CERVICAL CANCER SCREENING – Dr. Zubair Syed, UTSW Family Medicine, 2/2015

HISTORY

- Age
- Parity, last pregnancy
- Menstrual History (Menarche/LMP), Sexual history
- Last PAP, Any history of abnormal PAP
- Surgical History (TAH, LEEP etc.) – reasons for getting the procedure.
- Risk factors (H/O STDs, multiple partners)
- HPV vaccination status
- Current symptoms (Any vaginal itching, discharge, rash, lesions etc.)

PHYSICAL EXAM

VULVA: tenderness, excoriation, lesion, nodule, mass.

VAGINA: Lesions, edema, mass, discharge.

CERVIX: Friable, erythematous, ectropion, lesion, cervical discharge, cervical motion tenderness, surgically absent, Nabothian cyst at *** o'clock, endocervical polyp size *** cm.

UTERUS: surgically absent, vaginal cuff well healed, tenderness, mass, anteverted, retroverted, enlarged to *** week's size, irregular, mobile, fixed, ADNEXA: tenderness, masses.

ABDOMINAL: Bimanual exam – comment on any masses felt between your digits and hand.

Don't Forget To Document who was your Chaperone During The Exam!!!

SCREENING RECOMMENDATIONS

In 2012, the ACS, ASCCP, USPSTF, ACOG and ASCP issued new screening guidelines.

Screening recommendations for specific patient age groups are as follows:

- **< 21** years – No screening recommended
- **21-29** years – Cytology (Pap smear) alone every 3 years
- **30-65** years – Human papillomavirus (HPV) and cytology co-testing every 5 years (preferred) or cytology alone every 3 years (acceptable)
- **> 65** years – No screening recommended if adequate prior screening has been negative and high risk factors are not present.

- The USPSTF cautions that positive screening results are more likely with HPV-based strategies than with cytology alone and that some women may have persistently positive HPV results and require prolonged surveillance with additional frequent testing.
- Similarly, women who would otherwise be advised to end screening at age 65 years on the basis of previously normal cytology results may undergo continued testing because of positive HPV test results.

HPV testing alone is not currently recommended for most clinical settings in the US. Annual screening is not recommended at any age or with any method. Women who have had a total hysterectomy may stop undergoing cervical cancer screening. Exceptions are as follows:

- Women who had a hysterectomy without removal of the cervix
- Women who have had a CIN grade 2 or 3 lesion treated in the past 20 years
- Women who have had cervical carcinoma at any time.

In March 2013, the ASCCP issued updated guidelines for managing women with abnormal cervical cancer screening results and diagnosed cancer precursors. These can be accessed at:

http://www.asccp.org/ConsensusGuidelines/UpdatedConsensusGuidelinesAlgorithms/tabid/14410/Default.aspx

INDICATIONS FOR COLPOSCOPY:

SPECIFIC CYTOLOGICAL ABNORMALITIES:

- Persistent atypical cells of undetermined significance (ASC-US) or ASC-US with positive high-risk human papillomavirus (HPV) subtypes.
- ASC suggestive of high-grade lesion (ASC-H).
- Atypical glandular cells (AGC).
- Low-grade squamous intraepithelial lesions (LSIL).
- High-grade squamous intraepithelial lesion (HSIL).
- Suspicious for invasive cancer.
- Malignant cells present.

Additional common indications for colposcopy include:

- Evaluation of patients with persistent (two consecutive years) positive testing for high-risk human papillomavirus and normal cytology
- Assessment of women exposed to diethylstilbestrol (DES) exposure in utero.
- Evaluation of a palpably or visually abnormal cervix, vagina, or vulva
- In conjunction with laser or other treatment modalities to ensure that known lesions are completely removed or treated, to detect any other lesions in surrounding areas, and for post-treatment surveillance (LEEP, cryotherapy, cone biopsy).
- Evaluation of a positive screening test for cervical neoplasia such as spectroscopy, cervicography, or speculoscopy.
- Evaluation of women with ano-genital condylomas.
- Sexual partner with genital warts or condyloma accuminata.
- Sexual abuse.

CONTRAINDICATIONS — There are no absolute contraindications to colposcopy. Active cervicitis is treated before the examination because inflammation and infection impede accurate assessment of epithelial abnormalities

REFERENCES

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Key:
ASCCP: American Society for Colposcopy and Cervical Pathology.
ACS: American Cancer Society.
USPSTF: United States Preventative Services Task Force.
ACOG: American College of Obstetricians and Gynecologists.
ASCP: American Society for Clinical Pathology.