COASTAL COMMUNITY HEALTH SERVICES
POLICIES AND PROCEDURES

Title: Screening for Cervical Cancer
Version: 1
Approved By: Medical Director

Laws, Regulations &/or Standards Associated With This Policy:
United States Preventive Services Taskforce (2016); American College of Obstetricians and Gynecologists (2012); American Academy of Family Physicians; American College of Physicians; American Cancer Society (2012); American Society for Colposcopy and Cervical Pathology (2015); American Society for Clinical Pathology

Policy Number: C-31
Approval Date: August 8, 2017
Revision Date:--

Purpose: To provide evidence-based guidance on screening for cervical cancer in eligible women, aged 21 - 65.

Definitions: Cervical cancer is a form of squamous cell carcinoma arising in the cervix uteri of women following sexual debut. It is caused by human papilloma virus (HPV) infection of the cells of the transformation zone of the cervix. HPV is sexually transmitted, but screening recommendations are not related in any way to a woman's sexual history. The peak incidence for HPV infection is in the early 20s. Risk factors for cervical cancer include persistence of HPV infection, cigarette smoking, and lack of screening, among others. A woman's HPV vaccination status does not alter the screening recommendations. Because a simple, easy to perform and widely available screening test — the Pap smear — is available, the above organizations recommend cervical cancer screening using the Pap smear in eligible women at appropriate intervals.

Policy: It is the policy of CCHS to screen eligible women for cervical cancer using the Pap smear with or without HPV testing, at age- and result-appropriate intervals. This policy applies only to average risk women, and does not address the management of abnormal Pap smear results. High risk women would include those with prior cytology showing cervical intraepithelial neoplasia (CIN) grade 2 or 3 or cervical cancer, in utero exposure to diethylstilbestrol, or immunocompromised.

Procedure:
1. Women aged <21 years are not candidates for cervical cancer screening by recommendation of all of the above organizations.
2. Women aged 21 - 29 should be screened using pap cytology alone, every 3 years if cytology remains negative.
3. Women aged 30 - 65 may be screened with cytology alone every 3 years, or with cytology + HPV testing (co-testing) every 5 years, if these tests remain negative.
4. Women > 65 years of age may discontinue Pap smear screening if adequate screening has been performed up to then. The American Cancer Society defines "adequate screening" as 3 consecutive negative cytology results or 2 consecutive negative HPV results within 10 years of cessation of screening, with the most recent test occurring within the last 5 years. Screening need not resume even if a woman reports having a new sexual partner.
5. Screening in women following hysterectomy for benign disease or for cytology result of CIN grade 1 or less is not recommended.
6. Women older than age 65 who have never had a pap smear should have a patient-centered discussion with the provider to determine if Pap smear screening is appropriate. Screening may be indicated for such women if they have had limited access to care over their lifetimes, are from racial or ethnic minority groups, or come from countries where screening is limited or not available.