Key Highlights from the recommended guideline:

- Women who have had three normal annual pap smears may move to a three year screening interval
- Liquid-based cytology (LBC) is the preferred tool for cervical cytology screening

Scope: This guideline is intended for physicians who look after women who are, or have ever been, sexually active. *These recommendations do not apply to women who have had previous abnormal Pap tests*

When should I start screening, how often should I screen, and when do I stop screening my female patients for cervical cancer?

- Screen all women who are, or have ever been, sexually active for cervical cancer within three years of first vaginal sexual activity. (i.e. vaginal intercourse, vaginal/oral and/or vaginal/digital sexual activity). [Level of evidence: C-III]
- Screen annually until there are three consecutive negative Pap tests. [Level of evidence: C-III]
- After three annual negative Pap tests, move the screening interval to two or three years. [Level of evidence: B-II]
- Discontinue screening at 70 years of age if there is a history of three or four negative screens over the past 10 years. [Level of evidence: B-II]
- Screen women who have not been screened in over five years annually until there are three consecutive negative Pap tests. [Level of evidence: C-III]

What test should I use for cervical screening?

- Realize that liquid-based cytology (LBC) is the preferred tool for cervical cytology screening [Level of evidence: B-II], but conventional smear cytology remains an acceptable alternative. [Level of evidence: C-III]

What are screening recommendations for women with special situations?

- Screen HIV positive or immunocompromised women annually. [Level of evidence: C-III]
- Do not screen women who have undergone total hysterectomy for benign causes if their history is negative for cervical dysplasia or human papillomavirus. [Level of evidence: C-III]
- Continue to screen women who have undergone subtotal hysterectomy (with an intact cervix) according to the guidelines. [Level of evidence: Not stated]
- Screen pregnant women at the same frequency as women who are not pregnant. [Level of evidence: B-III]
- Screen women who have sex with women according to the same regimen as women who have sex with men. [Level of evidence: B-II]
What other screening issues should I be aware of?

- Do not repeat the Pap test earlier than three months following the original. [Level of evidence: Not stated]
- Do not use the Pap test as the sole assessment of a visible cervical lesion. Refer these patients for biopsy for accurate diagnosis. [Level of evidence: Not stated]

What should I know about organized cervical screening programs in other jurisdictions?

- Realize that organized screening programs (with recall systems) elsewhere are associated with a lower incidence and mortality of cervical cancer compared to spontaneous cervical screening. [Level of evidence: A-II]

Levels of Evidence

The levels of evidence used to grade the recommendations in this guideline are as follows:

<table>
<thead>
<tr>
<th>Quality of evidence</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Evidence from at least 1 randomized controlled trial</td>
</tr>
<tr>
<td>II</td>
<td>Evidence from at least 1 clinical trial without randomization, from cohort or case-controlled analytic studies, or from multiple time series studies or dramatic results from uncontrolled experiments</td>
</tr>
<tr>
<td>III</td>
<td>Evidence from opinions of respected authorities based on clinical experience, descriptive studies, or reports of expert committees</td>
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<table>
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<tr>
<th>Strength of recommendation</th>
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</thead>
<tbody>
<tr>
<td>A</td>
<td>Good evidence for efficacy and substantial clinical benefit support recommendation for use</td>
</tr>
<tr>
<td>B</td>
<td>Moderate evidence for efficacy or only limited clinical benefit support recommendation for use</td>
</tr>
<tr>
<td>C</td>
<td>Evidence for efficacy is insufficient to support a recommendation for or against use, but recommendations may be made on other grounds</td>
</tr>
<tr>
<td>D</td>
<td>Moderate evidence for lack of efficacy or for adverse outcome supports a recommendation against use</td>
</tr>
<tr>
<td>E</td>
<td>Good evidence for lack of efficacy or for adverse outcome supports a recommendation against use</td>
</tr>
</tbody>
</table>

The above recommendations were derived from the following GAC endorsed guideline:


Rating (out of 4): 💫

Endorsed Date: February, 2007

Planned Review Date: February, 2010

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