



## Clinical Guideline: Cervical Cancer Screening

### CLINICAL RECOMMENDATION

Women younger than 21	The USPSTF recommends against screening women under 21 years
Women 21 to 30 years	Pap smear (cytology) every 3 years
Women 30 to 65 years	Pap smear every 3 years - or - hrHPV testing alone every 5 years - or - hrHPV testing in combination with Pap every 5 years
Women over 65 years	The USPSTF recommends against screening for cervical cancer in women older than 65 years who have had adequate prior screening and are not otherwise at high risk for cervical cancer.

### CLINICAL CONSIDERATIONS

The recommendations apply to individuals who have a cervix, regardless of sexual history or HPV vaccination status. These recommendations do not apply to those who have been diagnosed with a high-grade precancerous cervical lesion or cervical cancer or those with in utero exposure to diethylstilbestrol or a compromised immune system.

Women Older than 65 years Adequate prior screening is defined as 3 consecutive negative cytology results or 2 consecutive negative HPV or co-testing results before stopping screening. Routine screening should continue for at least 20 years after regression or management of a precancerous lesion, even if this extends screening past age 65 years. Once screening has stopped, it should not resume in women older than 65 years, even if they report having a new sexual partner.

### SPECIAL POPULATION CONSIDERATIONS

Women with multiple chronic conditions or those with physical and/or mental health disabilities are at greater risk for not receiving recommended cervical cancer screenings. Steps should be taken to ensure these individuals receive important health screening and preventive services.

This population is also at greater risk of domestic violence, sexual assault and toxic stress. Trauma-informed care that demonstrates awareness of this harm and takes it into consideration should be a standard of care.

**Source (link)** [U.S. Preventive Services Task Force](#)