

This fact sheet explains the U.S. Preventive Services Task Force's (Task Force) draft recommendation statement on screening for cervical cancer. It also tells you how you can send comments about the draft recommendation to the Task Force. Comments may be submitted from September 12 to October 9. The Task Force welcomes your comments.

Cervical Cancer Screening

The Task Force has issued a **draft recommendation** statement on *Screening for Cervical Cancer*. The Task Force recommends that women ages 21 to 65 be screened regularly for cervical cancer. The type of test and interval recommended depends on age, as explained below.

The Task Force recommends against screening for cervical cancer in women younger than age 21, women older than age 65 who have been adequately screened (have a history of repeated normal results), and women at any age without a cervix who do not have a history of cervical pre-cancer or cervical cancer.

What is cervical cancer?

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

Facts about Cervical Cancer

Screening for cervical cancer is very effective and has greatly reduced the number of cervical cancer deaths. 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. Making sure women are adequately screened and, if necessary, treated is critical to reducing deaths from cervical cancer.

Cervical cancer is almost always caused by a virus called human papillomavirus (HPV). HPV is passed from one person to another during sex. There are many different types of HPV, including some types (known as high-risk HPV) that can cause cancer. Most HPV infections resolve on their own, but some persist and can lead to cervical cancer.

Two tests are used to screen for cervical cancer:

- Cytology (also known as a "Pap" test): This test looks for abnormal changes in cells in the cervix. These changes suggest that cancer could develop in the future.
- High-risk HPV (hrHPV) test: This test looks for the type of HPV virus that causes cervical cancer.

Potential Benefits and Harms of Screening for Cervical Cancer

The Task Force found that regular screening for women ages 21 to 65 greatly reduces the rate of cervical cancer and the number of deaths resulting from cervical cancer. The Task Force found that the most effective screening test depends on a woman's age. For women ages 21 to 29, many HPV infections will resolve on their own, so the Pap test is most effective. For women ages 30 to 65, HPV infections are more likely to lead to cancer, so either Pap tests or hrHPV tests are effective for screening.

Cervical cancer screening can lead to follow-up testing and treatment procedures that can cause harms such as vaginal bleeding, pain, infection, and complications during future pregnancies. However, because screening for cervical cancer saves lives and identifies cervical cancer early, when it is treatable, the Task Force concludes that the benefits of screening outweigh any possible harms for women ages 21 to 65.

The Task Force found that the benefits of screening do not outweigh the potential harms for women younger than age 21, women older than age 65 who have been adequately screened (have a history of repeated normal results), and women at any age without a cervix who do not have a history of cervical pre-cancer or cervical cancer.

The Draft Recommendations on Screening for Cervical Cancer: What Does They Mean?

Here are the Task Force's draft recommendations on screening for cervical cancer. They are based on the quality and strength of the evidence about the potential benefits and harms of screening for this purpose. They are also based on the size of the potential benefits and harms. Task Force recommendation grades are explained in the box at the end of this fact sheet.

When the Task Force recommends screening (**Grade A**) it is because it has more potential benefits than harms. When the Task Force recommends against screening (**Grade D**), it is because it has no overall benefit or that it has more potential harms than potential benefits.

Before you send comments to the Task Force, you may want to read the full [draft recommendation statement](#). The recommendation statement explains the evidence the Task Force reviewed and how it decided on the grade. An [evidence document](#) provides more detail about the scientific studies the Task Force reviewed.

- 1 The USPSTF recommends screening for cervical cancer in women age 21 to 29 years every 3 years with [cervical cytology](#) alone. For women age 30 to 65 years, the USPSTF recommends either screening with cervical cytology alone every 3 years or screening with [high-risk Human Papilloma Virus \(hrHPV\) testing](#) alone every 5 years. **(Grade A)**
- 2 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)**
- 3 The USPSTF recommends against screening for cervical cancer in women younger than age 21 years. **(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 a [high-grade precancerous lesion](#) (cervical intraepithelial neoplasia grade 2 or 3) or cervical cancer **(Grade D)**

Notes

- 1 [cervical cytology](#)
A test, also called a Pap test, that looks for abnormal changes in cells in the cervix, which is part of a woman's reproductive organs.
- [high-risk Human Papilloma Virus \(hrHPV\) testing](#)
A test that looks for the type of HPV virus that causes cervical cancer.
- 2 [adequate prior screening](#)
A history of repeated recent normal screening results (three normal Pap test results in a row or 2 normal HPV test results in a row within 10 years before stopping screening, with the most recent test occurring within 5 years).
- 4 [hysterectomy](#)
Surgery to remove all or part of the uterus. This can, but does not always, include removal of the cervix.
- [high-grade precancerous lesion](#)
Abnormal cells (changes) in the cervix that are more likely to progress to cancer than other abnormal cells.

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

The Task Force is an independent, volunteer 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, and 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. For each topic, the Task Force posts draft documents for public comment, including a **draft recommendation statement**. 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.

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Click Here to Comment on the Draft Recommendation



The Task Force welcomes comments on this draft recommendation.



Comments must be received between September 12 and October 9, 2017.



All comments will be considered for use in writing final recommendations.