

Cervical Cancer Screening Guidelines for Average-Risk Women¹

	American Cancer Society (ACS), American Society for Colposcopy and Cervical Pathology (ASCCP), and American Society for Clinical Pathology (ASCP) ² 2012	U.S. Preventive Services Task Force (USPSTF) ³ 2012	American College of Obstetricians and Gynecologists (ACOG) ⁴ 2009
When to start screening⁵	Age 21. Women aged <21 years should not be screened regardless of the age of sexual initiation or other risk factors. <i>(Strong recommendation)</i>	Age 21. <i>(A recommendation)</i> Recommend against screening women aged <21 years. <i>(D recommendation)</i>	Age 21 regardless of the age of onset of sexual activity. Should be avoided <21 years. <i>(Level A evidence)</i>
Statement about annual screening	Women of any age should not be screened annually by any screening method. <i>(Strong recommendation)</i>	Individuals and clinicians can use the annual Pap test screening visit as an opportunity to discuss other health problems and preventive measures. Individuals, clinicians, and health systems should seek effective ways to facilitate the receipt of recommended preventive services at intervals that are beneficial to the patient. Efforts also should be made to ensure that individuals are able to seek care for additional health concerns as they present.	Physicians should inform their patients that annual gynecologic examinations may be appropriate. <i>(Level C evidence)</i> ⁶
Screening method and intervals⁷			
Cytology (conventional or liquid based)	21–29 years of age Every 3 years. ⁸ <i>(Strong recommendation)</i> 30–65 years of age Every 3 years. ⁸ <i>(Strong recommendation)</i>	Every 3 years. <i>(A recommendation)</i> Every 3 years. <i>(A recommendation)</i>	Every 2 years. <i>(Level A evidence)</i> May screen every 3 years with a history of 3 negative cytology tests. <i>(Level A evidence)</i>
HPV co-test (cytology + HPV test administered together)	21–29 years of age HPV co-testing should not be used for women aged <30 years. 30–65 years of age Every 5 years <i>(Strong recommendation)</i> ; this is the preferred method <i>(Weak recommendation)</i> .	Recommend against HPV co-testing women aged <30 years. <i>(D recommendation)</i> For women who want to extend their screening interval, HPV co-testing every 5 years is an option. <i>(A recommendation)</i>	Not recommended for women aged <30 years. Every 3 years if cytology normal, HPV test negative. <i>(Level A evidence)</i>
Primary HPV testing⁹	For women aged 30–65 years, screening by HPV testing alone is not recommended in most clinical settings. <i>(Weak recommendation)</i> ¹⁰	Recommends against screening for cervical cancer with HPV testing (alone or in combination with cytology) in women aged <30 years. <i>(D recommendation)</i>	Not addressed.
When to stop screening	Women aged >65 years with adequate screening history should not be screened. ¹⁰ Women aged >65 years with a history of CIN2, CIN3, or AIS should continue screening for at least 20 years after spontaneous regression or appropriate management. <i>(Weak recommendation)</i>	Women aged >65 years with adequate recent screening with normal Pap tests, who are not otherwise at high risk for cervical cancer. <i>(D recommendation)</i> ¹¹	Between 65–70 years of age with 3 consecutive normal cytology tests and no abnormal tests in the past 10 years <i>(Level B evidence)</i> . An older woman who is sexually active and has multiple partners should continue to have routine screening.
Screening post-total hysterectomy	Women who have had a total hysterectomy (removal of the uterus and cervix) should stop screening, unless the hysterectomy was done as a treatment for cervical pre-cancer or cancer. Women who have had a hysterectomy without removal of the cervix (supracervical hysterectomy) should continue screening according to guidelines. <i>(Strong recommendation)</i>	Recommend against screening in women who have had a hysterectomy with removal of the cervix and who do not have a history of a high-grade precancerous lesion (CIN2 or CIN3) or cervical cancer. <i>(D recommendation)</i>	If removal for benign disease and no history of high-grade CIN or worse, may discontinue screening. <i>(Level A evidence)</i> Women for whom a negative history cannot be documented should continue to be screened. <i>(Level B evidence)</i>
The need for a bimanual pelvic exam	Not addressed in 2012 guidelines but was addressed in 2002 ACS guidelines. ¹²	Addressed in USPSTF ovarian cancer screening recommendations (draft). ¹³	Physicians should inform their patients that annual gynecologic examinations may be appropriate. <i>(Level C evidence)</i> ⁶
Screening among those immunized against HPV 16/18	Women at any age with a history of HPV vaccination should be screened according to the age-specific recommendations for the general population.	The possibility that vaccination might reduce the need for screening with cytology alone or in combination with HPV testing is not established. Given these uncertainties, women who have been vaccinated should continue to be screened.	Recommendations remain the same regardless of vaccination status. <i>(Level C evidence)</i>

HPV = human papillomavirus; CIN = cervical intraepithelial neoplasia

¹These recommendations do not apply to women who have received a diagnosis of a high-grade precancerous cervical lesion (CIN 2 or 3) or cervical cancer, women with in utero exposure to diethylstilbestrol, or women who are immunocompromised, or are HIV positive.

²Saslow D, Solomon D, Lawson HW, et al. American Cancer Society, American Society for Colposcopy and Cervical Pathology, and American Society for Clinical Pathology screening guidelines for the prevention and early detection of cervical cancer. *CA Cancer J Clin*. 2012 Mar 14. Available at <http://www.cancer.org/Cancer/CervicalCancer/DetailedGuide/cervical-cancer-prevention>

³USPSTF. Screening for Cervical Cancer. 2012. Available at <http://www.uspreventiveservicestaskforce.org/uspstf11/cervcancer/cervcancerr.htm>. These recommendations apply to women who have a cervix, regardless of sexual history.

⁴ACOG Practice Bulletin No. 109: Cervical cytology screening. ACOG Committee on Practice Bulletins-Gynecology. *Obstet Gynecol*. 2009 Dec;114(6):1409-20.

⁵Since cervical cancer is believed to be caused by sexually transmissible human papillomavirus infections, women who have not had sexual exposures (e.g., virgins) are likely at low risk. Women aged >21 years who have not engaged in sexual intercourse may not need a Pap test depending on circumstances. The decision should be made at the discretion of the women and her physician. Women who have had sex with women are still at risk of cervical cancer. 10%–15% of women aged 21–24 years in the United States report no vaginal intercourse (Saraiya M, Martinez G, Glaser K, et al *Obstet Gynecol* 2009. 114 (6)). Providers should also be aware of instances of non-consensual sex among their patients.

⁶More specific guidance from 2003 states an annual pelvic examination is a routine part of preventive care for all women aged ≥21 years even if they do not need cervical cytology screening. (*Level C evidence*)

⁷Conventional cytology and liquid-based cytology are equivalent regarding screening guidelines, and no distinction should be made by test when recommending next screening.

⁸There is insufficient evidence to support longer intervals in women aged 30-65 years, even with a screening history of consecutive negative cytology tests.

⁹Primary HPV testing (HPV testing alone) is defined as conducting the HPV test as the first screening test. It may be followed by other tests (like a Pap) for triage.

¹⁰No further explanation of which clinical settings HPV testing should be used to screen women aged 30–65 years as a standalone test.

¹¹Current guidelines define adequate screening as three consecutive negative cytology results or two consecutive negative co-tests within 10 years before cessation of screening, with the most recent test performed within 5 years, and are the same for ACS and USPSTF.

¹²2002 guidelines statement: The ACS and others should educate women, particularly teens and young women, that a pelvic exam does not equate to a cytology test and that women who may not need a cytology test still need regular health care visits including gynecologic care. Women should discuss the need for pelvic exams with their providers. Saslow D, Runowicz CD, Solomon D, et al. American Cancer Society Guideline for the Early Detection of Cervical Neoplasia and Cancer. *CA Cancer J Clin* 2002;52:342–362.

¹³The bimanual pelvic examination is often conducted (usually annually) in part to screen for ovarian cancer, although its effectiveness and harms are not well known and were not a focus of this review. No randomized trial has assessed the role of the bimanual pelvic examination for cancer screening. In the PLCO Trial, bimanual examination was discontinued as a screening strategy in the intervention arm because no cases of ovarian cancer were detected solely by this method and a high proportion of women underwent bimanual examination with ovarian palpation in the usual care arm.