Who should be screened for cervical cancer and how?

Note: These recommendations apply to women who are not considered high risk* and who are not receiving follow-up for a prior abnormal screen.

- VHA recommends screening with cytology (Pap test) every 3 years for average risk women ages 21–29 who have a cervix.
- For average risk women ages 30–65 screen with a combination of cytology and human papillomavirus (HPV) co-testing every 5 years, or every 3 years with cervical cytology alone, or every 5 years with high-risk human papillomavirus (hrHPV) testing alone.
- VHA recommends against using HPV testing alone or in combination with cytology for cervical cancer screening in women younger than 30 years. In women 21–30 years of age, there is a high incidence, approximately 27 percent, of HPV infection, which usually resolves and could lead to unnecessary procedures. In fact, 80 percent of women in this age group with detectable HPV infection spontaneously clear it within 2 years.

Who should NOT be screened for cervical cancer?

- VHA recommends against cervical cancer screening in women less than 21 years of age. In sexually active women younger than 21 years, there is a high prevalence, approximately 25 percent, of HPV infection, which resolves in 80 percent of women within 2 years. Pap testing in this age group leads to unnecessary and invasive procedures.
- VHA recommends against screening for cervical cancer in women who have had a total hysterectomy for benign disease.
- VHA recommends stopping cervical cancer screening of women at age 65, unless they are at high risk* for cervical cancer or have had inadequate screening.
- Providers should consider whether or not to screen patients of any age who, although not terminally ill, have a limited life expectancy. These patients are unlikely to benefit from screening.

* Who is considered to be at high risk?

High-risk women include women with HIV infection, women with diethylstilbestrol (DES) exposure, women on immunosuppressive drugs, women with immunosuppression (e.g., transplant patients or women living with HIV), women with a history of high-grade dysplasia, and women previously treated for cervical intraepithelial neoplasia (CIN)2, CIN3, or cervical cancer. High-risk women may need a different or more frequent screening strategy.
Should women who have completed the HPV vaccine still be screened?
Yes! HPV vaccination does not change the requirement for cervical cancer screening. This is due to the fact that the vaccine protects against only 4 strains of human papillomavirus, specifically HPV types 6, 11, 16 and 18, of the many strains of HPV known to cause cervical cancer. HPV types 16 and 18 cause an estimated 70% of cervical cancers, and are responsible for most HPV-induced anal, vulvar, vaginal, and penile cancer cases. HPV types 6 and 11 cause an estimated 90% of genital warts cases.

How do I discuss cervical cancer screening with my patient?
Cervical cancer screening recommendations have changed significantly over the past few years. Patients may be confused or have questions about the most recent guidelines. Discussions need to convey the rationale for the changes in guidelines and address the specific concerns of each patient. Some points to consider:

- HPV causes changes in the cervix over several years that often spontaneously resolve, especially in young women.
- The strategy of beginning Pap tests no earlier than age 21 and lengthening the time between Pap tests benefits women by providing adequate detection of cervical cancer while minimizing unnecessary treatments from abnormal findings that in most cases spontaneously resolve.
- Harms from unnecessary treatment of HPV include the cost and discomfort of colposcopy and cervical biopsy. Additionally, procedures for abnormal cytology, such as the loop electrosurgical excision procedure, may cause either cervical incompetence or cervical stenosis, both of which could adversely affect a future pregnancy.
- Pap tests continue to be a very important screening tool and patients should continue screening according to the new guidelines.

How do I manage patients with an abnormal Pap test or abnormal HPV screening?
Women ages 30 and older with atypical squamous cells of undetermined significance (ASC-US) who test negative for HPV may be rescreened with a Pap test in 3 years. For younger women or women with other abnormal Pap or HPV tests, please refer to the American Society for Colposcopy and Cervical Pathology (ASCCP) guidelines for abnormal test results (http://www.asccp.org/asccp-guidelines).

What about performing a pelvic exam as a part of screening for cervical cancer?
There is no evidence showing a benefit from performing a pelvic examination (except as needed to obtain the Pap or HPV test) in asymptomatic women for cervical cancer screening or for other clinical prevention indications (ovarian cancer screening, screening for sexually transmitted infections, or as a prerequisite for birth control).

REFERENCES