PRIMARY CARE CLEVELAND CLINIC CERVICAL CANCER SCREENING GUIDELINES

Screening methods:

- Pap smear: Liquid-based cytology is preferred (ThinPrep, Sure-Path)
- HPV test: Hybrid Capture 2 by Digene - tests for high-risk HPV types only

When to start:

Age 21

Screening interval:

Low Risk:
- Age 21-29: Every other year
- Age ≥30: Two options:
  - Pap and HPV digene every 3 years (recommended)
  - Pap alone every 3 years after 3 consecutive normal Paps

High Risk: Annual Pap with reflex HPV testing (i.e. HPV only if ASC-US found on Pap)
  - HIV positive
  - Immunosuppressed
  - Cervical cancer or prior CIN2 or CIN3 (moderate dysplasia, severe dysplasia, carcinoma in situ) – annual pap for minimum of 20 years
  - Uterine cancer
  - Chronic steroid use
  - Transplant
  - In utero DES exposure
    - Need a 4-quadrant cytology collection/pap and a yearly pelvic exam.
    - If 4 quadrant pap and HPV are both negative, can resume every 3 year testing but with 4 quadrant pap/hpv as per guidelines for non DES exposed patients.

When to Stop Screening:

After hysterectomy if all of the following apply:
  - Hysterectomy done for benign disease
  - No history of CIN2/3
  - Cervix was removed (i.e. not a supracervical hysterectomy)

At age 65 if all of the following apply:
  - Last three Paps within the last 10 years were normal
  - HPV negative
  - No CIN2/3 within the last 20 years

What to Order:

1) Document in the visit note whether or not cervix was fully visualized.

2) Test to order:
   a. AGE ≥30: Obtain and order separate PAP (NO reflex HPV testing) and HPV digene specimens
   b. AGE 21-<30, order PAP, YES Reflex HPV testing
   c. Adolescents <age 21: NO PAP NEEDED
   d. For females ≤ 25, perform Chlamydia screen in all who are sexually active

3) Any patient with abnormal vaginal bleeding should be seen / referred for diagnostic testing and the Pap smear should be ordered as Diagnostic NOT screening.
Follow up of abnormal screening:

**CELLULAR ABNORMALITIES:**

- **ASC-US (Atypical cells of undetermined significance)**
  - HPV neg → Pap in 12mo
  - HPV pos → Colposcopy

- **ASC-H (Atypical cells of undetermined significance, cannot exclude high grade intraepithelial lesion)**
  → Colposcopy

- **HPV positive with Pap normal**
  ≤29yo → routine screening
  ≥30yo → repeat Pap and HPV in 12mo →
  Pap negative and HPV positive → Colposcopy
  Pap abnormal → per guidelines for abnormal Pap
  Pap negative and HPV negative → routine screening q 3 years

- **LSIL (Low grade squamous intraepithelial lesion)**
  Pregnant → Colpo preferred but deferring colpo until 6wks postpartum acceptable
  Postmenopausal
  HPV positive → colpo
  HPV negative → Pap in 12mo → Pap neg x 2 consecutively → routine screening
  All others → Colpo

- **HSIL (High grade squamous intraepithelial lesion)**
  → colpo

- **AGUS (atypical glandular cells of undetermined significance), atypical endometrial cells, atypical endocervical cells**
  → refer

- **AIS (adenocarcinoma-in-situ)** → refer

- **Benign appearing endometrial cells** → refer if out of phase, abnormal bleeding present or postmenopausal

**ADEQUACY of SPECIMEN:**

- **“Satisfactory but limited by…”**
  - “Absence of endocervical component” (see page 1)
    If HPV positive – per guidelines for HPV positive
    If HPV negative – repeat Pap and HPV in 3 years
    - Consider referral if cervical stenosis is present, especially if high risk, or prior treatment for CIN2 or above
  - “No clinical information (age and/or LMP) provided”
    No repeat is necessary unless result abnormal

- **“Unsatisfactory”**
  - Insufficient squamous component
    Repeat PAP in 6 weeks (and if atrophy, treat with topical estrogen cream for that 6 week interval)
  - Obscuring inflammation, obscuring blood, air-drying (>75% epithelial cells covered)
    Repeat with proper collection technique after treating any potential cause of inflammation. Consider referral if persists
DESCRIPTIVE DIAGNOSIS:

Benign cellular changes:
- Follicular cervicitis
  No treatment needed

Infection:
- "Fungus consistent with Candida sp."
  Treat if symptomatic
- "Trichomonas Vaginalis"
  Treat and recommend partner treatment
  Consider screen for STDs
- "Predominance of coccobacilli consistent with shift in vaginal flora"
  Treat if symptomatic
- "Bacteria morphologically consistent with Actinomyces sp"
  Treat if symptomatic
- "Cellular changes associated with herpes simplex virus"
  Routine F/U. Patient education regarding nature of HSV and transmission.

Reactive changes associated with:
- "Inflammation'"
  No treatment necessary if asymptomatic
- "Atrophy with inflammation"
  Treat if symptomatic with estrogen cream
- "Intrauterine contraceptive device"
  No treatment necessary
- "Radiation'
  No treatment necessary
- Other, or not otherwise specified
  No treatment necessary
- Hyperkeratinization
  In the absence of abnormal cells is a benign finding

Follow up after ASCUS->colposcopy/biopsy negative and/or CIN I: Repeat pap WITH HPV in 12 months or Pap Q 6 months X two

REFERENCES:


2006 consensus guidelines for the management of women with abnormal cervical cancer screening tests"