

Screening Guidelines for the Prevention and Early Detection of Cervical Cancer

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| POPULATION | PAGE NUMBER | RECOMMENDED SCREENING METHOD ^a | MANAGEMENT OF SCREEN RESULTS | COMMENTS |
|--------------------|-------------|--|--|---|
| Aged < 21 y | 7 | No screening | | HPV testing should not be used for screening or management of ASC-US in this age group |
| Aged 21-29 y | 8-9 | Cytology alone every 3 y | HPV-positive ASC-US ^b or cytology of LSIL or more severe: Refer to ASCCP guidelines ² | HPV testing should not be used for screening in this age group |
| | | | Cytology negative or HPV-negative ASC-US ^b : Rescreen with cytology in 3 y | |
| Aged 30-65 y | 9-16 | HPV and cytology "cotesting" every 5 y (preferred) | HPV-positive ASC-US or cytology of LSIL or more severe: Refer to ASCCP guidelines ² | Screening by HPV testing alone is not recommended for most clinical settings |
| | | | HPV positive, cytology negative: Option 1: 12-mo follow-up with cotesting Option 2: Test for HPV16 or HPV16/18 genotypes <ul style="list-style-type: none"> • If HPV16 or HPV16/18 positive: refer to colposcopy • If HPV16 or HPV16/18 negative: 12-mo follow-up with cotesting | |
| | | | Cotest negative or HPV-negative ASC-US: Rescreen with cotesting in 5 y | |
| | | Cytology alone every 3 y (acceptable) | | |
| | | | HPV-positive ASC-US ^b or cytology of LSIL or more severe: Refer to ASCCP guidelines ² | |
| | | | Cytology negative or HPV-negative ASC-US ^b : Rescreen with cytology in 3 y | |
| Aged > 65 y | 16-17 | No screening following adequate negative prior screening | | Women with a history of CIN2 or a more severe diagnosis should continue routine screening for at least 20 y |
| After hysterectomy | 17-18 | No screening | | Applies to women without a cervix and without a history of CIN2 or a more severe diagnosis in the past 20 y or cervical cancer ever |
| HPV vaccinated | 18-19 | Follow age-specific recommendations (same as unvaccinated women) | | |

ASCCP indicates American Society for Colposcopy and Cervical Pathology; ASC-US, atypical squamous cells of undetermined significance; CIN2, cervical intra-epithelial neoplasia grade 2; HPV, human papillomavirus; LSIL, low-grade squamous intraepithelial lesion.

^aWomen should not be screened annually at any age by any method.

^bASC-US cytology with secondary HPV testing for management decisions.