

# CervixCheck Screening Guidelines

Most people with a cervix age 21-69 who have ever had sexual contact should have a Pap test every 3 years. Transgender, non-binary, and gender diverse people may also need regular Pap tests.

	Patient Characteristics	Recommendations
AVERAGE RISK	<b>20 years of age and under</b>	Do not screen.
	<b>21 to 69 years of age and have ever had sexual contact. Sexual contact includes past or current (wanted or unwanted):</b> <ul style="list-style-type: none"> <li>intercourse</li> <li>oral and digital contact involving the genital and/or anal area</li> <li>sex with shared sex toys</li> </ul>	Routine screening with a Pap test every 3 years. Patients may choose to delay screening until 25 years of age as evidence suggests the harms of screening patients 21-24 may outweigh the benefits.
	<b>70 years of age and over</b>	Discontinue screening if the patient has had 3 negative Pap tests in the past 10 years or one negative high-risk human papillomavirus (hrHPV) test result in the last 5 years. Unscreened and underscreened patients should have 3 Pap tests, each 1 year apart. If the Pap test results are negative or there is 1 negative hrHPV test result, screening may be discontinued.
	<b>Never had sexual contact</b>	Do not screen. Delay screening until initiation of sexual contact.
	<b>HPV vaccinated</b>	Routine screening with Pap test every 3 years.
	<b>Women who have sex with women, transgender, and non-binary people</b>	Routine screening with Pap test every 3 years for individuals with a cervix or neo-cervix.
	<b>Pregnant</b>	Do not screen during pre or post-natal care unless the woman is due for a Pap test and the benefits of screening outweigh the harms of screening.
	<b>Hysterectomy</b>	Do not screen if hysterectomy was: <ul style="list-style-type: none"> <li>total (cervix removed),</li> <li>performed for a benign disease,</li> <li>the pathology is negative for high-grade cervical dysplasia, and</li> <li>there is no prior history of high-grade cervical pathology.</li> </ul> If Pap test results or hysterectomy pathology are unavailable, screen until 2 negative vaginal vault tests are obtained.
INCREASED RISK	<b>Immunocompromised or HIV positive</b>	Screen with Pap test every year. All immunocompromised or HIV positive people with any abnormal result (including LSIL and ASCUS) should be referred for colposcopy.
	<b>Previous high-grade cervical pathology</b> (equal to or more severe than HSIL/CIN2/moderate dysplasia)	Screen with Pap test every year after discharge from colposcopy.
	<b>Previous cervical cancer</b>	In the absence of life-limiting comorbidities, screen every year after discharge from cancer treatment. CancerCare Manitoba's surveillance recommendations for follow-up care can be found at <a href="http://cancercare.mb.ca/followupcare">cancercare.mb.ca/followupcare</a> .
SYMPTOMATIC	<b>Symptomatic, including:</b> <ul style="list-style-type: none"> <li>visual abnormalities</li> <li>abnormal bleeding</li> <li>abnormal discharge</li> </ul>	Refer for colposcopy.

## MANAGEMENT OF RESULTS

Pap test interpretation	Management
<b>Negative for intraepithelial lesion or malignancy (NILM)</b>	Routine screening with a Pap test in 3 years.
<b>Atypical squamous cells of undetermined significance (ASCUS)</b>	<b>21 to 29 years of age</b>
	Repeat Pap test in 6 months <ul style="list-style-type: none"> <li>➔ <b>Negative</b> ➔ Repeat Pap test in 6 months               <ul style="list-style-type: none"> <li>➔ <b>Negative</b> ➔ Routine screening</li> <li>➔ <b>Abnormal</b> ➔ Refer for colposcopy</li> </ul> </li> <li>➔ <b>Abnormal</b> ➔ Refer for colposcopy</li> </ul>
	<b>30 years of age and older</b>
hrHPV = high-risk human papillomavirus	Lab automatically tests the same specimen for hrHPV <ul style="list-style-type: none"> <li>➔ hrHPV negative ➔ Routine screening</li> <li>➔ hrHPV positive ➔ Refer for colposcopy</li> <li>➔ hrHPV invalid ➔ Repeat Pap test in 6 months</li> </ul>
<b>Low-grade squamous intraepithelial lesion (LSIL)</b>	<b>21 to 49 years of age</b>
	Repeat Pap test in 6 months <ul style="list-style-type: none"> <li>➔ <b>Negative</b> ➔ Repeat Pap test in 6 months               <ul style="list-style-type: none"> <li>➔ <b>Negative</b> ➔ Routine screening</li> <li>➔ <b>Abnormal</b> ➔ Refer for colposcopy</li> </ul> </li> <li>➔ <b>Abnormal</b> ➔ Refer for colposcopy</li> </ul>
	<b>50 years of age and older</b>
	Lab automatically tests the same specimen for hrHPV <ul style="list-style-type: none"> <li>➔ hrHPV negative ➔ Routine screening</li> <li>➔ hrHPV positive ➔ Refer for colposcopy</li> <li>➔ hrHPV invalid ➔ Repeat Pap test in 6 months</li> </ul>
<b>Atypical glandular cells (AGC)</b>	Refer for colposcopy and endocervical curettage. If patient is 35 years of age and older or has abnormal bleeding, colposcopy should also include an endometrial biopsy.
<b>Atypical squamous cells, cannot rule out high-grade (ASC-H)</b>	Refer for colposcopy.
<b>High-grade squamous intraepithelial lesion (HSIL)</b>	Refer for colposcopy.
<b>Atypical endocervical cells</b>	Refer for colposcopy.
<b>Atypical endometrial cells</b>	Refer for endometrial biopsy.
<b>Benign endometrial cells</b>	If patient has abnormal bleeding: refer for endometrial biopsy. If patient does not have abnormal bleeding and is <ul style="list-style-type: none"> <li>- less than 45 years of age: continue routine screening</li> <li>- 45 years of age and older: refer for endometrial biopsy</li> </ul>
<b>Adenocarcinoma in situ (AIS)</b>	Refer for colposcopy.
<b>Squamous carcinoma, adenocarcinoma, other malignant neoplasms</b>	Refer for colposcopy.
<b>Unsatisfactory</b>	Repeat Pap test in 3 months. If persistent (2 consecutive or 2 within 12 months) unsatisfactory result due to "obscuring blood" or "obscuring inflammation," refer for colposcopy.
<b>Absence of transformation zone cells</b>	Screen according to cytology result.

**NOTE:** All cytological abnormal results in immunocompromised or HIV positive individuals should be referred for colposcopy (includes LSIL and ASCUS cytology results).