

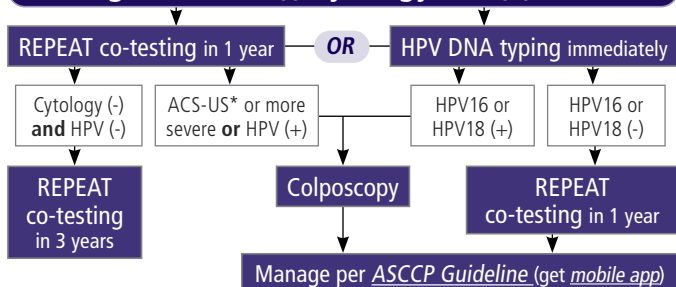
## SCREENING

## SCREEN women based on age

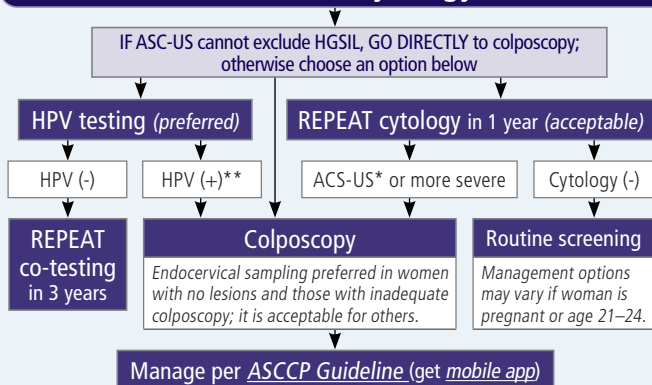
Patient age	Test	Frequency
<21 (regardless of sexual history)	Do not screen	
21 to 29	Cytology (Pap smear) <i>Request reflexive HPV testing on all ASC-US results</i>	Every 3 years
30 to 65	<b>Co-testing:</b> Cytology and HPV testing ( <i>preferred</i> )	Every 5 years
	<b>OR</b> Cytology	Every 3 years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

## MANAGEMENT

Age  $\geq 30$  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)