

Five Things Physicians and Patients Should Question

1

Don't perform vaginal cytology (Pap test) or HPV screening in women who had hysterectomy (with removal of the cervix) for reasons other than high-grade cervical dysplasia (CIN 2/3) or cancer.

Vaginal cancer after hysterectomy is very rare, less likely than breast cancer for men, for which screening is not recommended. Screening these women is more likely to discover benign changes that prompt invasive testing than to prevent cancer. Continued vaginal cytology (Pap testing) is recommended for women who had a hysterectomy for the indication of high-grade cervical dysplasia or cancer, as their risk of vaginal cancer remains elevated. Vaginal assessment may also be indicated in the presence of HPV-associated vulvar cancer.

2

Don't perform cervical cytology (Pap tests) or HPV screening in immunocompetent women under age 21.

Cervical cancer is rare in adolescents and screening does not appear to lower that risk. Screening adolescents for cervical cancer exposes them to the potential harms of tests, biopsies, and procedures, without proven benefit.

3

Don't order screening tests for low-risk HPV types.

There is no role for testing for low-risk HPV types for cervical cancer screening or patient follow-up for abnormal results. Identification of a low-risk HPV type does not change patient management or treatment. Low-risk HPV tests should not be performed.

4

Avoid treatment of CIN 1 in women under age 25.

Regardless of prior cytology, treatment of cervical intraepithelial neoplasia grade 1 (CIN 1) in women aged 21–24 years is not recommended. CIN 1 is the histologic manifestation of HPV infection, and like HPV infection in young women regression rates are high. It is uncommon for these lesions to progress.

5

Don't perform annual cervical cytology (Pap test) or annual HPV screening of immunocompetent women with a history of negative screening.

There is a slight increase in cancer risk by increasing the interval between screens. However, this risk is balanced with potential harm from more colposcopy as a result of spurious HPV infection that, in most women, will clear spontaneously and is unlikely to progress to any clinically relevant cervical disease. Based on modeling studies of 3- or 5-year intervals, the screening intervals should be greater than a year, but the current evidence does not support a longer screening interval than 3 years for cervical cytology with HPV triage or for primary HPV screening with cytology triage.

How This List Was Created

As a national medical specialty society with membership across multiple disciplines and differing healthcare providers, including doctors and advanced practice nurses, the ASCCP (The Society for Lower Genital Tract Disorders) relies on input from its committee structure and governance for document development. For the *Choosing Wisely*[®] campaign, the list was obtained through expert discussion of members of the Practice Committee. A literature search was conducted related to each item. The list was then ratified by the Society's Executive Committee and Chief Medical Officer. Due to the complexity of language around cervical cancer screening, several items use more than one term to describe the same concept (i.e., cervical cytology/Pap test, and high-grade cervical dysplasia/CIN 2/3). This was done intentionally to avoid confusion, and the statements include all terms thought to be important by members of the ASCCP. All comments from the Executive committee were incorporated into the final approved list.

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About the ABIM Foundation

The mission of the ABIM Foundation is to advance medical professionalism to improve the health care system. We achieve this by collaborating with physicians and physician leaders, medical trainees, health care delivery systems, payers, policymakers, consumer organizations and patients to foster a shared understanding of professionalism and how they can adopt the tenets of professionalism in practice.



To learn more about the ABIM Foundation, visit www.abimfoundation.org.

About the American Society for Colposcopy and Cervical Pathology

The American Society for Colposcopy and Cervical Pathology (ASCCP) was founded in 1964 as a non-profit specialty society and since then has been the primary source of postgraduate colposcopy training not only in the United States but globally.



While ASCCP's original purpose was educating and training clinicians to use colposcopy to evaluate and manage cervical neoplasia, for almost 25 years ASCCP's expanded goal has been to improve clinician competence, performance and patient outcomes through educational activities focused around the study, prevention, diagnosis, and management of lower genital tract disorders.

The ASCCP, the American Cancer Society, and the American Society for Clinical Pathology developed guidelines for the prevention and early detection of cervical cancer.

ASCCP worked with 23 other national organizations to develop clinical practice guidelines and algorithms for the Management of Women with Abnormal Cervical Cancer Screening Tests and Cancer Precursors.

For more information or to see other lists of Five Things Physicians and Patients Should Question, visit www.choosingwisely.org.