A Chalkboard Approach to Updates in Cervical Cancer Screening

Announcer:
This episode of “Latest Updates in HPV Testing” titled, A Chalkboard Approach to Updates in Cervical Cancer Screening, is provided in partnership with Omnia Education and supported by an independent educational grant from Roche Diagnostics.

Here’s your faculty is Dr. EJ Mayeaux.

Dr. Mayeaux:
On August 21st, 2018, the U.S. Preventive Services Task Force released a final recommendation statement on cervical cancer screening.

These guidelines state that women between the ages of 21 and 29 should be screened every 3 years with cervical cytology alone.

For women 30 to 65 years old, there are three options: screen every 3 years with cervical cytology alone, screen every 5 years with high-risk HPV testing alone, or screen every 5 years with high-risk HPV testing in combination with cytology, known as co-testing.

The guidelines also clarify that screening is not recommended for women younger than 21 or older than
65 who have had adequate prior screening.

These recommendations apply to women who have a cervix, regardless of sexual history or HPV vaccination status, but not to those who have been diagnosed with a high-grade precancerous cervical lesion or cervical cancer.

The task force also recommends against cervical cancer screening in women who have had a hysterectomy with removal of the cervix and who don’t have a history of a high-grade precancerous lesion, such as CIN 2 or CIN 3. Additionally, screening in women who have had cervical cancer is not recommended.

And while the USPSTF makes recommendations about the effectiveness of specific preventive care services, it does not consider the costs associated with providing these services.

In addition, there are other specific recommendations for various population groups which physicians should be aware of, so to learn more, please visit the USPSTF website where you’ll find the complete list of recommendations.

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