

**Michigan Cancer Consortium**  
**Guidelines for the Early Detection of Cervical Cancer**  
 December 2007

The Michigan Cancer Consortium recognizes and promotes the use of the American Society for Colposcopy and Cervical Pathology's (ASCCP) 2006 Consensus Guidelines for the Management of Women with Abnormal Cervical Cancer Screening Tests and 2006 Consensus Guidelines for the Management of Women with Cervical Intraepithelial Neoplasia or Adenocarcinoma in Situ. Guidelines are referenced in this document and may be found at <http://www.asccp.org/>

**Screening Tests**

Testing for cervical cancer is performed using either Liquid-Based Cytology or Conventional (slide) Pap Test. Consideration should be given to the use of HR-HPV (High-Risk Human Papillomavirus) testing in conjunction with cervical cytology for screening women 30 years of age and older

**Age to Initiate Screening:**

Screening for cervical cancer should begin at age 21 or 3 years after the onset of sexual activity, **whichever comes first.**

**General Information**

- The need for cervical cancer screening should not be the only basis for the onset of gynecological care.
- Adolescents must be able to obtain appropriate preventative health care, including, but not limited to, an assessment of health risks, counseling for pregnancy and sexually transmitted disease (STD) prevention, provision of contraception methods, and treatment of STD's; even if they do not need a Pap smear.
- Clinical breast exam and yearly speculum and bimanual pelvic examinations should be provided even if no cervical cancer screening is performed.
- For the purpose of these guidelines an ADOLESCENT is defined as 20 years of age or younger.
- Adolescents and young women who have received the HPV vaccine should continue cervical cancer screening according to the current guidelines.
- In the absence of endocervical cells, if a Pap smear is satisfactory and negative, then regular screening should be continued.

**Frequency of Screening:**

Age to Begin	Screening Exam	Screening Interval
Age 21 or 3 years after the onset of sexual activity until age 29	Conventional Pap Test <b>OR</b>	Annual
	Liquid Based Cytology (LBC)	Every two years
Age $\geq$ 30* with three consecutive, negative cytology results	Conventional Pap Test <b>OR</b> Liquid Based Cytology	Every two to three years

\* HR-HPV as an adjunct to cervical cytology testing may be used for cervical cancer screening in women 30 years of age or older. If both tests are negative, testing occurs every three years. For abnormal results, follow-up guidelines may be found on <http://www.asccp.org/>.

### **Special Considerations:**

- Women with a histologically-confirmed HSIL, whether or not they receive treatment - continue cervical cancer screening on a regular basis, for **20** years.
- Women who are HIV+, immunocompromised, or had *in utero* DES exposure – continue ANNUAL cervical cancer screening regardless of the testing method.
- For women whose cytology exam is satisfactory but obscured or partially obscured by inflammation – repeat the exam in 6 months. Refer for colposcopy if subsequent cytology is still interpreted as obscured, partially obscured or otherwise abnormal.
- Women whose cytology exam is unsatisfactory need a repeat cytology exam within the next 2 to 4 months.
- Per the ASCCP guidelines, adolescents and pregnant women are also given special consideration. See guidelines for details at <http://www.asccp.org/>.
- Endocervical curettage is unacceptable in pregnant women
- Colposcopy may be deferred until the postpartum examination
- Invasive cancer is the only indication for treatment during pregnancy

### **For Women Who Have Had a Hysterectomy:**

- Hysterectomy for cervical cancer or cervical dysplasia - continue ANNUAL Pap testing.
- For women who still have a cervix, continue testing as indicated by age, type of cytology test and Pap history.
- Total hysterectomy for benign gynecological disease (no cervix present) - screening with vaginal cytology is NOT indicated; this does not preclude a pelvic exam.

**Upper Age Limit for Screening:** Consider not screening after age 70 if the woman has had 3 documented Negative Paps and no abnormal Pap tests in the last 10 years. Consider continuing to screen if the woman is sexually active. Women with comorbid illnesses may forego cervical cancer screening. Continue screening if there is a history of cervical cancer, *in utero* DES exposure, or the woman is HIV + or immunocompromised.

### **Indications for Referral to a Qualified Colposcopist:**

- Women age 20 and under requiring treatment for CIN2/3
- Pregnant women with HSIL cytology.
- Women with a significant cervical lesion in which “see and treat” may be indicated
- Women desiring fertility who, after excisional treatment, have recurrent or persistent cervical dysplasia
- Women who have had two “unsatisfactory for evaluation” tests 2-4 months apart
- Women with AGC (Atypical Glandular Cells) or AIS (Adenocarcinoma in situ) on cytology. Management follows the algorithm found at <http://www.asccp.org/>.
- **Women with any gynecologic cancer should be referred to a Gynecologic Oncologist.**

### **Follow-up of Abnormal Cytology Results:**

The website <http://www.asccp.org/> contains algorithms on the:

- Follow-up of ASC-US cytology results for all women
- Management of adolescent women with HSIL results, ASC-US or LSIL cytology
- Management of pregnant women with LSIL results
- Management of HSIL, ASC-H and LSIL cytology for all women
- Management and follow-up of AGC cytology.

A diagnostic excisional procedure is recommended for women with HSIL and an unsatisfactory colposcopy, except when pregnant.

A diagnostic excisional procedure is recommended for adolescents and young women with HSIL when CIN of any grade is identified on ECC

Ablation is unacceptable for HSIL cytology if:

- No colposcopy was done
- CIN 2/3 is not identified colposcopically
- ECC identifies CIN of any grade

In women less than 35 years of age with an AGC cytology result, an endometrial biopsy should be performed in the presence of, but is not limited to, the following conditions:

- Dysfunctional uterine bleeding
- At risk for chronic anovulation
- A change in menstrual flow

### **Management of Women and Adolescents with Histologically-confirmed Cervical Intraepithelial Neoplasm:**

The website <http://www.asccp.org/> contains algorithms on the:

- management of women with histological results of CIN1, preceded by ASC-US, ASC-H or LSIL cytology
- management of women with histological results of CIN1, preceded by HSIL or AGC-NOS cytology
- management of adolescents, with a histological result of CIN1
- management of women with a histological result of CIN2/3
- management of women with AIS (Adenocarcinoma in situ) diagnosed from diagnostic excisional procedure.

**Reminder and Tracking System:** Clinicians and agencies should be encouraged to develop a system which will both remind women to schedule cancer screening testing and notify women of abnormal cervical cancer screening tests (which include positive HPV – High Risk test results), asking them to schedule follow-up diagnostic testing.

**Patient Education:** Clinicians should educate all women about the components of the pelvic exam, including whether cervical cancer screening is performed and whether or not the woman is being tested for STDs, including HPV.