Screening and Management Guidelines of Pap Test and Newer Techniques

NEW CERVICAL CANCER SCREENING GUIDELINES
(AMERICAN CANCER SOCIETY)

- Cervical cancer screening should begin within 3 years after the beginning of vaginal intercourse, but no later than 21 years of age.
- Cervical cancer screening should be done annually with a conventional Pap technique or every 2 years with liquid-based preparations (LBP).
- Women 30 years or older who have had three consecutive negative Pap tests may undergo testing with the Digene DNAwithPap test. If both tests are negative the woman can be screened every 2–3 years. (Please see Chapter 9 for more details.)
- Women 70 years of age or older who have had three consecutive negative Pap tests results and no abnormal Paps in the last 10 years may choose to stop cervical cancer screening.
- Cervical cancer screening after hysterectomy: Continued screening is not necessary in women status post-hysterectomy for benign disease and negative Pap history. Women who had a subtotal hysterectomy should continue screening at least until age 70 years. Women who had a hysterectomy for cervical precancerous lesions or cancer should continue screening.

CONSENSUS GUIDELINES FOR MANAGEMENT OF WOMEN WITH ABNORMAL PAP TEST*

P16INK4A

p16 is a cyclin-dependent kinase inhibitor that decelerates the cell cycle by inactivating the CDKs that phosphorylates the Retinoblastoma protein. p16 overexpression has been demonstrated in cervical keratinocytes, in high-grade squamous intra-epithelial lesion (HSIL) and cervical carcinoma. The overexpression of p16 results from functional inactivation of Rb by human papillomavirus (HPV) E7 protein. Overexpression of p16 has been shown to correlate with HPV type 16 and 18 infections and can be detected in both squamous lesions and adenocarcinomas. Because of this, p16 is emerging as a useful biomarker for HPV-induced cervical

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Definitions of Terms Utilized in the Consensus Guidelines

**Colposcopy** is the examination of the cervix, vagina, and, in some instances the vulva, with the colposcope after the application of a 3-5% acetic acid solution coupled with obtaining colposcopically-directed biopsies of all lesions suspected of representing neoplasia.

**Endocervical sampling** includes obtaining a specimen for either histological evaluation using an endocervical curette or a cytobrush or for cytological evaluation using a cytobrush.

**Endocervical assessment** is the process of evaluating the endocervical canal for the presence of neoplasia using either a colposcope or endocervical sampling.

**Diagnostic excisional procedure** is the process of obtaining a specimen from the transformation zone and endocervical canal for histological evaluation and includes laser conization, cold-knife conization, loop electrosurgical excision (i.e., LEEP), and loop electrosurgical conization.

**Satisfactory colposcopy** indicates that the entire squamocolumnar junction and the margin of any visible lesion can be visualized with the colposcope.

**Endometrial sampling** includes obtaining a specimen for histological evaluation using an endometrial biopsy or a "dilatation and curettage" or hysteroscopy.

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### Management of Women with Atypical Squamous Cells of Undetermined Significance (ASC-US)

![Management of Women with Atypical Squamous Cells of Undetermined Significance (ASC-US)](image-url)