Guidelines pap test

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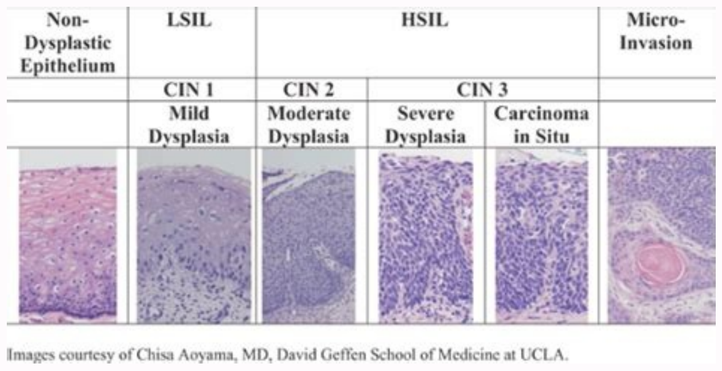

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Choosing Wisely® Don't perform Pap smears on women under the age of 21 or women who have had a hysterectomy for non-cancer disease. Most observed abnormalities in adolescents regress spontaneously, therefore screening Pap smears done in this age group can lead to unnecessary anxiety, additional testing, and cost. Pap smears are not helpful in women after hysterectomy (for non-cancer disease) and there is little evidence for improved outcomes. Sources: US Preventive Services Task Force (USPSTF) (for hysterectomy), American College of Obstetrics and Gynecology (ACOG) (for age) In a 2012 report, the U.S. Preventive Services Task Force (USPSTF) reviewed research published since 2003 that evaluated liquid-based cytology and human papillomavirus (HPV) testing.(1) The USPSTF also commissioned researchers to develop a computer model to calculate the frequency of cervical cancer screening and the ages at which to begin and end this screening. The USPSTF issued the following recommendation statements (1): The USPSTF recommends against screening for cervical cancer in women younger than age 21 years (D recommendation). Available studies show that precancer or cancer of the cervix is rare in women younger than age 20. Approximately 90 percent of HPV infections in girls and young women spontaneously clear within two years. The USPSTF recommends against screening for cervical cancer with HPV testing, alone or in combination with cytology, in women younger than age 30 years (D recommendation). The USPSTF recommends screening for cervical cancer in women age 21 to 65 years with cytology (Pap smear) every 3 years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and HPV testing every 5 years (A recommendation). The USPSTF recommends against screening for cervical cancer in women older than age 65 years who have had adequate prior screening and are not otherwise at high risk for cervical cancer (D recommendation). The excerpt below is from USPTF summary statement: “Screening with cervical cytology or HPV testing can lead to physical and emotional harms. Abnormal test results can lead to more frequent testing and invasive diagnostic procedures, such as colposcopy and cervical biopsy. Evidence from randomized, controlled trials and observational studies indicates that harms from these diagnostic procedures include vaginal bleeding, pain, infection, and failure to diagnose (due to inadequate sampling). Abnormal screening test results are also associated with increased anxiety and distress. The harms of treatment also could include risks from the treatment procedure (such as cold-knife conization and loop excision) which are associated with adverse pregnancy outcomes, such as preterm delivery, that can lead to low birth weight in infants and perinatal death. Evidence is convincing that many precancerous cervical lesions will regress and that other lesions are so slow-growing that they will not become clinically important over a woman's lifetime; identification and treatment of these lesions constitute overdiagnosis. It is difficult to estimate the precise magnitude of overdiagnosis associated with any screening or treatment strategy, but it is of concern because it confers no benefit and can lead to unnecessary surveillance, diagnostic tests, and treatments with the associated harms.” References Moyer VA, U.S. Preventive Services Task Force. Screening for cervical cancer: U.S. Preventive Services Task Force recommendation statement. Ann Intern Med. 2012;156:880-891. Accessed November 21, 2012. ACOG Committee on Practice Bulletins--Gynecology. ACOG practice bulletin no. 109: cervical cytology screening. Obstet Gynecol. 2009;114:1409-1420. Saslow D, Runowicz CD, Solomon D, et al. American Cancer Society guideline for the early detection of cervical neoplasia and cancer. CA Cancer J Clin. 2002;52:342-362. Ho GY, Bierman R, Beardsley L, et al. Natural history of cervicovaginal papillomavirus infection in young women. N Engl J Med. 1998;338(7):423–428. 2012 AAFP recommendations for preventive services guideline. More About Choosing Wisely® This recommendation is provided solely for informational purposes and is not intended as a substitute for consultation with a medical professional. Patients with any specific questions about this recommendation or their individual situation should consult their physician. The Pap test and the HPV test can help prevent cervical cancer or find it early. The Pap test (or Pap smear) looks for precancers, cell changes on the cervix that might become cervical cancer if they are not treated appropriately. The HPV test looks for the virus (human papillomavirus) that can cause these cell changes. Both tests can be done in a doctor’s office or clinic. During the Pap test, the doctor will use a plastic or metal instrument, called a speculum, to widen your vagina. This helps the doctor examine the vagina and the cervix, and collect a few cells and mucus from the cervix and the area around it. The cells are sent to a laboratory. If you are getting a Pap test, the cells will be checked to see if they look normal. If you are getting an HPV test, the cells will be tested for HPV. If you have a low income or do not have health insurance, you may be able to get a free or low-cost screening test through the National Breast and Cervical Cancer Early Detection Program. You should start getting Pap tests at age 21. If your Pap test result is normal, your doctor may tell you that you can wait three years until your next Pap test. If You Are 30 to 65 Years Old Talk to your doctor about which testing option is right for you— A Pap test only. If your result is normal, your doctor may tell you that you can wait three years until your next Pap test. An HPV test only. This is called primary HPV testing. If your result is normal, your doctor may tell you that you can wait five years until your next screening test. An HPV test along with the Pap test. This is called co-testing. If both of your results are normal, your doctor may tell you that you can wait five years until your next screening test. If You Are Older Than 65 Your doctor may tell you that you don’t need to be screened anymore if— You have had normal screening test results for several years, or You have had your cervix removed as part of a total hysterectomy for non-cancerous conditions, like fibroids. You should not schedule your test for a time when you are having your period. If you are going to have a test in the next two days — You should not douche (rinse the vagina with water or another fluid). You should not use a tampon. You should not have sex. You should not use a birth control foam, cream, or jelly. You should not use a medicine or cream in your vagina. It can take as long as three weeks to receive your test results. If your test shows that something might not be normal, your doctor will contact you and figure out how best to follow up. There are many reasons why test results might not be normal. It usually does not mean you have cancer. If your test results show cells that are not normal and may become cancer, your doctor will let you know if you need to be treated. In most cases, treatment prevents cervical cancer from developing. It is important to follow up with your doctor right away to learn more about your test results and receive any treatment that may be needed. If your test results are normal, your chance of getting cervical cancer in the next few years is very low. Your doctor may tell you that you can wait several years for your next cervical cancer screening test. But you should still go to the doctor regularly for a checkup. (Replaces Practice Bulletin No. 168, October 2016) ASCCP and the Society of Gynecologic Oncology endorse this Practice Advisory. The American College of Obstetricians and Gynecologists (ACOG) joins ASCCP and the Society of Gynecologic Oncology (SGO) in endorsing the U.S. Preventive Services Task Force (USPSTF) cervical cancer screening recommendations 1 , which replace ACOG Practice Bulletin No. 168, Cervical Cancer Screening and Prevention, as well as the 2012 ASCCP cervical cancer screening guidelines 2 . The adoption of the USPSTF guidelines expands the recommended options for cervical cancer screening in average-risk individuals aged 30 years and older to include screening every 5 years with primary high-risk human papillomavirus (hrHPV) testing. Primary hrHPV testing uses high-risk HPV testing alone (no cytology) with a test that is approved by the U.S. Food and Drug Administration (FDA) for stand-alone screening. Consistent with prior guidance, screening should begin at age 21 years, and screening recommendations remain unchanged for average-risk individuals aged 21–29 years and those who are older than 65 years Table 1. Management of abnormal cervical cancer screening results should follow current ASCCP guidelines 3 4 . Screening Options There are now three recommended options for cervical cancer screening in individuals aged 30–65 years: primary hrHPV testing every 5 years, cervical cytology alone every 3 years, or co-testing with a combination of cytology and hrHPV testing every 5 years Table 1. All three screening strategies are effective, and each provides a reasonable balance of benefits (disease detection) and potential harms (more frequent follow-up testing, invasive diagnostic procedures, and unnecessary treatment in patients with false-positive results) 1 . Data from clinical trial, cohort, and modeling studies demonstrate that among average-risk patients aged 25–65 years, primary hrHPV testing and co-testing detect more cases of high-grade cervical intraepithelial neoplasia than cytology alone, but hrHPV-based tests are associated with an increased risk of colposcopies and false-positive results 1 6 7 . Currently, there are two hrHPV tests approved by the FDA for primary screening in individuals aged 25 years and older. Although cytology alone is the recommended screening method for individuals aged 21–29 years, ACOG, ASCCP, and SGO advise that primary hrHPV testing every 5 years can be considered for average-risk patients aged 25–29 years based on its FDA-approved age for use and primary hrHPV testing’s demonstrated efficacy in individuals aged 25 years and older. Future Directions Primary Human Papillomavirus Testing In 2020, the American Cancer Society (ACS) updated its cervical cancer screening guidelines to recommend primary hrHPV testing as the preferred screening option for average-risk individuals aged 25–65 years 5 . Despite the demonstrated efficacy and efficiency of primary hrHPV testing, uptake of this screening method has been slow because of the limited availability of FDA-approved tests and the significant laboratory infrastructure changes required to switch to this screening platform. Limited access to primary hrHPV testing is of particular concern in rural and under-resourced communities and among communities of color, which have disproportionately high rates of cervical cancer incidence, morbidity, and mortality 8 9 10 . Although cytology-based screening options are still included in the ACS guidelines in acknowledgement of these barriers to widespread access and implementation, ACS strongly advocates phasing out cytology-based screening options in the near future 5 . Until primary hrHPV testing is widely available and accessible, cytology-based screening methods should remain options in cervical cancer screening guidelines. Although HPV self-sampling has the potential to greatly improve access to cervical cancer screening, and there is an increasing body of evidence to support its efficacy and utility, it is still investigational in the United States 5 11 . Age to Initiate Screening The introduction of vaccines targeting the most common cancer-causing HPV genotypes has advanced the primary prevention of cervical cancer. As vaccination coverage increases and more vaccinated individuals reach the age to initiate cervical cancer screening, HPV prevalence is expected to continue to decline 12 13 . This could prompt future changes to screening guidelines, such as raising the screening initiation age to 25 years, as is recommended in the recently updated ACS guidelines 5 . Although HPV vaccination rates continue to improve, nationwide HPV vaccination coverage remains below target levels, and there are racial, ethnic, socioeconomic, and geographic disparities in vaccination rates 13 14 15 16 . Cervical cancer screening rates also are below expectations, with the lowest levels reported among individuals younger than 30 years 17 18 . Raising the screening start age to 25 years could increase the already high rate of underscreening among individuals aged 25–29 years and exacerbate existing health inequities in cervical cancer screening, incidence, morbidity, and mortality 10 17 18 19 . Given these significant health equity concerns and the current suboptimal rates of cervical cancer screening and HPV vaccination, ACOG, ASCCP, and SGO continue to recommend initiation of cervical cancer screening at age 21 years. Conclusion Although cervical cancer screening options have expanded, cervical cytology, primary hrHPV testing, and co-testing are all effective in detecting cervical precancerous lesions and cancer. The specific strategy selected is less important than consistent adherence to routine screening guidelines. Inadequate cervical cancer screening remains a significant problem in the United States, with persistent health inequities across the entire spectrum of cervical cancer care 10 17 19 . Given these concerns, ACOG, ASCCP, and SGO continue to recommend cervical cancer screening initiation at age 21 years. Human papillomavirus vaccination is another important prevention strategy against cervical cancer, and obstetrician–gynecologists and other health care professionals should continue to strongly recommend HPV vaccination to eligible patients and stress the benefits and safety of the HPV vaccine 20 . Cervical cancer prevention, screening, and treatment are critical components of comprehensive reproductive health care. Please contact with any questions. Curry SJ, Krist AH, Owens DK, Barry MJ, Caughey AB, Davidson KW, et al. Screening for cervical cancer: U.S. Preventive Services Task Force recommendation statement. U.S. Preventive Services Task Force. JAMA 2018;320:674–86. 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14/03/2022 · People between the ages of 25 and 65 should get a primary HPV (human papillomavirus) test* done every 5 years. If a primary HPV test is not available, a co-test (an HPV test with a Pap test) every 5 years or a Pap test every 3 years are still good options. (*A primary HPV test is an HPV test that is done by itself for screening. The American Thyroid Association's Guidelines (2009) make several recommendations regarding TSH. For initial TSH suppression, for high-risk and intermediate-risk patients, the guidelines recommend initial TSH below 0.1 mU/L, and, for low-risk patients TSH at or slightly below the lower limit of normal (0.1–0.5 mU/L). (Recommendation 40).

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