I. PURPOSE:
To define the standard of care for routine cervical cancer screening as required by Denver Health Medical Plan (DHMP) and Denver Health Medicaid Choice (DHMC).
DHMP/DHMC recognizes the importance of screening for cervical cancer. Screening allows for the identification of pre-cancer or cancer at an early stage, when successful treatment is most likely. Finding and treating cervical dysplasia early can help prevent most cervical cancers (USPSTF, August 2018).

II. POPULATION:
Routine screening will be completed for women with a cervix, regardless of sexual history, 21-65 years of age. Members who have had a total hysterectomy, with removal of the cervix, are exempt from screening if they have had no history of high-grade cervical dysplasia.
These routine screening guidelines do not apply to the following high-risk populations of women:
- Have a history of high grade cervical dysplasia or cervical cancer;
- In-utero exposure to diethylstilbestrol;
- Women who are immunocompromised (such as those who are human immunodeficiency virus (HIV) positive).

III. GUIDELINE:
A. Screening Tests and Interval per USPSTF:

<table>
<thead>
<tr>
<th>POPULATION</th>
<th>SCREENING RECOMMENDATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women &lt;21 years of age</td>
<td>Do not screen</td>
</tr>
<tr>
<td>Women 21-29 years</td>
<td>Screen with cytology (Pap smear) every 3 years</td>
</tr>
</tbody>
</table>
| Women ages 30-65 years | Any of the following:  
  - Cytology alone every 3 years  
  - FDA-approved primary hrHPV testing alone every 5 years  
  - Cotesting, including hrHPV testing and cytology, every 5 years |
| Women older than 65 years, or women without a cervix and no history of high grade cervical dysplasia (total hysterectomy) | Exclude from screening if two previous normal pap/HPV tests completed in the last 10 years. Continued screening recommended for high-risk women with previous high grade cervical dysplasia or cervical cancer and at provider discretion. |

NOTE: This guideline is designed to assist providers by providing an analytical framework for the evaluation and treatment of patients, and is not intended either to replace a clinicians judgment or to establish a protocol for all patients with a particular condition.
B. Timing of Screening:
   1. Screening earlier than 21 years, regardless of sexual history, is not recommended.
   2. Clinicians and patients should base the decision to end screening on whether the patient meets the
      criteria for adequate prior testing and appropriate follow-up, and high-risk conditions that may warrant
      ongoing cervical cancer screening (for example, HIV-positive status). (USPSTF. August 2018)

C. Risk Assessment:
   1. Human Papillomavirus (HPV) infection is associated with cervical cancer
   2. Other factors associated with increased risk of cervical cancer include: HIV infection; compromised
      immune system; in-utero exposure to diethylstilbestrol; tobacco use; and previous treatment of a high-
      grade cervical dysplasia or cervical cancer.

D. Grading of Cervical Dysplasia:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
<th>Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>LSIL</td>
<td>Low-grade squamous intraepithelial lesion, previously CIN 1, Cervical Intraepithelial Neoplasia</td>
<td>Mildly atypical changes in the lower 1/3 layer of the cervical epithelium</td>
</tr>
<tr>
<td>HSIL</td>
<td>High-Grade Squamous intraepithelial lesion, previously CIN 2 and CIN 3 as well as AIS, atypical glandular cells needs further testing and/or treatment</td>
<td>Moderately or severely atypical changes in the lower 2/3 or greater layers of the cervical epithelium AND positive for p16 immunostaining</td>
</tr>
</tbody>
</table>

E. Further Care:
   1. It is expected that patients with detected cervical dysplasia, cervical cancer, and other needs receive
      follow-up and are managed according to currently recommended standards of care. A central
      management team consisting of RNs, and OB/GYNs manages these patients with established guidelines.
   2. Close follow-up with colposcopy and cytology under certain circumstances is acceptable for women
      21-24 years of age, to avoid invasive procedures for individuals with CIN II-III/HSIL.

Attachments:
A. U.S. Preventive Services Task Force: Recommendations for Routine Cervical Cancer Screening
B. General_PAP_Algorithm_v1015a

NOTE:
This guideline is designed to assist providers by providing an analytical framework for the evaluation and treatment of patients, and is not intended
either to replace a clinicians judgment or to establish a protocol for all patients with a particular condition.
V. REFERENCES:

Signature: **Christine Seals Messersmith MD**  
Christine Seals Messersmith MD (Nov 10, 2022 10:57 MST)

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