



Cervical Cytology Management

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| DEFINITION | <p>Cervical precancerous abnormalities and occult small carcinomas that may lead to invasive cancer can be detected by Pap and hrHPV screening. 4/2021 ACOG and ASCCP officially endorsed the USPSTF cervical cancer screening recommendations. The current guidelines recommend the following:</p> <ol style="list-style-type: none"> 1. women less than age 21: no screening advised 2. women aged 21-29: cytology (Pap smear) alone every three years. 3. women aged 25-29: cytology every three is preferred BUT can consider HR-HPV testing every 5 years as an alternative to cytology only screening in average-risk patients 4. women aged 30-65 years cytology only every 3 years OR FDA approved primary HR-HPV testing alone OR co-testing (hr HPV and cytology) every 5 years. 5. age >65 no screening advised after adequate negative prior screening defined as 3 consecutive negative cytology results, 2 consecutive negative co-testing results OR 2 consecutive negative HR-HPV results within 10 years before stopping screening with the most recent test occurring within the recommended screening interval for the test used. 6. hysterectomy with removal of the cervix: no screening if no history of high-grade cervical precancerous lesions or cervical cancer. 7. ACOG also recommends that women who have been vaccinated against HPV should follow the same screening guidelines. <p>These recommendations do not apply to high risk individuals such as:</p> <ol style="list-style-type: none"> 1. previous diagnosis of high-grade precancerous cervical lesion, 2. in utero exposure to DES (prescribed between 1940 and 1971) 3. immunocompromised individuals (such as HIV positive person). <p>4. The ASCCP released new recommendations for the care of patients with abnormal cervical cancer screening in 2019. These updated guidelines were endorsed by ACOG in October 2020. The guidelines follow a risk-based approach to determine the need for surveillance, colposcopy, or treatment. The previous guidelines were result-based algorithms. Prior screening history along with current results are now used to guide follow up decisions.</p> |
| SUBJECTIVE | <p>May include:</p> <ol style="list-style-type: none"> 1. Reported recent or past history of abnormal pap smear 2. History of diethylstilbestrol (DES) exposure in utero 3. Immunosuppressive disease or therapy 4. Drug, alcohol, and/or tobacco use 5. Sex with high risk males, multiple partners, history of HPV or other STI's. 6. Vaginal discharge, odor, intermenstrual or postcoital bleeding (sometimes seen with cervical malignancy) 7. Weight loss, fatigue (late signs of cervical carcinoma) 8. Reported difficulty with compliance of follow up measures/recommendations |
| OBJECTIVE | <p>May include:</p> <ol style="list-style-type: none"> 1. No clinical signs 2. Wet mount may indicate fungal, bacterial, or trichomonas infections 3. Cervical cultures may indicate chlamydia, gonorrhea, herpes, or other infections. 4. Classic DES changes may be noted (cervical sulcus, collar). 5. External genitalia may exhibit erythema, discharge, or visible lesions (including warts, leukoplakia). 6. Speculum exam may reveal discharge, erythema of cervix and/or vagina, and visible lesions (including warts, leukoplakia). Cervical carcinoma may present as an ulceration, a raised friable lesion, necrosis, or it may appear as normal tissue. |



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| | 7. Bimanual exam may reveal a hard, enlarged, and fixed cervix (in late cervical carcinoma). |
| LABORATORY | Recent Pap smear and/or -HR-HPV |
| ASSESSMENT | Abnormal cervical cytology report and/or positive HR-HPV test result. |
| PLAN | <p>Must include:</p> <ol style="list-style-type: none"> 1. All Pap smear reports reviewed by an advanced practice nurse, physician assistant or physician. <p>May include:</p> <ol style="list-style-type: none"> 1. Repeat Pap smear or referral for colposcopy as indicated. 2. Wet mount/STI testing and treatment as indicated 3. Utilization of Updated Cervical Cancer Screening Guidelines ASCCP/ACOG 3. Utilization of current 2019 ASCCP Risk-Based Management Consensus Guidelines for Abnormal Cervical Cancer Screening Tests and Cancer Precursors (available online in a mobile app at asccp.org/mobile-app or for can be purchased for a minimal fee through the app store and installed on your mobile device) |
| CLIENT EDUCATION | <p>May include:</p> <ol style="list-style-type: none"> 1. Explain purpose, results, and plan for follow-up of abnormal pap smear. 2. Discuss the possible premalignant nature of results and need for close and continuous follow-up. 3. Discuss the concept that cervical cancer and its precursors are related to infection by a sexually transmitted agent (i.e., HPV, usually 99%, but not 100%). 4. Discuss the emotional aspects of findings on client's self-esteem, body image, and sexuality. 5. Reassure and educate that behaviors which promote optimal wellness may enhance the immune system and aid with resolution (i.e., avoid nicotine products, antioxidant diet, folic acid, vitamins). 6. Review safe sex practices 7. RTC as appropriate per plan |
| CONSULT/ REFER TO PHYSICIAN | <ol style="list-style-type: none"> 1. As indicated by cytology and clinical findings. 2. MD referral mandatory for cytology or clinical findings which indicate malignancy. 3. Counseling, as appropriate. |

References

1. Updated Guidelines for Management of Cervical Cancer Screening Abnormalities Practice Advisory October 2020 <https://www.acog.org/clinical-guidance/practice-advisory/articles/2020/10/updated-guidelines-for-management-of-cervical-cancer-screening-abnormalities>
2. Updated Cervical Cancer Screening Guidelines Practice Advisory April 2021 <https://www.acog.org/clinical-guidance/practice-advisory/articles/2021/updated-cervical-cancer-screening-guidelines>
3. ASCCP Management Guidelines 2019 <http://www.asccp.org/management-guidelines>
4. ASCCP Management Guidelines Mobile App <http://www.asccp.org/mobile-app>
5. New ACS Cervical Cancer Screening Guideline - National Cancer Institute
6. Updated Cervical Cancer Screening Guidelines | ACOG