

Cervical Screening Guidelines

for Newfoundland and Labrador

Screening Recommendations

Screening Initiation - Age 20

All sexually active women should start screening at age 20 years. For women under 20 years of age, a sexual health visit with the health care provider is recommended. Women who have received the HPV vaccine should follow the same routine screening.

Routine Screening - Age 20 – 69 years
Screen annually until there are 3 consecutive negative Pap tests. Then extend interval to every three years.

These recommendations do not apply to women with previous abnormal Pap Tests.

Screening Cessation - Age 70 years

Screening **may** discontinue for women age 70 years or more, if there are 3 negative Pap tests within the last 10 years and no history of abnormal Pap tests. For women with little or no screening history, they should have three consecutive normal tests before stopping screening.

Annual Screening

Women with previous history of abnormal Pap tests > ASCUS. Women who are immune compromised, HIV positive, or have DES exposure in utero.

KEY

- ASCUS** - Atypical Squamous Cells of Undetermined Significance
- ASC-H** - Atypical Squamous Cells cannot exclude HSIL
- LSIL** - Low Grade Squamous Intraepithelial Lesion
- LSIL-H** - LSIL cannot exclude HSIL
- HSIL** - High Grade Squamous Intraepithelial Lesion
- AGC** - Atypical Glandular Cells
- AIS** - Adenocarcinoma in situ
- CIS** - Carcinoma in situ

To order Pap Supplies

709 777 7242
or online
www.publichealthlab.com

To order Colposcopy Referral or Colposcopy Report Forms

709 752 6708
or email
shelley.williams@easternhealth.ca

Clinical Management Recommendations

Diagnosis	Events
Negative	Routine screening – repeat Pap annually until 3 consecutive negative results, then extend interval to every 3 years
Unsatisfactory	Repeat Pap within 3 months
ASCUS < 30 yr or ≥ 30yrs with no HPV Status	Repeat Pap in 6 months
ASCUS ≥ 30 yrs HPV -ve	Treat as a negative result
ASCUS ≥ 30 yrs HPV +ve	Colposcopy within 6 months
ASC-H, LSIL-H, HSIL, CIS, AGC, AIS or Carcinoma	Colposcopy within 3 months
LSIL	If 1st LSIL following negative routine screening, repeat Pap in 6 months, all others go to colposcopy.
Endometrial Cells in a woman over 40 yrs	May be associated with benign endometrium, normal alterations, or endometrial / uterine abnormalities – manage as clinically indicated.

Subsequent Management

Diagnosis	Events
ASCUS ≥ 30 yrs HPV +ve, followed by a negative	Annual screening
ASCUS with no HPV result, followed by a negative	Routine screening

Any woman with a prior cytology diagnosis greater than ASCUS should be managed with annual screening.

Special Circumstances

Diagnosis	Events
Post Hysterectomy Screening	Cervix Intact / no abnormal history – routine screening Cervix Intact / abnormal history – annual screening No Cervix / no abnormal history – a vault sample may be recommended every 5 years as part of comprehensive reproductive health assessment.
Pregnant Women	The brush should not be used on women after first 10 weeks of pregnancy. Breakable spatulas are available when ordering supplies.

This guideline is not intended to define or serve as a standard of medical care. Standards of medical care are specific to all the facts or circumstances involved in an individual case and can be subject to change as scientific knowledge and technology advance and as practice patterns evolve.



A simple Pap test can save your life!

Cervical
Screening
Initiatives

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