



FAMILY PLANNING PROGRAM

BREAST AND CERVICAL CANCER SCREENING PROTOCOL

Effective Date: November 1, 2014 (revised)

I. INTRODUCTION

The Michigan Department of Community Health Family Planning Program is issuing updated cervical screening guidelines (Pap test) for all Title X funded agencies. The Family Planning Medical Advisory Sub-Committee supports the use of cervical cancer screening recommendations, endorsed by the American Cancer Society (ACS), American College of Obstetricians and Gynecologists (ACOG), and the United States Preventive Services Task Force (USPSTF), effective immediately, but no later than October 1, 2013.

For the follow-up of abnormal Pap test results, the Family Planning Program will follow the American Society for Colposcopy and Cervical Pathology's (ASCCP) 2012 Updated Consensus Guidelines for Managing Abnormal Cervical Cancer Screening Tests and Cancer Precursors. Algorithms are referenced in this document and may be found at <http://www.asccp.org>.

II. PAP SCREENING RECOMMENDATIONS

A. Screening Tests

- Pap test and speculum exam should be used for routine cervical cancer screening.
- Testing for cervical cancer is performed using either Liquid-Based Cytology or Conventional (slide) Pap Test (no difference in screening interval is recommended). Consideration should be given to the use of High-Risk Human Papillomavirus (HR-HPV) testing in conjunction with cervical cytology for screening women 30 years of age and older.

B. Age to Initiate Screening:

- Screening for cervical cancer should begin at age 21 (NOTE: Women younger than 21 should NOT be screened regardless of the age of sexual initiation or other risk factors).
- Guidelines (algorithms) for women aged 21-24 years can be extrapolated to adolescents inadvertently screened. For example: If a transfer-in client was inadvertently Pap tested, and the Pap test was normal, re-Pap at age 21. Follow-up management for abnormal Pap results should conform to algorithms for ages 21-24. (See Section V. B 4)
- For women with HIV---see Section IV, Management of Women with Special Conditions

C. General Information

- The need for cervical cancer screening should not be the only basis for the onset of gynecological care.

- Adolescents must be able to obtain appropriate preventative health care, including, but not limited to, an assessment of health risks, counseling for pregnancy and sexually transmitted disease (STD) prevention, contraception, and treatment of STD's; even if they do not need a Pap test.
- For the purpose of these guidelines an ADOLESCENT is defined as 20 years of age or younger.
- Adolescents and young women who have received the HPV vaccine should continue cervical cancer screening according to the current guidelines.
- Pelvic exams (speculum and bimanual) on females 13-20 years of age are no longer required unless medically indicated.
- Pelvic exams on females 21-39 should be performed at least at the time of routine pap testing and in-between if medically indicated
- If a Pap test is satisfactory and negative but NO endocervical cells are present, regular screening should be continued. "Regular" means according to cervical cancer screening guidelines. (See Section II. D)
- If a Pap test is satisfactory and negative but obscured/partially obscured by inflammation, repeat Pap test in 6 months. If 2nd Pap is abnormal, refer for colposcopy.
- If the Pap test is unsatisfactory, repeat Pap test in 2-4 months. If the 2nd Pap is unsatisfactory or abnormal, refer for colposcopy. NOTE: if 2nd Pap test is negative and satisfactory but lacks transformation zone cells, Pap test is considered NORMAL. Return to regular screening.
- For Chlamydia STD screening and testing (when a pelvic exam is not indicated) CDC guidelines for the use of urine testing, or vaginal self-swab instead of a pelvic exam and endocervical sample, may be used.
- Women aged ≥ 40 should have an annual bimanual pelvic and speculum exam.

D. ACS Recommendations for Cervical Cancer Screening: ("Regular/Routine Screening")

Age to Begin	Screening Exam	Screening Interval
Age 21-29	Conventional Pap Test OR Liquid Based Cytology (LBC)	Every 3 years (pap test alone)
Age 30-65	Conventional Pap Test OR Liquid Based Cytology (LBC)	Every 3 years (pap test alone)
Age 30-65	HPV AND Cytology "cotesting"	Every 5 years

Co-testing (Pap and HPV) is recommended for cervical cancer screening in women 30 years of age or older. If both tests are negative, testing then occurs every five years. For abnormal results, follow-up management guidelines may be found at <http://www.asccp.org>. **Title X funds may be used for HPV testing in accordance with the 2012 ASCCP guidelines.**

E. Relative Contraindications for Pap Testing: (Temporary Deferral)

- a. Heavy menstrual bleeding
- b. Women less than 8 weeks post-partum (vaginal delivery) or 8 weeks post-abortion.
- c. Visible cervical mass with bleeding--refer

PLEASE NOTE: Pap testing should NOT be deferred if vaginal discharge or signs and symptoms of vaginal infection are present.

III. CLIENT INFORMATION/EDUCATION

- A. Regular cervical cancer screening (Pap test) is viewed as an important component of routine preventive care. Screening (via patient history) and testing for sexually transmitted infections, if indicated, should occur at the annual visit even if cervical cancer screening (Pap test) is not done.
- B. Discuss the importance of Pap testing which includes:
 - Frequency of Pap testing is based on recommendations from a nationally recognized professional organization, a woman's age and her Pap test history.
 - Possible testing for STD.
- C. Clients should be given copies of their Pap test and/or HPV test results due to the recommended screening interval time frames.

IV. MANAGEMENT OF WOMEN WITH SPECIAL CONDITIONS

- A. Special Considerations:
 - Women with a histologically-confirmed HSIL (colposcopy results of \geq CIN2), whether or not they receive treatment, continue cervical cancer screening (Pap test) on a regular basis for 20 years.
 - Changes in cervical screening guidelines are for the general population and do not address women who are immunocompromised (e.g., infection with the human immunodeficiency virus).
 - Once HIV is diagnosed, Pap screening should begin for females who have initiated sexual activity regardless of age or at age 21 for women who have not initiated sexual activity.
 - The Pap test should be obtained twice during the first year after diagnosis of HIV infection.
 - After determining that baseline cervical screening results show no atypical cells or neoplasia, the Pap test should be repeated annually.
 - There are no data to support the use of HPV-testing for HIV-seropositive women >30 years to increase or decrease the frequency of Pap tests from 1 year intervals for women with normal cervical cytology.
 - Published data are insufficient to support use of HPV DNA testing in triage of ASC-US among HIV-seropositive women resulting in a recommendation to perform colposcopy for HIV-seropositive women with ASC-US.
 - Routine screening of HIV-seropositive women with vaginal cytology after hysterectomy for benign disease is not recommended.
 - An upper age limit on Pap cervical screening has not been established for HIV-seropositive women.
 - For follow-up, immunosuppressed women with abnormal cytology results should be managed in the same way as immunocompetent women.

- Women who had in utero DES exposure – continue ANNUAL cervical cancer screening (Pap test only) regardless of the testing method.

B. Provision of Screening and Diagnostic Services for Family Planning Women with Abnormal Pap Tests

1. Women age 21-39 years of age seen in any Family Planning/Title X clinic that have an abnormal Pap test result requiring colposcopy (using algorithms in Section V. B 4) can be referred to BCCCP for diagnostic services to confirm or rule out a cervical cancer diagnosis.
2. Women age 40-64 seen in Family Planning/Title X Clinics for cervical services may be referred to BCCCP for breast screening and diagnostic services (if needed), depending on agency caseload.

V. **MANAGEMENT OF ABNORMAL PAP TEST RESULTS**

A. Follow-up Process for Abnormal Pap Test Results:

1. Clinicians should develop and implement a tracking system that will notify women of cervical screening results and follow-up diagnostic testing that is required. A method of contacting women without violating their confidentiality must be established at the first visit.
2. Documentation should be maintained in the medical record of all phone calls and letters to clients. If the pap results are HSIL, AGC, Squamous CC, or AIS and the client cannot be contacted, a certified letter should be sent to the client.
3. Title X requires that all women with an abnormal pap be notified within 6 weeks of obtaining the Pap test. Please note that the collaborative relationship with the Michigan Breast and Cervical Cancer Control Program (BCCCP) requires that the colposcopy be completed within 90 days of performing the pap test, therefore it is recommended that follow-up be initiated as quickly as possible.

B. Clinical Management of Pap Testing Results

1. **NORMAL cervical cytology with ABNORMAL appearance of the cervix**
 - a. Notify the client of the results of her pelvic examination and possible implication. This information should include the nature of the suspected disease.
 - To rule out cervical cancer, refer immediately for colposcopy with biopsy as indicated. Do not rely on cervical cytology results alone.
2. **UNSATISFACTORY cervical cytology specimen**
Repeat Pap smear in 2-4 months. If second Pap test is unsatisfactory and/or abnormal, refer for colposcopy.
3. **ABNORMAL cervical cytology report**
 - a. Notify the patient of the results of the Pap test and its implications as soon as possible but within 6 weeks of receipt of abnormal findings, including:
 - The nature of the suspected disease
 - What a precancerous lesion is
 - The need for further testing for definitive diagnosis before treatment
 - Treatment options available, benefits and risks of each
 - b. Refer/arrange for repeat Pap test and/or diagnostic work-up and treatment based on Pap test results.

4. **FOLLOW-UP OF ABNORMAL CYTOLOGY RESULTS:**

The website <http://www.asccp.org/> contains algorithms on the follow-up of:

- Unsatisfactory Cytology
- Cytology NILM but EC/TX Absent/Insufficient
- Management of Women \geq Age 30, who are Cytology Negative, but HPV Positive
- Management of Women with Atypical Squamous Cells of Undetermined Significance (ASC-US) on Cytology
- Management of Women Ages 21-24 years with either Atypical Cells of Undetermined Significance (ASC-US) or Low-grade Squamous Intraepithelial Lesion (LSIL)
- Management of Women with Low-grade Squamous Intraepithelial Lesion (LSIL)
- Management of Pregnant Women with Low-grade Squamous Intraepithelial Lesion (LSIL)
- Management of Women with Atypical Squamous Cells: Cannot Exclude High-grade SIL (ASC-H)
- Management of Women Ages 21-24 years with Atypical Squamous Cells: Cannot Exclude High-grade SIL (ASC-H) and High-grade Squamous Intraepithelial Lesion (HSIL)
- Management of Women with High-grade Squamous Intraepithelial Lesion (HSIL)
- Initial Work-up of Women with Atypical Glandular Cells (AGC)
- Subsequent Management of Women with Atypical Glandular Cells (AGC)
- Management of Women with No Lesion or Biopsy-confirmed Cervical Intraepithelial Neoplasia – Grade 1 (CIN1) Preceded by “Lesser Abnormalities”
- Management of Women with No Lesion or Biopsy-confirmed Cervical Intraepithelial Neoplasia – Grade 1 (CIN1) Preceded by ASC-H or HSIL Cytology
- Management of Women Ages 21-24 with No Lesion or Biopsy-confirmed Cervical Intraepithelial Lesion – Grade 1 (CIN1)
- Management of Women with Biopsy-confirmed Cervical Intraepithelial Neoplasia – Grade 2 and 3 (CIN2,3)
- Management of Young Women with Biopsy-confirmed Cervical Intraepithelial Neoplasia – Grade 2 and 3 (CIN2,3) in Special Circumstances
- Management of Women Diagnosed with Adenocarcinoma in-situ (AIS) during a Diagnostic Excisional Procedure
- Interim Guidance for Managing Reports using the Lower Anogenital Squamous Terminology (LAST) Histopathology Diagnoses

VI. **ADDITIONAL INFORMATION**

A. Indications for Referral to a Qualified Colposcopist:

- Women age 24 and under requiring treatment for CIN2+
- Pregnant women with HSIL cytology
- Women with a significant cervical lesion in which “see and treat” may be indicated
- Women desiring fertility who, after excisional treatment, have recurrent or persistent cervical dysplasia

- Women who have had two “unsatisfactory for evaluation” tests 2-4 months apart
- Women with AGC (Abnormal Glandular Cells) or AIS (Adenocarcinoma in situ) on cytology. Management follows the algorithm found at <http://www.asccp.org>
- Women with any gynecologic cancer should be referred to a Gynecologic Oncologist

VII. BREAST CANCER SCREENING

- A. Clinical breast exam (CBE) beginning at age 21 thru 39 must be offered and/or provided at least every three years even if no cervical cancer screening is performed. For women age 25 and over, with suspicious breast masses, refer to BCCCP for evaluation.
- B. Clinical breast exam must be offered and/or provided annually starting at age 40. Refer to BCCCP for suspicious breast masses for evaluation.
- C. Mammogram recommendations:
 - Women aged 40-49 years: Individualize decision to begin biennial screening according to the client’s circumstances and values.
 - Women aged 50-74 years: Screen every two years.

References:

Massad, L., et al. The 2012 Updated Consensus Guidelines for the Management of Abnormal Cervical Screening Tests and Cancer Precursor. Journal of Lower Genital Tract Disease, Vol. 17, Number 5, 2013.
U.S. Preventive Services Task Force. 2014 The Guide to Clinical Preventive Services. Breast Cancer Screening, Page 16.



Brent Davidson, M.D. FACOG
Family Planning Medical Director, Consultant

10/23/2014

Date