

Cervical Cancer Screening

WHAT IS IT?

Your ob-gyn or other health care professional takes a sample of cervical cells and sends them to a lab for testing:

- For a Pap test, the sample is tested to see if abnormal cells are present.
- For an HPV test, the sample is tested for infection with HPV types linked to cancer.

FOLLOW THESE GUIDELINES:

If you are younger than 21 years	You do not need screening.
If you are aged 21–29 years	Have a Pap test every 3 years.
If you are aged 30–65 years	Have a Pap test + an HPV test (co-testing) every 5 years (preferred) or a Pap test alone every 3 years.
If you are 65 years or older	You do not need screening if you have no history of cervical changes and either three negative Pap test results in a row or two negative co-test results in a row within the past 10 years, with the most recent test performed within the past 5 years.

REMEMBER!

- You still need to have screening if you have been vaccinated against HPV.
- You still need to have screening if you have had a hysterectomy and your cervix was not removed.

EXCEPTIONS TO THESE GUIDELINES:

If you were exposed to diethylstilbestrol before birth or have human immunodeficiency virus, a weakened immune system, or a history of cervical cancer	You may need more frequent screening.
If you have had a hysterectomy in which your cervix was removed and...	
• you have a history of cervical cancer or moderate to severe cervical changes	• Continue to have screening for 20 years after your surgery.
• you have no history of cervical cancer or cervical changes	• You do not need screening.

SEE YOUR OB-GYN ANNUALLY FOR A WELL-WOMAN EXAM.



Even if you are not due for cervical cancer screening, you should still see your ob-gyn each year for birth control counseling, vaccinations, health screenings, preconception care, and the latest information about your reproductive health.

PFS1009: Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

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