DENVER HEALTH MEDICAL PLAN INC.™ DENVER HEALTH MEDICAID CHOICE

CLINICAL PRACTICE GUIDELINE

Guideline Number: DHMP_DHMC_PG1015 **Effective Date: 11/1/2022**

Guideline Subject: Routine Cervical Cancer Screening **Revision Date: 11/1/2023**

Pages: 1 of 3

Christine Seals Messersmith MD 11/1/2022

Quality Management Committee Chair **Date**

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:

POPULATION	SCREENING RECOMMENDATION
Women <21 years of age	Do not screen
Women 21-29 years	Screen with cytology (Pap smear) every 3 years
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.

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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:

LSIL: Low-grade squamous intraepithelial lesion, previously CIN 1, Cervical Intraepithelial Neoplasia	Mildly atypical changes in the lower 1/3 layer of the cervical epithelium	Low risk for progression to carcinoma; often resolves without treatment
HSIL: High-Grade Squamous intraepithelial lesion, previously CIN 2 and CIN 3 as well as AIS, atypical glandular cells needs further testing and/or treatment	Moderately or severely atypical changes in the lower 2/3 or greater layers of the cervical epithelium AND positive for p16 immunostaining	Higher-risk, requires additional testing and/or treatment

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.

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V. REFERENCES:

U.S. Preventive Services Task Force. *Final Recommendation Statement: Cervical Cancer: Screening.* August, 21 2018.. https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/cervical-cancer-screening2

American Cancer Society Journals. Cervical cancer screening for individuals at risk: 2020 guidelines update from the American Cancer Society. July 2020. https://acsjournals.onlinelibrary.wiley.com/doi/full/10.3322/caac.21628

National Committee for Quality Assurance (NCQA). HEDIS: Cervical Cancer Screening (CCS). https://www.ncqa.org/hedis/measures/cervical-cancer-screening/

American College of Obstetricians and Gynecologists. April, 2021. *Updated Cervical Cancer Screening Guidelines* https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2021/04/updated-cervical-cancer-screening-guidelines

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Cervical Cancer Screening Guideline_2022 - Needs signature

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