



**SENTARA HEALTH PLANS CLINICAL PRACTICE GUIDELINE:  
CERVICAL CANCER SCREENING: CYTOLOGY**

**Guideline History**

<b>Date Approved</b>	Colposcopy & Pap: 09/94 Changed to Cervical Cancer: 01/08
<b>Date Revised</b>	11/95, 11/97, 02/98, 2/99, 07/00, 03/01,04/02, 3/03, 07/03, 06/05, 10/05,12/07,01/08, 1/10, 1/12, 01/14, 01/16,01/18 01/20, 01/22
<b>Date Reviewed</b>	01/24
<b>Next Review Date</b>	01/26

These Guidelines are promulgated by Sentara Health as recommendations for the clinical Management of specific conditions. Clinical data in a particular case may necessitate or permit deviation from these Guidelines. The Sentara Health Guidelines are institutionally endorsed recommendations and are not intended as a substitute for clinical judgment.

The USPSTF is the agreed upon source for cervical cancer screening guidelines by the American College of Obstetricians and Gynecologists (ACOG), the Society of Gynecologic Oncology (SGO), the American Society for Colposcopy and Cervical Pathology (ASCCP).

<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/cervicalcancer-screening>

**SEE SCREENSHOT #1** (next page)

The American Cancer Society's recommendations differ slightly:

ACS recommends that individuals with a cervix initiate cervical cancer screening at age 25 y and undergo primary HPV testing every 5 y through age 65 y (preferred). If primary HPV testing is not available, individuals aged 25-65 y should be screened with co-testing (HPV testing in combination with cytology) every 5 y or cytology alone every 3 y (acceptable) (strong recommendation). Management Guidelines for abnormal cervical pathology can be found on the ASCCP website:

<https://www.asccp.org/management-guidelines>

The ASCCP also has an app available to streamline navigation of the guidelines for individual cases.

**SEE SCREENSHOT #2** (last page)

**Screenshot #1:**  
**US Preventive Services Task Force: Cervical Cancer Screening**

Recommendation Summary

Population	Recommendation	Grade
Women aged 21 to 65 years	<p>The USPSTF recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting).</p> <p>See the Clinical Considerations section for the relative benefits and harms of alternative screening strategies for women 21 years or older.</p>	<b>A</b>
Women younger than 21 years	The USPSTF recommends against screening for cervical cancer in women younger than 21 years.	<b>D</b>
Women who have had a hysterectomy	The USPSTF recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and do not have a history of a high-grade precancerous lesion (ie, cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer.	<b>D</b>
Women older than 65 years	<p>The USPSTF recommends against screening for cervical cancer in women older than 65 years who have had adequate prior screening and are not otherwise at high risk for cervical cancer.</p> <p>See the Clinical Considerations section for discussion of adequate prior screening and risk factors that support screening after age 65 years.</p>	<b>D</b>

## Screenshot # 2

### ASCCP Navigation of Guidelines



Improving lives through the prevention and treatment of anogenital & HPV-related diseases



Scientific Meeting

Clinical Practice

Education

Journal

Membership

Careers

Mobile App

News

About

## Management Guidelines

ASCCP Risk Based Management Consensus Guidelines (main article PDF)

Read More

Supporting Risk Based Guidelines Articles

Read More

Data Tables: Risk Based Guidelines Articles

Read More

ASCCP Management Guidelines App and Web Application

Find Out More

2012 and 2006 Management Guidelines

Find Out More

# Cervical Cancer Screening

## WHAT IS IT?

Cervical cancer screening may include Pap tests, testing for a virus called human papillomavirus (HPV), or both. In both tests, cells are taken from the cervix and sent to a lab for testing:

- A Pap test looks for abnormal cells.
- An HPV test looks for infection with the types of HPV that are linked to cervical cancer.

## FOLLOW THESE GUIDELINES:

If you are younger than 21	<b>You do not need screening.</b>
If you are 21 to 29	Have a <b>Pap test alone every 3 years</b> . HPV testing alone can be considered for women who are 25 to 29, but Pap tests are preferred.
If you are 30 to 65	You can <b>choose one of three options</b> : <ul style="list-style-type: none"><li>• Have a Pap test and an HPV test (co-testing) every 5 years</li><li>• Have a Pap test alone every 3 years</li><li>• Have an HPV test alone every 5 years</li></ul>
If you are 65 or older	<b>You do not need screening</b> if you have no history of cervical changes and either three negative Pap test results in a row, two negative HPV tests in a row, or two negative co-test results in a row within the past 10 years. The most recent test should have been performed within the past 3 or 5 years, depending on the type of test.

## REMEMBER!

- You still need to have screening if you have been vaccinated against HPV.
- You may still need to have screening if you have had a hysterectomy and your cervix was not removed.

## EXCEPTIONS TO THESE GUIDELINES:

If any of these apply to you: <ul style="list-style-type: none"><li>• You have human immunodeficiency virus (HIV).</li><li>• You have a weakened immune system.</li><li>• You have a history of cervical cancer.</li><li>• You were exposed to diethylstilbestrol before birth.</li></ul>	<b>You may need more frequent screening.</b>
If you have had a hysterectomy in which your cervix was removed and... <ul style="list-style-type: none"><li>• you have a history of cervical cancer or moderate to severe cervical changes</li><li>• you have no history of cervical cancer or cervical changes</li></ul>	<ul style="list-style-type: none"><li>• <b>Continue to have screening</b> for 20 years after your surgery.</li><li>• <b>You do not need screening.</b></li></ul>



## SEE YOUR OB-GYN REGULARLY FOR A ROUTINE VISIT.

Even if you are not due for cervical cancer screening, you should still see your ob-gyn regularly for birth control counseling, vaccinations, health screenings, prepregnancy care, and the latest information about your reproductive health.