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PAP SMEARS and HPV TESTING

The guidelines were updated September 2012 by the American Society of Colposcopy and Cervical Pathology (ASCCP) and 24 partner societies, Federal agencies and international organizations.

THE AMERICAN COLLEGE OF OBSTETRICIANS and GYNECOLOGISTS (ACOG), has not yet fully endorsed these recommendations, but were involved in the development. WGCA providers are also reviewing all the information to take the best care possible of you.

These are consensus GUIDELINES. There is still a lack of information in many areas. WGCA will individualize the recommendations for each of our patients. We realize that many women are not comfortable changing to less frequent screening or stopping testing at any age, and we will continue to annual PAP smears if requested. There are women WE feel more comfortable doing annual PAP smears on, and we will continue. This includes doing “Papcytology” at times looking for other things than cervical cancer.

The changes are based on our new understanding that cervical cancer is usually caused by the human papillomavirus and is usually sexually transmitted. It grows slowly, giving us years to diagnose it and many of the early, pre-cancers will be cured by a woman’s own immune system and do not require treatment. We DON’T know how to predict which ones will go away. We don’t know how the HPV vaccine will affect statistics and future screening. We do know that women who smoke have a higher risk of HPV that does not go away.

These guidelines do NOT apply to DES exposed women, HIV positive women and those women who are immune suppressed (transplant patients, chemotherapy patients, etc.)

THE ANNUAL WELL WOMAN EXAM REMAINS VERY IMPORTANT FOR MANY REASONS, AND HAS NOT CHANGED AS THE STANDARD OF CARE.

Population:	ACS/ASCCP/ASCP:	Population:	ACS/ASCCP/ASCP:
Younger than 21 years	Women should not be screened regardless of the age of sexual initiation or other risk factors.	Older than 65 years	Women with evidence of adequate negative prior screenings and no history of CIN2+ within the last 20 years should not be screened. Screening should not be resumed for any reason, even if a woman reports having a new sexual partner
21-29 years	Screening with cytology alone every 3 years is recommended.	After hysterectomy	Women of any age following a hysterectomy with removal of the cervix who have no history of CIN2+ should not be screened for vaginal cancer. Evidence of adequate negative prior screening is not required. Screening should not be resumed for any reason, including if a woman reports having a new sexual partner.
30-65 years	Screening with cytology and HPV testing (“co-testing”) every 5 years (preferred) or cytology alone every 3 years (acceptable) is recommended.	HPV vaccinated	Recommended screening practices should not change on the basis of HPV vaccination status.