Cervical Cancer Screening

This practice algorithm has been specifically developed for MD Anderson using a multidisciplinary approach and taking into consideration circumstances particular to MD Anderson, including the following: MD Anderson’s specific patient population; MD Anderson’s services and structure; and MD 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 comorbidities or life-threatening illnesses may forego cervical cancer screening. This algorithm is not intended for women with a personal history of cervical cancer.

### AGE TO BEGIN

<table>
<thead>
<tr>
<th>UNDER 21 YEARS OF AGE</th>
<th>SCREENING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening not recommended</td>
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<table>
<thead>
<tr>
<th>21 - 29 YEARS OF AGE</th>
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<tbody>
<tr>
<td>Liquid-based pap test every 3 years²</td>
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<table>
<thead>
<tr>
<th>30 - 65 YEARS OF AGE</th>
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<tbody>
<tr>
<td>Liquid-based pap test and high-risk Human Papilloma Virus (HPV) testing (HPV testing is optional but preferred)²,³</td>
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<table>
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<tr>
<th>Greater than 65 years of age</th>
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<tbody>
<tr>
<td>Screening not recommended¹⁴,⁶</td>
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<tr>
<th>Status post hysterectomy for benign disease</th>
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<td>Screening not recommended¹₅,⁶</td>
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### SCREENING

- Pap test normal and HPV testing negative
  - Repeat liquid-based pap test and HPV testing in 5 years
- Pap test normal and HPV testing not performed
  - Repeat liquid-based pap test with or without HPV testing in 3 years
- Abnormal pap test and/or HPV testing positive
  - See diagnostic guideline⁷

¹ See the Cervical Cancer treatment or survivorship algorithms for the management of women with a personal history of cervical cancer.
² Women with certain risk factors: Diethylstilbestrol exposure (DES) in utero, immunosuppression [e.g., Human Immunodeficiency Virus (HIV), organ transplant on immunosuppressive therapy], should continue to be screened annually. Women with HIV should have cervical cytology screening twice in the first year after diagnosis and then annually.
³ Women treated in the past for cervical intraepithelial neoplasia (CIN) 2/3 or invasive cervical cancer require routine screening for at least 20 years.
⁴ Women with no history of CIN 2/3 in the past 20 years should discontinue cervical cancer screening if they have had 3 negative Pap tests or 2 negative Pap and HPV tests in the past 10 years.
⁵ Women with supracervical hysterectomies should follow the guidelines as for women without a hysterectomy.
⁶ If screening is stopped, it should not be restarted due to new sexual contact.

Note: Women who have received the HPV vaccine should continue to be screened according to the above guideline.
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SUGGESTED READINGS

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DEVELOPMENT CREDITS

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

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