C2.9 – PAP SMEAR AND PELVIC EXAM

Policy

Title X CSPs must use a nationally recognized standard of practice for cervical cancer screening. Acceptable standards include the ACOG, USPSTF, ASCCP or the ACS. The Title X CSPs who choose to implement guidelines that vary from national standards must have a policy in place referencing evidence-based literature supporting their decision.

Patients at any age should NOT be screened annually by any screening method; rather, recommended screening intervals for patients are based on age and clinical history. Screening should begin at age 21 years, regardless of the age of initiation of sexual activity with the exception of patients who are HIV positive or who are otherwise immunocompromised.

Procedure

The USPSTF recommends cervical cytology screening based on the table below.

ASCCP Pap Smear (Cervical Cytology) Screening Recommendations (2018)

POPULATION	RECOMMENDED SCREENING
Under 21	Should NOT be screened regardless of the age of sexual initiation or other risk factors
Age 21-29	Every 3 years with cervical cytology only regardless of their sexual history or HPV vaccination
Age 30-65	Every 3 years with cervical cytology OR every 5 years with cervical cytology and high risk HPV co-testing (preferred)
Age >65	No screening following adequate negative prior screenings.*
History of Hysterectomy	No screening if done for benign indications and no history of ≥CIN 2.*
History of HPV Vaccine	Follow age specific guidelines.

* Those with a history of CIN2 or more severe lesion should be screened for at least 20 years, regardless of age

For abnormal cytology management recommendations, please see ASCCP guidelines (2020).

Detailed Screening Recommendations and Special Considerations

Cervical cytology screening should be avoided before the age of 21 regardless of their sexual history or HPV vaccination, because it may lead to unnecessary and harmful evaluation and treatment procedures in women at very low risk of cancer. If cervical cytology screening was done for any reason, HPV testing should not be used for screening or management of ASC-US in this group. HPV vaccination status does not change these cervical cytology screening recommendations.

Patients at average risk (without immune-compromise or history of CIN grade 2 or higher) should start screening at age 21 with repeat cytology every 3 years between ages 21-65. Screening should end at age 65 for patients with three consecutive negative cytology results or two negative results with negative high-risk HPV tests within 10 years of screening cessation. The most recent test should have been performed within the last 5 years.

High-risk patients (immune-compromised, prior CIN2 results or higher) should start screening when sexually active or by 21 years if HIV positive. Otherwise, start at age 21. Thereafter, screen

annually and extend to every three years if three tests are negative. From age 30 onward, perform cytology every year until three normal tests, then every three years or cytology plus high risk HPV testing every three years. Continue lifelong screening.

For patients with DES exposure in utero, screen annually with cervical cytology.

Patients who have had removal of the cervix but have a history of CIN2 or higher (or for whom no record is available) should be screened every three years until they have a 20-year history of no abnormal Pap smear results.

Once screening is discontinued, it should be not resumed for any reason, even if a woman reports having a new sexual partner. Following spontaneous regression or appropriate management of CIN2, CIN3 or adenocarcinoma in situ (AIS), routine screening should continue for at least 20 years (even if this extends screening past age 65).

HPV Testing

The ASCCP has issued these recommendations:

- As HPV DNA testing becomes more widespread, we need to remember that there are situations where high-risk HPV DNA testing and genotyping are NOT recommended. These include:
- Adolescents, defined as patients 24 years and younger (regardless of their cytology results, if performed).
- In patients considering vaccination against HPV.
- For routine STI screening.
- As part of a sexual assault workup.
- HPV genotyping is not recommended for patients with atypical glandular cells (AGC), previously referred to as AGUS.
- HPV genotyping is not recommended as the initial screening test for patients 30 years and older.
- It should also be recognized that there are situations where the 2006 Consensus Guidelines recommend limits on the frequency of HPV DNA testing to avoid over-testing and unnecessary treatment. When managing patients with ASC-US it is recommended that HPV DNA testing not be performed at intervals of less than 12 months. In addition, patients 30 years of age and older who are negative by both cytology and high-risk HPV DNA testing should not be rescreened (using either cervical cytology or HPV DNA testing) before 3 years.

Pelvic Exam

The pelvic examination serves multiple purposes, including the assessment of the vulva, vagina, cervix, uterus, and adnexa. Based on the current limited data on potential benefits and harms and expert opinion, the decision to perform a pelvic examination should be a shared decision between the patient and her obstetrician–gynecologist or other gynecologic care provider.

A limited number of studies have evaluated the benefits and harms of a screening pelvic examination for detection of ovarian cancer, bacterial vaginosis, trichomoniasis, and genital herpes. Data from these studies are inadequate to support a recommendation for or against performing a routine screening pelvic examination among asymptomatic, non-pregnant patients who are not at

increased risk of any specific gynecologic condition. Data on its effectiveness for screening for other gynecologic conditions are lacking.

Regardless of whether a pelvic examination is performed, a client should see a provider at least once a year for preventative care.

A pelvic examination is not necessary before initiating or prescribing contraception other than for an intrauterine device or to screen for STIs.

The QFP Guidelines discuss the physical and laboratory assessment recommendations prior to initiating a birth control method.

Date Revised	**September 2023**
References	Providing Quality Family Planning Services Recommendations of CDC and the U.S. Office of Population Affairs (QFP) [2014] (https://www.hhs.gov/opa/guidelines/clinical-guidelines/quality-family-planning/index.html)
Additional Resources	ASCCP Consensus Guidelines 2019; 2014 ACOG Committee Opinion on the Utility and Indications for Routine Pelvic Exam, 754, 2018; US Preventive Services Task Force; EVIDENCE REPORT August 2018.