Cervical Cytology Management – GYN 1

DEFINITION

Cervical precancerous abnormalities and occult small carcinomas that may lead to invasive cancer can be detected by Pap and HR-HPV screening. 4/2021 ACOG and ASCCP officially endorsed the USPSTF cervical cancer screening recommendations. The current guidelines recommend the following:

1. women less than age 21: no screening advised
2. women aged 21-29: cytology (Pap smear) alone every three years
3. women aged 25-29: cytology every three is preferred BUT can consider HR-HPV testing every 5 years as an alternative to cytology-only screening in average-risk patients
4. women aged 30-65 years, cytology only every 3 years OR FDA-approved primary HR-HPV testing alone every 5 years OR co-testing (HR-HPV and cytology) every 5 years
5. age >65, no screening advised after adequate negative prior screening defined as 3 consecutive negative cytology results OR 2 consecutive negative co-testing results OR 2 consecutive negative HR-HPV results within 10 years before stopping screening with the most recent test occurring within the recommended screening interval for the test used
6. hysterectomy with removal of the cervix: no screening if there is no history of high-grade cervical precancerous lesions or cervical cancer
7. ACOG also recommends that women who have been vaccinated against HPV should follow the same screening guidelines

These recommendations do not apply to high-risk individuals such as:

1. previous diagnosis of high-grade precancerous cervical lesion
2. in utero exposure to DES (prescribed between 1940 and 1971)
3. immunocompromised individuals (such as HIV positive persons)
4. The ASCCP released new recommendations for caring for patients with abnormal cervical cancer screening in 2019. ACOG endorsed these updated guidelines in October 2020. The guidelines follow a risk-based approach to determine the need for surveillance, colposcopy, or treatment. The previous guidelines were result-based algorithms. Prior screening history along with current results, are now used to guide follow-up decisions

Epithelial Cell Abnormalities:

1. Squamous cell abnormalities
   a. ASC-US; atypical squamous cells of undetermined significance
   b. ASC-H; atypical squamous cells- cannot exclude high-grade squamous intraepithelial lesion
   c. LSIL; low-grade squamous intraepithelial lesion
   d. HSIL; high-grade squamous intraepithelial lesion
   e. Squamous cell carcinoma
2. Glandular cell abnormalities
   a. Atypical specified as endocervical, endometrial, glandular, or not specified
   b. Atypical specified as endocervical or glandular cells favoring neoplastic disease
   c. Endocervical adenocarcinoma in situ
   d. Adenocarcinoma identified as endocervical, endometrial, extrauterine or not specified
3. Other- endometrial cells in women 45 years of age or older

SUBJECTIVE

May include:

1. Reported recent or past history of abnormal pap smear
2. History of diethylstilbestrol (DES) exposure in utero
3. Immunosuppressive disease or therapy
4. Drug, alcohol, and/or tobacco use
5. Sex with high-risk males, multiple partners, history of HPV or other STIs.
6. Vaginal discharge, odor, intermenstrual or postcoital bleeding (sometimes seen with cervical malignancy)
7. Weight loss, fatigue (late signs of cervical carcinoma)

Reported difficulty with compliance of follow-up measures/recommendations

OBJECTIVE

May include:
1. No clinical signs
2. Wet mount may indicate fungal, bacterial, or trichomonas infections
3. Cervical cultures may indicate chlamydia, gonorrhea, herpes, or other infections
4. Classic DES changes may be noted (cervical sulcus, collar)
5. External genitalia may exhibit erythema, discharge, or visible lesions (including warts, leukoplakia).
6. Speculum exam may reveal discharge, erythema of cervix and/or vagina, and visible lesions. (Including warts, leukoplakia). Cervical carcinoma may present as an ulceration, a raised friable lesion, necrosis, or it may appear as normal tissue
7. Bimanual exam may reveal a hard, enlarged, and fixed cervix (in late cervical carcinoma)

LABORATORY

Recent Pap smear and/or HR-HPV

ASSESSMENT

Abnormal cervical cytology report and/or positive HR-HPV test result

PLAN

Must include:
1. All Pap smear reports reviewed by an advanced practice nurse, physician assistant or physician

May include:
1. Repeat Pap smear or referral for colposcopy as indicated
2. Wet mount/STI testing and treatment as indicated
3. Utilization of Updated Cervical Cancer Screening Guidelines | ASCCP/ACOG
4. Utilization of current 2019 ASCCP Risk-Based Management Consensus Guidelines for Abnormal Cervical Cancer Screening Tests and Cancer Precursors (available online in a mobile app at asccp.org/mobile-app or for can be purchased for a minimal fee through the app store and installed on your mobile device)
5. Endometrial cell findings must be evaluated by endometrial biopsy in postmenopausal women or premenopausal woman with abnormal bleeding; refer as indicated.

CLIENT EDUCATION

May include:
1. Explain purpose, results, and plan for follow-up of abnormal pap smear
2. Discuss the possible premalignant nature of results and need for close and continuous follow-up
3. Discuss the concept that cervical cancer and its precursors are related to infection by a sexually transmitted agent (i.e., HPV, usually 99%, but not 100%)
4. Discuss the emotional aspects of findings on client's self-esteem, body image, and sexuality
5. Reassure and educate that behaviors which promote optimal wellness may enhance the immune system and aid with resolution (i.e., avoid nicotine products, antioxidant diet, folic acid, vitamins)
6. Review safe sex practices
7. RTC as appropriate per plan

CONSULT / REFER TO PHYSICIAN

1. As indicated by cytology and clinical findings
2. MD referral is mandatory for cytology or clinical findings which indicate malignancy
3. Counseling, as appropriate.

REFERENCES

1. Updated Guidelines for Management of Cervical Cancer Screening Abnormalities https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2020/10/updated-guidelines-for-management-of-cervical-cancer-screening-abnormalities
2. ACOG Cervical Cancer Screening Flowchart https://www.acog.org/-/media/project/acog/acogorg/womens-health/files/infographics/cervical-cancer-screening.pdf
3. ASCCP Management Guidelines 2019 https://www.asccp.org/enduring-guidelines/asccp-2019-risk-based-management
4. ASCCP Management Guidelines Mobile App http://www.asccp.org/mobile-app
5. New ACS Cervical Cancer Screening Guideline - National Cancer Institute https://www.cancer.gov/news-events/cancer-currents-blog/2020/cervical-cancer-screening-hpv-test-guideline