

Pap Smear Guidelines: from the desk of Carol Coldren, M.D.

Cervical cancer is the second most common type of cancer found in women worldwide but one of the easiest cancers to prevent. Many patients with cervical cancer have no early symptoms. However, screening tests can be used for early detection of pre-cancerous cells years before cervical cancer can develop. There are currently two primary screening tests available. The pap smear screens for pre-cancerous and cancerous cellular changes. The Human Papilloma Virus (HPV) test is used to detect 19 "high risk" human papilloma viruses that can cause pre-cancer and cancer of the cervix and is used in conjunction with or as a follow-up to the pap smear. Before the availability of the HPV test, it was recommended that women get pap smears annually, beginning within three years of their first sexual activity. More recent guidelines have altered this recommendation dramatically, suggesting that tests should be done much less frequently regardless of sexual history.

In 2012, the American College of Ob/Gyn (ACOG), the United States Preventive Services Task Force and the American Cancer Society evaluated the most recent data to determine the best frequency of pap smear screening, the age to begin screening, the age to stop screening, and when testing for HPV should be included. ACOG now recommends routine pap smears without the HPV test every 3 years for women between the ages of 21 and 29, and routine pap smear testing with the HPV test every 5 years for women 30-65. Regular HPV screening for women under the age of 30 is not recommended because up to 90% of women exposed to the virus will eventually eliminate it without any intervention. The option of yearly pap smears without the HPV test is still acceptable for woman of all ages. However, most women over the age of 65 do not need to continue to have pap smears done. Pap smears are also not needed if a woman has had her cervix removed during hysterectomy (unless she has had cervical or uterine cancer within the prior several years).

The above recommendations are based on studies that show that less frequent testing produces the same reduction of cancer deaths as yearly testing, while reducing the frequency and potential harm of false positive tests. False positive tests lead to more invasive testing (colposcopy with biopsies) and sometimes unnecessary treatment. Treatments for cervical pre-cancer can increase the risk of some future pregnancy complications, including preterm rupture of membranes and preterm labor and delivery.

Women who have had a vaccine for HPV should continue having regular pap smears. Even though the vaccines decrease the risk of cervical cancer, they do not protect against all 19 high risk HPV types, and not everyone who gets the vaccine will develop adequate protection against the types included in the vaccine.

Some women will need more frequent pap smears than the age guidelines suggest. Those with a personal history of abnormal pap smears, prior treatment for pre-cancer of the cervix, exposure to diethylstilbestrol (DES) before birth, or a weakened immune system due to organ transplant, chemotherapy, chronic corticosteroid use or HIV infection will have their pap smear frequency individualized.

It's important to know that pap smears only screen for cervical cancer. They do not screen for ovarian, uterine, tubal, vaginal, or vulvar cancers. Keep in mind that any signs or symptoms that are unusual (for instance any bleeding with or after intercourse that is not due to menstruation) should be brought to your doctor's attention, even if regular pap smears have been normal.

This article is provided as informational and is not intended to be a substitute for individualized professional medical advice.