

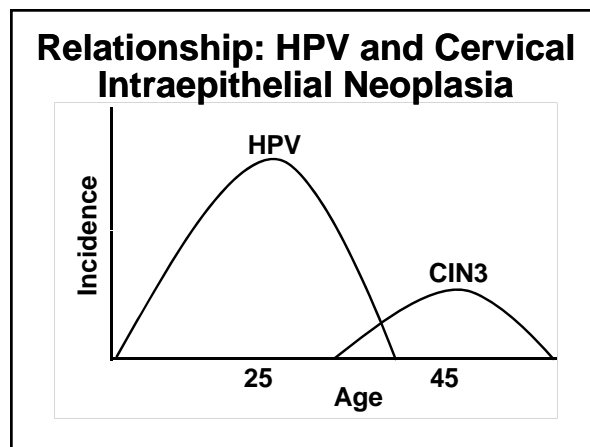
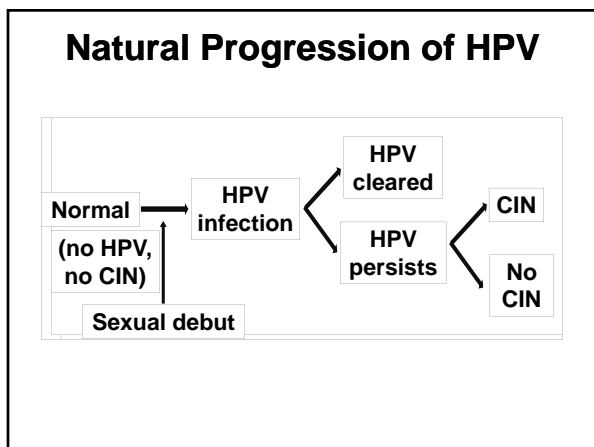
## New Cervical Cancer Screening Guidelines: The Rationale

**Satellite Conference and Live Webcast**  
**Tuesday, September 18, 2012**  
**2:00 - 4:00 p.m. Central Time**

Produced by the Alabama Department of Public Health  
 Video Communications and Distance Learning Division

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### Begin Screening at Age 21

- Gives time for HPV to clear
- Cervical cancer rare before age 21
  - Equivalent to breast cancer in men

### Screening Interval – 3 Years

- Gives time for HPV to clear
  - Persistent HPV the problem
- Fewer false positives
- Modeling shows no significant difference in cancer incidence

### Age 30 and Above: Co-testing

- HPV test and Pap test at 5 year interval (if both negative)
  - HPV has had time to clear
  - Therefore, fewer false positives
  - If both negative, risk extremely low

### Age 30 and Above: Co-testing

- Immediate re-infection would take years to become cancer
  - Even if HPV persisted

### Management of Co-testing

HPV negative, Pap positive	➔	Repeat one year
HPV positive, Pap negative	↘	Repeat one year
	↙	Type for HPV 16 / 18
HPV positive, Pap positive	➔	Colposcopy

### Termination of Screening

- Age 65
  - If 3 previous negative screens in past 10 years
  - No history of cancer or CIN and not immunosuppressed
  - Cervical cancer very rare if previous screens negative

### Termination of Screening

- Even with new partner, have already demonstrated adequate immune system

### After Total Hysterectomy

- No screening
  - If for benign indications
- Vaginal cancer very rare
  - Again equivalent to breast cancer in men

### Human Papilloma Virus Vaccine

- Types 6 / 11 / 16 / 18
- Must be given before HPV infection occurs
- Age 9 - 11
- Very, very safe
  - HPV capsid, no DNA

### Questions

- Is there any familial or genetic link with cervical cancer?
- If patient is high risk (CIN 2 or worse per colpo or LEEP) - do we pap forever?
  - 20 years?
  - Until age 65 if clear for 20 years?

### Questions

- What is the role of HPV in diagnosing adenocarcinoma?
  - Link to atypical glandular cells?

### Questions

- What is the latest thinking regarding the lack of endocervical component on Pap smear?
  - How does not getting a good sample of the transformation zone affect management?

### Questions

- Managing endometrial cells on Pap smear:
  - What is the role of LMP?
  - Age?
  - Bleeding pattern?

### Questions

- Are there any changes to pap screenings during pregnancy?
  - What about high risk patients (HIV positive, immuno-compromised, etc.)?

### Questions

- **Vaccination: where are we with preventative coverage?**
  - How will patients be screened down the road?
  - How to approach patients in getting the entire series
  - How to handle missed doses

### Questions

- **The future of cervical screening: will things aim toward HPV only testing?**
  - If HPV +, what is the thinking regarding the typing of result?
  - Thoughts on overall impact of these new guidelines

### Pap Case Studies #1

- **35 year old woman presents for a Pap test**
  - History of cervical intraepithelial neoplasia (CIN 3 per biopsy with LEEP treatment) in her 20s
  - Last 2 Pap tests and HPV tests were negative
  - What do you offer her?

### Pap Case Studies #2

- **20 year old patient in for annual exam and contraception**
  - Pap smear history includes ASCUS, followed by LSIL over the past two years
  - Mentions post coital bleeding
  - Pap obtained with ASCUS result
  - What management do we offer?

### Pap Case Studies #3

- **A 60 year old woman presents for her annual exam**
  - Reports a hysterectomy for cervical cancer at 48
  - Without evidence of disease since then and wonders if she needs annual screening and HPV testing
  - How do you manage this post hysterectomy patient?

### Pap Case Studies #4

- **39 year old presents indicating she was diagnosed with CIN 3 per LEEP at age 19**
  - Has two negative pap results on file since the LEEP but has not had a pap in 11 years

### **Pap Case Studies #4**

– If we perform a pap with HPV and both are negative, will this suffice since 20 years has gone by?

OR

– Do we continue paps every year with a reflex HPV if ACSUS?

### **Pap Case Studies #5**

- 30 year old with history of:
  - LSIL in 2006
  - ASCUS/HPV+ in 2009
  - Negative Pap with HPV + result in 2012
- What is the correct management of this patient with persistent HPV?

### **Pap Case Studies #6**

- 19 year old with history of:
  - March 2011 – ASCUS/HPV+
  - April 2011 – Colpo results indicate no dysplasia identified
    - Unsatisfactory colposcopy
  - September 2011 – Pap results indicate LGSIL
    - Changes compatible with HPV

### **Pap Case Studies #6**

- May 2012 – Pap results indicate LGSIL: mild dysplasia
  - Cannot exclude a more severe lesion
- What is the management for this young patient?