

## **Pathway: Cervical Cancer Screening, Outpatient**

Updated: November 30, 2021

### **Clinical pathway summary**

**CLINICAL PATHWAY NAME:** Cervical Cancer Screening

**PATIENT POPULATION:** Individual with a cervix, of average risk aged 21-65 years old and high-risk population of all ages, within 1 year of sexual activity.

**APPLICABLE TO:** All Spectrum Health primary health and women's health sites

**BRIEF DESCRIPTION:** More than half of patients who develop cervical cancer have not been screened adequately. This pathway is aimed to improve cervical cancer screening rates, by providing evidence-based practice guideline recommendations for all patients with a cervix for cervical cancer screening by risk type and age.

**OVERSIGHT TEAM LEADER(S):** Dr. Erica Stevens, Dr. Chelly Backus & Emily Welker

**OWNING EXPERT IMPROVEMENT TEAM (EIT):** Cervical Cancer Screening EIT

**MANAGING CLINICAL PRACTICE COUNCIL (CPC):** Primary Health

**CPC APPROVAL DATE:** October 28, 2021

**OTHER TEAM(S) IMPACTED:** Women's Health CPC & Laboratory

**OPTIMIZED EPIC ELEMENTS:** Health Maintenance triggers aligned with evidence based-practice recommendations

**IMPLEMENTATION DATE:** December 2021

**LAST REVISED:** 11/30/2021

**FOR MORE INFORMATION, CONTACT:** Dr. Erica Stevens

# Screening recommendation: Average Risk

These recommendations apply to individuals with a cervix who do not have any signs or symptoms of cervical cancer, regardless of their sexual history or HPV status. These recommendations do not apply to individuals at high risk of the disease, such as those who have previously received a diagnosis of a high-grade precancerous lesion (CIN 2 or 3). These recommendations also do not apply to individuals within utero exposure to diethylstilbesterol or those who have a compromised immune system (eg, individuals with HIV).

Population	Recommendation
Aged less than 21 years	No screening
Aged 21-29 years	Cytology alone every 3 years
Aged 30-65 years	Any one of the following: <ul style="list-style-type: none"> <li>• Cytology alone every 3 years</li> <li>• <b>Primary hrHPV testing alone every 5 years - NEW</b></li> <li>• Co-testing (hrHPV testing and cytology) every 5 years</li> </ul>
Aged greater than 65 years	No screening after adequate negative* prior screening results
Patient with hysterectomy with removal of cervix	No screening in individuals who do not have a history of high-grade cervical precancerous lesions or cervical cancer

**\*Adequate negative prior screening test results are defined as:** Three consecutive negative cytology results, two consecutive negative co-testing results, or two consecutive hrHPV test results within 10 years before stopping screening, with the most recent test occurring within the recommended screening interval for the test used.

# Screening recommendation: High Risk

High-risk patient population, people with a cervix with the following conditions:

- HIV positive individuals
- HIV negative – immunocompromised individual due to:
  - Solid organ transplant
  - Allogeneic hematopoietic stem cell transplant
  - Systemic lupus erythematosus
  - Inflammatory Bowel disease requiring immunosuppressive treatments.
  - Rheumatologic Disease requiring immunosuppressive treatment.

High-Risk Population	Screening Frequency	Screening Type
Aged less than 21 to 30 years	Screen within 1-year of onset of sexual activity, otherwise begin screening <b>annually</b> at 21 years.  After 3 consecutive normal/negative tests, move to every 3 years.	Cytology alone
Aged greater than 30 years	Screen every 3 years, if normal/negative test.  <b>Continue screening throughout lifetime – do not end at 65.</b>	Co-testing preferred

# Clinical pathways clinical approach

## Rationale for screening

The benefits of cervical cancer screening in decreasing the mortality and incidence of cervical cancer need to be weighed against the risks of false-positive screening results and subsequent unnecessary procedures.

## Patient Education

“What to expect video”: EMMI29557, Emmi Cervical Cancer Screening can be sent to patient via MyChart. This will also start being sent to patients automatically once they turn 21, beginning January 2022.

## Charting

- Cervical Cancer Screening activity or “Pap Tracking” in storyboard, linked to Health Maintenance
  - When Cervical Cancer Screening activity is followed, Health Maintenance will be updated appropriately with concurrent pathway
- Health Maintenance triggers “cervical cancer screening” to be complete **only can be seen:**
  - While in chart, identified on pre-charting.
  - On the storyboard in “Cervical Cancer Screening” section

## Abnormal results

Refer to Women’s Health provider if abnormal screening results.

## Testing considerations:

Primary hrHPV testing is FDA approved for use starting at age 25 years, and ACOG, ASCCP and SGO advise that primary hrHPV testing every 5 years can be considered as an alternative to cytology only screening in average risk patients aged 25-29 years.

## References:

1. Updated Cervical Cancer Screening Guidelines, Practice Advisory, April 2021.  
<https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2021/04/updated-cervical-cancer-screening-guidelines>
2. Up to Date: [Screening for cervical cancer in resource-rich settings - UpToDate](#)
3. Moscicki et al. Journal of Lower Genital Tract Disease • Volume 23, Number 2, April 2019
4. Professional Organizations: ACOG, ASCCP, SGO, USTFPPF
5. HEIDIS guidelines