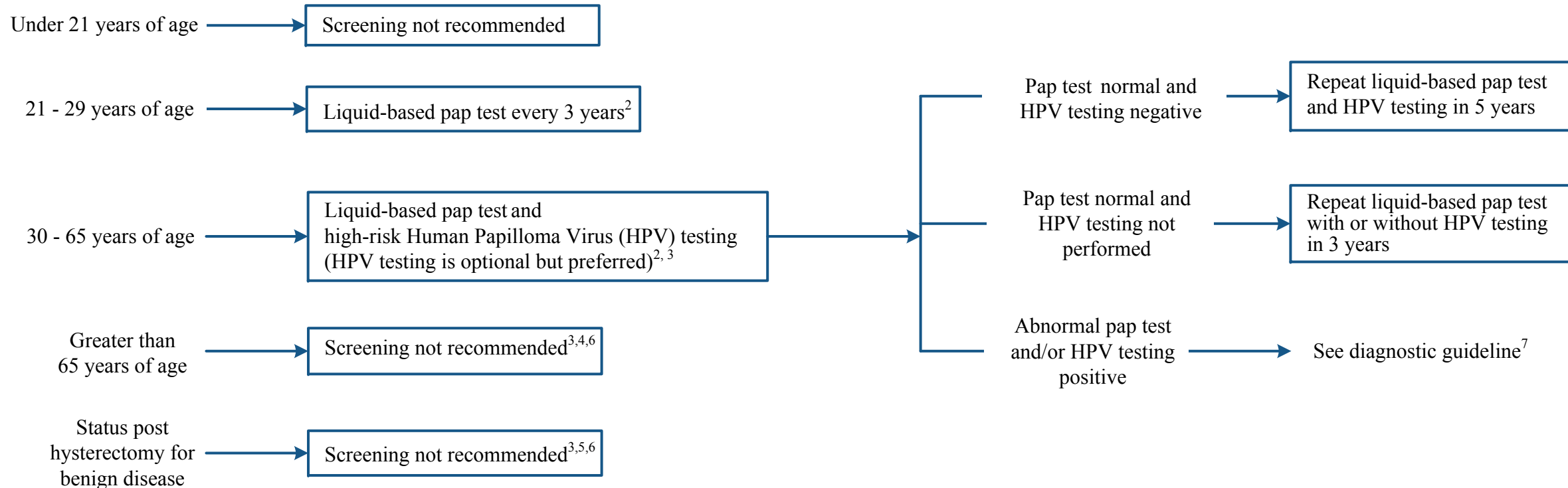


This practice algorithm has been specifically developed for MD Anderson using a multidisciplinary approach and taking into consideration circumstances particular to MD Anderson, including the following: MD Anderson's specific patient population; MD Anderson's services and structure; and MD Anderson's clinical information. Moreover, this algorithm is not intended to replace the independent medical or professional judgment of physicians or other health care providers. This algorithm should not be used to treat pregnant women.

Note: It is critical that females who do not need annual cervical cancer screening, continue with annual appointments to obtain other appropriate preventive healthcare. Women with significant comorbidities or life-threatening illnesses may forego cervical cancer screening. This algorithm is not intended for women with a personal history of cervical cancer¹.

AGE TO BEGIN

SCREENING



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¹ See the Cervical Cancer treatment or survivorship algorithms for the management of women with a personal history of cervical cancer.

² Women with certain risk factors: Diethylstilbestrol exposure (DES) in utero, immunosuppression [e.g., Human Immunodeficiency Virus (HIV), organ transplant on immunosuppressive therapy], should continue to be screened annually. Women with HIV should have cervical cytology screening twice in the first year after diagnosis and then annually.

³ Women treated in the past for cervical intraepithelial neoplasia (CIN) 2/3 or invasive cervical cancer require routine screening for at least 20 years.

⁴ Women with no history of CIN 2/3 in the past 20 years should discontinue cervical cancer screening if they have had 3 negative Pap tests or 2 negative Pap and HPV tests in the past 10 years.

⁵ Women with supracervical hysterectomies should follow the guidelines as for women without a hysterectomy.

⁶ If screening is stopped, it should not be restarted due to new sexual contact.

⁷ American Society for Colposcopy and Cervical Pathology (ASCCP) 2012 Updated Consensus Guidelines for the Management of Abnormal Cervical Screening Tests and Cancer Precursors.

Note: Women who have received the HPV vaccine should continue to be screened according to the above guideline.

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SUGGESTED READINGS

- ACOG Practice Bulletin: Clinical Management Guidelines for Obstetrician-Gynecologists. Number 131, Nov 2012.
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DEVELOPMENT CREDITS

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