This Clinical Practice Guideline (CPG) and accompanying patient education were developed by a multidisciplinary team, under the leadership of Nebraska Health Network’s OB/GYN Clinical Integration Workgroup.

Based on national guidelines and emerging evidence and shaped by expert local opinion, this CPG provides practical strategies for early recognition and diagnosis of cervical cancer.

**Overview**

The clinical practice of sampling cervical cytology more frequently than every three years for women at average risk leads to:

1. Twice as many colposcopies performed
2. Twice as many women may experience anxiety related to cervical cancer screening
3. No statistical improvement in cancer detection rates, stage of disease at presentation, or survival rates for this disease.

The guideline includes:

- When and how often to do cervical cancer screening
- How to use HPV screening to identify women at increased risk, and
- What are patient risk factors and recommended lifestyle modifications.

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FREQUENTLY ASKED QUESTIONS

Do you agree with the new Pap guidelines?

• Yes, I agree with these guidelines. They prevent us from doing too many colposcopies (a procedure done in the office to look at the cervix under magnification) and reduce risk of false positive results, and not allowing your body enough time to heal. The less frequent testing is actually better for the patient. Your own immune system heals the cervix, all by itself, most of the time.

What if something changes, such as my husband has an affair, and I don’t know that I have been exposed to a new HPV strain and I wait 5 years for my next pap, isn’t this dangerous?

• No, when we do Pap smears, plus HPV DNA, they are so sensitive that they will pick up any pre-cancer cells before cancer develops. It generally takes 7-10 years for cancer to occur; so we should be able to detect precancerous changes well before cancer can develop. We will be seeing you yearly and doing at least 2 Paps in that 10-year period.

• As we age, we are less susceptible to getting HPV. We should clear that infection from our bodies. Testing more frequently could give false positives or false negatives.

Should I tell my partner I have HPV?

• If you choose not to tell your partner you have HPV, you should use condoms every time you have sex until you test negative for HPV.

• Abstinence is the only guarantee to prevent HPV.

• Males can get HPV infections and cancers as well. The biggest risk factors for men and women to become infected are high risk sexual behavior, HIV infection and smoking. HPV can cause mouth and tongue cancer through oral sex. Anal sex can increase the risk of anal and rectal cancers.

Why do I have to wait 6-12 months for a repeat Pap? Why can’t I repeat it in 1-2 months?

• Repeating a Pap smear too soon after you have an abnormal Pap smear, or after you have a cervical procedure, does not allow your immune system enough time to fight off the virus by itself. If we do not allow enough time, we continue to perform unnecessary procedures on patients. It takes cancer 7-10 years to form, so we have that time to find precancerous lesions and to provide necessary care.

How do I protect myself or prevent myself from getting HPV? I can’t guarantee my partner won’t have had exposure, how can he be tested before we have sex?

• Condoms are important in preventing HPV. They are not 100% effective, but abstinence is. Another option for preventing HPV is getting the HPV vaccination. The best time to get it is before becoming sexually active. The guidelines recommend getting vaccinated between 9-26 yrs. This helps prevent acquiring HPV.

• There are no specific tests for HPV in men, but STI screening and a physical are a great start.

• The HPV strains (or types) that cause cervical abnormalities are not the same strains that cause genital warts. Genital warts are caused by low risk HPV. They are much easier to see and feel, so men and women can get them treated easily. The high risk HPV strains that cause cervical dysplasia or precancerous changes can also affect a man’s penis; but it’s very difficult to know if he has high-risk HPV. So, using condoms every time you have intercourse, getting vaccinated and/or abstaining from intercourse are important ways to prevent HPV.

Your patients will have questions if/when you do not perform a Pap smear every year during their annual exam. The physicians on the OB-GYN Workgroup developed these suggestions as talking points with your patients.
# Cervical Cancer Screening Guidelines

## Population and Frequency

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Screening Method</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;21 yoa</td>
<td>No screening</td>
<td></td>
</tr>
<tr>
<td>21-29 yoa</td>
<td>Pap smear alone every 3 years</td>
<td>Reflex HPV if ASCUS Pap</td>
</tr>
<tr>
<td>30-65 yoa</td>
<td>Preferred: Cotesting every 5 years</td>
<td>Cotesting: Pap smear plus HPV DNA</td>
</tr>
<tr>
<td></td>
<td>Alternative: Pap smear alone every 3 years</td>
<td></td>
</tr>
<tr>
<td>&gt;65 yoa</td>
<td>No screening needed if “adequately” screened</td>
<td>Adequate Screening: In the past 10 years 2 negative cotesting episodes OR 3 negative Pap smears</td>
</tr>
</tbody>
</table>

## Special Circumstances

- **Total Hysterectomy (no cervix remains)**: No screening
  - Exceptions: Continue vaginal pap smears for those with a history of CIN2, CIN3, adenocarcinoma in situ, or cervical cancer based on the guidelines below
- **HIV**: Pap smear alone annually
  - Continue indefinitely
- **SLE on immunosuppressive therapy**: Pap smear alone annually
  - Continue indefinitely
- **Organ transplant patients on immunosuppressive therapy**: Pap smear alone annually
  - Continue indefinitely
- **Patients exposed to DES in uterus**: Pap smear alone annually
  - Continue indefinitely
- **History of CIN2, CIN3 or Adenocarcinoma in situ**: Cotesting annually x2, then age-based routine screening x 20 years
  - Continue screening x 20 years despite > 65 yoa despite total Hysterectomy
- **History of cervical cancer**: Heightened surveillance per Oncologist x 5 years then Pap smear annually
  - Continue indefinitely
- **HPV vaccinated**: Follow age-specific recommendations (same as unvaccinated women)

## Notes:

1. Pap smear is referred to for simplicity. It can be traditional Pap smear or liquid-based cytology.
2. Continue Indefinitely - Based on our knowledge at this time, these patients continue to be at higher risk for cervical cancer.

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**What to Do For Abnormal Pap Tests**

ASCP guidelines can be referenced at: [http://www.asccp.org/Guidelines](http://www.asccp.org/Guidelines)

**When To Do Colposcopy**

ASCP guidelines can be referenced at: [http://www.asccp.org/Guidelines](http://www.asccp.org/Guidelines)

**HPV**

- HPV is the main cause of cervical cancer.
- 80% of sexually active people are exposed to HPV.

**Cervical Cancer**

- Cervical cancer is the easiest gynecological cancer to prevent with screening, and is highly curable when found.

**Pap Smears and HPV DNA**

- Pap smears and HPV DNA can detect pre-cancer cervical changes before cancer develops.

**80%** of sexually active people are exposed to HPV.

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**Notes**

- Annual visits are still recommended; but less frequent testing and more in-depth testing is recommended.

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**Patients**

- Patients have 2 Paps, on average in the 7-10 year period that cervical cancer develops.
The ‘Triple Aim’ of the Nebraska Health Network is to improve the quality and safety of our patient care and improve the patient experience while enhancing affordability. The goal of the NHN is to standardize treatment across our health systems and providers. Clinical Practice Guidelines and resources are developed by NHN workgroups to implement evidence-based care and best practice standards within our network.

Team Roles: There is an on-going commitment from the NHN to develop and implement current evidence-based Clinical Practice Guidelines. Educating yourself and your patients on these best practice guidelines helps your office achieve the ‘Triple Aim’.

Team Resources: Patient-centered teams work more efficiently and effectively to provide high-quality care that’s known to improve health outcomes and patient satisfaction.

PATIENT EDUCATION

Patient Education is essential for improving health behaviors and overall health outcomes.

GOALS

1. Simplify communication and confirm understanding (teach-back)
2. Support patients’ efforts to improve their health (shared decision making)

SUGGESTED TEACHING RESOURCES:

StayWell Healthsheets:
- What is Cervical Cancer?
- Why Have a Pap Test?
ExitCare Education Leaflets:
- Cervical Cancer
- PAP Test

Additional Resources:
- The American College of Obstetricians and Gynecologists FAQ for Cervical Cancer Screening: https://www.acog.org/-/media/For-Patients/faq085.pdf

Health Literacy Universal Precautions: Assume all patients have difficulty comprehending health information and accessing health services. This section provides key talking points to support health literacy.

Definitions:
Cervical Cancer
- Cervical cancer is cancer that starts in the cervix. The cervix is the lower part of the uterus (womb) that opens at the top of the vagina.

HPV
- Human Papilloma Virus (HPV) is the main cause of cervical cancer.
- HPV is a common virus that is spread through genital or skin-to-skin contact. HPV can be passed from person to person even when there are no visible warts or other symptoms.

Pap Smears
- Test that helps prevent cervical cancer.
- A small number of cervical cells are removed and sent for testing.
- It does not screen for other gynecological cancers.

Risk Factors:
- Sexual activity before age 18
- Not using condoms with sexual partners.
- More than one sexual partner or having sex with someone who has more than one sexual partner.
- Having a sister or mother who has had cancer of the cervix.
- Cigarette smoking increases the risk of getting cervical cancer.

Signs and Symptoms:
- Cervical cancer may not have early signs or symptoms.
- Advanced cervical cancer may cause abnormal bleeding or discharge.

Diagnosis and Testing:
- Cervical cancer starts as precancerous changes called dysplasia. Dysplasia is detected by a Pap smear that includes adequate cervical cells. Cervical changes can be detected 7-10 years before cancer develops.

Prevention and Lifestyle Modifications:
- Practice abstinence or use condoms during intercourse.
- Consider HPV vaccinations between ages 9-26.
- Get an annual physical exam, and STI screening if recommended.
- Stop smoking cigarettes.
- Talk to sexual partners about their sexual history.
REFERENCES & RESOURCES


