

SUMMARY CARD **Cervical Cancer Screening**



ASCCP

Guidelines

ASCCP Guidelines

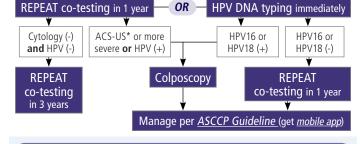
SCRFFNING

SCREEN women based on age		
Patient age	Test	Frequency
<21 (regardless of sexual history)	Do not screen	
21 to 29	Cytology (Pap smear) Request reflexive HPV testing on all ASC-US results	Every 3 years
30 to 65	Co-testing: Cytology and HPV testing (preferred)	Every 5 years
	Cytology	Every 3 years
Patient identifiers	Screening notes	
>65 who have had adequate prior screening and are not high risk*	Do not screen *High risk: Women with a history of CIN2/3 or a more severe diagnosis	
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 (usually yearly)	
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.

MANAGEMENT





ASC-US* on cytology

IF ASC-US cannot exclude HGSIL. GO DIRECTLY to colposcopy: otherwise choose an option below HPV testing (preferred) REPEAT cytology in 1 year (acceptable)

REPEAT co-testing in 3 years

HPV (-)

Colposcopy

colposcopy; it is acceptable for others.

HPV (+)**

Endocervical sampling preferred in women with no lesions and those with inadequate

ACS-US* or more severe

Routine screening

Cytology (-)

Management options may vary if woman is pregnant or age 21-24.

Manage per ASCCP Guideline (get mobile app)

* ASC-US: atypical squamous cells of undetermined significance
** Managed the same as women with low-grade squamous intraepithelial lesion (LSIL)