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Cancer ConnectThe American College of Obstetricians and Gynecologists (ACOG) has revised its recommendations for cervical cancer screening: the organization now recommends that women start screening at age 21 and be screened at less frequent intervals. These recommendations will be published in December 2009 on the issue of obstetrics and gynecology. Widespread use of the pap test for cervical cancer screening has drastically reduced cervical cancer deaths in the United States. Recommendations for optimal use of the Pap test continue to evolve. Previously, ACOG recommended that women start screening for cervical cancer three years after the first intercourse or at the age of 21, depending on what happened in the first place. Every year, women under the age of 30 are encouraged to do pap tests. Depending on their history, less frequent screening (every two to three years) was an option for older women. The decision to change the recommendations was based on an evidence review that showed that later and less frequent screening also prevents cervical cancer and avoids some unnecessary and potentially harmful interventions. Many adolescents develop cervical disorders, which are eventually resolved on their own. Treatment of these disorders may not be necessary and may increase the risk of preterm birth. The updated recommendations are that cervical cancer screening should begin at the age of 21. Most women under the age of 30 must be screened every two years. Every three years, women aged 30 and over who have had three consecutive normal pap tests can be tested every three years. Women with certain risk factors may be screened more frequently. These risk factors include HIV-related positivity; immunosuppression; Exposure to DES in the womb; or the treatment history of intraepithelial cervical neoplasia (CIN) 2, CIN 3 or cervical cancer. Women who have had a full hysterectomy (removal of the cervix and uterus) for reasons other than cancer may cease to be screened for cervical cancer if they do not have a history of high-end CIN. The upper age limit for cervical cancer screening has not changed: ACOG notes that women may be able to stop screening for cervical cancer at age 65 or 70 if they have had three or more normal Pap smear results in a row and are not abnormal pap in the previous ten years. Women at high risk of cervical cancer may have to continue screening after this age. Women vaccinated against human papillomavirus (HPV) should follow the same screening guidelines as unvaccinated women. Reference: ACOG press release. The first screening of cervical cancer has been postponed until the age of 21. Less frequent Pap smear tests are recommended. Available here Access 20 2009. (Confirmed November 8, 2019) The Society of Gynecological Oncology and ASCCP approve this document. On August 21, 2018, the U.S. Preventive Care Task Force (USPSTF) issued its final recommendation recommendation 1 on cervical cancer screening in middle-risk women Table 1. A major change from the 2012 USPSTF guidelines is that for women with an average risk of 30-65 years of age, the USPSTF now recommends high-risk human papillomavirus (hrHPV) testing only every 5 years as an alternative to screening with cervical cytology only every 3 years or screening with a combination of cytology and hrHPV testing every 5 years. The new USPSTF recommendation is based on a review of clinical trial data, cohort and model studies 1. The USPSTF recommendations are largely in line with current cervical cancer screening guidelines from the American College of Obstetricians and Gynecologists (ACOG) 2; ASCCP, American Cancer Society, and the American Society for Clinical Pathology 3; and an interim hrHPV clinical test guide developed by an expert panel that included representatives of the above-mentioned groups, the Society of Gynecological Oncology, the American Society of Cytopathology, and the College of American Pathologists 4. Like the USPSTF recommendations, these expert recommendations recognize that only cytology, hrHPV testing and co-testing are effective screening strategies for middle-risk women between the ages of 30 and 65. However, expert guidelines recommend that for these women, joint testing with cervical cytology and hrHPV testing every 5 years is preferable, screening with cervical cytology only every 3 years is acceptable, and hrHPV testing alone can be considered as an alternative screening strategy 4. The USPSTF recommendations for regular cervical cancer screening in women under 21 years of age, for women aged 21-29, and for women over 65 years of age who have been properly tested before have not changed and remain the same as the ACOG 2 guide. The new USPSTF recommendations emphasize that the selection strategy should take into account the balance of benefits (disease detection) and potential harm (more frequent follow-up testing, invasive diagnostic procedures and unnecessary treatment in women with false results) and involve in joint decision-making between patients and their health care providers. Since inadequate screening for cervical cancer remains a significant problem in the United States, it is essential that all women have access to cervical cancer screening, regardless of the strategy. ACOG will review the USPSTF's final recommendation and supporting evidence to determine whether its clinical guidelines on cervical cancer screening need to be updated. At the same time, ACOG reaffirms its current cervical cancer screening guidelines 2, which cover three cervical cancer screening strategies (cervical cytology only, hrHPV-only testing, and co-testing). It is advisable to advise women with average risk between the ages of 30 and 65 on all three strategies so that they can choose their preferred option. Curry Curry Krist AH, Owens DK, Barry MJ, Caughy AB, Davidson KW, et al. Screening for Cervical Cancer: U.S. Preventive Services Task Force Recommendation Statement. U.S. Preventive Services Task Force. JAMA 2018;320:674-86. Available by: . Received on August 24, 2018. 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Article Places: Practice Counseling is issued when information about emerging clinical issues (e.g. clinical study, scientific report, project regulation) is released that requires an immediate or rapid response, especially if it is assumed that it will generate multiple requests. Practice counseling is a brief, targeted statement issued within 24-48 hours of the publication of this evolving information and is the clinical guide to ACOG. Practice advice is only available online for fellows, but can also be used by patients and the media. Practical recommendations are reviewed periodically to confirm, revise, conclude or include other ACOG guidelines. This information is intended as an educational resource to assist doctors in providing obstetric and gynaecological care, and the use of this information is voluntary. This information should not be considered included in all appropriate treatments or care methods or as a statement of standard care. 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As a private, voluntary, non-profit membership organization with more than 58,000 members, ACOG strongly advocates for quality women's health care, upholds the highest standards of clinical practice and continuing education of its members, promotes patient education and raises awareness among its members and the public about the changing challenges facing women's health care. www.acog.org www.acog.org acog guidelines for abnormal pap smear results

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