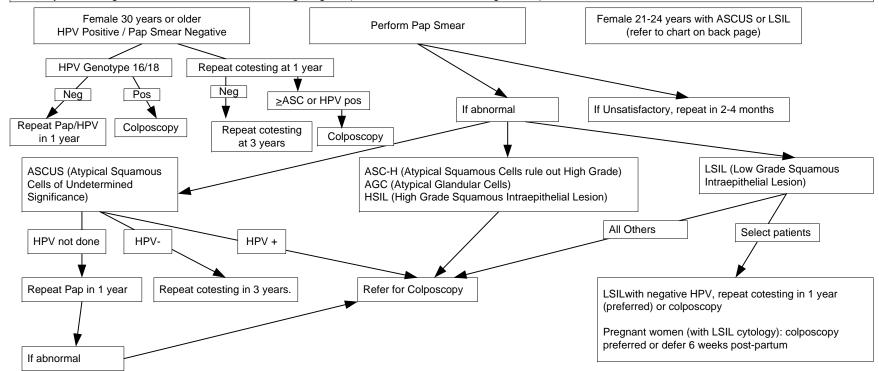
PAP Smear/HPV Referral Guideline

FOR EDUCATIONAL PURPOSES ONLY

Washington State Clinical Laboratory Advisory Council (CLAC) Originaly published: March 200; Reviewed/Revised July 2011; July 2013; Jan 2016 The individual clinician is in the best position to determine which tests are most appropriate for a particular patient.

- These recommendations do not apply to women who have received a diagnosis of high grade precancerous cervical lesion or cervical cancer, women with in-utero exposure to diethylstildestrol, or women who are immunocompromised such as those who are HIV positive.
- Pap Smear Screening begins at age 21 regardless of when sexual activity starts. Adolescents/young women 20 and below are not recommended to have a Pap test or HPV testing. Pap screening may end at age 65 if the Pap history is unremarkable and the patient is low risk.
- Screening recommended every 3 years for women 21-29. Women 30-65 and older who have had 3 consecutive negative Pap test and who have no history of CIN2 or 3, etc. OR low risk women 30 and above may go every 3 years if Pap only; or 5 years if cotesting. Risk factors that should be considered are HPV infection, STD's, HIV, smoking, new sexual partners, previous SIL or immunosuppression.
- When "absent/insufficient endocervical/transformation zone cells" is reported in a negative Pap smear in ages 21-29, follow routine screening. For ages 30 or greater, perform HPV. If HPV negative, do routine screening. If HPV positive, do PAP + HPV in 1 year or genotype, then manage per ASCCP guidelines.
- After hysterectomy for benign causes, women need not undergo routine Pap smears unless symptomatic, history of "SIL," or has associated risk factors as above.
- HPV testing (high risk types) is the preferred method for triage of ASCUS results using liquid cytology for ages 25-65. If 21-24 years, repeat PAP in 12 months.
- Screening practice should not change on the basis of HPV vaccination.
- · Primary HPV testing can be considered for women starting at age 25 (2015 ASCP and SGO interim guideline.)



References:

- 1. ACS/ASCCP/ASCP Cervical Cancer Screening Recommendations, CA:A Cancer Journal of Clinicians Vol 62, May/June 2012,147-172.
- 2. ACOG Practice Bulletin 109, December 2009.
- 3. American Society for Colposcopy and Cervical Pathology (http://www.ascp.org): Journal of Lower Genital Tract Disease, Vol 11, Number 4, 2007, 201-222.
- 4. AM J Ob Gyn 2007: 346-355
- 5. ACOG guidelines for cervical cancer screening, Obstet Gynecol 2006; 107(4) 963-8.
- 6. ASCP Guidelines 2009) 330-337.
- 7. Use of Primary High-Risk human papillomavirus testing for cervical cancer screening. Obstet Gynecol 2015; 125(2) 330-337.

