Cervical Cancer Screening and Management Recommendations for Women >65 Years of Age

Prior screening was adequate and negative

- No further screening

History of ≥CIN2+

- Use screening based on schedule for women 30-65 years; screen for at least 20 years after CIN2+ test

Normal cytology

- HPV negative

ASC-US cytology

- HPV negative

Screen as per women 30-65 years until adequate screening definition fulfilled

- Recommend additional surveillance with repeat screening in 1 year

- Refer to ASCCP algorithms (2014)

- OPTION 1: COTESTING (preferred) (combination of cytology and HPV testing)

Normal cytology

- HPV positive

ASC-US cytology

- HPV positive

- ORDER

  - Cytology and hrHPV by TMA or PCR (bundled cotest)
  
  - hrHPV by TMA or PCR AND Cytology (separate tests ordered concurrently)

HPV type 16/18 positive

- Positve for any of the other 12 hrHPV genotypes

HPV type 16/18 negative

- Repeat testing in 3 years

- Colposcopy

Repeat cotesting in 1 year

- Colposcopy

Repeat cotesting in 1 year

- OPTION 2: CYTOLOGY

Normal cytology

- ASC-US cytology

- LSIL

Screen as per women 30-65 years until adequate screening definition fulfilled

- Refer to ASCCP algorithms (2014)

- OPTION 2: CYTOLOGY

- ORDER

  - Cytology

  - OR

  - hpHPV by TMA or PCR (if ASC-US cytology reported, test will reflex into hrHPV testing)

Prior screening was inadequate

- OPTION 1: COTESTING (preferred) (combination of cytology and HPV testing)

Normal cytology

- HPV positive or negative

ASC-US cytology

- HPV positive

- ORDER

  - hrHPV by TMA or PCR AND Cytology (separate tests ordered concurrently)

HPV positive

- Colposcopy

HPV negative

- Repeat cotesting in 1 year

- Refer to ASCCP algorithms (2014)

Definitions

- Adequate screening – 3 consecutive negative cytology results or 2 consecutive negative cotesting results within the last 10 years; most recent of either test must be within the past 5 years
- 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

- Post hysterectomy and no history of CIN2+ = no screening recommended

References:

- ASCCP algorithms

© 2006 ARUP Laboratories. All Rights Reserved. www.arupconsult.com