SCHOOL OF MEDICINE
DEPARTMENT OF OBSTETRICS & GYNECOLOGY

STANDARD OPERATING PROCEDURE- GUIDELINE

CERVICAL CANCER SCREENING

SCOPE/APPLICABILITY:

This guideline applies to all patients being screened for cervical cancer, regardless of sexual history or HPV vaccination status. These guidelines do not apply to individuals at high risk for cervical cancer, including those with prior diagnosis of a high-grade precancerous cervical lesion, in utero exposure to diethylstilbestrol (DES), or a compromised immune system such as individuals living with human immunodeficiency virus (HIV).

PURPOSE:

A number of cervical cancer screening options are available, including co-testing, primary HPV screening (with reflex cytology), and the addition of dual staining (p16 and Ki67). This guideline serves to standardize cervical cancer screening within the OBGYN department.

DEFINITIONS AND ACRONYMS:

- ACOG: American College of Obstetricians and Gynecologists
- ACS: American Cancer Society
- ASCCP: American Society for Colposcopy and Cervical Pathology
- ASCUS: Atypical squamous cells of uncertain significance
- CIN: Cervical intraepithelial neoplasia
- HPV: Human papillomavirus
- HSIL: High-grade squamous intraepithelial lesion
- USPSTF: United States Preventive Services Taskforce

PROCEDURE:

The OBGYN department has considered current USPSTF, ACS, ASCCP, and ACOG cervical cancer screening recommendations.

For 2022, the OBGYN department will continue to recommend the following:

- **Cervical cancer screening age 21-29: Cytology alone (Pap with reflex HPV if ASCUS) every 3 years.** It is reasonable after a shared decision-making discussion with patients age 21-24 to defer screening until age 25 because the likelihood of invasive cervical cancer is low.

- **Cervical cancer screening age 30-65: Co-testing (Pap with HPV) every 5 years.** Alternatively, it is acceptable to use primary HPV screening alone for age 30-65.

- **The OBGYN Department does not yet recommend using dual staining for cervical cancer screening.** Management of abnormal results is not yet included in ASCCP guidelines. In the future, dual staining may be helpful for identifying HSIL.

- **Providers should manage abnormal screening results according to ASCCP guidelines.** Note that after completing treatment for HSIL (CIN2, CIN3), ASCCP recommends ongoing cervical cancer screening at 3 year intervals for at least 25 years.

REFERENCES:

1. ACOG Practice Advisory: Updated cervical cancer screening guidelines, April 2021. Available at: https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2021/04/updated-cervical-cancer-screening-guidelines
2. Perkins R, et al. 2019 ASCCP Risk-Based Management Consensus Guidelines for Abnormal Cervical Cancer Screening Tests and Cancer Precursors. J Lower Genital Tract Dis 2020;24(2):102-131.
3. USPSTF cervical cancer screening guidelines, August 2018. Available at: https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/cervical-cancer-screening
4. The American Cancer Society guidelines for the prevention and early detection of cervical cancer. Available at: https://www.cancer.org/cancer/cervical-cancer/detection-diagnosis-staging/cervical-cancer-screening-guidelines.html

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APPROVALS:

SOP Owner:	Lisa Hofler, MD	Date: 12/15/21
Chair Approval:	Eve Espey	Date: 01/06/2022
Effective Date:	January 1, 2022	