Cervical Cancer Screening Tests (Policy Number 09-01)

Policy Statement

The ASCP believes that Cervical Cancer Screening tests should be available to all patients at a reasonable cost, that testing should occur at regular scientifically and clinically validated intervals, and that efforts should be made to identify and recruit unscreened or poorly screened women into screening programs.

Background and Rationale

Historically the conventional Pap smear has been the standard test for cervical cancer screening. In recent years there have been many technological enhancements to the cytology based Pap test as well as the introduction of complementary screening and triage enhancements, most notably molecular tests for HPV. For the foreseeable future there will be an evolving system for cervical cancer screening. Regardless of the system or combination of tests, the public is urged to understand that for any screening test system, that no system is perfect and that there will always be a small but irreducible false-negative (error) rate, even in the best of laboratories.

A cervical cancer screening test should be performed at regular intervals as clinically indicated because:

1. The natural history of cancer of the cervix is sometimes unpredictable. In some women, cancer may develop at a more rapid rate and could be missed when screening tests are obtained on an infrequent basis. Early disease usually does not yield symptoms.
2. By definition, screening tests have a small but irreducible false-negative (error) rate, even in the best of laboratories. Regular repeat testing tends to minimize this source of error.
3. Adequate cervical samples should greatly increase the opportunity for detection of premalignant changes.
4. The time intervals between obtaining a cervical cancer screening test should be determined by a woman's health care provider and on the best available evidence based guidelines, because risk factors for cancer of the cervix vary among women and may change for a given individual with time.

To assure quality in performance and interpretation of cytology based and other screening tests: the tests should follow these guidelines:

1. All screening should be performed by appropriately qualified technologists and pathologists in a laboratory accredited by a recognized agency.
2. Workload limits should be set by the Medical Director and should be in accordance with the appropriate regulatory guidelines.
3. The medical director of the cytology lab should establish and administer quality control program utilizing standards recognized by national professional organizations.
4. Examination of all samples should occur on the premises of the laboratory, which should provide a work place conducive to high-quality preparation and examination of slides and other specimens.
5. Evolving technology and analytic methods should be implemented using evidence based practice.

References

1. ACS Updated Guidelines: http://www.cancer.org/docroot/PED/content/PED_2_3X_ACS_Cancer_Detection_Guidelines_36. asp?sitearea=PED
2. ACOG Practice Bulletin. Clinical Management Guidelines for Obstetrician-Gynecologists. Number 61, April 2005. Human papillomavirus. Obstet Gynecol 2005;105:905-18.
3. ACOG Practice Bulletin: clinical management guidelines for obstetrician-gynecologists. Number 45, August 2003. Cervical cytology screening (replaces committee opinion 152, March 1995). Obstet Gynecol 2003;102:417-27.
4. Stoler, MH, Castle, PE, Solomon, D, Schiffman, M. The expanded use of HPV testing in gynecologic practice per ASCCP- guided management requires the use of validated assays. AJCP 127(3) 335-337, 2007.
5. Wright TC, Jr., Massad LS, Dunton CJ, Spitzer M, Wilkinson EJ, Solomon D. 2006 consensus guidelines for the management of women with cervical intraepithelial neoplasia or adenocarcinoma in situ. Am J Obstet Gynecol 2007;197:340-5.
6. Wright TC, Jr., Massad LS, Dunton CJ, Spitzer M, Wilkinson EJ, Solomon D. 2006 consensus guidelines for the management of women with abnormal cervical cancer screening tests. Am J Obstet Gynecol 2007;197:346-55.