

CERVICAL CANCER SCREENING

I. DEFINITION:

According to Centers for Disease Control and Prevention cervical cancer is the easiest gynecologic cancer to prevent, with regular screening tests and follow-up. Two screening tests can help prevent cervical cancer or find it early:

- The Pap test (or Pap smear) looks for precancers, cell changes on the cervix that might become cervical cancer if they are not treated appropriately.
- The human papillomavirus (HPV) test looks for the virus that can cause cell changes. Currently only the high risk (HR) HPV test is recommended.

II. CERVICAL CANCER SCREENING DECISION TREE:

AGE	QUALIFYING TREATMENT	FREQUENCY AND TYPE OF TESTING
Less than 21 years		No cervical cancer screening
Age 21 to 29	With or without history of HPV vaccination	Pap test every 3 years No high risk (HR) HPV testing
Age 21 to 29	Pap result of ASC-US	Relex HR HPV testing
*Age 30-65	With or without history of HPV vaccination	Co-testing (Pap test and HR HPV test) every 5 years Or Pap test every 3 years
Over 65 years	With or without history of HPV vaccination	Discontinue screening if woman has had 3 or more normal Pap tests and no abnormal in prior 10 years. Continue screening until the criteria above has been met.
Regardless of age	Post LEEP (Loop Excision Electrical Procedure) or Post-Conization/Cone Biopsy or Laser procedures	a. Pap and HR HPV test at 12 and 24 months. If both normal, then repeat Pap and HR HPV 3 years later then return to routine screening b. If any test in the first 24 months is abnormal, refer to colposcopy
	Hysterectomy due to cervical dysplasia (CIN2 or more severe) or cancer	Screening for at least 20 years post hysterectomy regardless of age
	Hysterectomy, any reason, cervix still present	Follow age guidelines
	Hysterectomy, no cancer, no cervix	No further testing required

*Women who are unable to have children should be referred to the Take Charge! program 1.888.669.5934.

III. LABORATORY STUDIES:

- A. The Pap test involves the collection of cervical cells using a cytobrush and/or spatula that are then placed in a liquid-based medium (ThinPrep® vial), which is then sent to a laboratory for further processing. The laboratory will make a monolayer of the cervical cells on a glass slide, stain the cells, and examine the cells using a microscope.

- B. The HR HPV test looks for HPV types associated with the majority of cervical cancers; this includes 14 HR HPV genotypes, however, the presence of HR HPV alone does not mean the woman has cervical precancers or cancer. The HR HPV test will be performed on the specimen sample that remains after performing the Pap test. Whether the HR HPV test is performed or not, depends on the patient's age.
 - 1. Reflexive HR HPV test – for women ages 21 to 29 years old. The specimen will only be sent for HR HPV testing only when the cytology result is ASC-US (atypical squamous cells of undetermined significance). If the Pap is normal or some other diagnosis, the specimen will not be sent for HPV testing.
 - 2. Co-testing (Pap test and HR HPV test) – only for women 30 to 65 years old. After the Pap is performed, the specimen will always be sent for HR HPV testing.
- C. Family Planning cervical cancer screening tests (Pap test and HPV test) are performed in separate labs; expect two separate reports; one for the Pap test and another for the HR HPV test. The Pap test is processed at OU Cytology. The HR HPV test is processed at Oklahoma State Department of Health Laboratory. Please allow three weeks for processing both the Pap test and the HR HPV test.
- D. Collect a cervical specimen following the guidance in the Nursing Service Procedure Manual: ThinPrep® Pap Test™ Endocervical Brush/Spatula Protocol.
- E. Indicate on the lab requisition if the client has douched, had vaginal intercourse, or used vaginal medications or lubricants within the previous 48 hours.
 - 1. Advise client a repeat Pap and/or HR HPV test may be indicated because of insufficient cells.
 - 2. A client should not be discouraged from having a Pap test done because of one of the reasons listed above.

IV. MANAGEMENT PLAN:

- A. Visual inspection of the cervix, vagina and vulva (See *“Female Pelvic Exam”* located in *Nursing Service Procedure Manual 2.5*).
 - 1. Observe the shape, color, size, and texture of the surface of the cervix and os.
 - 2. Observe for lesions, polyps, cysts, friability, and/or presence of discharge.
 - 3. Collect specimens as appropriate.
 - 4. Patients with visible cervical lesions or masses should be referred for gynecologic care with a private provider. OU Women's Clinic or OU Dysplasia Clinic may also be resources for service. Client will be responsible for any charges. A specimen for Pap test and/or HR HPV test should also be collected.
- B. Documentation of Physical Findings:
 - 1. Describe location of findings in relation to a clock face (i.e., “Nabothian cyst at 2 o'clock”).
 - 2. Terms used to describe visible findings:
 - a. firmness – soft, firm, hard

- b. shape – round, irregular, pedunculated
- c. texture – smooth, rough
- d. discharge present – clear, yellow, green, white, milky, frothy, mucopurulent, bloody
- e. eversion – transition zone is visualized
- f. erosion – ulceration or breakdown of the normally smooth surface of the cervix
- g. friable – bleeds easily when touched by swab, scraper or brush
- h. polyp – pedunculated, soft, smooth, reddish piece of fleshy tissue usually protruding from the cervical os
- i. stenotic os – cervical os is scarred from previous medical procedures or due to menopause; transition zone is inside os making it difficult to obtain specimen
- j. Nabothian cyst – endocervical glands filled with secretions. Appear as hard, yellow, rounded lesion. Requires no treatment or referral.

C. Ordering Laboratory Tests

1. Complete the cervical cytology lab requisition in PHOCIS and select the appropriate box for HPV testing:
 - a. **Reflex HPV** - for women aged 21 to 29 years (HR HPV test will only be performed if Pap test indicates an AS-CUS result)
OR
 - b. **Co-testing** – only for women aged 30 years to 65 years

Note: If HR HPV testing is not indicated, do not select any of these boxes to order HR HPV testing.

D. Patient Education

1. Women should be counseled about risk factors for cervical cancer and the need for a routine Pap test and/or HR HPV testing.
2. Women should be given information about the procedure for collection of cervical cells.
3. Women should be informed about the optimal time within their menstrual cycle for obtaining a Pap test.
 - a. The optimal time is 10 to 17 days from start of last menstrual cycle.
 - b. Pap tests may be done during menses, although heavy bleeding may rarely obscure the cells.
 - c. Advise the woman a repeat Pap test may be indicated if cells are obscured by blood, but this is not a reason to delay cervical cancer screening.
 - d. Women should not be discouraged from receiving a Pap test and/or HR HPV testing simply because of timing.
4. Women should be instructed not to douche or use tampons, birth control foams, jellies or other vaginal creams or vaginal medicines for 48 hours before the test, but the provider should not delay screening.
5. Women should be educated that just because they have stopped having children doesn't mean they should stop having Pap tests.
6. Women should be provided with educational materials as appropriate for the situation. For Family Planning clients used approved resources.

E. Consultation/Referral

1. Pap test results and HR HPV test results may be received at different times since these tests are performed in separate labs. When HR HPV test results are expected (i.e., Co-testing was requested, or reflex HR HPV testing was requested and the Pap test result indicates ASC-US and the woman is 21 to 29 years old), the patient should not be notified of the test result of the Pap test until the HR HPV test result is also available; these test results should be evaluated together.
2. Follow American Society for Colposcopy and Cervical Pathology (ASCCP) Guidelines for interpretation of laboratory findings and further work-up of patient. Guidelines should never be a substitute for clinical judgement. Clinical judgement should always be used when applying a guideline to an individual patient since guidelines may not apply to all patient-related situations. Family Planning clients should be referred to APRN for situations outside the algorithms. Take Charge! clients should be referred to the Take Charge! Medical Advisory Board.
3. Women with abnormal Pap test results should be notified within an acceptable period of time. See Priority Response Tool.
4. Women with Pap test results of “suspect vaginal infections” should be referred for diagnosis and treatment. If the client was seen in Family Planning or Maternity Clinic, a wet prep and appropriate treatment may have already been provided as a service.

F. Specimen Handling

Refer to the *Nursing Procedure Manual* for instructions.

REFERENCES:

Massad, L. Stewart, et al., 2012 Updated Consensus Guidelines for the Management of Abnormal Cervical Cancer Screening Tests and Cancer Precursors. American Society for Colposcopy and Cervical Pathology Journal of Lower Genital Tract Disease, Volume 17, Number 5, 2013, S1-S27.

Saslow, Debbie et al, American Cancer Society, American Society for Colposcopy and Cervical Pathology, and American Society for Clinical Pathology Screening Guidelines for the Prevention and Early Detection of Cervical Cancer. American Society for Clinical Pathology 2012; 137:516-542.

Centers for Disease Control and Prevention, What Should I Know about Screening? Accessed at http://www.cdc.gov/cancer/cervical/basic_info/screening.htm on 5/13/2015.

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