



SENTARA HEALTH PLANS CLINICAL PRACTICE GUIDELINE:

CERVICAL CANCER SCREENING: CYTOLOGY

Guideline History

Date Approved	Colposcopy & Pap: 09/94 Changed to Cervical Cancer: 01/08
Date Revised	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
Date Reviewed	01/24
Next Review Date	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>	A
Women younger than 21 years	The USPSTF recommends against screening for cervical cancer in women younger than 21 years.	D
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.	D
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>	D

Screenshot # 2

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