



patient education **Fact Sheet**

PFS004: New Guidelines for Cervical Cancer Screening SEPTEMBER 2013

## New Guidelines for Cervical Cancer Screening

*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 guidelines 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 should stop having cervical cancer screening after age 65 years 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.

## **Glossary**

***Cervix:*** The lower, narrow end of the uterus at the top of the vagina.

***Dysplasia:*** A noncancerous condition that occurs when normal cells are replaced by a layer of abnormal cells.

***Human Immunodeficiency Virus (HIV):*** A virus that attacks certain cells of the body's immune system and causes acquired immunodeficiency syndrome (AIDS).

***Human Papillomavirus (HPV):*** The name for a group of related viruses, some of which cause genital warts and some of which are linked to cervical changes and cancer of the cervix, vulva, vagina, penis, anus, and throat.

***Hysterectomy:*** Removal of the uterus.

***Immune System:*** The body's natural defense system against foreign substances and invading organisms, such as bacteria that cause disease.

***Pap Test:*** A test in which cells are taken from the cervix and vagina and examined under a microscope.

**PFS004:** Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

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