Health Services
LOS ANGELES COUNTY

Expected Practices

Specialty: Women's Health – Gyn-Onc

Subject: Cervical Cancer Screening Guidelines

Date: May 20, 2014

Purpose: To provide guidelines for the timing of routine screening for cervical cancer.

Target Audience: Primary Care, Women's Health, Obstetrics and Gynecology providers.

Expected Practice:

The expected practice in Los Angeles County DHS for the routine screening for cervical cancer is as follows and includes informed decision making for all women, including a discussion of the potential benefits and harms of screening practices. *Routine screening for cervical cancer should occur at the primary care level. Routine cervical cancer screening does not require referral to specialty care. Women who have had the HPV vaccine should be screened using the same guidelines as unvaccinated patients.*

These guidelines apply for screening of women without signs or symptoms of cervical neoplasia.

These guidelines do not apply to situations of suspected cervical cancer based on presence of a cervical mass, cervical lesion, or otherwise suspicious or abnormal appearing cervix, as biopsy is indicated in such situations. The routine screening guidelines also do not apply to women with a history of cervical cancer or those being followed for prior abnormal cervical, vaginal, vulvar, or perianal cytology/histology. [**Please see also Expected Practices for Management of Abnormal PAP Results and Expected Practices for Post-Treatment Surveillance Guidelines**.]

This *Expected Practice* was developed by a DHS Specialty-Primary Care Work Group to fulfill the DHS mission to ensure access to high-quality, patient-centered, and cost-effective health care. SPC Work Groups, composed of specialist and primary care provider representatives from across LA County DHS, are guided by 1) real-life practice conditions at our facilities, 2) available clinical evidence, and 3) the principle that we must provide equitable care for the entire population that LA County DHS is responsible for, not just those that appear in front of us. It is recognized that in individual situations a provider's clinical judgment may vary from this *Expected Practice*, but in such cases compelling documentation for the exception should be provided in the medical record.

Routine screening guidelines:

- Patients **<21 years old**: Do not screen
- Patients **21-65 years old**: Screen every 3 years with liquid-based cytology with reflex human papilloma virus (HPV) testing for atypical squamous cells of undetermined significance (ASCUS).

Liquid-Based versus Conventional Cytology and the Role of Reflex HPV Testing:
If liquid-based cytology is not available, use of conventional cervical cytology smear (Pap test) is acceptable at same screening intervals. However, liquid-based cytology is preferable as it allows for reflex HPV testing of the cytopreservative fluid. Reflex HPV testing is not the same as co-testing. It refers to the automatic performance of a high-risk HPV test by the cytopathology lab in the presence of ASCUS, which in turn permits for risk-stratification of ASCUS into HPV negative (low-risk) and HPV positive groups (requires colposcopy).
Incorporation of co-testing into the routine primary screening process will be readdressed in the future pending further data regarding the co-testing follow-up algorithms.

Special Circumstances:

- Women with the following history of CIN 2/3 or worse are not candidates for routine screening. After completion of treatment, the care of these patients is surveillance and requires annual liquid-based cytology tests for at least 20 years after.
    - High-grade:
        - cervical dysplasia (CIN 2/3)
        - Adenocarcinoma in situ (AIS)
        - Vaginal intraepithelial neoplasia (VAIN 2/3)
        - Vulvar intraepithelial neoplasia (VIN; former VIN 2/3)
        - Perianal intraepithelial neoplasia (PAIN 2/3)
    - Cancer:
        - cervical, vulvar, vaginal
- Annual liquid-based cytology screening is indicated in patients with a history of in utero diethylstilbestrol (DES) exposure or immunosuppression (HIV, chemotherapy, steroids, organ transplant)

Discontinuation of screening:

- After age 65, provided
    - adequate negative prior screening (3 consecutive negative liquid-based cytology test results or 2 consecutive negative cytology/HPV co-testing results within 10 years of cessation of screening with the most recent test being within 5 years)
    - no history of CIN 2/3 or worse
- In women who have had a hysterectomy with cervical removal
    - If no CIN 2/3 or worse by history and hysterectomy pathology, stop screening.
    - Evidence of adequate negative prior screening is not required.

References:

1. American Cancer Society, American Society for Colposcopy and Cervical Pathology, and American Society for Clinical Pathology Screening Guidelines for the Prevention and Early Detection of Cervical Cancer. Am J Clin Pathol 2012; 137:516-42.
2. U.S. Preventive Services Task Force Recommendation Statement. Screening for cervical cancer. Ann Intern Med. 2012 Jun 19;156(12):880-91.
3. The American Congress of Obstetricians and Gynecologists. New Cervical Cancer Screening Recommendations Announcement. https://www.acog.org/About_ACOG/Announcements/New_Cervical_Cancer_Screening_Recommendations (released and accessioned 3-14-2012)
4. NCCP Guidelines Insights. Cervical Cancer Screening. J Natl Compr Canc Netw 2014; 12:333-341.