

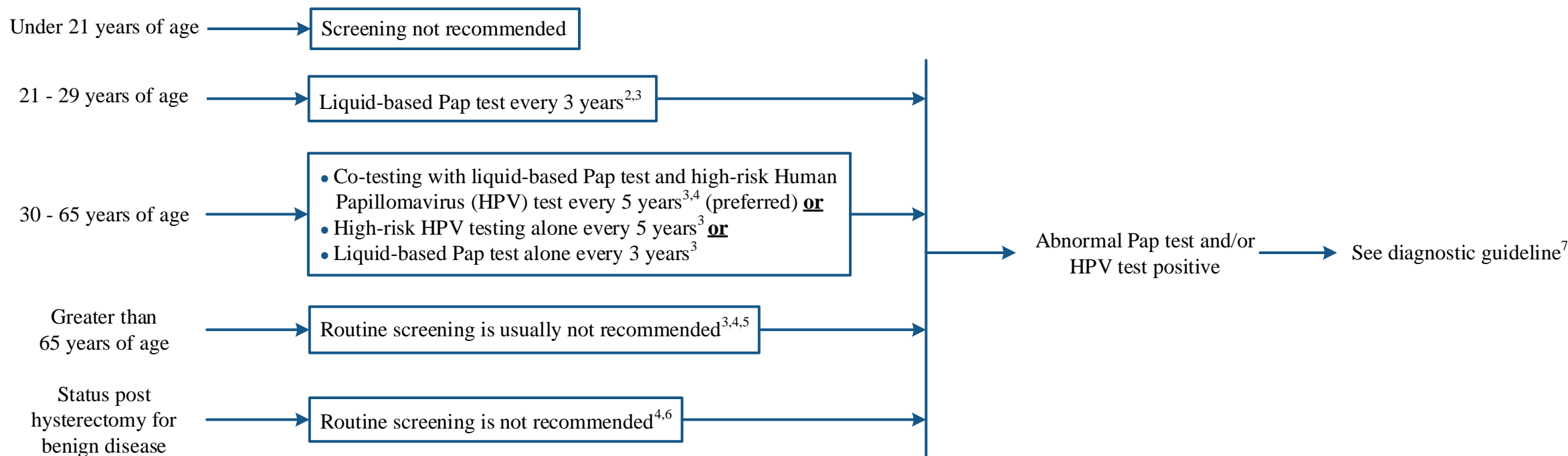
Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson's specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient's care. 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

RECOMMENDATION



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

¹ See the [Cervical Cancer treatment](#) or [Survivorship](#) algorithms for the management of women with a personal history of cervical cancer

² Because of the relatively high HPV prevalence before age 30 years, HPV co-testing is recommended only for women with HIV in this age group

³ Patients with certain risk factors [diethylstilbestrol (DES) exposure in utero, immunosuppression such as Human Immunodeficiency Virus (HIV) or organ transplant on immunosuppressive therapy] should continue to be screened annually. Patients with HIV should have Pap testing alone or Pap testing and HPV co-testing twice in the first year after diagnosis and then annually. Screening in patients with HIV should continue throughout a patient's lifetime (and not, as in the general population, end at 65 years of age).

⁴ Patients treated in the past for cervical intraepithelial neoplasia (CIN) grade 2/3 require routine screening for at least 20 years after diagnosis

⁵ Patients 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

⁶ Patients with supracervical hysterectomies should follow the guidelines as for patients without a hysterectomy

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

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SUGGESTED READINGS

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DEVELOPMENT CREDITS

This screening algorithm is based on majority expert opinion of the Cervical Cancer Screening work group at the University of Texas MD Anderson Cancer Center. It was developed using a multidisciplinary approach that included input from the following:

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