

# THE PATHCARE NEWS

## CERVICAL SCREENING RECOMMENDATIONS

(adopted from ACS, ACOG, ASCCP updated guidelines 2013)

AGE	Recommended screening method	Comments	Rationale
Younger than 21 years and 1 year after initial sexual intercourse	Screen with Cytology (cervical smear) every 3 years.	HPV testing should NOT be used for as a component of co-testing or primary screening or in the management of ASC-US in this age group	<b>Rationale for avoiding HPV Test:</b> <ul style="list-style-type: none"> <li>- Prevalence of carcinogenic HPV approaches 20% in teens and early 20's.</li> <li>- Most carcinogenic HPV infections resolve without intervention. Identifying carcinogenic HPV that will resolve leads to repeated call-back, anxiety, interventions without benefit.</li> </ul>
21 – 29 years	Screen with Cytology (cervical smear) every 3 years.		
30 – 65 years	Screen with Cytology and HPV testing (co-testing) every 5 years Or Screen with Cytology every 3 years if no history of abnormal smears and prior adequate negative screening*.	Screening by HPV testing alone is currently not recommended for most clinical settings.	<b>Rationale for co-testing:</b> <ul style="list-style-type: none"> <li>- Increased detection of prevalent CIN III.</li> <li>- Decreased risk of CIN III in subsequent screening rounds.</li> <li>- Achieves risk of CIN III equal to Cytology alone @ 1-3 year intervals.</li> <li>- Enhances detection of adenocarcinoma/AIS</li> <li>- Minimise increased number of colposcopies, thus reducing harm.</li> </ul>
Older than 65 years	No screening following prior adequate negative screening*.	Women with a history of CIN II+ should continue routine screening for at least 20 years.	<b>Rationale for stopping:</b> <ul style="list-style-type: none"> <li>- CIN II is rare after age 65.</li> <li>- HPV risk remains 5 – 10%</li> <li>- Incident HPV infection unlikely to lead to cancer within remaining lifetime.</li> </ul>
Post hysterectomy	No screening	Applies to women without a cervix and without a history of CINII+ diagnosis in the past 20 years, or any history of cervical cancer ever. Evidence of adequate negative prior screening is not required.	<b>Rationale for stopping:</b> <ul style="list-style-type: none"> <li>- Risk of abnormal smear is 1%.</li> </ul>
HPV vaccinated	Screening practices should not change on the basis of HPV vaccination status.		

- 1) These guidelines are based on the 2012 ACS/ASCCP/ASCP recommendations.
- 2) The above guidelines recommend the screening from the age of 21 years.
- 3) Adequate negative screening\* is defined as: 3 Consecutive negative cervical smears or 2 consecutive negative HPV tests, tested within 10 years of stopping, and the most recent within the last 5 years.

For the complete ASCCP updated Consensus Guidelines on Management of Women with Abnormal Cervical Cancer Screening tests go to: [www.ASCCP.org/Guidelines](http://www.ASCCP.org/Guidelines)

The ASCCP Algorithms Mobile App can be downloaded from the iTunes & Google Play Stores.

### Contact

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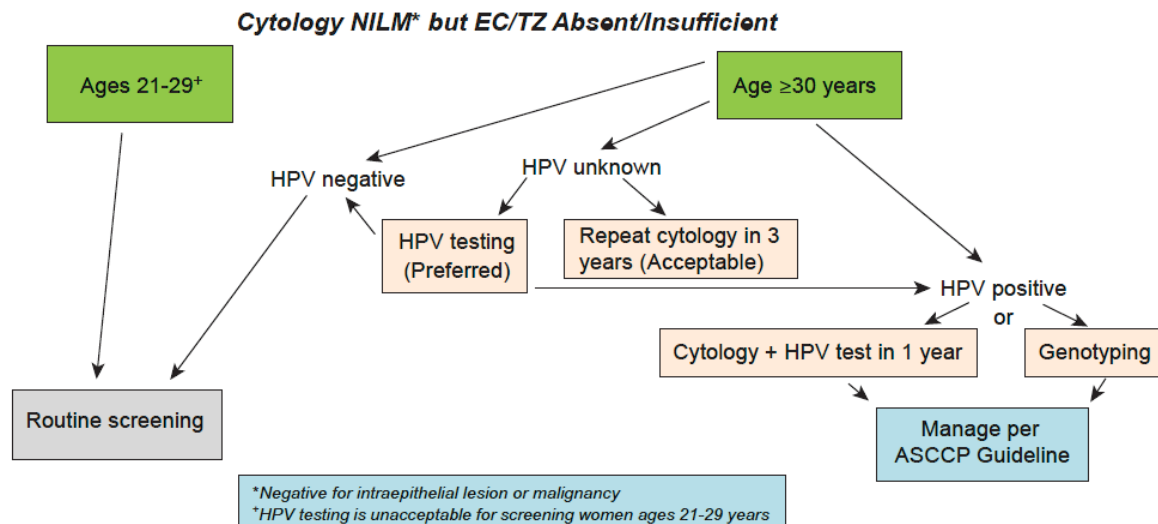
### References

ASCCP Updated Consensus Guidelines

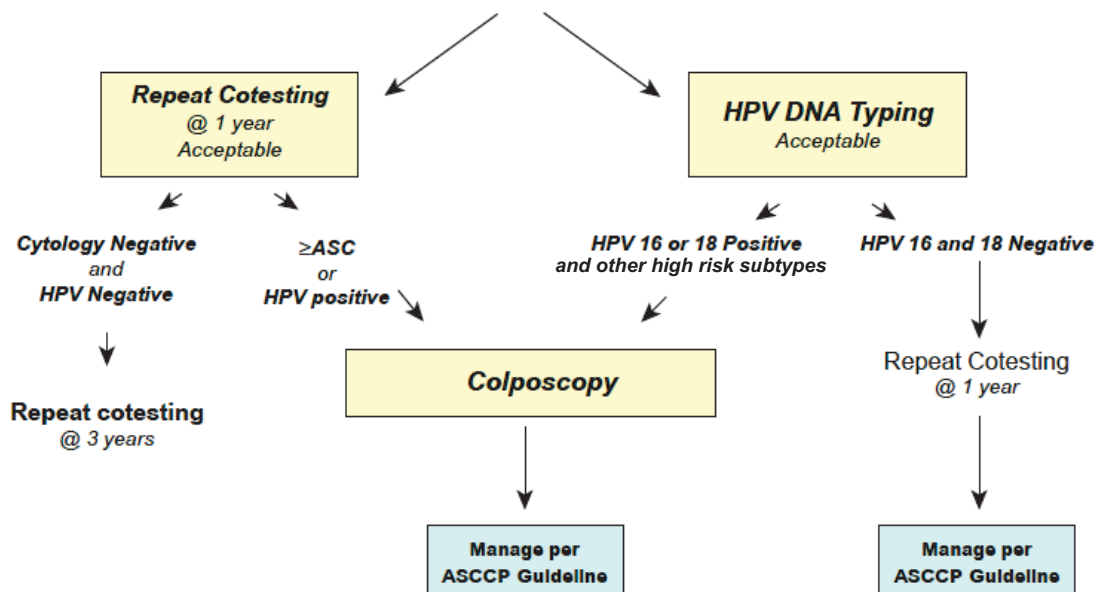
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## 3 EXAMPLE OF THE ASCCP UPDATED ALGORITHMS



### Management of Women ≥ Age 30, who are Cytology Negative, but HPV Positive



### Management of Women with Atypical Squamous Cells of Undetermined Significance (ASC-US) on Cytology\*

