



Clinical Champion Update

Date: 2/14/24

Subject: (Cervical) Cancer Screening

Special considerations for Cervical Cancer Screening based on age

Up to date guidelines for cervical cancer screening based on age as recommended by USPSTF is represented by table 1. These measures are now universally recommended by The American College of Obstetricians and Gynecologists (ACOG) and the Society of Gynecologic Oncology (SGO). Please pay attention carefully to table 1 summary as these recommendations **DO NOT** apply to those at high risk for disease. Table 2 is more patient oriented and contains excellent content especially for exceptions to standard screening.

Table 1. USPSTF Recommendations for Routine Cervical Cancer Screening

Population*	Recommendation	USPSTF Recommendation Grade†
Aged less than 21 years	No screening	D
Aged 21–29 years	Cytology alone every 3 years‡	A
Aged 30–65 years	Any one of the following: <ul style="list-style-type: none"> • Cytology alone every 3 years • FDA-approved primary hrHPV testing alone every 5 years • Cotesting (hrHPV testing and cytology) every 5 years 	A
Aged greater than 65 years	No screening after adequate negative prior screening results§	D
Hysterectomy with removal of the cervix	No screening in individuals who do not have a history of high-grade cervical precancerous lesions or cervical cancer	D

Abbreviations: FDA, U.S. Food and Drug Administration; hrHPV, high-risk human papillomavirus testing.

*These recommendations apply to individuals with a cervix who do not have any signs or symptoms of cervical cancer, regardless of their sexual history or HPV vaccination status. These recommendations **do not apply** to individuals who are at high risk of the disease, such as those who have previously received a diagnosis of a high-grade precancerous cervical lesion. These recommendations also do not apply to individuals with in utero exposure to diethylstilbestrol or those who have a compromised immune system (eg, individuals with human immunodeficiency virus).

†Grade A denotes that “The USPSTF recommends the service. There is high certainty that the net benefit is substantial.” A Grade D definition means that, “The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.” For more information on the USPSTF grades, see <https://www.uspreventiveservicestaskforce.org/Page/Name/grade-definitions>

‡Primary hrHPV testing is FDA approved for use starting at age 25 years, and ACOG, ASCCP, and SGO advise that primary hrHPV testing every 5 years can be considered as an alternative to cytology-only screening in average-risk patients aged 25–29 years.

§Adequate *negative prior screening test results* are defined as three consecutive negative cytology results, two consecutive negative cotesting results, or two consecutive negative hrHPV test results within 10 years before stopping screening, with the most recent test occurring within the recommended screening interval for the test used (1, 5).

Data from Curry SJ, Krist AH, Owens DK, Barry MJ, Caughey AB, Davidson KW, et al. Screening for cervical cancer: U.S. Preventive Services Task Force recommendation statement. U.S. Preventive Services Task Force. JAMA 2018;320:674–86. Available at: <https://jamanetwork.com/journals/jama/fullarticle/2697704>. Retrieved April 12, 2021.

Table 2.

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	You do not need screening.
If you are 21 to 29	Have a Pap test alone every 3 years. 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 choose one of three options: <ul style="list-style-type: none">• Have a Pap test and an HPV test (co-testing) every 5 years• Have a Pap test alone every 3 years• Have an HPV test alone every 5 years
If you are 65 or older	You do not need screening 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">• You have human immunodeficiency virus (HIV).• You have a weakened immune system.• You have a history of cervical cancer.• You were exposed to diethylstilbestrol before birth.	You may need more frequent screening.
If you have had a hysterectomy in which your cervix was removed and... <ul style="list-style-type: none">• you have a history of cervical cancer or moderate to severe cervical changes• you have no history of cervical cancer or cervical changes	<ul style="list-style-type: none">• Continue to have screening for 20 years after your surgery.• You do not need screening.

References -

Table 1 - <https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2021/04/updated-cervical-cancer-screening-guidelines>

Table 2 - <https://www.acog.org/womens-health/infographics/cervical-cancer-screening>

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