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Cytology pap smear guidelines

Choosing Wisely? Don't perform Pap smears on women under the age of 21 or women who have had a hysterectomy for non-cancer disease. Most observed abnormalities in adolescents regress spontaneously, therefore screening Pap smears done in this age group can lead to unnecessary anxiety, additional testing, and cost. Pap smears are not helpful in women after hysterectomy (for non-cancer disease) and there is little evidence for improved outcomes. Sources: US Preventive Services Task Force (USPSTF) (for hysterectomy), American College of Obstetrics and Gynecology (ACOG) (for age) In a 2012 report, the U.S. Preventive Services Task Force (USPSTF) reviewed research published since 2003 that evaluated liquid-based cytology and human papillomavirus (HPV) testing.(1) The USPSTF also commissioned researchers to develop a computer model to calculate the frequency of cervical cancer screening and the ages at which to begin and end this screening. The USPSTF issued the following recommendation statements (1): The USPSTF recommends against screening for cervical cancer in women older than age 65 years who have had adequate prior screening and no history of cervical intraepithelial neoplasia grade 2 or greater. The USPSTF recommends screening for cervical cancer in women age 21 to 65 years with cytology (Pap smear) every 3 years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and HPV testing every 5 years (A recommendation). The USPSTF recommends against screening for cervical cancer in women older than age 65 years who have had adequate prior screening and are not otherwise at high risk for cervical cancer (D recommendation). The excerpt below is from USPSTF summary statement: "Screening with cervical cytology or HPV testing can lead to physical and emotional harms. Abnormal test results can lead to more frequent testing and invasive diagnostic procedures, such as colposcopy and cervical biopsy. Evidence from randomized, controlled trials and observational studies indicates that harms from these diagnostic procedures include vaginal bleeding, pain, infection, and failure to diagnose (due to inadequate sampling). Abnormal screening test results are also associated with increased anxiety and distress. The harms of treatment also could include risks from the treatment procedure (such as cold-iron knife conization and loop excision) that are associated with adverse pregnancy outcomes, such as preterm delivery, that can lead to low birth weight in infants and perinatal death. Evidence is convincing that many precancerous cervical lesions will regress and that other lesions are so slow-growing that they will not become clinically important over a woman's lifetime; identification and treatment of these lesions constitute overdiagnosis. It is difficult to estimate the precise magnitude of overdiagnosis associated with any screening or treatment strategy, but it is of concern because it confers no benefit and can lead to unnecessary surveillance, diagnostic tests, and treatments with the associated harms." References: Moyer VA, U.S. Preventive Services Task Force. Screening for cervical cancer: U.S. Preventive Services Task Force recommendation statement. Ann Intern Med. 2012;156:880-891. Accessed November 21, 2012. ACOG Committee on Practice Bulletins—Gynecology. ACOG practice bulletin no. 132: screening for cervical cancer: clinical guidelines. Obstet Gynecol. 2012;120:123-132. doi:10.1097/AOG.0b013e3182390000. Epub 2012 Aug 1. PMID: 22838000. 1998-1387(7):423-428. 2012 AAFP recommendations for preventive services guideline. More About Choosing Wisely? This recommendation is provided solely for informational purposes and is not intended as a substitute for consultation with a medical professional. Patients with any specific questions about this recommendation or their individual situation should consult their physician. Obstetrics, gynecology and reproductive medicine guidelines Female genital neoplasms PubMed Free Full Text Français - Español - Italiano - Deutsch Cervical cancer: colposcopy, cytopathology, histopathology Africa Australia Canada International Acta Cytologica The Pap Test and Bethesda 2014 [2015] Malaysia Republic of Korea Sweden Trinidad and Tobago Turkey United Kingdom United States of America, Republic of Korea United States of America American Academy of Family Physicians Colposcopy (Position Paper) [2015] Collaborative Staging Task Force WHO [Related topics] Guidelines what is a pap smear cytology, what are pap smear guidelines

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