

Screening for Cervical Cancer

The U.S. Preventive Services Task Force (Task Force) has issued final recommendations on *Screening for Cervical Cancer*.

These recommendations are for women who have a cervix and who do not already have an increased risk for cervical cancer, whether or not they are sexually active.

What is cervical cancer?

Cervical cancer is cancer that occurs in the cervix. The cervix is the lower, narrow end of the uterus (womb). It connects a woman's uterus to her vagina.

The Task Force reviewed many research studies on screening tests for cervical cancer. The recommendations summarize what it learned about the benefits of these tests as well as the possible harms, both of which are explained below. This fact sheet explains the recommendations and what they might mean for you.

Screening for Cervical Cancer

In 2010, about 12,000 women were diagnosed with cervical cancer and about 4,000 women died from it. Cervical cancer is most common in women ages 35 to 55 and it is almost always caused by a virus called human papillomavirus (HPV). There are many different types of HPV, and some types of HPV can lead to cervical cancer. HPV is passed from one person to another during sex.

Two tests are used to screen for cervical cancer:

- **Cytology:** This test, also called a Pap test or Pap smear, looks for abnormal changes in cells in the cervix. These changes may suggest that cancer may develop in the future.
- **HPV test:** This test looks for the type of HPV virus that causes cervical cancer.

To learn more about these tests and what happens during them, visit the Web sites listed at the end of this fact sheet.

Women who have never been screened for cervical cancer should visit their doctor to talk about getting screened. Most women who develop cervical cancer have not been screened at all, have not been screened recently, or did not have proper follow-up after receiving abnormal test results.

Benefits and Possible Harms

The main benefit of screening is that it can prevent cervical cancer by finding abnormal cells before they become cancer. If cancer has developed, screening can find it early, when treatment works best.

Cervical cancer screening also has some possible harms. The tests may cause bleeding, pain, or infection. Abnormal results may make women feel anxious or upset. Screening may also lead to additional tests or procedures that aren't needed or that may cause harms for some women, including problems with future pregnancies.

The Task Force Recommendations on Screening for Cervical Cancer: What Do They Mean?

Here are the recommendations. When the Task Force recommends screening, it is because the screening has more possible benefits than possible harms. When the Task Force recommends against screening, it is because the screening has more possible harms than possible benefits. The notes to the right help to explain key ideas.

Each recommendation has a letter grade. The grades are based on the quality of the evidence about the benefits and harms of the test. The grades are explained in the box at the end of this fact sheet.

Visit the Task Force Web site to read the [full recommendation statement](#) on screening for cervical cancer. The statement explains the evidence that the Task Force reviewed and how it decided on the grades. An [evidence report](#) on this topic provides more detail about the studies the Task Force considered.

- 1 The USPSTF recommends screening women ages 21 to 65 years with *cytology 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*. **Grade A**
- 2 The USPSTF recommends against screening for cervical cancer in *women younger than age 21 years*. **Grade D**
- 3 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. **Grade D**
- 4 The USPSTF recommends against screening for cervical cancer in women who have had a *hysterectomy* with removal of the cervix and who do not have a history of *CIN 2, CIN 3*, or cervical cancer. **Grade D**
- 5 The USPSTF recommends against screening for cervical cancer using *HPV testing, alone or in combination with cytology*, in women younger than age 30 years. **Grade D**

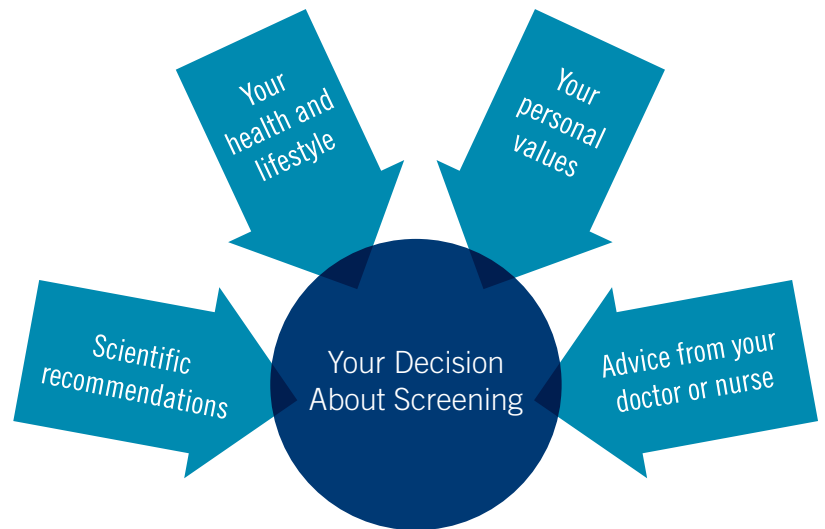
Notes

- 1 *cytology every 3...*
For women ages 21 to 65, screening with a Pap test every 3 years has the highest benefits with the lowest harms.
- combination of...*
For women ages 30 to 65, getting a Pap test and an HPV test together every 5 years has similar benefits and harms to getting a Pap test every 3 years.
- 2 *women younger...*
Cervical cancer is rare in this group. Also, abnormal cells that might be found during screening often return to normal over time, making follow-up treatment unnecessary and possibly harmful.
- 3 *adequate prior screening*
For women over 65, this means three normal Pap tests in a row, or two normal HPV tests in a row within the 10 years before stopping screening. The most recent Pap/HPV test should be within the past 5 years.
- 4 *hysterectomy*
Operation to remove the uterus.
CIN 2, CIN 3
Abnormal cells in the cervix that can become cancer.
- 5 *HPV testing alone...*
For women younger than age 30, HPV testing alone or with a Pap can lead to follow-up treatment that may be unnecessary or harmful.

Should You Be Screened for Cervical Cancer?

Getting the best health care means making smart decisions about what screening tests, counseling services, and preventive medicines to get and when to get them. Many people don't get the tests or counseling they need. Others get tests or counseling they don't need or that may be harmful to them.

Task Force recommendations can help you learn about screening tests, counseling services, and preventive medicines. These services can keep you healthy and prevent disease. The Task Force recommendations do not cover diagnosis (tests to find out why you are sick) or treatment of disease.



How should you decide whether and how often to be screened for cervical cancer?

Consider your own health and lifestyle. Think about your personal beliefs and preferences for health care. Talk with your doctor or nurse about your risk for cervical cancer and how often screening should fit into your ongoing health care, especially if you have never been screened for cervical cancer. And consider scientific recommendations, like this one from the Task Force. If you do get a screening test, talk with your health care provider about the results of your test and next steps you may need to take.

What is the U.S. Preventive Services Task Force?

The Task Force is an independent group of national experts in prevention and evidence-based medicine. The Task Force works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, or preventive medicines. The recommendations apply to people with no signs or symptoms of the disease being discussed.

To develop a recommendation statement, Task Force members consider the best available science and research on a topic. The Task Force posts draft documents for public comment, including a draft recommendation statement for each topic. All comments are reviewed and considered in developing the final recommendation statement. To learn more, visit the [Task Force Web site](#).

USPSTF Recommendation Grades	
Grade	Definition
A	Recommended.
B	Recommended.
C	Recommendation depends on the patient's situation.
D	Not recommended.
I statement	There is not enough evidence to make a recommendation.

[Click Here to Learn More about Cervical Cancer and What Happens During Screening Tests](#)

- [Get Tested for Cervical Cancer](#) (healthfinder.gov)
- [What You Need to Know About™ Cancer of the Cervix](#) (National Cancer Institute)
- [Cervical Cancer](#) (Centers for Disease Control and Prevention)