

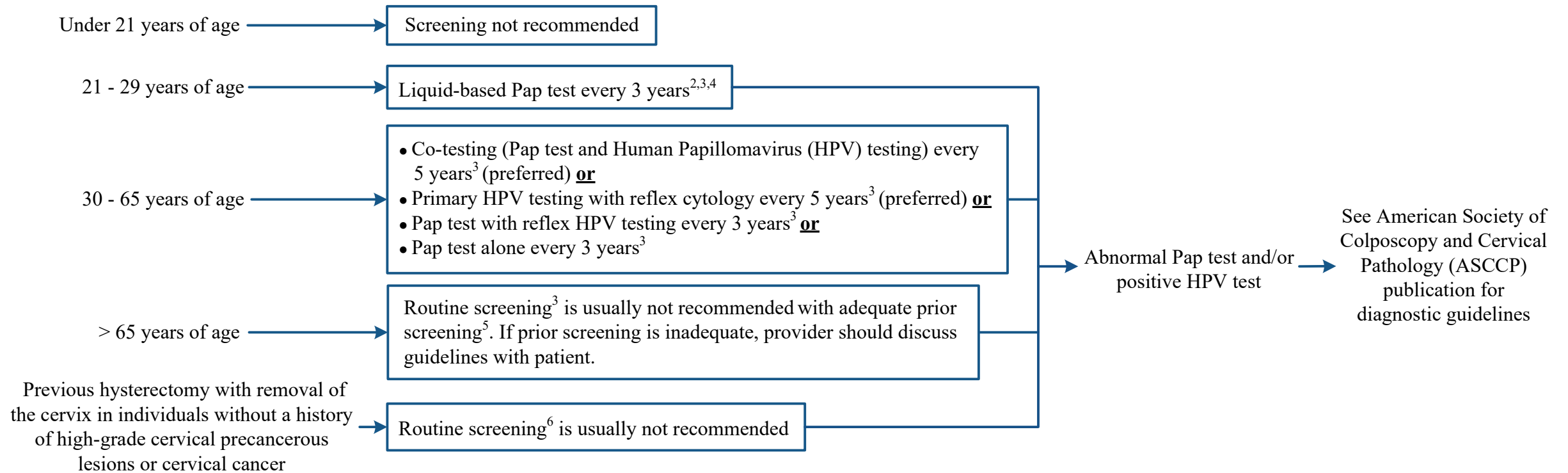
Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson's specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient's care. 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 comorbidities or life-threatening illnesses may forego cervical cancer screening. This algorithm is not intended for women with a personal history of cervical cancer¹.

AGE TO BEGIN

SCREENING

RECOMMENDATION



Note: Patients who have received the Human Papillomavirus (HPV) vaccine should continue to be screened according to the above guideline.

¹ See the [Cervical Cancer treatment](#) or [Survivorship](#) algorithms for the management of women with a personal history of cervical cancer

² Because of the relatively high HPV prevalence before age 30 years, HPV co-testing is recommended only for women with human immunodeficiency virus (HIV) in this age group

³ Patients with certain risk factors [diethylstilbestrol (DES) exposure in utero, immunosuppression such as HIV or organ transplant on immunosuppressive therapy] should continue to be screened annually. Patients with HIV should have Pap testing alone or Pap testing and HPV co-testing twice in the first year after diagnosis and then annually. Screening in patients with HIV should continue throughout a patient's lifetime (and not, as in the general population, end at 65 years of age).

⁴ An alternative option would be to wait until age 25 and screen with primary HPV testing every 5 years

⁵ Prior screening:

- 2 consecutive negative co-tests (Pap tests with HPV testing) within the past 10 years with the most recent test within the last 5 years **or**
- 3 consecutive negative Pap tests within the past 10 years with the most recent test within the last 3 years **or**
- 2 consecutive negative primary HPV tests within the past 10 years with the most recent test within the last 5 years

⁶ Patients with supracervical hysterectomies should follow the guidelines as for patients without a hysterectomy

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SUGGESTED READINGS

- Dilley, S., Huh, W., Blechter, B., & Rositch, A.F. (2021). It's time to re-evaluate cervical cancer screening after age 65. *Gynecologic oncology*, 162(1), 200-202. <https://doi.org/10.1016/j.ygyno.2021.04.017>
- Fontham, E. T. H., Wolf, A. M. D., Church, T. R., Etzioni, R., Flowers, C. R., Herzig, A., . . . Smith, R. A. (2020). Cervical cancer screening for individuals at average risk: 2020 guideline update from the American Cancer Society. *CA: A Cancer Journal for Clinicians*, 70(5), 321-346. <https://doi.org/10.3322/caac.21628>
- Kim, J. J., Burger, E. A., Regan, C., & Sy, S. (2018). Screening for cervical cancer in primary care: A decision analysis for the US Preventive Services Task Force. *The Journal of the American Medical Association*, 320(7), 706-714. <https://doi.org/10.1001/jama.2017.19872>
- Leinonen, M., Nieminen, P., Kotaniemi-Talonen, L., Malila, N., Tarkkanen, J., Laurila, P., & Anttila, A. (2009). Age-specific evaluation of primary human papillomavirus screening vs conventional cytology in a randomized setting. *Journal of the National Cancer Institute*, 101(23), 1612-1623. <https://doi.org/10.1093/jnci/djp367>
- Marcus, J.Z., Cason, P., Downs, L.S., Jr., Einstein, M.H., Flowers, L. (2021). The ASCCP cervical cancer screening task force endorsement and opinion on the American Cancer Society updated cervical cancer screening guidelines. *Journal of Lower Genital Tract Disease*, 25(3), 187-191. <https://doi.org/10.1097/LGT.0000000000000614>
- Mayrand, M. H., Duarte-Franco, E., Rodrigues, I., Walter, S. D., Hanley, J., Ferenczy, A., . . . Franco, E. L. (2007). Human papillomavirus DNA versus papanicolaou screening tests for cervical cancer. *The New England Journal of Medicine*, 357(16), 1579-1588. <https://doi.org/10.1056/NEJMoa071430>
- Melnikow, J., Henderson, J. T., Burda, B. U., Senger, C. A., Durbin, S., & Weyrich, M. S. (2018). Screening for cervical cancer with high-risk human papillomavirus testing: Updated evidence report and systematic review for the US Preventive Services Task Force. *The Journal of the American Medical Association*, 320(7), 687-705. <https://doi.org/10.1001/jama.2018.10400>
- Ogilvie, G. S., van Niekerk, D. J., Krajden, M., Martin, R. E., Ehlen, T. G., Ceballos, K., . . . Coldman, A. J. (2010). A randomized controlled trial of human papillomavirus (HPV) testing for cervical cancer screening: Trial design and preliminary results (HPV FOCAL trial). *BMC Cancer*, 10(111), 1-10. <https://doi.org/10.1186/1471-2407-10-111>
- Perkins, R. B., Guido, R. S., Castle, P. E., Chelmow, D., Einstein, M. H., Garcia, F., . . . Schiffman, M. (2020). 2019 ASCCP Risk-Based Management Consensus Guidelines for abnormal cervical cancer screening tests and cancer precursors. *Journal of Lower Genital Tract Disease*, 24(2), 102-131. <https://doi.org/10.1097/LGT.0000000000000525>
- Ronco, G., Giorgi-Rossi, P., Carozzi F., Confortini, M., Palma, P. D., Del Mistro, A., . . . Cusick, J. (2010). Efficacy of human papillomavirus testing for the detection of invasive cervical cancers and cervical intraepithelial neoplasia: A randomised controlled trial. *The Lancet Oncology*, 11(3), 249-257. [https://doi.org/10.1016/S1470-2045\(09\)70360-2](https://doi.org/10.1016/S1470-2045(09)70360-2)
- US Preventive Services Task Force. (2018). Screening for cervical cancer: US Preventive Services Task Force recommendation statement. *The Journal of the American Medical Association*, 320(7), 674-686. <https://doi.org/10.1001/jama.2018.10897>
- Wright, T. C., Stoler, M. H., Behrens, C. M., Sharma, A., Zhang, G., & Wright, T. L. (2015). Primary cervical cancer screening with human papillomavirus: End of study results from the ATHENA study using HPV as the first-line screening test. *Gynecologic Oncology*, 136(2), 189-197. <https://doi.org/10.1016/j.ygyno.2014.11.076>

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DEVELOPMENT CREDITS

This screening algorithm is based on majority expert opinion of the Cervical Cancer Screening workgroup at the University of Texas MD Anderson Cancer Center. It was developed using a multidisciplinary approach that included input from the following:

Core Development Team Leads

Therese Bevers, MD (Cancer Prevention)
Joyce Dains, DrPH, JD, RN, FNP-BC, FNAP, FAANP (Nursing)
Andrea Milbourne, MD (Gynecologic Oncology & Reproductive Medicine)
Lois Ramondetta, MD (Gynecologic Oncology & Reproductive Medicine)
Kathleen Schmeler, MD (Gynecologic Oncology & Reproductive Medicine)

Workgroup Members

Heather Alexander, PgDip, BA (Community Alliances)
Mona Armaos, MSN, RN (Gynecologic Oncology & Reproductive Medicine)
Powel Brown, MD, PhD (Cancer Prevention)
Wendy Garcia, BS♦
Ernest Hawk, MD (Cancer Prevention)
Denise Nebgen, MD, PhD (Gynecologic Oncology & Reproductive Medicine)
Ana Nelson, MSN, RN, DNP, FNP (Cancer Prevention)
Karen Rabel, APRN, MSN, ANP-BC (Gynecologic Oncology & Reproductive Medicine)
Priya Thomas, MD (Cancer Prevention)
Hannah Warr, MSN, RN, CPHON♦

♦Clinical Effectiveness Development Team