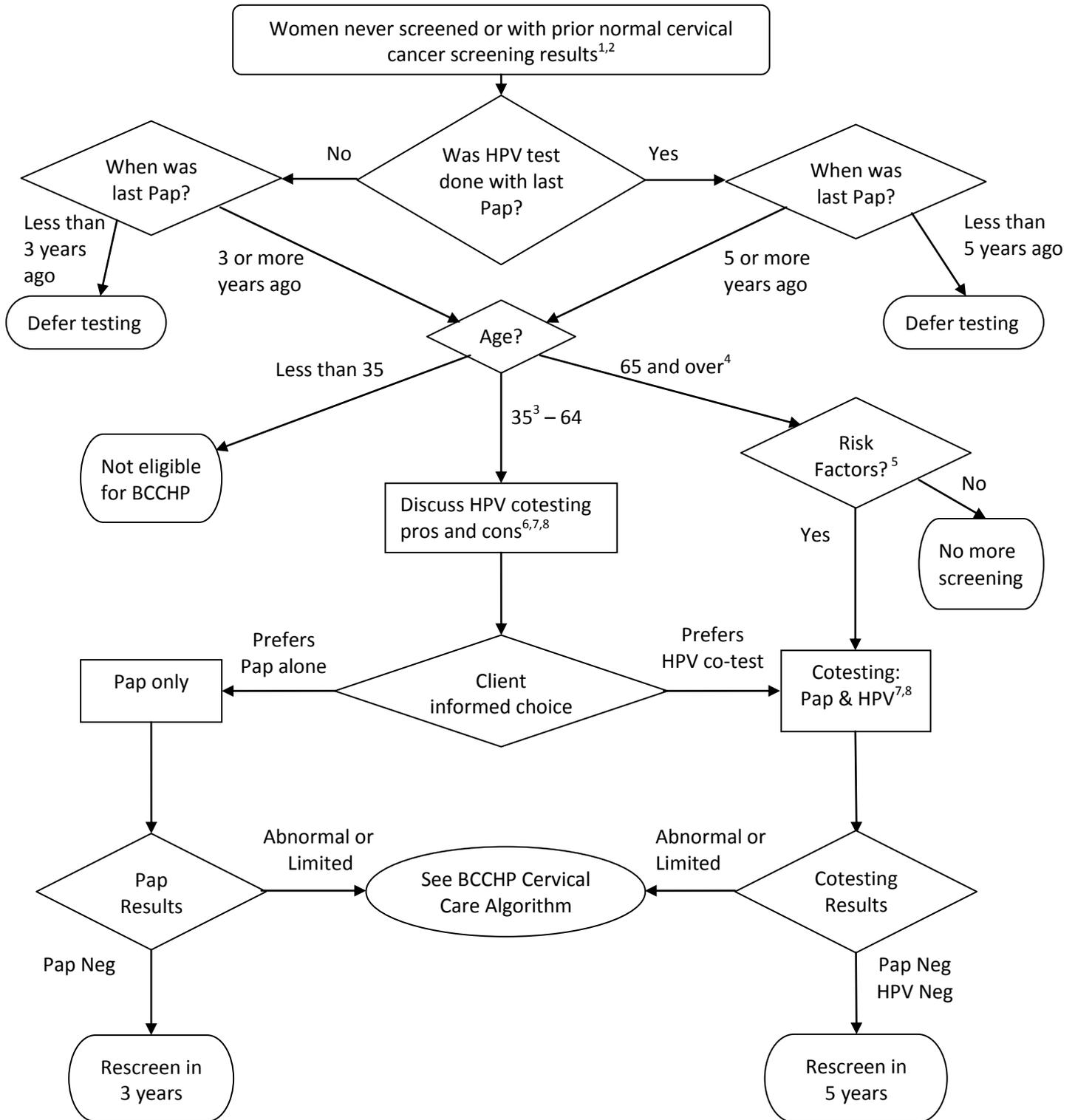


BCCHP CERVICAL SCREENING ALGORITHM



BCCHP CERVICAL SCREENING ALGORITHM NOTES

1. Women who have had a hysterectomy for benign disease do not need screening unless the cervix is still present. If she had a hysterectomy for benign disease, ask if the cervix is still present. If the hysterectomy was vaginal, the cervix was removed. If the hysterectomy was abdominal and she is unsure whether the cervix was removed, do a pelvic exam to determine if the cervix is still present.
2. The very rare woman with a pelvic exam suspicious of cervical cancer should have a Pap smear, preferably with an HPV test, and colposcopy, regardless of prior screening history. When a pelvic exam is clinically suspicious for cancer, ask the laboratory to expedite the reading of the Pap smear. Wait for the Pap result and then refer client for a gynecological consult, even if the Pap is normal.
3. Women 35-39 are only eligible for cervical cancer screening through BCCHP if they have enrolled because of a breast symptom. Please see the BCCHP Eligibility Criteria or contact your Prime Contractor for more details.
4. Women 65 and over are only eligible for BCCHP if they are not eligible for Medicare and are otherwise uninsured, are $\leq 250\%$ Federal Poverty Level (FPL), and have risk factors. Screening should be stopped at age 65 years if there is evidence of adequate prior negative screening results.
5. Risk factors requiring screening after age 65 include:
 - Lack of 3 negative Paps or 2 negative cotests in past 10 years, including 1 in past 5 years.
 - Had ASC-US or LSIL Pap and still in follow-up
 - Had treatment for HSIL (CIN 2/3) or adenocarcinoma *in situ*, less than 20 years ago
 - Had invasive cervical cancer, needs screening for life
 - Had diagnosis of DES exposure in utero
6. The USPSTF and CDC recommend discussing the options with women and offering either every 3 year Pap tests or every 5 year co-testing with HPV. The ACS/ASCP/ASCCP and ACOG prefer the every 5 year co-testing over every 3 year Pap only testing.
7. Atrophic vaginal changes mean postmenopausal women often require vaginal estrogen in order to get an adequate Pap test, but these changes do not affect the HPV test. If the HPV test is negative, this may give enough reassurance so estrogen and a repeat Pap may not be necessary. **BCCHP does not cover vaginal estrogen therapy for Pap screening.**
8. Pros of HPV cotesting:
 - Extra reassurance that everything is normal.
 - Many can go 5 years without needing another Pap test. (Will still need interim preventive and screening visits for other health and wellness issues including breast and colon cancer screening.)
 - HPV cotesting is especially useful for screening of postmenopausal women because it may be more difficult to collect sufficient cells for the pathologist to read without using vaginal estrogen. See number 6 above.
 - HPV is less common in older women so they are more likely to test negative.

Cons of HPV cotesting:

- Labels more women as having HPV, a sexually transmitted infection (STI).
- If Pap is negative but HPV test is positive, need repeat pelvic, Pap, and HPV test in one year instead of 5 years. If Pap or HPV are positive, the next step is colposcopy and possible treatment by biopsy.
- Increases number of colposcopies in premenopausal women. High risk HPV is found at a higher rate in premenopausal women and often resolves without treatment.
- Biopsy of the cervix increases the risk of adverse outcomes of pregnancy.
- Cotesting detects more HSIL (CIN 2) but not HSIL (CIN 3) than Pap alone. Two successive Pap tests without HPV testing have the same detection rate.
- Half of HSIL (CIN 2) will regress without treatment.