

U.S. Preventive Services Task Force Recommends Multiple Options for Screening Adult Women for Cervical Cancer

Women ages 21 to 65 benefit from screening, and the USPSTF recommends three strategies to screen women ages 30 to 65: Pap test, HPV test, or both in combination

WASHINGTON, D.C. – August 21, 2018 – The U.S. Preventive Services Task Force (Task Force) today posted a final recommendation statement and evidence summary on screening for cervical cancer. The Task Force recommends that primary care clinicians screen for cervical cancer in women ages 21 to 29 years every 3 years with cervical cytology, more commonly known as the Pap test. For women ages 30 to 65 years, the Task Force recommends screening with the Pap test alone every 3 years, screening with the high-risk human papillomavirus (hrHPV) test alone every 5 years, or screening with both tests together (cotesting) every 5 years. Women should choose which strategy is right for them after a discussion with their clinician. **This is an A recommendation.**

“Screening for cervical cancer saves lives and identifies the condition early when it is treatable,” says Task Force member Carol Mangione, M.D., M.S.P.H. “There are several effective screening strategies available, so women should talk to their doctor about which one is right for them.”

These recommendations apply to women with a cervix who do not have any signs or symptoms of cervical cancer, regardless of their sexual history or HPV vaccination status. These recommendations do not apply to women who are at high risk for the disease, such as women who have previously received a diagnosis of a high-grade precancerous cervical lesion.

Grades in this recommendation:

A: Recommended.

D: Not Recommended.

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“Most cases of cervical cancer occur in women who have not been regularly screened or appropriately treated,” says Task Force member Melissa Simon, M.D., M.P.H. “That’s why it’s important for women to be screened regularly throughout their lifetime and receive followup and treatment when needed.”

The Task Force recommends against screening in women younger than 21 years and in women older than 65 years who have had adequate prior screening. The Task Force also recommends against screening in women at any age who do not have a cervix. **These are D recommendations.** Adequate prior screening means that a woman has a history of repeated normal screening results.

The Task Force is calling for more research to evaluate whether different screening strategies could play a part in reducing deaths from cervical cancer. More research is needed to improve followup for current screening strategies as well, and to ensure access to followup treatment across different populations.

“We know that some populations are affected by cervical cancer more than others,” says Task Force vice chair Douglas K. Owens, M.D., M.S. “We need more research to determine how we can effectively reduce disparities among these women, and ultimately help save more lives.”

This recommendation statement has been published online in the *Journal of the American Medical Association*, as well as on the Task Force Web site at: www.uspreventiveservicestaskforce.org. A draft version of the recommendation statement was available for public comment from September 12 to October 13, 2017.

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine that works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

Dr. Mangione is the chief of the Division of General Internal Medicine and Health Services Research and the Barbara A. Levey, MD, and Gerald S. Levey, MD, endowed chair in medicine at the David Geffen School of Medicine at the University of California, Los Angeles (UCLA). She is also a professor of public health at the UCLA Fielding School of Public Health and the director of the UCLA/Drew Resource Center for Minority Aging Research/Center for Health Improvement of Minority Elderly.

Dr. Simon is the George H. Gardner professor of clinical gynecology, the vice chair of clinical research in the Department of Obstetrics and Gynecology, and a professor of preventive medicine and medical social sciences at Northwestern University Feinberg School of Medicine. She is the founder of the Chicago Cancer Health Equity Collaborative and a member of the Robert H. Lurie Comprehensive Cancer Center.

Dr. Owens is a general internist and associate director of the Center for Innovation to Implementation at the Veterans Affairs (VA) Palo Alto Health Care System. He is the Henry J. Kaiser, Jr., professor at Stanford University, where he is also a professor of medicine, health research and policy (by courtesy), and management science and engineering (by courtesy). Dr. Owens is director of the Center for Primary Care and Outcomes Research in the Stanford University School of Medicine and the Center for Health Policy in the Freeman Spogli Institute for International Studies.

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