

## CERVICAL CANCER SCREENING GUIDELINES

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*Cervical cancer was the leading cause of cancer death in American women as recently as the 1930s, both the incidence and mortality from cervical cancer have decreased by almost one half since the early 1970s, largely as a result of widespread screening with the Pap test. New technology for cervical cancer screening guidelines is evolving rapidly, as are recommendations for classifying and interpreting the results. (ACOG Practice Bulletin, August 2003-Vol.102, No. 2).*

The purpose of this section is to provide SEARHC providers and Screening Providers with screening guidelines, which are based upon recommendations from the American College of Obstetricians and Gynecologists (ACOG), American Cancer Society (ACS) and the American Society of Colposcopy and Cervical Pathology (ASCCP). For more information on cervical cancer screening please refer to the article at the end of this section *Cervical Cytology Screening*.

### ***When should screenings begin?***

Women should have Pap tests (cervical cancer screening) approximately 3 years after initiation of sexual intercourse, but no later than age 21 years. Recognizing the time course in the progression of CIN and the unpredictable nature of follow-up in younger women, cytology screening may be initiated earlier at the discretion of the clinician.

### ***What is the optimal frequency of cervical cytology screening?***

SEARHC clinical experts recommend Pap screening be done annually.

### ***When is it appropriate to recommend discontinuing screening?***

Although the rate of new-onset cervical cancer plateaus at age 65 years in U.S. women in general, among certain subsets the incidence increases steadily across the lifespan (most notably, African American women). It is difficult to set an upper age limit for cervical cancer screening. The ACS recommends that screening may be discontinued at age 70 years in low risk women. The U.S. Preventive Services Task Force has set age 65 years as their limit. SEARHC clinical experts recommend Pap screening may be discontinued at age 70.

## ADEQUACY/QUALITY OF PAP SMEAR SPECIMEN

The Pap smear, when correctly obtained from women with a cervix, should contain endocervical components from the squamocolumnar junction and material from the ectocervix.

## The adequacy of Pap smear specimens is reported as follows:

### Satisfactory for evaluation if:

- ⇒ Good specimen quality.
- ⇒ Endocervical component present.

### Satisfactory for evaluation but limited by . . . (reason specified) if:

- ⇒ Other poor quality limitations (e.g. drying, obscuring blood, mucus, etc.).
- ⇒ Lack of endocervical component.

### Unsatisfactory for evaluation . . . (reason specified).

The presence of the endocervical component (endocervical cells and/or cervical mucus with endocervical cells) in the Pap smear indicates that the transformation or squamocolumnar junction zone has been sampled. The endocervical component should be present in the Pap smear collected from most pre-menopausal patients with cervixes. The endocervical component may be absent in Pap smears from pregnant, post-menopausal and post-hysterectomy women as well as those women who have had cervical conization or LEEP procedures.

If there is clinical suspicion or physical examination finding of an abnormality in the smear lacking transformation zone component, consideration should be given to patient recall. If there is no suspicion of a pre-malignant lesion on the smear in question and the patient's clinical history and examination otherwise yield nothing suspicious, routine follow-up at regular intervals is satisfactory.

## POST-HYSTERECTOMY

### Pap Smear and Treatment Follow-up:

#### Hysterectomy for benign disease

- ⇒ Pap smear to determine if cervix is present.
- ⇒ For women with supra-cervical hysterectomies, guidelines for those women with an intact cervix will be followed.
- ⇒ For women without cervix present, no further Pap smears needed.

#### Hysterectomy for GYN malignant conditions:

- ⇒ Frequency of Pap smears based on type of malignancy, form of therapy used, and risk of recurrence.
- ⇒ After treatment for invasive lesions of the cervix or vagina - Pap smear every year or screening intervals based on provider recommendation (usually 3-4 months for two years, followed by Pap smear every 6 months for three years, followed by annual Paps thereafter [per ACOG guidelines])

## CERVICAL SCREENING ALGORITHM

