

New Guidelines for Cervical Cancer Screening

Please note: these are guidelines ONLY.

You need to discuss your situation with your doctor.

There are ALWAYS exceptions to guidelines.

*Cervical cancer screening can find changes in the cells of the **cervix** that could lead to cancer.*

*Screening includes the **Pap test** and, for some women, testing for **human papillomavirus (HPV)**.*

- *A Pap test used to be recommended for most women every year. However, this recommendation has changed recently.*
- *Most women do not need to have cervical cancer screening each year.*

The latest routine cervical cancer screening guide- lines are as follows:

- Cervical cancer screening should start at age 21 years.
- Women aged 21–29 years should have a Pap test every 3 years.
- Women aged 30–65 years should have a Pap test and an HPV test (co-testing) every 5 years (**preferred**). It is acceptable to have a Pap test alone every 3 years.
- Women after age 65 years should stop having cervical cancer screening **IF**
 - They do not have a history of moderate or severe **dysplasia** or cancer **and**
 - they have had either three negative Pap test results in a row **or**
 - two negative co-test results in a row within the past 10 years, **with**
 - the most recent test performed within the past 5 years.
- Women who have a history of cervical cancer, are infected with **human immunodeficiency virus (HIV)**, have a weakened **immune system**, or who were exposed to diethylstilbestrol (DES) before birth should not follow these routine guidelines.
 - **If** you have an abnormal cervical cancer screening test result, you may have additional testing or treatment.
 - Your health care provider will recommend when you can resume routine screening.

Why did the guidelines change?

- Studies over the past decades have found that there is no overall advantage to having yearly Pap tests over Pap tests every 3 years.
- Yearly Pap tests do find a slightly higher number of cancer cases than tests performed every 3 years.

- However, women who have yearly screening undergo many more follow-up tests for what turns out not to be cancer than women who have 3-year testing.
- You still should see your health care provider every year for well-woman care and any reproductive health care or information.

For women aged 30–65 years, the combination of a Pap test plus an HPV test can help predict whether dysplasia will be diagnosed in the next few years, even if the Pap test results are normal.

- If the results of both the HPV test and the Pap test are normal, the chance that mild or moderate dysplasia will develop in the next 4–6 years is very low.

You may be wondering why HPV testing is not recommended for women younger than 30 years.

- HPV infection is very common in younger women, but it usually goes away on its own.
- A positive HPV test result in a young woman (showing that she does have one of the cancer-causing HPV types) will most likely become negative without any treatment.

If you have had a ***hysterectomy***, you still may need to have cervical cancer screening. Whether you need to continue to have screening tests depends on

- why your hysterectomy was needed,
- whether your cervix was removed, and
- whether you have a history of moderate or severe dysplasia.