

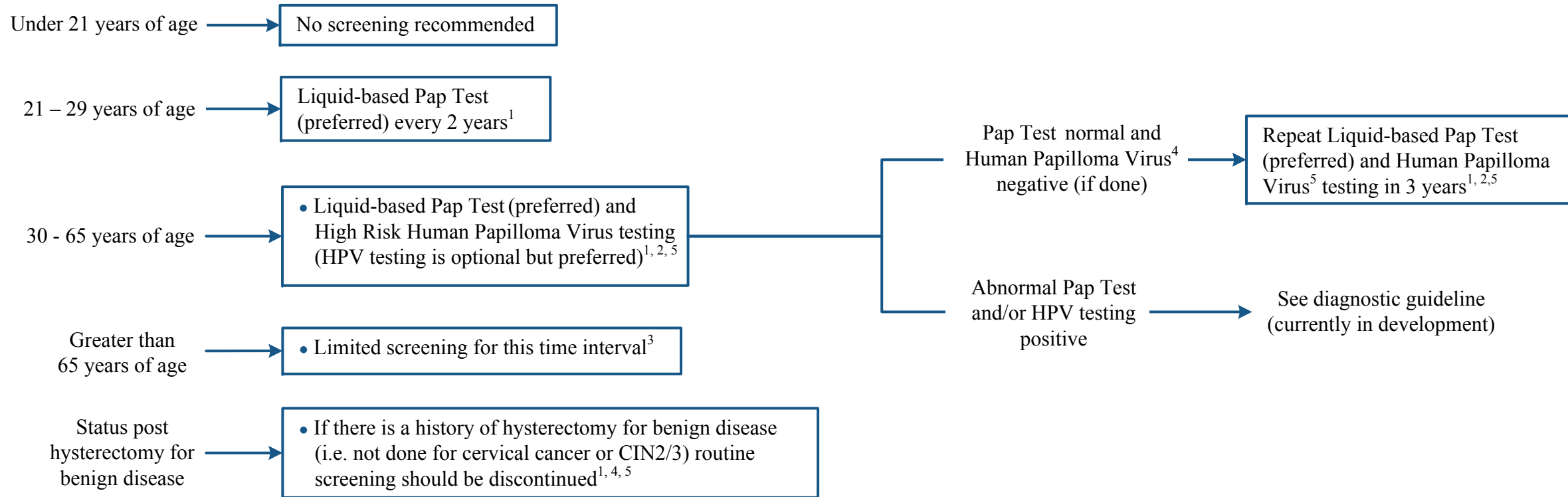
Cervical Cancer Screening

This practice algorithm has been specifically developed for M. D. Anderson using a multidisciplinary approach and taking into consideration circumstances particular to M. D. Anderson, including the following: M. D. Anderson's specific patient population; M. D. Anderson's services and structure; and M. D. Anderson's clinical information. Moreover, this algorithm is not intended to replace the independent medical or professional judgment of physicians or other health care providers. This algorithm should not be used to treat pregnant women.

NOTE: It is critical that females who do not need annual cervical cancer screening, continue with annual appointments to obtain other appropriate preventive healthcare. Women with significant co-morbid or life-threatening illnesses may forego cervical cancer screening. This algorithm is not intended for women with a personal history of cervical cancer⁶.

AGE TO BEGIN

SCREENING



¹ Women with certain risk factors [diethylstilbestrol exposure (DES) in utero], Human Immunodeficiency Virus (HIV), immunosuppression) should continue to be screened annually. Women with HIV should have cervical cytology screening twice in the first year after diagnosis and then annually.

² For women with no risk factors for cervical cancer, if 3 or more consecutive negative Pap smears OR a Negative Pap and Negative HIV test within the past year, repeat screening in 3 years.

³ For women with no risk factors for cervical cancer, if no abnormal Pap in the past 10 years and 3 consecutive negative Paps OR a negative Pap and negative HPV within the past 3 years, patient and health care provider may choose to stop cervical cancer screening. Women with risk factors should continue to have screening as long as they are in good health. The screening should follow the 30-65 years age range..

⁴ Women with supracervical hysterectomies should follow the guidelines as for women without a hysterectomy.

⁵ Women treated in the past for CIN2/3 or invasive cancer require annual screening for at least 20 years.

⁶ See the Cervical Cancer Treatment or Survivorship algorithms for the management of women with a personal history of cervical cancer.

NOTE: Women who have received the Human Papilloma Virus Vaccine (HPV) should continue to be screened according to the above guideline.

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Note: Consider Clinical Trials as treatment options for eligible patients.

SUGGESTED READINGS

1. ACOG Practice Bulletin: Clinical Management Guidelines for Obstetrician-Gynecologists. Number 109, Dec_2009
2. National Comprehensive Cancer Network. (2009). Cervical Cancer Screening. Retrieved May 12, 2009, from http://www.nccn.org/professionals/physician_gls/PDF/cervical_screening.pdf
3. Saslow, D., Runowicz, C. D., Solomon, D., Moscicki, A. B., Smith, R. A., Eyre, H. J., et al. (2002). American Cancer Society Guideline for the Early Detection of Cervical Neoplasia and Cancer. *CA: A Cancer Journal for Clinicians*, 52(6), 342-362.
4. Wright, T. C., Jr., Massad, L. S., Dunton, C. J., Spitzer, M., Wilkinson, E. J., & Solomon, D. (2007). 2006 Consensus Guidelines for the Management of Women with Abnormal Cervical Cancer Screening Tests. *American Journal of Obstetrics and Gynecology*, 197(4), 346-355.
5. Leinonen M, Nieminen P, Kotaniemi-Talonen, et al. (2009). Age-Specific Evaluation of Primary Human Papillomavirus Screening vs Conventional Cytology in a Randomized Setting. *JNCI J Natl Cancer Inst.* 101(23): 1612-1623.
6. Mayrand MH, Duarte-Franco E, Rodrigues, et al. (2007). Human Papillomavirus DNA versus Papanicolaou Screening Tests for Cervical Cancer. *N Engl J Med.* 357:1579-1588
7. Ogilvie GS, van Niekerk DJ, Martin RE, et al. (2009). A randomized controlled trial for human papillomavirus (HPV) testing for cervical cancer screening: trial design and preliminary results (HPV FOCAL Trial), *JAMA.* 302(16), 1757-1764
8. Schiffman, M & Solomon, D (2009). Screening and Prevention Methods for Cervical Cancer. *JAMA.* 302(16):1809-1810.
9. Ronco G, Giorgi-Rossi P, Carozzi F, et al. (2010 Mar). Efficacy of human papillomavirus testing for the detection of invasive cervical cancers and cervical intraepithelial neoplasia: a randomized controlled trial. *Lancet Oncol.* 11(3):249-57.
10. ASCCP.org ----- ASCCP (2006). Consensus guidelines for the management of women with abnormal cervical screening tests. Retrieved electronically from: <http://www.asccp.org/ConsensusGuidelines/AbnormalCervicalScreeningTests/tabid/5958/Default.aspx>

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DEVELOPMENT CREDITS

This practice consensus algorithm is based on majority expert opinion of the Gynecologic Center Faculty at the University of Texas M.D. Anderson Cancer Center. It was developed using a multidisciplinary approach that included input from the following clinical staff:

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