

# Alberta Cervical Cancer Screening Clinical Practice Guidelines

**A woman with a visibly abnormal cervix or abnormal bleeding should be referred appropriately, regardless of the Pap test findings.**

<p><b>Screening Initiation</b></p>	<p>Cervical cancer screening should begin at age 21 or approximately 3 years after first intimate sexual activity, whichever occurs later. (Intimate sexual activity includes intercourse as well as digital or oral sexual activity involving the genital area with a partner of either gender.)</p> <p>For women under 21, interactions with health care providers may still be necessary for STI screening and HPV vaccination.</p>
<p><b>Screening Interval</b></p>	<p>Within 5 years, screen with three negative Pap tests at least 12 months apart and then extend the screening interval to every 3 years.</p>
<p><b>Increased Surveillance</b></p>	<p>Some women require more vigilant surveillance because of increased risk or past cervical disease.</p> <p><b>Continue to screen the following women annually:</b></p> <ul style="list-style-type: none"> <li>• women who have ever had biopsy confirmed high-grade squamous intraepithelial lesions (HSIL), adenocarcinoma in situ (AIS), or invasive cervical cancer. (If the woman has had a hysterectomy for invasive cervical cancer, she should have a vault smear annually thereafter.)</li> <li>• women with immunosuppression who have ever been sexually active. This includes women with human immunodeficiency virus (HIV/AIDS), lymphoproliferative disorders, organ transplantation, and women taking long-term corticosteroids.</li> </ul>
<p><b>Discontinuing Screening</b></p>	<p>Women older than 69 years who have had at least three consecutive satisfactory and negative Pap tests at the recommended screening interval in the last 10 years can discontinue screening.</p> <p>For women older than 69 who have never been screened, screen with three annual Pap tests. If results are negative and satisfactory, discontinue screening.</p>

## Screening Women with Special Circumstances

- **Women who have had a hysterectomy with the cervix removed for BENIGN DISEASE** may discontinue screening as long as there is adequate pathological documentation that the cervix has been removed completely and there is no history of high-grade lesions.
- **Women who have undergone subtotal hysterectomy and retained their cervix** should continue with screening according to the guidelines.
- **Pregnant women** should be screened according to the guidelines, however care should be taken not to over-screen. Only conduct Pap tests during pre-natal and post-partum visits if the woman is otherwise due for screening.
  - If ASC-US or LSIL is detected during pregnancy, do not repeat the Pap test until 6 months post-partum. All other findings, especially more advanced lesions, should be managed according to the guidelines.
- **Women currently being assessed by a colposcopy clinic** should not undergo additional Pap testing until discharged from colposcopy.
- **Women who have received the HPV vaccine should continue with screening.** The HPV vaccine should be recommended to eligible unimmunized women according to NACI guidelines: <http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/07vol33/acs-02/index-eng.php>

Pap Test Result	Recommended Management
<b>Unsatisfactory</b>	Repeat Pap test in 3 months
<b>Atypical squamous cells of undetermined significance (ASC-US)</b>	<b>Women &lt; 21 years</b> <i>(Although routine cervical screening is NOT recommended)</i>
	Repeat Pap test every 12 months for 2 years (2 tests): <ul style="list-style-type: none"> <li>At 12 months: ONLY high-grade lesions should be referred for colposcopy</li> <li>At 24 months: Negative → return to routine screening ASC-US or greater → refer for colposcopy</li> </ul>
	<b>Women 21–29 years</b>
	Repeat Pap test every 6 months for 1 year (2 tests). These tests must be at least 6 months apart. <ul style="list-style-type: none"> <li>If both repeat results are negative → return to routine screening</li> <li>If either repeat result is ASC-US or greater → refer for colposcopy</li> </ul>
<b>Low-grade squamous intraepithelial lesion (LSIL)</b>	<b>Women &lt; 21 years</b> <i>(Although routine cervical screening is NOT recommended)</i>
	Repeat Pap test every 12 months for 2 years (2 tests): <ul style="list-style-type: none"> <li>At 12 months: ONLY high-grade lesions should be referred for colposcopy</li> <li>At 24 months: Negative → return to routine screening ASC-US or greater → refer for colposcopy</li> </ul>
	<b>Women 21–49 years</b>
	Repeat Pap test every 6 months for 1 year (2 tests). These tests must be at least 6 months apart. <ul style="list-style-type: none"> <li>If both repeat results are negative → return to routine screening</li> <li>If any either repeat is ASC-US or greater → refer for colposcopy</li> </ul>
<b>Atypical squamous cells – cannot exclude HSIL (ASC-H)</b>	<b>Women ≥ 30 years</b> <i>(The lab will automatically perform reflex HPV testing)</i>
	<ul style="list-style-type: none"> <li>HPV Negative* → return to routine screening as if cytology was negative</li> <li>HPV Positive → refer for colposcopy</li> <li>HPV Indeterminate → manage as per women 21–29 years</li> </ul>
	<b>Women ≥ 50 years</b> <i>(The lab will automatically perform reflex HPV testing)</i>
	<ul style="list-style-type: none"> <li>HPV Negative* → return to routine screening as if cytology was negative</li> <li>HPV Positive → refer for colposcopy</li> <li>HPV Indeterminate → manage as per women 21–49 years</li> </ul>
<b>Atypical squamous cells – cannot exclude HSIL (ASC-H)</b>	Refer for colposcopy
<b>High-grade squamous intraepithelial lesion (HSIL)</b>	Refer for colposcopy
<b>Atypical glandular cells (AGC), Adenocarcinoma in situ (AIS)</b>	Refer for colposcopy
<b>Squamous carcinoma, adenocarcinoma, other malignancy</b>	Refer to specialist care
<b>Women ≥ 40 years with cytologically benign endometrial cells should undergo endometrial sampling if:</b>	
<ul style="list-style-type: none"> <li>They have abnormal bleeding</li> <li>They are asymptomatic and post-menopausal</li> <li>(Also consider endometrial sampling if the woman is asymptomatic, pre-menopausal and at increased risk for endometrial cancer due to chronic estrogen stimulation.)</li> </ul>	

\*The risk of CIN3+ over 2 years is virtually the same for these women as for women with negative cytology in the absence of HPV testing.