

Alberta Cervical Cancer Screening Clinical Practice Guidelines

A woman with a visibly abnormal cervix or abnormal bleeding should be referred appropriately, regardless of the Pap test findings.

<p>Screening Initiation</p>	<p>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.)</p> <p>For women under 21, interactions with health care providers may still be necessary for STI screening and HPV vaccination.</p>
<p>Screening Interval</p>	<p>Within 5 years, screen with three negative Pap tests at least 12 months apart and then extend the screening interval to every 3 years.</p>
<p>Increased Surveillance</p>	<p>Some women require more vigilant surveillance because of increased risk or past cervical disease.</p> <p>Continue to screen the following women annually:</p> <ul style="list-style-type: none"> • women who have ever had biopsy confirmed high-grade squamous intraepithelial lesions (HSIL), adenocarcinoma in situ (AIS), or invasive cervical cancer. (If the woman has had a hysterectomy for invasive cervical cancer, she should have a vault smear annually thereafter.) • women with immunosuppression who have ever been sexually active. This includes women with human immunodeficiency virus (HIV/AIDS), lymphoproliferative disorders, organ transplantation, and women taking long-term corticosteroids.
<p>Discontinuing Screening</p>	<p>Women older than 69 years who have had at least three consecutive satisfactory and negative Pap tests at the recommended screening interval in the last 10 years can discontinue screening.</p> <p>For women older than 69 who have never been screened, screen with three annual Pap tests. If results are negative and satisfactory, discontinue screening.</p>

Screening Women with Special Circumstances

- **Women who have had a hysterectomy with the cervix removed for BENIGN DISEASE** may 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** should continue with screening according to the guidelines.
- **Pregnant women** 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.
 - 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** should not undergo additional Pap testing until discharged from colposcopy.
- **Women who have received the HPV vaccine should continue with screening.** The HPV vaccine should be recommended to eligible unimmunized women according to NACI guidelines: <http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/07vol33/acs-02/index-eng.php>

Management of Abnormal Cytology

Pap Test Result	Recommended Management
Unsatisfactory	Repeat Pap test in 3 months
Atypical squamous cells of undetermined significance (ASC-US)	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 for colposcopy At 24 months: Negative → return to routine screening ASC-US or greater → refer for colposcopy
	Women 21–29 years AND women ≥ 30 years when HPV testing is NOT available 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 repeat result is ASC-US or greater → refer for colposcopy
	Women ≥ 30 years when HPV testing is available <i>* Where available, the lab will automatically perform HPV DNA testing for women ≥ 30 years with ASC-US results.</i> <ul style="list-style-type: none"> HPV Negative → return to routine screening HPV Positive → 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 for colposcopy At 24 months: Negative → return to routine screening ASC-US or greater → refer for colposcopy
Low-grade squamous intraepithelial lesion (LSIL)	Women 21–49 years AND women ≥ 50 years when HPV testing is NOT available 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 any either repeat is ASC-US or greater → refer for colposcopy
	Women ≥ 50 years when HPV testing is available <i>* Where available, the lab will automatically perform HPV DNA testing for women ≥ 50 years with LSIL results.</i> <ul style="list-style-type: none"> HPV Negative → return to routine screening HPV Positive → 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 for colposcopy At 24 months: Negative → return to routine screening ASC-US or greater → refer for 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