

## U.S. Preventive Services Task Force

# Cervical Cancer - Screening

Release Date: January 2003

[Summary of Recommendations](#) / [Supporting Documents](#)

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### Summary of Recommendations

- **The USPSTF strongly recommends screening for cervical cancer in women who have been sexually active and have a cervix.**

Rating: [A recommendation](#).

*Rationale:* The USPSTF found good evidence from multiple observational studies that screening with cervical cytology (Pap smears) reduces incidence of and mortality from cervical cancer. Direct evidence to determine the optimal starting and stopping age and interval for screening is limited. Indirect evidence suggests most of the benefit can be obtained by beginning screening within 3 years of onset of sexual activity or age 21 (whichever comes first) and screening at least every 3 years ([go to Clinical Considerations](#)). The USPSTF concludes that the benefits of screening substantially outweigh potential harms.

- **The USPSTF recommends against routinely screening women older than age 65 for cervical cancer if they have had adequate recent screening with normal Pap smears and are not otherwise at high risk for cervical cancer ([go to Clinical Considerations](#)).**

Rating: [D recommendation](#).

*Rationale:* The USPSTF found limited evidence to determine the benefits of continued screening in women older than 65. The yield of screening is low in previously screened women older than 65 due to the declining incidence of high-grade cervical lesions after middle age. There is fair evidence that screening women older than 65 is associated with an increased risk for potential harms, including false-positive results and invasive procedures. The USPSTF concludes that the potential harms of screening are likely to exceed benefits among older women who have had normal results previously and who are not otherwise at high risk for cervical cancer.

- **The USPSTF recommends against routine Pap smear screening in women who have had a total hysterectomy for benign disease.**

Rating: [D recommendation](#).

*Rationale:* The USPSTF found fair evidence that the yield of cytologic screening is very low in women after hysterectomy and poor evidence that screening to detect vaginal cancer improves health outcomes. The USPSTF concludes that potential harms of continued screening after hysterectomy are likely to exceed benefits.

- **The USPSTF concludes that the evidence is insufficient to recommend for or against the routine use of new technologies to screen for cervical cancer.**

Rating: [I recommendation](#).

*Rationale:* The USPSTF found poor evidence to determine whether new technologies, such as liquid-based cytology, computerized rescreening, and algorithm based screening, are more effective than conventional Pap smear screening in reducing incidence of or mortality from invasive cervical cancer. Evidence to determine both sensitivity and specificity of new screening technologies is limited. As a result, the USPSTF concludes that it cannot determine whether the potential benefits of new screening devices relative to conventional Pap tests are sufficient to justify a possible increase in potential harms or costs.

- **The USPSTF concludes that the evidence is insufficient to recommend for or against the routine use of *human papillomavirus* (HPV) testing as a primary screening test for cervical cancer.**

**Rating:** [I recommendation](#).

*Rationale:* The USPSTF found poor evidence to determine the benefits and potential harms of HPV screening as an adjunct or alternative to regular Pap smear screening. Trials are underway that should soon clarify the role of HPV testing in cervical cancer screening.

[Top of Page](#)    **Reference:** <http://www.ahrq.gov/clinic/uspstf/uspscerv.htm>

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## Supporting Documents

Screening for Cervical Cancer, January 2003

- ▶ [Recommendations and Rationale](#) (PDF file, 89 KB)
- ▶ Systematic Evidence Review ([File Download](#), 307 KB)
- ▶ [What's New](#) (PDF file, 7 KB)

Electronic Archive:

[Guide to Clinical Preventive Services, 2nd Edition](#)  
[Screening for Cervical Cancer, 1996](#)

[Top of Page](#)

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 [Cancer Control PLANET Home](#)

[USPSTF Topic Index](#)

[USPSTF Clinical Categories](#)

[U.S. Preventive Services Task Force](#)