www.ahrq.gov



U.S. Preventive Services Task Force

Members of the USPSTF represent the fields of family medicine, gerontology, obstetrics-gynecology, pediatrics, nursing, prevention research, and psychology. Members of the USPSTF are:

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