

Cervical Cancer Screening: *Understanding the Newest Papsmear Guidelines*

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	ACS, ASCP, ASCCP 2012	USPSTF 2012	ACOG 2012
When to start screening	Age 21	Age 21	Age 21
Cytology			
Age 21 – 29	Every 3 years	Every 3 years	Every 3 years
Age 30 - 65	Every 3 years	Every 3 years	Every 3 years
HPV Co-testing			
Age 21 – 29	Never	Never	Never
Age 30 - 65	Preferred and increase pap interval to 5 years	Preferred and increase pap interval to 5 years	Preferred and increase pap interval to 5 years
Primary HPV Testing	Not Recommended	Not Recommended	Not Addressed
When to stop screening	>age 65 with adequate screening history	>age 65 with adequate screening history	>age 65 with adequate screening history
Screening post TOTAL hysterectomy	Stop screening if negative screening history	Stop screening if negative screening history	Stop screening if negative screening history

Objectives

1. Understand the 2012 Papsmear Guidelines
2. Understand the nomenclature used on cytology reports
3. Understand the management of abnormal papsmears

Exceptions

1. **More frequent testing in:**
 - HIV + patients
 - Solid organ transplant patients
 - DES Exposure
 - Previous treatment for CIN 2 or greater
2. **Age 65 or Total Hysterectomy**
 - CIN 2 or greater should be screened for **20 years** after treatment even if this means you go past age 65 and/or you have a total hysterectomy

2012 Papsmear Guidelines

1. U.S Preventive Services Task Force (**USPTF**)
2. American College of Obstetrics and Gynecology (**ACOG**)
3. American Society of Colposcopy and Cervical Pathology (**ASCCP**)
4. American Cancer Society (**ASC**)

Exceptions:

1. HPV Vaccinated – continue age related protocol
2. Annual exams – continue every year, bimanual or speculum exam is determined by doctor and patient

Opportunity is Key with HPV

Figure 3. Cervical Squamocolumnar Junction (SCJ) and Transformation Zone

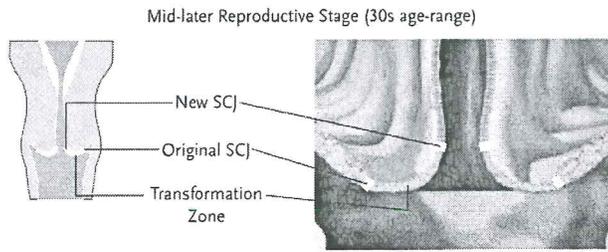
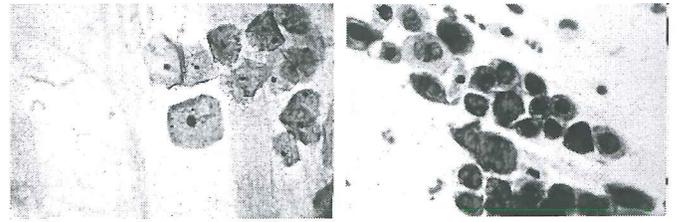


Figure Courtesy of Merck & Co., Inc.²⁰

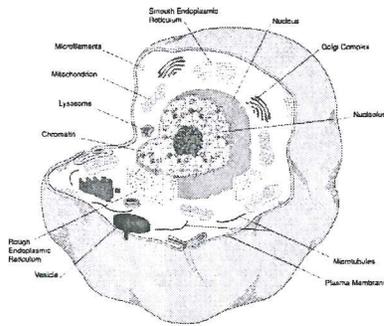
Cytology



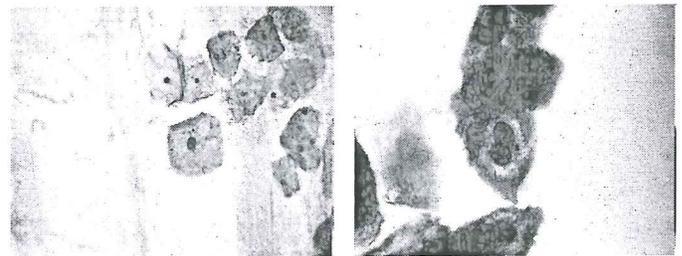
Normal

Dysplastic cells

How does HPV Produce Disease?



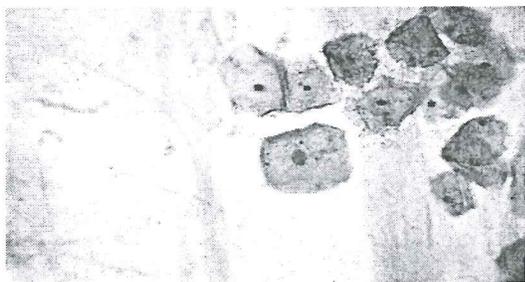
Cytology



Normal

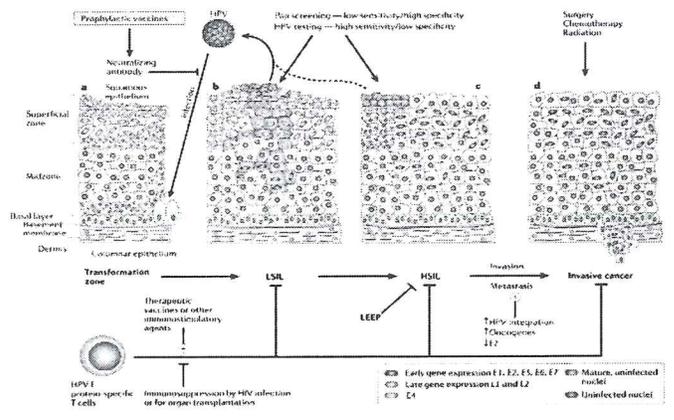
Koilocytic Changes

Cervical Cancer Screening: PAPSMEAR



Normal

Histopathology



Nomenclature Used for Cytology

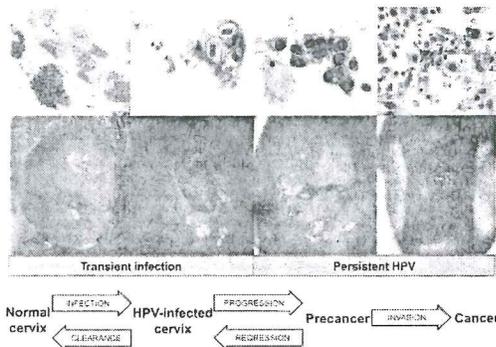
Pap Classification	Dysplasia Nomenclature	CIN Nomenclature	Bethesda System
I	Negative	Negative	NILM
II	Squamous Atypia	Squamous Atypia	ASC-US ASC-H
III	Mild Dysplasia	CIN I	LSIL
IV	Moderate Dysplasia Severe Dysplasia CIS	CIN 2 CIN 3	HSIL
V	Carcinoma	Carcinoma	Carcinoma

JNCI, Oxford Journal 2010

Management of Abnormal Papsmears

Screening Method	Result	Management
Cytology Alone	AGC – NOS	Colposcopy with ECC
	• > Age 35	Colposcopy, ECC and EMB
	AGC (favor neoplasia) OR AIS	Colposcopy with bx LEEP
Co- Testing (Not recommend in ages < 30)	Cytology –negative HPV - negative	Repeat screening in 5 years
	Cytology – negative HPV - Positive	Option 1: Repeat cotesting in 12 months Option 2: Test for HPV 16 or HPV 16/18 Genotype • If genotype is positive – colposcopy • If genotype is negative – repeat the co-test in 12 months

Progression of Disease



Additional Information

1. <http://asccp.org>
2. <http://www.cdc.gov>
3. Screening for Cervical Cancer. Practice Bulletin No. 131. American College of Obstetricians and Gynecologists. Obstet Gynecol 2012;120:1222-38

Management of Abnormal Papsmears

Screening Method	Result	Management
Cytology Alone	Negative or ASC-US and HPV negative	Repeat in 3 years
	• Age 21 - 24 ASC-US AND HPV positive OR LSIL	Repeat cytology in 1 year
	• Age 21-29 Negative but EC/TZ Insufficient	Repeat in 3 years
	• > Age 30	Repeat in 3 years OR HPV Genotyping
	ASC-H (regardless of HPV status)	Colposcopy
	LSIL	Colposcopy OR Co-testing in 1 year
• Age 21 – 24	HSIL	Colposcopy
• Age >25	HSIL	Colposcopy OR Immediate LEEP