CERVICAL CANCER SCREENING

I. DEFINITION

According to Centers for Disease Control and Prevention cervical cancer is the easiest gynecologic cancer to prevent, with regular screening tests and follow-up. Two screening tests can help prevent cervical cancer or find it early:

A. The Pap test (or Pap smear) looks for abnormal cellular changes on the cervix that might become cervical cancer if they are not treated properly.

B. The human papillomavirus (HPV) test looks for the virus that can cause cell changes. While both low and high-risk (HR) HPV types exist, current recommendations call for testing of high-risk types of HR HPV are those associated with dysplasia and cancer.

II. CERVICAL CANCER SCREENING and SURVEILLANCE DECISION TREE

Table 1-Currently Cervical Cancer Strategies from The US Preventive Services Task Force (USPSTF)

Patient Population	Frequency & Type of Testing
Under 21 years old	No screening recommended
21–25 years old	Cytology alone every 3 years
25–29 years old	
30–65 years old	• Cytology alone every 3 years • Cotesting [a] every 5 years • Primary HPV [b] test every 5 years
65+ years old	No screening necessary after adequate negative prior screening [c]
Prior total hysterectomy	No screening necessary in those without a history of high-grade cervical dysplasia or cervical cancer
Prior HPV vaccination	Follow age-specific recommendations

[a] *Cotesting is cytology and hrHPV testing.*

[b] *Food and Drug Administration–approved test*

[c] *Adequate negative prior screening is defined as 2 consecutive negative primary HPV tests, 2 negative cotests, or 3 negative cytology tests within the last 10 years, and the most recent in the past 3–5 years.*

Table 1- adapted from The ASCCP Cervical Cancer Screening Task Force Endorsement and Opinion on the American Cancer Society Updated Cervical Cancer Screening Guidelines. Journal of Lower Genital Tract Disease 25(3): p 187-191, July 2021

III. LABORATORY STUDIES

A. The Pap test involves the collection of cervical cells using a cytobrush and spatula or broom collection device that are then placed in a liquid-based medium (ThinPrep® vial), which is then sent to a laboratory for further processing. The laboratory will make a monolayer of the cervical cells on a glass slide, stain the cells, and examine the cells using a microscope.

B. The HR HPV test looks for HPV types associated with most cervical cancers; this includes 14 HR HPV genotypes; however, the presence of HR HPV alone does not mean the patients has a cervical precancers or cancer. The HR HPV test will be performed on the specimen sample that remains after performing the Pap test. The decision on use of the HR HPV depends on the patient's age and history.

1. Reflex HR HPV test –Is acceptable for patients ages 30-65. The specimen will go out for HR HPV testing only when the cytology result is ASC-US (atypical squamous cells of undetermined significance). If the Pap is normal or the result is shows abnormality other than ASCUS, the specimen will not be tested for HPV.

2. Co-testing (Pap test and HR HPV test) – for patients ages 30 to 65 years old. A Pap sample and HR HPV sample collected during the same screening will be tested.

C. Family Planning cervical cancer screening tests (Pap test and HPV test) are performed in separate labs; expect two separate reports; one for the Pap test and another for the HR HPV test. The Pap test is processed at Clinical Pathology Laboratories (CPL). The HR HPV test is processed at Oklahoma State Department of Health Laboratory. Please allow three weeks for processing both the Pap test and the HR HPV test.

D. Collect a cervical specimen following the guidance in the Nursing Service Procedure Manual: ThinPrep® Pap Test™ Endocervical Brush/Spatula Protocol.

E. Indicate on the lab requisition if the client has douched, had vaginal intercourse, or used vaginal medications or lubricants within the previous 48 hours.

1. A client should not be discouraged from having a Pap test done because of one of the reasons listed above.

2. Advise client a repeat Pap and/or HR HPV test may be indicated because of insufficient cells. Tell clients that insufficient collection during screening could lead to the need for a repeat of the Pap and/or HR HPV screening.

IV. **MANAGEMENT PLAN**

A. Visual inspection of the cervix, vagina, and vulva (See *"Female Pelvic Exam"* located in *Nursing Service Procedure Manual*).

B. Observe the shape, color, size, and texture of the surface of the cervix and os.
1. Observe for lesions, polyps, cysts, friability, and/or presence of discharge.

2. Collect specimens as appropriate.
3. Patients with visible cervical lesions or masses should be referred for gynecologic care with a private provider. OU Patient's Clinic or OU Dysplasia Clinic may also be resources for service. Client will be responsible for any charges. A specimen for Pap test and/or HR HPV test should also be collected.

C. Specimen Handling:

1. Refer to the *Nursing Procedure Manual* for instructions.

D. Documentation of Physical Findings:

1. Describe location of findings in relation to a clock face (i.e., "Nabothian cyst at 2 o'clock").

2. Terms used to describe visible findings:
   a. firmness – soft, firm, hard.

b. shape – round, irregular, pedunculated.

c. texture – smooth, rough.

d. discharge present – clear, yellow, green, white, milky, frothy, mucopurulent, bloody.

e. eversion – transition zone is visualized.

f. erosion – ulceration or breakdown of the normally smooth surface of the cervix.

g. friable – bleeds easily when touched by swab, scraper, or brush.

h. polyp – pedunculated, soft, smooth, reddish piece of fleshy tissue usually protruding from the cervical os.

i. stenotic os – cervical os is scarred from previous medical procedures or due to menopause; transition zone is inside os making it difficult to obtain specimen.

j. Nabothian cyst – endocervical glands filled with secretions. Appear as hard, yellow, rounded lesion. Requires no treatment or referral.

E. Ordering Laboratory Tests:
1. Complete the cervical cytology lab requisition in PHOCIS and select the appropriate box for HPV testing:

a. **Reflex HPV** - No HR HPV testing for patients 21-24 years. Is acceptable for 30 and above if cotesting is declined. (HR HPV test will only be performed if Pap test indicates an AS-CUS result).

OR

b. **Co-testing** –for patients aged 30 years to 65 years or as recommended follow up per ASCCP guidelines.

c. **Declines HPV Testing**- If the client declines HPV testing indicate the refusal on the appropriate line on the PAP lab requisition form.

Note: If HR HPV testing is not indicated, do not select any of these boxes to order HR HPV testing.

V. CLIENT EDUCATION

A. Patients should be counseled about risk factors for cervical cancer and the need for a routine Pap test and/or HR HPV testing.

B. Patients should be given information about the procedure for collection of cervical cells.

C. Patients should be informed about the optimal time within their menstrual cycle for obtaining a Pap test.

1. **Patients should not be discouraged from receiving a Pap test and/or HR HPV testing simply because of timing.**

2. The optimal time is 10 to 17 days from start of last menstrual cycle.

3. Pap tests may be done during menses, although heavy bleeding may rarely obscure the cells.

4. Counsel the woman a repeat Pap test may be indicated if cells are obscured by blood, but this is not a reason to delay cervical cancer screening.

D. Patients should be instructed not to douche or use tampons, birth control foams, jellies or other vaginal creams or vaginal medicines for 48 hours before the test, but the provider should not delay screening.

E. Patients should be educated that just because they have stopped having children does not mean they should stop having Pap tests.

F. Patients should be provided with educational materials as appropriate for the situation. For Family Planning, clients used approved resources.

G. Patients should be educated that a pelvic exam is not the same as a Pap test.

VI. CONSULTATION/REFERRAL

A. Pap test results and HR HPV test results may be received at different times since these tests are performed in separate labs. When HR HPV test results are expected (i.e., Co-testing was requested, or reflex HR HPV testing was requested), the patient should not be notified of the test result of the Pap test until the HR HPV test result is also available; these test results should be evaluated together.

B. Use the American Society for Colposcopy and Cervical Pathology (ASCCP) guidelines by going to their new online app. Guidelines should never be a substitute for clinical judgement. Clinical judgement should always be used when applying a guideline to an individual patient since guidelines may not apply to all patient-related situations. Family Planning clients should be referred to APRN for situations outside the algorithms. Take Charge! clients should be referred to the Take Charge! for any Cervical/Dysplasia issues.

C. Patients with abnormal Pap test results should be notified within an acceptable period. See Priority Response Tool.

D. Patients with Pap test results of “suspect vaginal infections” should be referred for diagnosis and treatment. If the client was seen in Family Planning or Maternity Clinic, a wet prep and appropriate treatment may have already been provided as a service.

REFERENCES:

Centers for Disease Control and Prevention, What Should I Know about Screening? Page reviewed on August La7, 2019.https://www.cdc.gov/cancer/cervical/basic_info/screening.htm

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U. S. Preventative Services Task Force, Final Recommendation Statement Cervical Cancer: Screening, August 21, 2018
https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/cervical-cancer-screening