

U.S. Preventive Services Task Force Issues New Cervical Cancer Screening Recommendations

Evidence shows that cervical cancer screening is effective

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Washington, D.C. – On March 15, *Annals of Internal Medicine* published online the U.S. Preventive Services Task Force's (Task Force's) final recommendation statement on cervical cancer screening, which includes several specific recommendations.

After a systematic review of the available evidence, posting a draft recommendation statement for public comment, and considering the comments it received, the Task Force concluded:

- Women aged 21 to 65 should be screened with cytology (commonly known as Pap smear) every 3 years. As an alternative, women aged 30 to 65 who want to be screened less frequently may choose the combination of cytology and human papillomavirus (HPV) testing every 5 years, which offers similar benefits to cytology only. This is an A recommendation.
- The Task Force recommends against screening women who have had a hysterectomy with removal of the cervix, women younger than age 21, or women older than age 65 who previously have been adequately screened. These are D recommendations. Evidence showed that the expected harms (such as unnecessary procedures, false positives, and possible problems with future pregnancies) of screening these populations outweighed the potential benefits.
- The Task Force also recommends against cervical cancer screening using HPV testing in women younger than age 30. This is a D recommendation. Evidence showed that the expected harms (such as unnecessary procedures, false positives, and possible problems with future pregnancies) of this screening in this group outweighed the potential benefits.

These recommendations apply to women, regardless of sexual history, who have a cervix and show no signs or symptoms of cervical cancer. These recommendations do not apply to women who are already at high risk for cancer, such as those who have been diagnosed with a high-grade precancerous cervical lesion or who have weakened immune systems.

Since the implementation of widespread cervical cancer screening, there has been a dramatic reduction in cervical cancer deaths in the United States. "About half of women diagnosed with this disease have never had a Pap smear or have not been adequately screened. Therefore, it is important for clinicians and health care systems to get women into screenings who have never been screened, or who have not been screened in the last 5 years," said Task Force member Wanda Nicholson, M.D., M.P.H., M.B.A.

The public comment period is an important part of the Task Force's process in developing its final recommendations. In addition to allowing the Task Force to clarify language on the harms of screening too frequently and in women younger than age 21, it provided an opportunity to review two studies related to HPV testing that were published after the Task Force's initial systematic review. After reviewing this new evidence, the Task Force determined that co-testing with HPV and cytology (Pap smear) every 5 years for women aged 30 and older offers comparable benefits to cytology-only screening at 3-year intervals.

"This public comment period was crucial in giving the Task Force the time needed to review this new evidence, so that our recommendations reflect the most up-to-date science, in this case related to HPV co-testing," said Task Force Chair Virginia Moyer, M.D., M.P.H.

These recommendations are in line with the recommendations and screening guidelines of other organizations, such as the soon to be released joint guidelines from the American Cancer Society, American Society for Colposcopy and Cervical Pathology, and American Society for Clinical Pathology, as well as guidelines from the American Congress of Obstetricians and Gynecologists.

The Task Force's recommendations have been published online at the *Annals of Internal Medicine*, as well as on the Task Force Web site at <http://www.uspreventiveservicestaskforce.org/Page/Name/topics-and-recommendations>.

The Task Force is an independent group 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.