

SUMMARY CHART OF SCREENING GUIDELINES FOR CERVICAL CANCER



Effective January 2012

A woman with a visibly abnormal cervix or abnormal bleeding should be referred appropriately, regardless of the Pap test findings.	
Screening Initiation	Cervical cancer screening should begin at age 21 or approximately 3 years after first intimate sexual activity, whichever occurs later. (Intimate sexual activity includes intercourse as well as digital or oral sexual activity involving the genital area with a partner of either gender.)
Screening Interval	Screen every 2 years until 3 consecutive normal results then extend the screening interval to every 3 years.
Increased Surveillance	Some women require more vigilant surveillance because of increased risk or past cervical disease. Continue to screen these women <u>annually</u> : <ul style="list-style-type: none"> ▪ Women who have ever had a biopsy confirmed high-grade squamous intraepithelial lesion (HSIL) or adenocarcinoma in situ (AIS). ▪ Women with immunosuppression who have ever been sexually active. This includes women with human immunodeficiency virus (AIDS/HIV), lymphoproliferative disorders, organ transplantation, and women taking long-term corticosteroids or transplant medication. ▪ Women who have had invasive cancer. After hysterectomy, continue with vault smears.
Discontinue Screening	Women older than 69 years who have had at least 3 consecutive satisfactory and negative Pap tests at the recommended screening interval in the last 10 years and are not immunocompromised can discontinue screening. For women older than 69 who have never been screened, screen with 3 annual Pap tests. If results are negative and satisfactory, discontinue screening.

Screening women with special circumstances	
Women who have had a hysterectomy with the cervix removed for benign disease:	
<ul style="list-style-type: none"> ▪ Discontinue screening as long as there is adequate pathological documentation that the cervix has been removed completely and there is no history of high-grade lesions 	
Women who have undergone subtotal hysterectomy and retained their cervix:	
<ul style="list-style-type: none"> ▪ Continue with screening according to the guidelines 	
Pregnant women:	
<ul style="list-style-type: none"> ▪ Should be screened according to the guidelines, however care should be taken not to over-screen ▪ Only conduct Pap tests during pre-natal and post-partum visits if the woman is otherwise due for screening <ul style="list-style-type: none"> – If ASC-US or LSIL is detected during pregnancy, do not repeat the Pap test until 6 months post-partum. All other findings, especially more advanced lesions, should be managed according to the guidelines. 	
Women currently being assessed by a colposcopy clinic:	
<ul style="list-style-type: none"> ▪ Should not undergo additional Pap testing until discharged from colposcopy 	
Women who have received the HPV vaccine:	
<ul style="list-style-type: none"> ▪ Continue with screening 	

MANAGEMENT OF ABNORMAL CYTOLOGY

Pap result	Recommended management
Unsatisfactory	Repeat Pap test in 3 months
Atypical squamous cells of undetermined significance (ASC-US) and Low-grade squamous intraepithelial lesion (LSIL)	Women 21 years and older: Repeat Pap test every 6 months for 1 year (2 tests) <i>(tests must be at least 6 months apart)</i> <ul style="list-style-type: none"> ▪ If all negative return to routine screening ▪ If either result is ASC-US or greater refer for colposcopy
	Women <21 years: <i>(although routine cervical screening is not recommended)</i> Repeat Pap test every 12 months for 2 years (2 tests): <ul style="list-style-type: none"> ▪ At 12 months: Only high-grade lesions should be referred to colposcopy ▪ At 24 months: Negative results return to routine screening ASC-US or greater refer to colposcopy
Atypical squamous cells – cannot exclude HSIL (ASC-H)	Refer for colposcopy
High-grade squamous intraepithelial lesion (HSIL)	Refer for colposcopy
Atypical glandular cells (AGC), Adenocarcinoma in situ (AIS)	Refer for colposcopy
Squamous carcinoma, adenocarcinoma, other malignancy	Refer to specialist care
Endometrial cells	After the age of 40 should be managed or referred as appropriate

The Saskatchewan Cancer Agency's Prevention Program for Cervical Cancer (PPCC) tracks compliance with recommended follow-up of abnormal and unsatisfactory results to ensure women receive appropriate and timely follow-up. If follow-up cytology, histology and/or colposcopy information is not received by the PPCC within the recommended follow-up time the care provider office will receive a letter from the PPCC requesting follow-up information. If no response to the letter or follow-up information is received by the PPCC, a fax reminder will be sent followed by telephone calls.