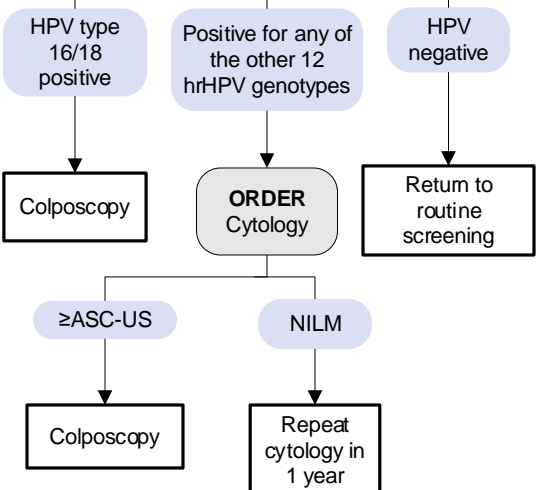


# Cervical Cancer Screening and Management Recommendations for Women 30 to 65 Years of Age

[Click here for topics associated with this algorithm](#)

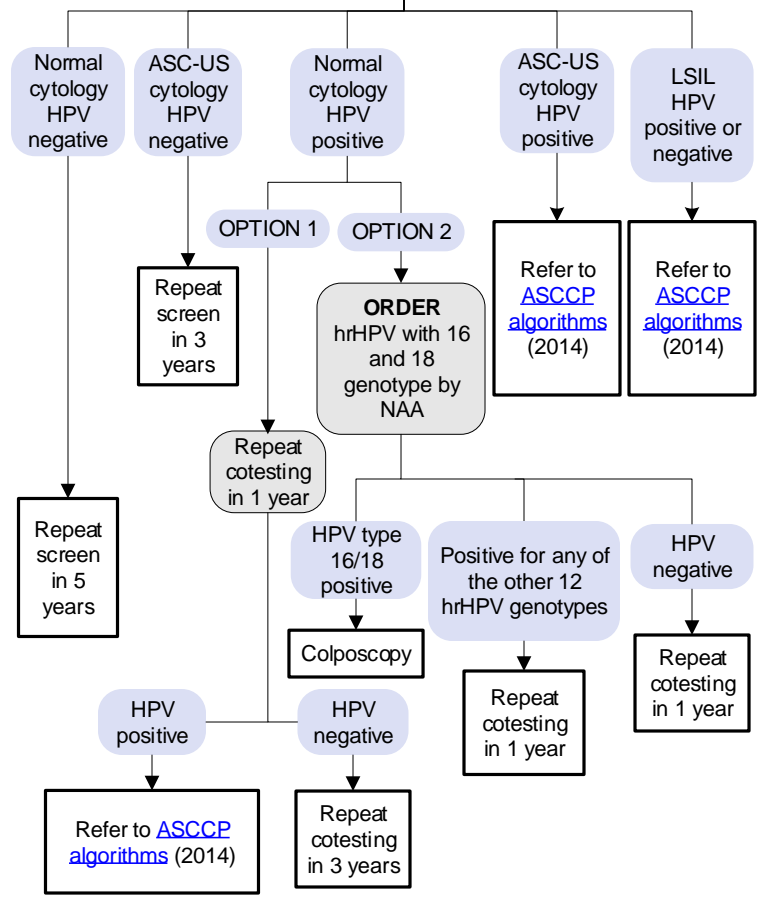
**OPTION 1: PRIMARY HPV TESTING FOR CERVICAL CANCER SCREENING**  
(Note: Client should retain aliquot for cytology testing in case of hrHPV positivity)

**ORDER**  
hrHPV with 16 and 18 genotype by NAA



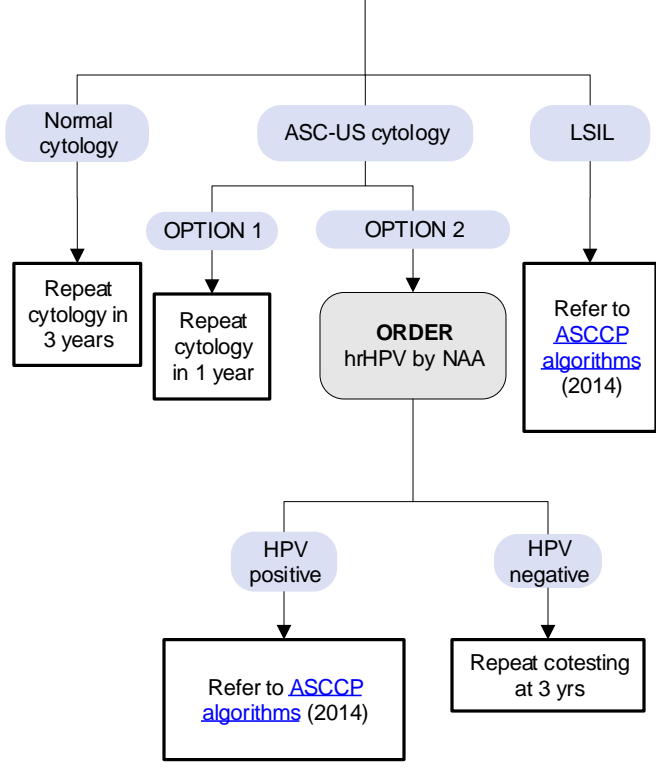
**OPTION 2: COTESTING**  
(combination of cytology and HPV testing)

**ORDER**  
Cytology and hrHPV by NAA (bundled cotest)  
OR  
hrHPV by NAA AND Cytology (separate tests ordered concurrently)



**OPTION 3: CYTOLOGY**

**ORDER**  
Cytology  
OR  
Cytology with reflex to hrHPV testing by NAA (if ASC-US cytology reported, test will reflex into hrHPV testing as shown in OPTION 2 below)



**Definitions**

- hrHPV – high-risk HPV
- ASC-US – atypical squamous cells of undetermined significance
- NILM – negative for intraepithelial lesion or malignancy
- LSIL – low-grade squamous intraepithelial lesion

**Notes**

- Posthysterectomy and no history of CIN2+ = no screening recommended

References:

- ASCCP algorithms
- Huh WK, Ault KA, Chelmow D, Davey DD, Goulart RA, Garcia FA, Kinney WK, Massad LS, Mayeaux EJ, Saslow D, Schiffman M, Wentzensen N, Lawson HW, Einstein MH. Use of primary high-risk human papillomavirus testing for cervical cancer screening: Interim clinical guidance. *Gynecol Oncol.* 2015; 136(2): 178-82. PubMed
- Massad S, Einstein MH, Huh WK, Katki HA, Kinney WK, Schiffman M, Solomon D, Wentzensen N, Lawson HW, 2012 ASCCP Consensus Guidelines Conference. 2012 updated consensus guidelines for the management of abnormal cervical cancer screening tests and cancer precursors. *Obstet Gynecol.* 2013; 121(4): 829-46. PubMed