Choosing Wisely®

An initiative of the ABIM Foundation

ASCCP

Improving Lives Through the Prevention & Treatment of Anogenital & HPV-Related Diseases

Five Things Physicians and Patients Should Question

1 Don't perform vaginal cytology (Pap test) or HPV screening in patients who had hysterectomy (with removal of the cervix) and have no history of 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 surveillance is recommended for patients who had a hysterectomy and have a history of high-grade cervical dysplasia or cancer in the last 25 years, 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 patients under age 21 who have a normal immune system.

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 screening (Pap test, HPV screening or cotesting) on asymptomatic patients who have had adequate and normal screening results and have a normal immune system.

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.

These items are provided solely for informational purposes and are not intended as a substitute for consultation with a medical professional. Patients with any specific questions about the items on this list or their individual situation should consult their physician.

Released February 13, 2017; Updated October 3, 2019

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.

Sources

1

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. Saslow D, Solomon D, Lawson HW, Killackey M, Kulasingam SL, Cain J, Garcia FA, Moriarty AT, Waxman AG, Wilbur DC, Wentzensen N, Downs LS Jr, Spitzer M, Moscicki AB, Franco EL, Stoler MH, Schiffman M, Castle PE, Myers ER; American Cancer Society; American Society for Colposcopy and Cervical Pathology; American Society for Clinical Pathology.
Am J Clin Pathol. 2012 Apr;137(4):516-42.
CA Cancer J Clin. 2012 May-Jun;62(3):147-72.
J Low Genit Tract Dis. 2012 Jul;16(3):175-204.

ACOG Committee on Practice Bulletins – Gynecology. Cervical Cancer Screening and Prevention. Practice Bulletin #157. Obstet Gynecol 2016;127:e1–20

2

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. Saslow D, Solomon D, Lawson HW, Killackey M, Kulasingam SL, Cain J, Garcia FA, Moriarty AT, Waxman AG, Wilbur DC, Wentzensen N, Downs LS Jr, Spitzer M, Moscicki AB, Franco EL, Stoler MH, Schiffman M, Castle PE, Myers ER; American Cancer Society; American Society for Colposcopy and Cervical Pathology; American Society for Clinical Pathology.
Am J Clin Pathol. 2012 Apr;137(4):516-42.
CA Cancer J Clin. 2012 May-Jun;62(3):147-72.
J Low Genit Tract Dis. 2012 Jul;16(3):175-204.

http://seer.cancer.gov/statfacts/html/cervix.html

3

Lee JW, Berkowitz Z, Saraiya M. Low-risk human papillomavirus testing and other nonrecommended human papillomavirus testing practices among U.S. health care providers. Obstet Gynecol. 2011 Jul;118(1):4-13.

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. Saslow D, Solomon D, Lawson HW, Killackey M, Kulasingam SL, Cain J, Garcia FA, Moriarty AT, Waxman AG, Wilbur DC, Wentzensen N, Downs LS Jr, Spitzer M, Moscicki AB, Franco EL, Stoler MH, Schiffman M, Castle PE, Myers ER; American Cancer Society; American Society for Colposcopy and Cervical Pathology; American Society for Clinical Pathology.
Am J Clin Pathol. 2012 Apr;137(4):516-42.
CA Cancer J Clin. 2012 May-Jun;62(3):147-72.
J Low Genit Tract Dis. 2012 Jul;16(3):175-204.

Booth CN, Bashleben C, Filomena CA, Means MM, Wasserman PG, Souers RJ, Henry MR. Monitoring and ordering practices for human papillomavirus in cervical cytology: findings from the College of American Pathologists Gynecologic Cytopathology Quality Consensus Conference working group 5. Arch Pathol Lab Med. 2013 Feb;137(2):214-9.

College of American Pathologists Policy on HPV testing: http://www.cap.org/ShowProperty?nodePath=/UCMCon/Contribution%20Folders/WebContent/pdf/hpv-testing.pdf

4

Massad LS, Einstein MH, Huh WK, Katki HA, Kinney WK, et al. 2012 updated consensus guidelines for the management of abnormal cervical cancer screening tests and cancer precursors. Obstet Gynecol. 2013;121:829-46.

Moscicki AB, Shiboski S, Hills NK, Powell KJ, Jay N, Hanson EN, et al. Regression of low-grade squamous intraepithelial lesions in young women. Lancet. 2004;364:1678-83

Cox JT, Schiffman M, Solomon D. Prospective follow-up suggests similar risk of subsequent cervical intraepithelial neoplasia grade 2 or 3 among women with cervical intraepithelial neoplasia grade 1 or negative colposcopy and directed biopsy. Am J Obstet Gynecol. 2003;188:1406-12.

5

Stout NK, Goldhaber-Fiebert JD, Ortendahl JD, Goldie SJ. Trade-offs in cervical cancer prevention: balancing benefits and risks. Arch Intern Med. 2008; 168:1881–1889.

Kulasingam, S.; Havrilesky, L.; Ghebre, R.; Myers, E. Screening for Cervical Cancer: A DecisionAnalysis for the US Preventive Services Task Force. Rockville, MD: Agency for Healthcare Research and Quality; 2011. AHRQ Publication No.11-05157-EF

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. Saslow D, Solomon D, Lawson HW, Killackey M, Kulasingam SL, Cain J, Garcia FA, Moriarty AT, Waxman AG, Wilbur DC, Wentzensen N, Downs LS Jr, Spitzer M, Moscicki AB, Franco EL, Stoler MH, Schiffman M, Castle PE, Myers ER; American Cancer Society; American Society for Colposcopy and Cervical Pathology; American Society for Clinical Pathology.
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CA Cancer J Clin. 2012 May-Jun;62(3):147-72.
J Low Genit Tract Dis. 2012 Jul;16(3):175-204.

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 ASCCP

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 anogenital and HPV-related 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.