

Clinical Summary: Screening for Cervical Cancer

Population	Women aged 21 to 29 years	Women aged 30 to 65 years	Women younger than 21 years, women older than 65 years with adequate prior screening, and women who have had a hysterectomy
Recommendation	Screen for cervical cancer every 3 years with cytology alone. Grade: A	Screen for cervical cancer every 3 years with cytology alone or every 5 years with cotesting. Grade: A	Do not screen for cervical cancer. Grade: D

Risk Assessment	All women aged 21 to 65 years are at risk for cervical cancer because of potential exposure to high-risk HPV types (hrHPV) through sexual intercourse and should be screened. Certain risk factors further increase risk for cervical cancer, including HIV infection, a compromised immune system, in utero exposure to diethylstilbestrol, and previous treatment of a high-grade precancerous lesion or cervical cancer. Women with these risk factors should receive individualized follow-up.
Screening Tests	Screening with cervical cytology alone, primary testing for hrHPV alone, or both at the same time (cotesting) can detect high-grade precancerous cervical lesions and cervical cancer. Clinicians should focus on ensuring that women receive adequate screening, appropriate evaluation of abnormal results, and indicated treatment, regardless of which screening strategy is used.
Treatments and Interventions	High-grade cervical lesions may be treated with excisional and ablative therapies. Early-stage cervical cancer may be treated with surgery (hysterectomy) or chemotherapy.

Abbreviation: HPV=human papillomavirus.

These recommendations apply to individuals who have a cervix, regardless of their sexual history or HPV vaccination status. These recommendations do not apply to individuals who have been diagnosed with a high-grade precancerous cervical lesion or cervical cancer, those with in utero exposure to diethylstilbestrol, or those who have a compromised immune system (eg, individuals living with HIV).

For a summary of the evidence systematically reviewed in making this recommendation, the full recommendation statement, and supporting documents, please go to <https://www.uspreventiveservicestaskforce.org>.

Note: Adapted from USPSTF - removed hrHPV testing alone as it is not yet recognized by CMS (HRSA).