13.3 Cervical Cancer Screening

Age	Recommendation
< 21	Should not be screened regardless of age of sexual initiation or the presence of other behavior-related risk factors.
21	Cervical cancer screening should begin
21-29	Should be screened with cervical cytology alone. Screening should be performed every 3 years. Co-testing with HPV should not be performed in women younger than 30 years of age.
30-65	Co-testing with cytology and HPV testing every 5 years is preferred. **OR** Screening with cytology alone every 3 years is acceptable. Annual screening should not be performed.
> 65	Screening by any modality should be discontinued in women with evidence of adequate negative prior screening results and no history of CIN 2 or higher. Adequate negative prior screening results are defined as 3 consecutive negative cytology results or 2 consecutive negative co-test within the previous 10 years, with the most recent test performed within the past 5 years.
Women with special considerations:	Women who have: • a history of cervical cancer: routine age-based screening for 20 years after the initial post-treatment surveillance period, even if it requires screening to continue past age 65. • have HIV infection: twice in the first year after diagnosis, then annually; • are immunocompromised: annually; • were exposed to DES in utero: annually.
Women with a total hysterectomy:	Women with a total hysterectomy (includes removal of cervix) and have never had CIN 2 or higher, routine cytology screening and HPV testing should be discontinued and not restarted for any reason.

Source: ACOG Practice Bulletin: *Screening for Cervical Cancer*: Number 131, November 2012

*Modifications of the recommendations for individual clients based on their risk history must be clearly documented and should be the exception rather than the rule.

Considerations with new Pap smear initiation and interval screening guidelines:

Physical Examinations
Annual physical examinations for women should be initiated and continued according to current policy regardless of the initiation and interval of Pap smear screening. The examination should include an inspection of the cervix and the vulva, and a bimanual pelvic examination as indicated by current policy.

Client History
A comprehensive health history should be obtained at the initial comprehensive visit and

updated annually. The history should identify the onset of sexual activity including any molestation that occurred at an early age.

Client Education

Client education regarding the importance of health maintenance screening procedures of Pap smears and pelvic examinations should include the following:

1. Definition of Pap smears vs. pelvic exams;
2. Rationale for updated Pap smear screening guidelines including Pap smear results and their relationship to human papilloma virus (HPV) and cervical cancer;
3. Importance of providing an accurate sexual activity history;
4. Importance of annual physical examination that includes a pelvic examination.