

Legacy Health

Co-Management and Referral Guidelines

Pap smear

Introduction

- Pap smear is a screening test used to assess risk for cervical cancer.
- Pap smear screening should begin at age 21.
- Pap smear screening can end at age 65 in low risk women.
- Pap smear screening is not necessary if the cervix is surgically absent unless the patient has had a history of severe cervical dysplasia (CIN 3/carcinoma in situ) or cervical cancer. In these cases, a Pap sample of the vaginal cuff should be performed with a spatula.

Normal screening intervals

Pap every three years ages 21–29

HPV reflex testing for ASCUS ages 25–29

Pap with HPV co-test every three years ages 30–65 (We do not recommend five-year interval screening.)

Extended screening if hx of CIN2 or 3 or cervical cancer.

Please remember that women should continue to receive annual pelvic examination and breast exam regardless of their pap screening interval.

When to repeat the Pap co-test in one year

Normal Pap but +other high risk HPV

LGSIL Pap in age 21–24 (can skip HPV test)

Hx CIN2 or CIN3 in the year prior

Hx colposcopy with biopsy in the prior year with any degree of dysplasia (CIN 1,2,3)

Hx cervical cancer

Patient is HIV-positive

Patient has hx DES exposure

When to repeat the Pap co-test annually for two years

Colposcopy proven CIN2 or CIN3 followed by treatment

When to refer for colposcopy

Any Pap that is ASCUS +HPV of any type

Normal Pap but +HPV 16 or +HPV 18

Normal Pap but +other high risk HPV x two years

LGSIL Pap if 25 years or older

LGSIL Pap and pregnant

HGSIL Pap

Abnormal glandular cells on Pap

Endometrial cells on Pap in post menopause (also needs endometrial biopsy)

Visible abnormal lesion or vascularity on the cervix

Cervix that is unusually friable with exams

(continued)

Evaluation and Management

- HPV screening is recommended for women with atypical cervical cells on their Pap for ages 25–29.
- Pap co-test includes a Pap smear screen with HPV testing (evaluated from the same sample) and is recommended for any female age 30 years or older.
- HPV testing should include HPV genotyping which specifically identifies the presence of HPV 16, HPV 18 and other High HPV Risk Strains. HPV 16 and 18 are associated with abnormal glandular cells of the cervix which can be associated with a more aggressive type of cervical cancer.
- Liquid-based Pap screening should be used (Thin Prep or Sure Pap) if available instead of slide screening.
- 80 percent of women have been exposed to HPV. This is usually a transient infection with low risk of serious illness.
- Additional risk factors for cervical dysplasia include active smoking, abnormal immune system, hx DES exposure and HIV-positive.
- The majority of cases of CIN1/mild dysplasia will spontaneously regress within two years of observation (no treatment) and have very little pre-malignant potential.
- Treatment is recommended for CIN2 and CIN3.
- CIN 3/severe dysplasia generally progresses slowly to cancer over 8–12 years.
- ASCUS Pap results can be considered normal if HPV testing is negative.
- ASCUS Pap results that are +HPV can be associated with any degree of dysplasia or cervical cancer and warrant colposcopic evaluation.
- All women ages 12–26 should be encouraged to receive HPV vaccination series (Gardasil 9).
- Unsatisfactory cytology Pap result means that there were insufficient cells to perform the exam and should be re-collected.
- Absent transformation zone age 21–29 with negative Pap follow routine guidelines.
- Absent transformation zone age 30 and older with negative Pap, triage follow up based on HPV genotyping results.
- Endometrial cells on Pap near the menstrual cycle do not require follow-up.
- Endometrial cells on Pap if over 40 years old and not near menses requires pelvic ultrasound to assess the endometrial lining.
- Avoid using the endocervical brush for Pap sampling in a pregnant patient.
- Pap smear screening should be extended for any woman with a history of CIN2 or CIN3 for 20 years beyond the time of diagnosis using standard guidelines.
- ASCCP app is a useful tool to use for triaging Pap results and includes age, HPV status and pregnancy status and prior colposcopy results.

Referral process

Find providers and locations online: www.legacyhealth.org/womenshealth

February 2017

Find this and other co-management/referral guidelines online at www.legacyhealth.org/womenshealth

