

# Alberta Cervical Cancer Screening CPGs

**Screening Initiation** – screening should begin at age 21, or approximately 3 years after first intimate sexual activity, whichever occurs later.

**Screening Interval** – Within 5 years, screen with 3 negative Pap tests at least 12 months apart and then extend the screening interval to every 3 years.

**Increased Surveillance** – Because of increased risk, continue to screen the following women annually:

- women who have ever had biopsy confirmed HSIL, AIS, or invasive cervical cancer
- women with immunosuppression

*See reverse for additional practice points*



Toward  
Optimized  
Practice

## Optimal specimen collection

- Instruct patient to avoid sexual intercourse, intravaginal creams/jellies, and douching 24 hours before test
- Avoid sampling during menses, but do not defer for abnormal bleeding
- Follow collection instructions provided by manufacturer
- Pap tests should be done BEFORE other cervical procedures (STI testing, IUD insertion)
- Pap tests should not be repeated within 3 months of prior Pap tests

## Managing ASC-US when HPV testing is NOT available

- Women < 21 years** (Routine screening NOT recommended)
- Repeat Pap test every 12 months for 2 years (2 tests):
  - At 12 months: ASC-US or greater → colposcopy
  - At 24 months: ASC-US or greater → colposcopy
  - Negative → return to screening
- Women ≥ 21 years**
- Repeat Pap test every 6 months for 1 year (2 tests):
  - \* Tests must be at least 6 months apart
  - If all negative → return to screening
  - If any one result is ASC-US or greater → colposcopy

## Managing LSIL when HPV testing is NOT available

- Women < 21 years** (Routine screening NOT recommended)
- Repeat Pap test every 12 months for 2 years (2 tests):
  - At 12 months: ONLY high-grade lesions → colposcopy
  - At 24 months: ASC-US or greater → colposcopy
  - Negative → return to screening
- Women ≥ 21 years**
- Repeat Pap test every 6 months for 1 year (2 tests):
  - \* Tests must be at least 6 months apart
  - If all negative → return to screening
  - If any one result is ASC-US or greater → colposcopy

## Squamous carcinoma, other malignancy

Refer to specialist care

## Atypical glandular cells (AGC), Adenocarcinoma in situ (AIS)

Refer for colposcopy

## High-grade squamous intraepithelial lesion (HSIL)

Refer for colposcopy

## Atypical squamous cells – cannot exclude HSIL (ASC-H)

Refer for colposcopy

## Managing ASC-H, HSIL, AGC, AIS, or malignancy

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

### Screening Women with Special Circumstances

- **Women who have had a hysterectomy with the cervix removed for BENIGN DISEASE** may discontinue screening if there's adequate pathological documentation that the cervix has been removed and there is no history of high-grade lesions.
- **Women with subtotal hysterectomy (intact cervix)** should continue with screening according to the guidelines.
- **Pregnant women** should be screened according to the guidelines. Do not over-screen.
  - 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.** Recommend the HPV vaccine to unimmunized women who are eligible.

### Discontinuing Screening

- Women > 69 with at least 3 consecutive negative Pap tests at the recommended interval in the last 10 years can discontinue screening.
- For women > 69 who have never been screened, screen with 3 annual Pap tests. Discontinue screening if results are negative.

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## CERVICAL CANCER SCREENING CLINICAL PRACTICE GUIDELINES

Resources available at

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