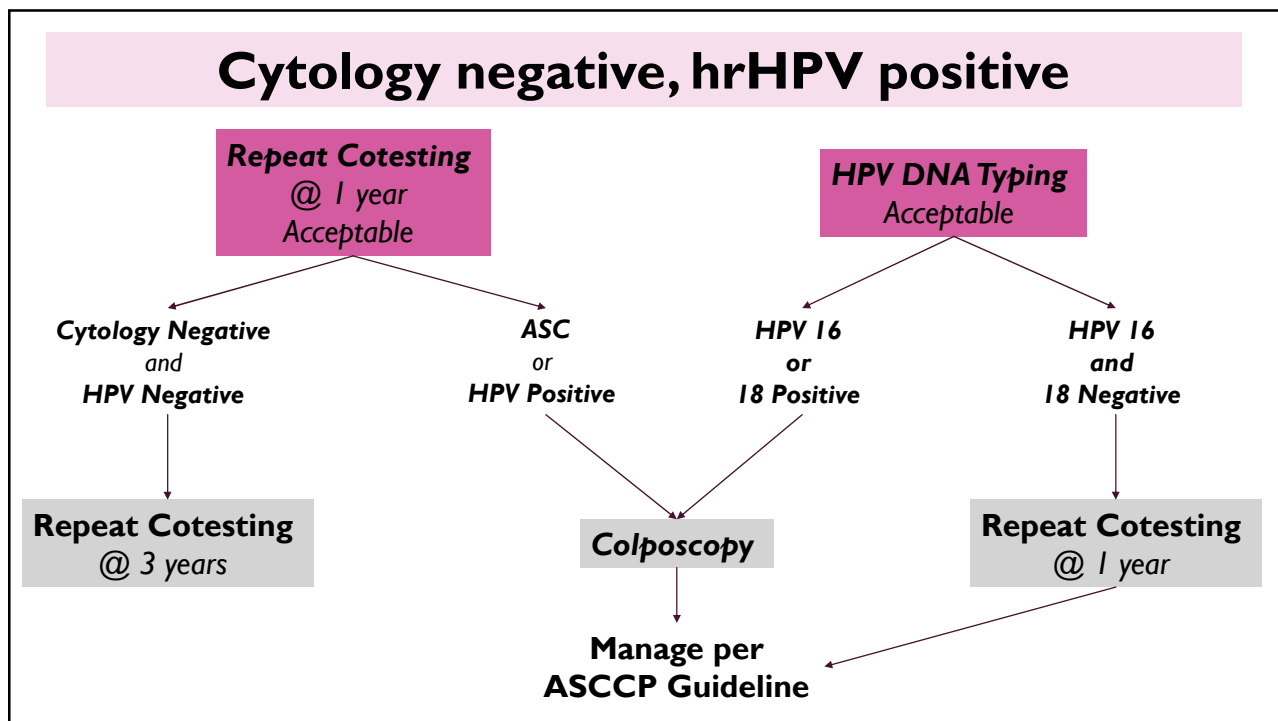
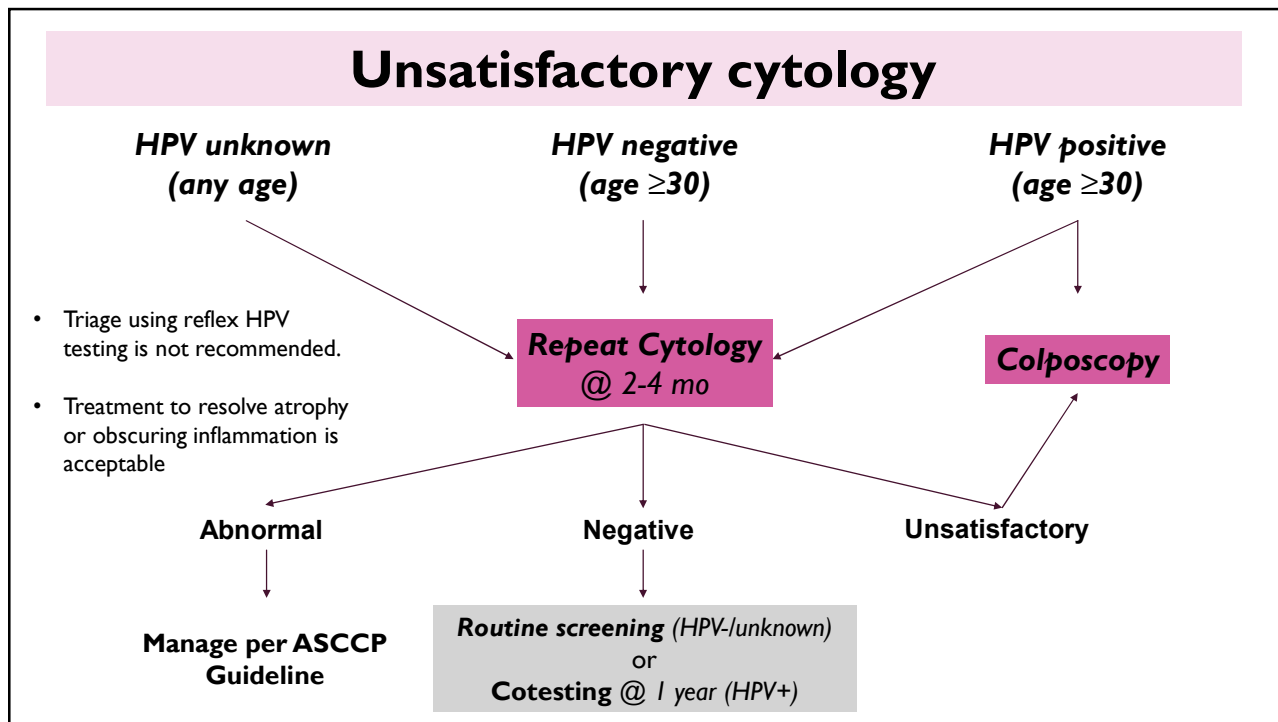
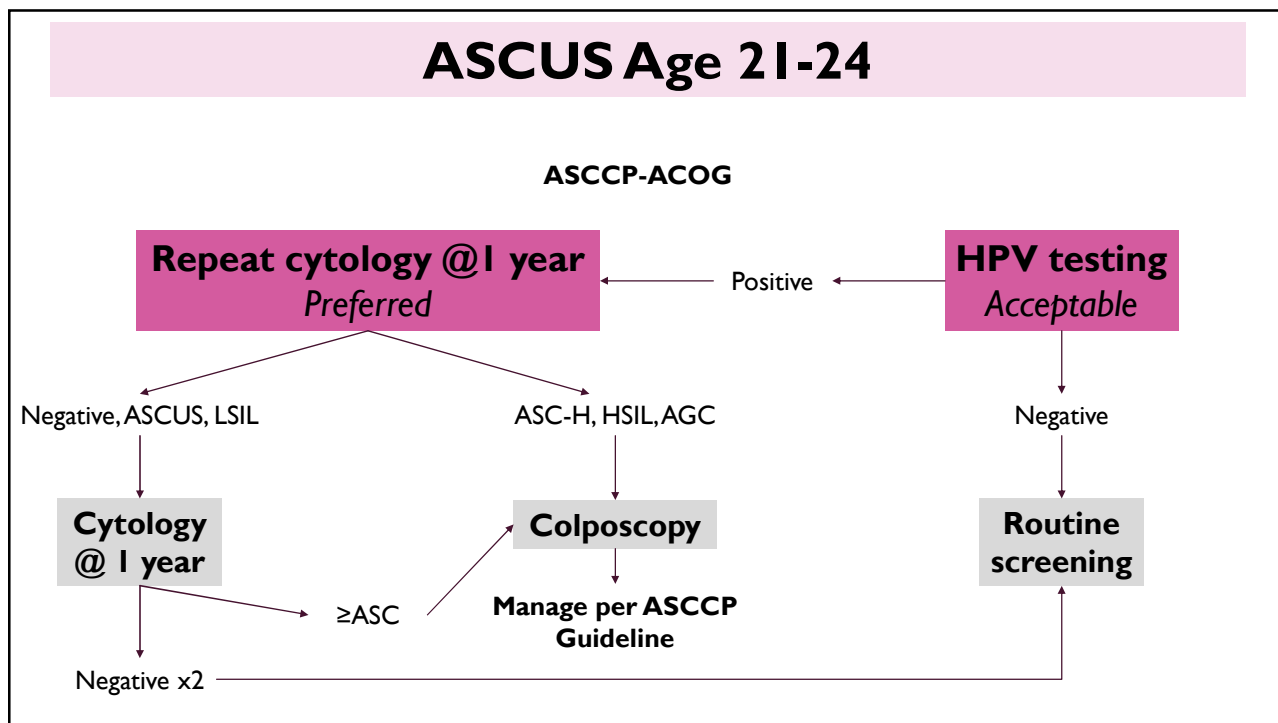
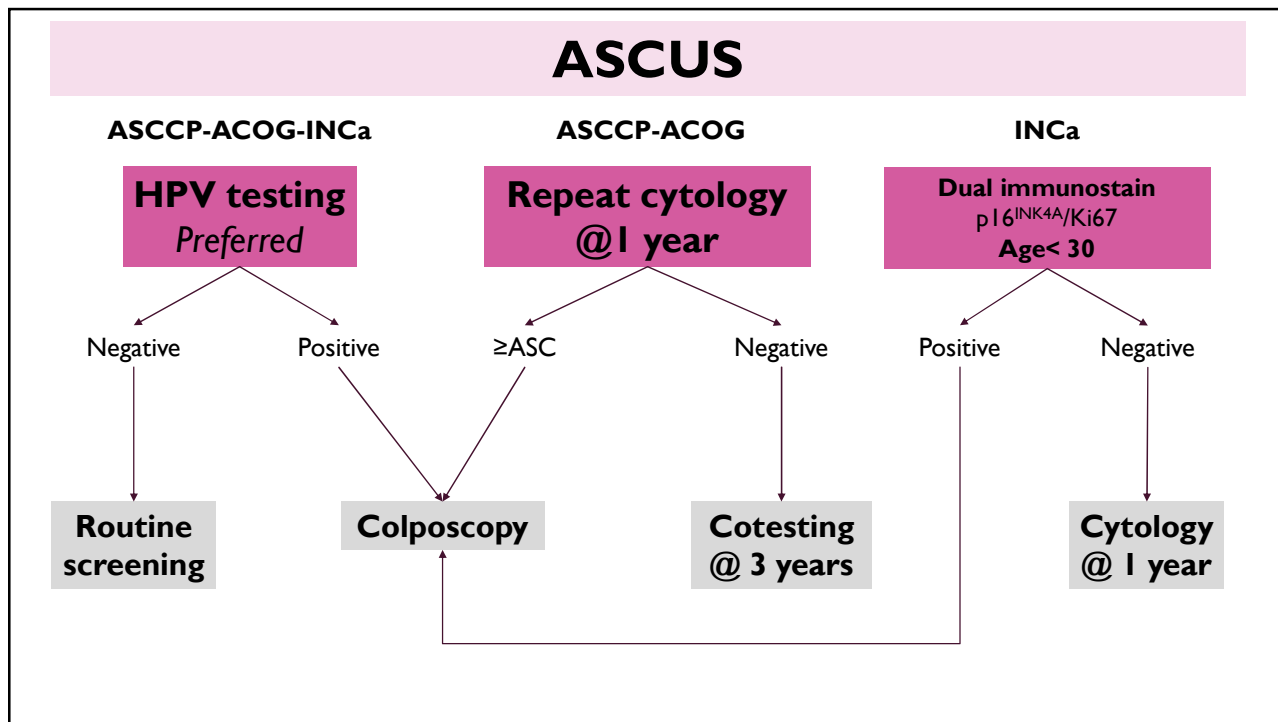


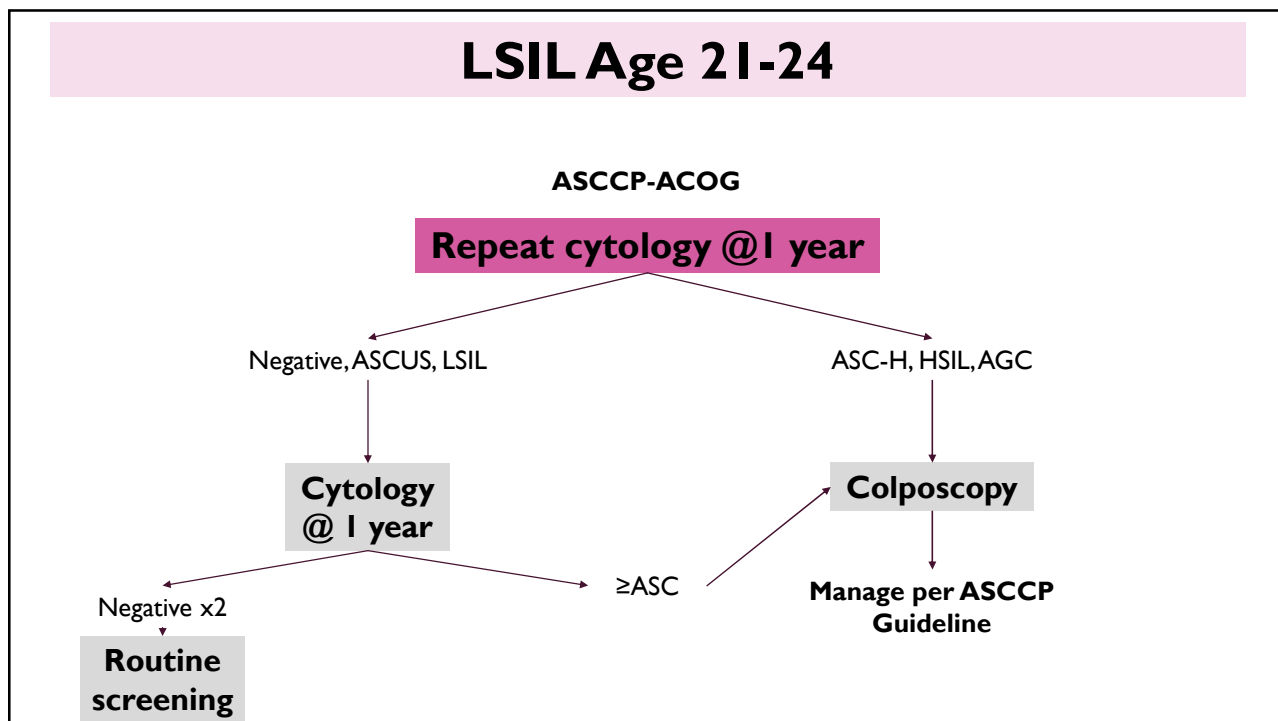
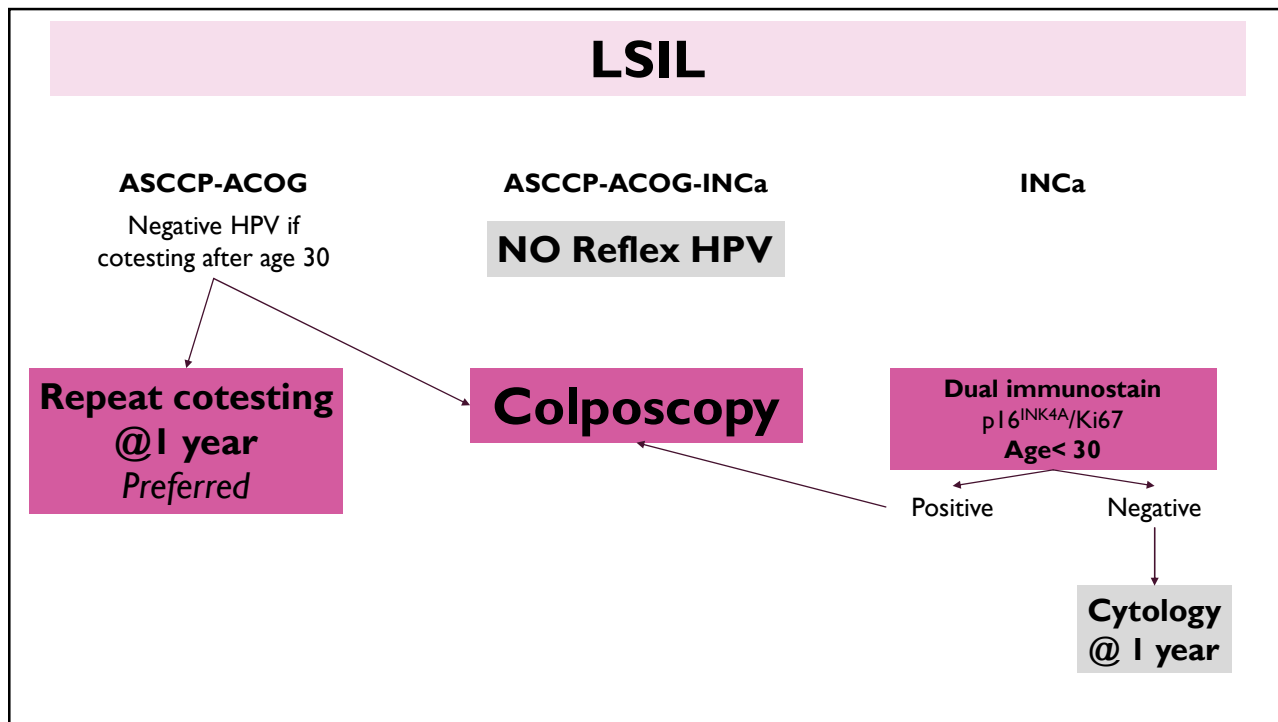
# CERVICAL CANCER SCREENING GUIDELINES

PREPARED BY DR REEM ABDALLAH

Country/Society	Age interval	Screening recommendation
<b>USA</b> USPSTF 2017-ACOG 2016-ASCO 2016- SGO 2015-ASCCP 2012	<ul style="list-style-type: none"> <li>Start at age 21 regardless of sexual debut</li> <li>Stop at age 65 if adequate negative prior screening (3 consecutive negative Pap, or 2 consecutive negative HPV tests within 10 years of stopping; most recent within 5 years) and no CIN2 or higher within the last 20 years</li> <li>Stop after total hysterectomy if no history of CIN2 or higher</li> </ul>	<ul style="list-style-type: none"> <li>Cytology alone every 3 years OR</li> <li>Cotesting (Cytology+hrHPV) every 5 years, starting age 30 OR</li> <li>Primary hrHPV alone every 3-5 years starting age 25-30</li> </ul>
<b>UK</b> RCOG and UKNSC 2016	<ul style="list-style-type: none"> <li>Start at age 25</li> <li>Stop at age 64 or if total hysterectomy for benign conditions (except if recent abnormal test)</li> </ul>	<ul style="list-style-type: none"> <li>Cytology alone OR</li> <li>Primary hrHPV alone 25-49: every 3 years 50-64: every 5 years</li> </ul>
<b>FRANCE</b> HAS 2013	<ul style="list-style-type: none"> <li>Start at age 25</li> <li>Stop at age 65 (except if no evidence that last two screens were normal or no documented cytology screen in the last 3 years, then continue till 70)</li> </ul>	<ul style="list-style-type: none"> <li>Cytology alone Yearly, until 2 consecutive normal cytology then every 3 years</li> </ul>







## ASC-H

ASCCP-ACOG-INCa

**Colposcopy**

**Regardless of Age, HPV status or Pregnancy**

## HSIL

ASCCP-ACOG-INCa

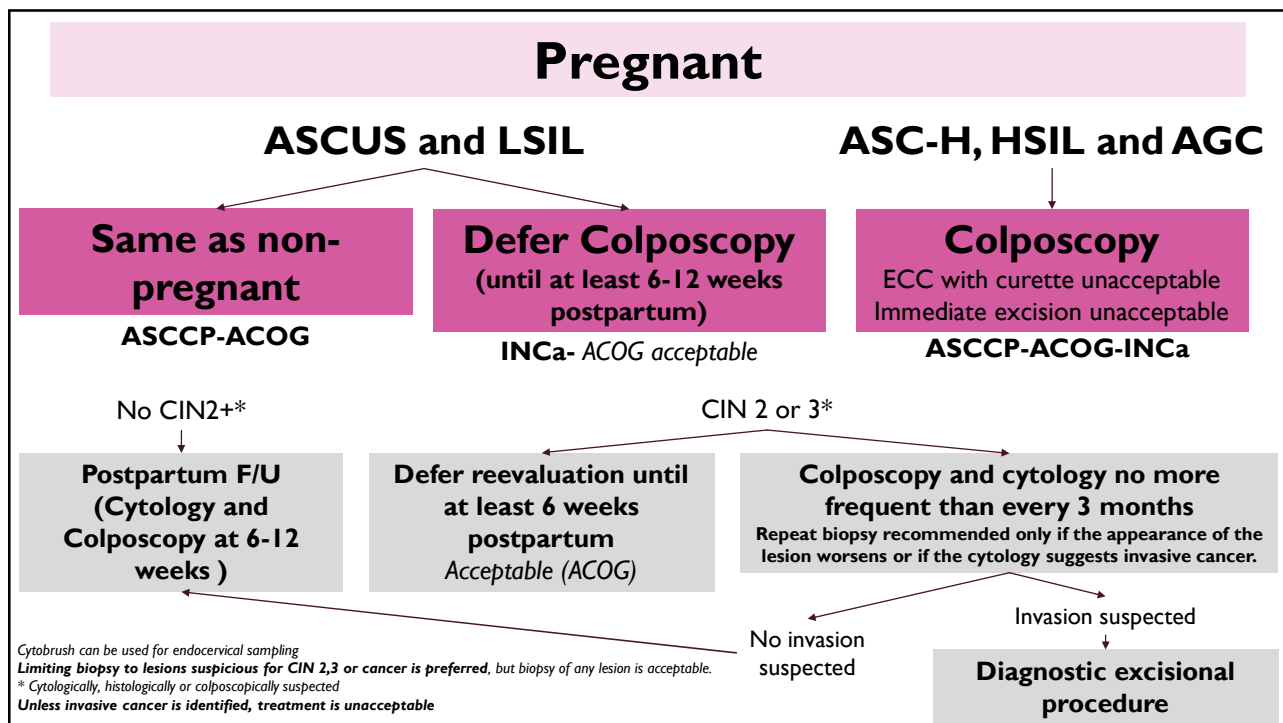
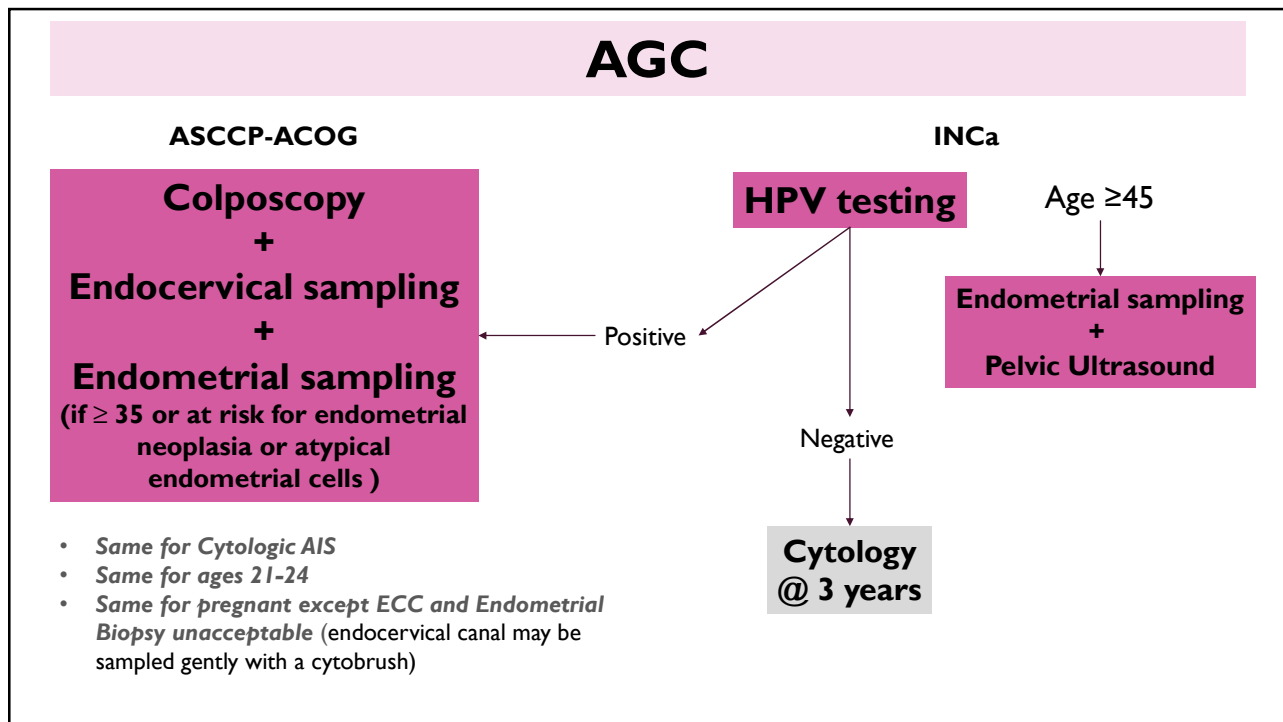
**Colposcopy**

**Regardless of Age,  
HPV status or  
Pregnancy**

ASCCP-ACOG

**Immediate  
LEEP**

**Not if pregnant or  
age 21-24**



Cytobrush can be used for endocervical sampling

Limiting biopsy to lesions suspicious for CIN 2,3 or cancer is preferred, but biopsy of any lesion is acceptable.

\* Cytologically, histologically or colposcopically suspected

Unless invasive cancer is identified, treatment is unacceptable

