

*Sylvester's Perspective on Cervical Cancer Screening*

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There is ample evidence suggesting that adolescents as a group need less aggressive management in terms of cervical cancer screening. This supports the new guidelines issued by the American College of Obstetricians and Gynecologists, which state that cervical cancer screening should begin at age 21.

Previous guidelines recommended that screening begin at age 21 or three years after first intercourse. According to the American Society for Colposcopy and Cervical Pathology, the risk of cervical cancer in women under age 20 is only about 1-2/million. The majority of lesions detected by the Pap are due to HPV (human papillomavirus) infections that women clear on their own, without any treatment. However, when young women are screened and diagnosed with abnormal results, they may experience stigmatization, disrupted relationships, and anxiety. Treatment for lesions destined to resolve without therapy raises the risk of preterm delivery.

The Department of Obstetrics and Gynecology and the Sylvester Comprehensive Cancer Center support new guidelines as follow:

- Screening should take place only every two years between the ages of 21 and 29.
- In women ages 30 to 65-70, screening should take place only every 3 years. Women without diagnosed CIN 2, 3 (a condition in which abnormal cells grow on the thin layer of tissue that covers the cervix) are at low risk for cervical cancer. As in adolescents, more frequent screening is likely to identify transient lesions.
- Frequent screening will continue for women at high risk: those with HIV or other immunosuppressive conditions and those with a history of CIN 2, 3 or cancer.
- Women treated in the past for CIN 2, CIN 3, or cancer, will continue annual screenings for at least 20 years. These women remain at risk for persistent or recurrent disease for at least 20 years after treatment and after initial post treatment surveillance.
- Screening may end at age 65-70 for women with three or more consecutive, documented, negative Paps and no abnormal Paps within 10 years.
- Liquid-based and conventional cytology are similarly effective in preventing cervical cancer.
- Women who have had a hysterectomy for a documented benign disease can stop getting screened. Women who've had a hysterectomy for CIN 2, 3 or cancer and those without documentation should continue receiving screening.
- Cotesting (Pap+ HPV test) occurs only every 3 years. Again, more frequent testing just identifies lesions likely to regress.