

ASCCP  
Guidelines

## SCREENING

## SCREEN women based on age

Patient age	Test	Frequency
<21 (regardless of sexual history)	Do not screen	
21 to 29	Cytology (Pap smear) <i>Request reflexive HPV testing on all ASC-US results</i>	Every 3 years
30 to 65	<b>Co-testing:</b> Cytology and HPV testing (preferred)	Every 5 years
	<b>OR</b> Cytology	Every 3 years

## Patient identifiers

## Screening notes

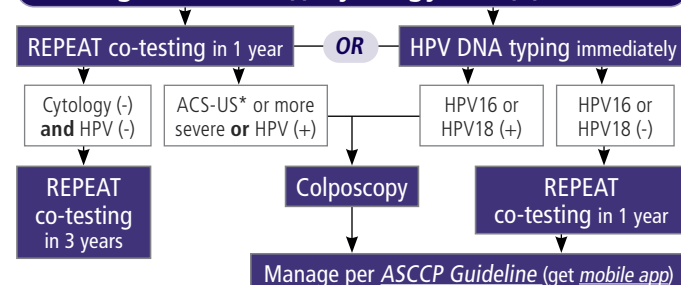
>65 who have had adequate prior screening and are not high risk*	Do not screen <i>*High risk: Women with a history of CIN2/3 or a more severe diagnosis</i>
After hysterectomy with removal of cervix and with no history of high-grade pre-cancer or cervical cancer	Do not screen
HPV vaccinated	Screen following guidelines above
Immunosuppressed or HIV (+)	Per provider discretion ( <i>usually yearly</i> )
Any age with (+) cytology or HPV	See page 2

**Note:** These recommendations do not signal an end of the annual visit for women. Other important components of female healthcare screening and evaluation may need to be addressed at least annually.

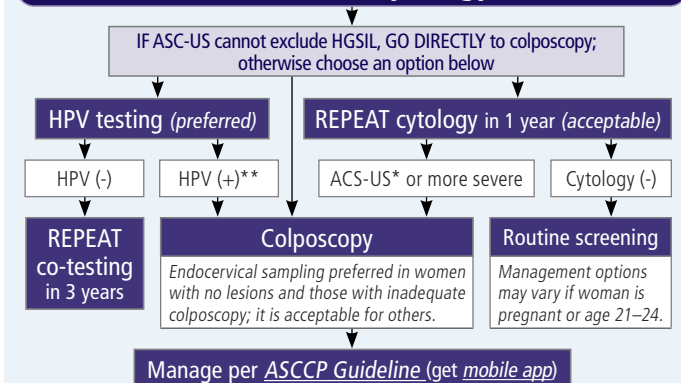
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## MANAGEMENT

## Age ≥30 with (-) Cytology and (+) HPV



## ASC-US\* on cytology



\* ASC-US: atypical squamous cells of undetermined significance

\*\* Managed the same as women with low-grade squamous intraepithelial lesion (LSIL)