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Cervical Cancer Screening Guidelines

Reviewed and approved by CHAC Clinical Committee on August 8, 2018

Cervical Cancer Screening

Description: The percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria:

• Women age 21–64 who had cervical cytology performed every 3 years.
• Women age 30–64 who had cervical cytology/ HPV co-testing every 5 years.

Numerator:
Documentation of one or more of the following cancer screenings and date(s)
Women with one or more screenings for cervical cancer. Appropriate screenings are defined by any one of the following criteria:

Cervical cytology performed during the measurement period or the two years prior to the measurement period for women who are at least 21 years old at the time of the test
Cervical cytology/human papillomavirus (HPV) co-testing performed during the measurement period or the four years prior to the measurement period for women who are at least 30 years old at the time of the test

Denominator:
Ages 23-64 with a visit in the measurement period

Denominator Exclusions:
Women who had a hysterectomy with no residual cervix
Patients who were in hospice care during the measurement year

Measure Source: eCQI Resource Center, CMS (Aligns with CY 2018 UDS requirements)
https://ecqi.healthit.gov/ecqm/measures/cms124v6

Health care providers play a critical role in raising awareness of cervical cancer and increasing screening among women and HPV vaccination among boys and girls.

What is the problem and what is known about it so far?

Cancer is the leading cause of death in Vermont. Annually, approximately 16 Vermont woman are diagnosed with cervical cancer and 5 die from cervical cancer.[i] Cervical cancer is one of the most preventable types of cancer. Screening can prevent most cases by finding changes in cells in the cervix early, before they become cancerous, so the abnormal cells can be removed. Additionally, abnormal Paps and cervical dysplasia are common stressful health experiences often requiring follow-up appointments, biopsies, discomfort, and possibly co-pays. These experiences could be significantly reduced through HPV vaccination. HPV vaccination gives the body immunity to the human papilloma virus, which causes most cervical cancers. Vermont's cervical cancer screening rate (3 year Pap) is 86%.[i] Vermont's HPV vaccination rate for boys and girls combined is 55.7%.[ii] Cervical cancer tends to occur in midlife and is most frequently diagnosed in women between the ages of 35 and 44. Cervical cancer was once one of the most common causes of cancer death for American women. The cervical cancer death rate dropped

Developed by Kristen Bigelow-Talbert, Lynn Basilio, and Justin Pentenrieder for Community Health Accountable Care, LLC (2017)

significantly with the increased use of the Pap test. However, the mortality rate has not changed much over the last 15 years. In the United States, Hispanic women are most likely to get cervical cancer, followed by African-Americans, Asians and Pacific Islanders, and whites.

Who should be screened?

In 2012, the US Preventative Services Task Force updated its recommendation statement for cervical cancer screening.

Summary of Recommendations and Evidence[iv]

Population	Recommendation
Women 21 to 65 (Pap Smear) or 30-65 (in combo with HPV testing)	The USPSTF recommends screening for cervical cancer in women age 21 to 65 years with cytology (Pap smear) every 3 years or, for women age 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years. See the Clinical Considerations for discussion of cytology method, HPV testing, and screening interval.
Women younger than 30 years, HPV testing	The **USPSTF recommends against** screening for cervical cancer with HPV testing, alone or in combination with cytology, in women younger than age 30 years.
Women younger than 21	The **USPSTF recommends against** screening for cervical cancer in women younger than age 21 years.
Women Older than 65, who have had adequate prior screening	The **USPSTF recommends against** screening for cervical cancer in women older than age 65 years who have had adequate prior screening and are not otherwise at high risk for cervical cancer. See the Clinical Considerations for discussion of adequacy of prior screening and risk factors.
Women who have had a hysterectomy	The **USPSTF recommends against** screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and who do not have a history of a high-grade precancerous lesion (cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer.

The American Cancer Society recommends the following guidelines for early detection in women at average risk:

Screening Recommendations

1) Cervical cancer screening should begin at age 21 years. Women younger than age 21 years should not be tested with either the Pap test or the HPV test.
2) Women between the ages of 21 and 29 years should have a Pap test every 3 years. HPV testing should not be used in this age group unless it is needed after an abnormal Pap test.
3) Women between the ages of 30 and 65 years should have a Pap test plus an HPV test (called "co-testing") every 5 years. This is preferred, but it is also okay to continue to have Pap tests alone every 3 years.
4) Women older than 65 years who have had regular Pap tests that were normal should not be screened for cervical cancer. Once screening is stopped, it should not be started again unless

specific conditions or risk factors are present (such as having DES exposure in utero, or women who are immunocompromised). Women who have had high grade cervical precancerous lesions should be tested for at least 20 years after that diagnosis, even if screening continues past age 65 years.

5) A woman who has had a hysterectomy (with removal of the cervix) for reasons not related to cervical cancer and who has not had cervical cancer or serious precancer should not be screened.
6) A woman who has been vaccinated against HPV should still follow the screening recommendations for her age group.

Recommendations for Provider Teams:

There are several approaches that provider teams can utilize to increase the screening rate for cervical cancer. The following recommendations are a sample of evidence-based approaches:

- Patient Reminder Systems
  - Use written materials to send notifications to patients when they will be due for a service (proactive reminders) or when they are overdue for a service (reactive reminders). Evidence-based language can be obtained from the Make it Your Own resource (http://www.miyoworks.org).
  - Create workflows and/or checklists to ensure that patients are up to date on their screenings. The daily morning huddle is a great opportunity to catch patients who are due for cervical cancer screening and/or an HPV vaccination.
- Provider Assessment and Feedback
  - Use data to evaluate provider performance for cervical cancer screening and HPV screenings. Share this data with providers. (If there seem to be discrepancies in the data, make sure the screening and vaccination information is being entered into the EMR in structured fields that the report is pulling from.)
  - Share provider performance with the clinical team, and use benchmarks and internal goals to measure performance.
- Provider Reminder and Recall Systems
  - This may be alerts in the system, part of pre-visit planning, or another technique that works well within the practice to remind providers to speak with their patients about cervical cancer screening.
- Panel Management
  - Use data available to you (usually within your EMR and some external sources) to run reports on patients due or overdue for services. Use this data to determine if the approaches used to increase screening are working in your practice.
- Management of Abnormal Results
  - Refer to the "American Cancer Society, American Society for Colposcopy and Cervical Pathology, and American Society for Clinical Pathology screening guidelines for the prevention and early detection of cervical cancer" for surveillance strategies and options based on a woman's age, screening history, other risk factors, and the choice of screening tests. Additionally, algorithms are available for quick reference.
  - A link to the full article: https://onlinelibrary.wiley.com/doi/full/10.3322/caac.21139#sec1-1
  - A link to the Consensus Guidelines for Managing Abnormal Cervical Cancer Screens and CIN/AIS: http://www.asccp.org/asccp-guidelines

Strategies for Increasing Screening among Women Who Have Experienced Trauma

Research has shown that women who have experienced trauma and/or sexual abuse have a substantially lower rate of cervical cancer screenings.[v, vi] There has not been extensive study on the best approaches to use for this population, so evidence based strategies are limited. However, key points include that victims of sexual abuse have a very difficult time disclosing their abuse history,[vi] and that the PAP exam may result in re-traumatization. One study showed that open communication, allowing more time with the patient, and shared control and supports have been identified by women who have a history of abuse as helpful strategies to employ.[vi] Additional research is warranted in this area. The National Institutes of Health has some additional guidance, which can be found in the Resources section. The PTSD Checklist for DSM-5 and/or the ACES female questionnaire may be helpful to identify this population. Links to both of these tools are located in the Resources section.

Community and Population Health Strategies

In addition to the interventions employed within the clinic, there are several strategies that can be used within the community to increase cervical cancer screening. The Vermont Department of Health recommends several approaches, including:[vii]

- Printed materials, social media, and or videos that provide information or motivational messaging regarding screening
- Delivering information or motivational messaging to a group
- Media campaigns for parents to explain the benefits of HPV vaccination
- Free HPV vaccination clinics

For additional information on evidence-based interventions, please visit the CDC Community Guide, found here: https://www.thecommunityguide.org/sites/default/files/assets/OnePager-CancerScreening-Multicomponent-CervicalCancer.pdf

Resources:

Risk Factors and Other Epidemiologic Considerations for Cervical Cancer Screening: A Narrative Review for the U.S. Preventive Services Task Force
Other Supporting Document for Cervical Cancer: Screening
https://www.uspreventiveservicestaskforce.org/Page/Document/risk-factors-and-other-epidemiologic-considerations-for-cervical-cancer-screening-a-narrative-review-for-the-us-preventive-services-task-force/cervical-cancer-screening

Nearly One-in-Five Women with Cervical Cancer are Diagnosed After Age 65
This article highlights new research that was presented at the Society of Gynecologic Oncology (SGO) Annual Meeting on Women's Cancer, on March 2018. The research shows that cervical cancer screening after the age of 65 may still be beneficial.
Furlow, Bryant. Cancer Network. March 28, 2018.
http://www.cancernetwork.com/sgo/nearly-one-five-women-cervical-cancer-are-diagnosed-after-age-65

Strategy for Responding to Prenatal Disclosure of Remote History of Sexual Abuse or Assault
This appendix includes guidelines on how to respond to women who have a history of trauma.
White, A. American College of Obstetricians and Gynecologists. May 28, 2014.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4046271/bin/NIHMS580950-supplement-Appendix.pdf

Providing Trauma-Informed Care
This article outlines the rationale behind including trauma-informed care in your practice, how you can identify possible trauma history, and how to approach care for patients with a history of trauma.
Ravi, A. et. al.; Curbside Consultation. American Academy of Family Physicians. May 15, 2017. Vol. 95, N10
https://www.integration.samhsa.gov/clinical-practice/Trauma_Informed_Care_in_PC_Settings_Curbside_Consultation_VL.pdf

PTSD Checklist for DSM-5
This 20-question screening tool can help identify individuals who have experienced trauma.
National Center for PTSD. August, 2013.
https://www.ptsd.va.gov/professional/assessment/documents/PCL-5_Standard.pdf

ACES Questionnaire for Women
A comprehensive screening tool designed for women to assess for Adverse Childhood Experiences.
Centers for Disease Control.
https://www.cdc.gov/violenceprevention/acestudy/pdf/fhhflorna.pdf

References

[i] Age Adjusted Cancer Mortality Rates, 2010-2014, Vermont Department of Health, 2017.
[ii] Vermont Behavioral Risk Factor Surveillance Survey. 2016
[iii] National Immunization Survey-Teen (NIS-Teen), United States, 2015-2016
[iv] Screening for Cervical Cancer: U.S. Preventive Services Task Force Recommendation Statement Virginia A. Moyer, MD, MPH, on behalf of the U.S. Preventive Services Task Force* **Annals of Internal Medicine880** 19 June 2012 Annals of Internal Medicine Volume 156 • Number 12 https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/cervical-cancer-screening
[v] *A History of Interpersonal Trauma and the Gynecological Exam. Kelly Ackerson,* Qualitative Health Research*. Vol 22, Issue 5, pp. 679 – 688. First Published November 7, 2011. https://doi.org/10.1177/1049732311424730*
[vi] Cadman, Louise et al. "Barriers to Cervical Screening in Women Who Have Experienced Sexual Abuse: An Exploratory Study." *The Journal of Family Planning and Reproductive Health Care* 38.4 (2012): 214–220. *PMC*. Web. 2 May 2018.
[vii] Improving Population Health Outcomes Prevention Change Packages. Vermont Department of Health. September 2017. http://www.healthvermont.gov/sites/default/files/documents/pdf/ADM_Prevention_Change_Packet%20_Combined.pdf