

Screening guidelines



Cervical cancer screening guidelines

	ACOG ¹ (endorses the USPSTF cervical cancer screening guidelines)	USPSTF ²	ASCCP ³ (endorses the USPSTF cervical cancer screening guidelines)	ACS ⁴
Women younger than 21	No screening	No screening (Grade D)	No screening	No screening
Women ages 21-29	GRADE A: • Pap alone every 3 years	GRADE A: • Pap alone every 3 years	GRADE A: • Pap alone every 3 years	• No screening in ages 21-24
Women ages 30-65	GRADE A: • Pap alone every 3 years • Co-testing with Pap + HPV together every 5 years • HPV primary every 5 years	GRADE A: • Pap alone every 3 years • Co-testing (Pap + HPV) every 5 years • HPV primary every 5 years	GRADE A: • Pap alone every 3 years • Co-testing (Pap + HPV) together every 5 years • HPV primary every 5 years	The following is for women 25 to 65 years of age • HPV primary every 5 years ALTERNATIVE OPTIONS IF HPV PRIMARY NOT AVAILABLE: • Pap alone every 3 years • Co-testing (Pap + HPV) every 5 years
Women older than 65	Screening should be discontinued if patient has had adequate negative prior screening results and no history of CIN 2+. Recommend continuing age-based screening for ≥20 years in those patients with a history of CIN 2, CIN 3, or adenocarcinoma <i>in situ</i> . <i>Adequate negative prior screening results</i> is defined as 3 consecutive negative Paps or 2 consecutive negative co-tests within the past 10 years, with the most recent test occurring within the past 5 years.			
Women after hysterectomy with removal of the cervix and with no history of high-grade precancer or cervical cancer	Do not screen (Grade D)	Do not screen. Applies to women without a cervix and without a history of CIN2 or a more severe diagnosis in the past 20 years or cervical cancer ever	Do not screen. Applies to women without a cervix and without a history of CIN2, CIN3, adenocarcinoma <i>in situ</i> , or cancer in the past 20 years	Those who have had their cervix removed, such as from a hysterectomy, don't need screening as long as the surgery was done for reasons not related to cervical cancer or serious pre-cancer
Women who have been vaccinated with the HPV vaccine	Recommends women who have been vaccinated should continue to be screened	Follow age-specific recommendations (same as unvaccinated women)	Follow age-specific recommendations (same as unvaccinated women)	Follow age-specific recommendations (same as unvaccinated women)

The above table may not be inclusive of every cervical cancer screening option in these guidelines, including Pap with Reflex to HPV scenarios. Clinicians should refer to health plan policy algorithms for coverage instructions on allowable screening and management of abnormal options and related coverage.

ACS, American Cancer Society; ACOG, American College of Obstetricians and Gynecologists; ASCCP, American Society for Colposcopy and Cervical Pathology; CIN, cervical intraepithelial neoplasia; HPV, human papilloma virus; Pap, Papanicolaou test, gynecologic cytology; USPSTF, US Preventive Services Task Force.

CDC Screening Guidelines for Chlamydia, Gonorrhea and Trichomoniasis⁵

	Chlamydia	Gonorrhea	Trichomoniasis
Women	<ul style="list-style-type: none"> Sexually active women under 25 years of age Sexually active women aged 25 years and older if at increased risk (those who have a new sex partner, more than one sex partner, a sex partner with concurrent partners, or a sex partner who has an STI) Retest approximately 3 months after treatment Rectal chlamydial testing can be considered in females based on reported sexual behaviors and exposure, through shared clinical decision between the patient and the provider 	<ul style="list-style-type: none"> Sexually active women under 25 years of age Sexually active women age 25 years and older if at increased risk (those with other STIs during pregnancy, those who have a new sex partner, more than one sex partner, a sex partner with concurrent partners, or a sex partner who has an STI or is exchanging sex for money or drugs) Retest 3 months after treatment Pharyngeal and rectal gonorrhea screening can be considered in females based on reported sexual behaviors and exposure, through shared clinical decision between the patient and the provider 	<ul style="list-style-type: none"> Consider screening for women receiving care in high-prevalence settings (eg, STI clinics and correctional facilities) and for asymptomatic women at high risk for infection (eg, women with multiple sex partners, transactional sex, drug misuse, or a history of STI or incarceration)
Pregnant women	<ul style="list-style-type: none"> All pregnant women under 25 years of age Pregnant women, aged 25 and older if at increased risk (those who have a new sex partner, more than one sex partner, a sex partner with concurrent partners, or a sex partner who has an STI) Retest during the 3rd trimester for women under 25 years of age or at risk Pregnant women with chlamydial infection should have a test-of-cure 4 weeks after treatment and be retested within 3 months 	<ul style="list-style-type: none"> All pregnant women under 25 years of age and older pregnant people if at increased risk Retest during the 3rd trimester for women under 25 years of age or at risk Pregnant women with gonorrhea should be retested within 3 months 	<ul style="list-style-type: none"> No specific guidelines
Men	<ul style="list-style-type: none"> There is insufficient evidence for screening among heterosexual men who are at low risk for infection, however screening young men can be considered in high-prevalence clinical settings (adolescent clinics, correctional facilities, STI/sexual health clinic) 	<ul style="list-style-type: none"> There is insufficient evidence for screening among heterosexual men who are at low risk for infection 	<ul style="list-style-type: none"> No specific guidelines
Men who have sex with men (MSM)	<ul style="list-style-type: none"> At least annually for sexually active MSM at sites of contact (urethra, rectum) regardless of condom use Every 3 to 6 months if at increased risk 	<ul style="list-style-type: none"> At least annually for sexually active MSM at sites of contact (urethra, rectum, pharynx) regardless of condom use Every 3 to 6 months if at increased risk 	<ul style="list-style-type: none"> No specific guidelines
Transgender and gender-diverse persons	<ul style="list-style-type: none"> Screening recommendations should be adapted based on anatomy, ie annual, routine screening for Chlamydia in cisgender women <25 years old should be extended to all transgender men and gender-diverse people with a cervix. If over 25 years old, persons with a cervix should be screened if at increased risk Consider screening at the rectal site based on reported sexual behaviors and exposure 	<ul style="list-style-type: none"> Screening recommendations should be adapted based on anatomy, ie annual, routine screening for gonorrhea in cisgender women <25 years old should be extended to all transgender men and gender-diverse people with a cervix. If over 25 years old, screen if at increased risk Consider screening at the pharyngeal and rectal site based on reported sexual behaviors and exposure 	<ul style="list-style-type: none"> No specific guidelines
Persons with HIV	<ul style="list-style-type: none"> For sexually active individuals, screen at first HIV evaluation, and at least annually thereafter More frequent screening might be appropriate depending on individual risk behaviors and the local epidemiology 	<ul style="list-style-type: none"> For sexually active individuals, screen at first HIV evaluation, and at least annually thereafter More frequent screening might be appropriate depending on individual risk behaviors and the local epidemiology 	<ul style="list-style-type: none"> Recommended for sexually active women at entry to care and at least annually thereafter



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References

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