

Cervical Cytology Screening Guidelines and Evaluation of Pap Smears

**Dr. Anna Chirra
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CASE 1

Ms. HPV is a 24 yo woman who shows up to your clinic for her routine annual visit. She has been sexually active for the last 2 years. Her last pap smear was 2 years ago. She denies any specific complaints.

What are some risk factors for cervical CA? What is the most modifiable risk factor for cervical CA?

Ms. HPV states she hates getting pap smears. She wants to know how often she really needs to have a pap smear. What do the different consensus groups recommend for LESS than 30 years old? Please review the different consensus groups recommendations.

She states she had her HPV vaccination. Does she still need to have her Pap?

Would you do HPV testing as part of the routine screening? Explain why or why not.

What is the most common cervical cytology abnormality? How often does this finding lead to cervical cancer?

What is reflex HPV?

What evaluation would you recommend based on the finding of ASCUS (Atypical Cells of Unknown Significance)? See Algorithm 2.

- **If she was HPV positive for high risk HPV?**
- **If she was HPV negative**

You order a reflex HPV test and it shows she is positive for high risk HPV. She is visibly upset when you explain the results to her. You try to answer some of her questions.

- **Roughly what percentage of women in their 20s will have HPV?**
- **She wonders how long she has had HPV.**
- **She wonders will the HPV turn into cancer.**

With the Thin Prep we can do Chlamydia screening from the liquid based medium. What if she was symptomatic for pelvic pain?

- **How would you check for Chlamydia and Gonorrhea?**
- **By cervical swab or by liquid based pap (Thin Prep)?**

What is the management for an adolescent (less than 20 years old) with ASCUS? See Algorithm 6 ASCCP guidelines.

CASE 2

Ms. L. SIL is a 35 year old who comes in for her annual. She has been avoiding her pap smear for a few years, but she won't qualify for life insurance unless she does her pap soon. You

explain to her that it is her lucky day because we use the Thin Prep (liquid based pap) with HPV testing in clinic.

What are the ACOG/ACS guidelines for a woman over 30? (See ASCCP Algorithm 1).

- **If both her HPV and pap are negative?**
- **Her Pap is negative but HPV is positive?**

You recheck both in 12 months and she is still HPV positive. Her HPV test is positive. She wonders how she got the HPV as she has been in a monogamous long term relationship. Is her partner cheating on her? And does her partner need to be treated or checked?

CASE 3

Ms. A. Trophy is a 55 year old who comes to see you for her annual. She thinks she's had a hysterectomy...or was it her appendix?

What is your long-term cervical cancer screening plan if you find that she has no cervix on exam? You question her again, and she is sure there was no history of cancer associated with her surgery. See Table 3 Cleveland Clinic article.

What if you find her uterus and cervix. Pap comes back as ASCUS. What do you recommend? See algorithm 2 of ASCCP guidelines.

CASE 4

Ms. Scarlet Letter is a women with a history of unprotected sex but has no history of STD or other risk factors. She has regular follow-up. What is your plan given the following results in the different scenarios:

- **Age 25 Negative for intraepithelial lesion or malignancy?**
- **Age 30 ASCUS and HPV positive?**
- **Age 30 ASH-H (Atypical Squamous Cells:Cannot Exclude High-grade SIL(ASH-H))?**
- **Age 16 LSIL-Low-grade Squamous Intraepithelial Lesion? See algorithm 6 of ASCCP guidelines.**
- **Age 60 LSIL? See algorithm 4 ASCCP guidelines.**
- **Age 60 AGC(Atypical Glandular Cells)? See algorithm 8 ASCCP guidelines.**
- **Age 45 HIV(+)and has an abnormal Pap?**
- **Negative for intraepithelial lesion or malignancy but positive for...**
 - **candida. Would you treat her?**
 - **bacterial vaginosis. Would you treat her?**
 - **trichomonas. Would you treat her?**