

Recommendations for Pap Smear Screening and Interpretation of Pap Smear Results

Significant changes have been made in the expert guidelines regarding Pap smear screening and management of abnormal Pap smear results. At a recent meeting, the Regional Medical Consultants reviewed these new guidelines in the context of the Job Corps setting. These changes and responses by Job Corps are described below.

In 2002, the American Cancer Society published its revised recommendations for Pap smear screening.¹ The U.S. Preventive Services Task Force has adopted very similar recommendations,² and the American College of Obstetrics and Gynecology is in the process of revising their recommendations as well. These new guidelines suggest that adolescents need not receive their first Pap smear until three years after the onset of sexual activity. At the latest, it is recommended that Pap smear screenings begin at age 21. Additionally, the recommended intervals between Pap smear screenings have been widened, depending upon the type of technology used.

These recommendations clearly do not imply that sexually active adolescents do not need routine gynecologic care during the first three years after sexual debut. This is in fact the time when the incidence of sexually transmitted infections (STI) is highest. Therefore, pelvic examinations, including STI testing, will continue to be required at admission to Job Corps and recommended annually for all sexually active females students.

It will also remain the policy of Job Corps (as per the Policy and Requirements Handbook) to include a Pap smear as part of the initial pelvic examination and recommended annually thereafter. Most Job Corps students are, by definition, from an “at-risk” population that has higher rates of sexual activity than the general population. It is likely that most adolescent female students have been sexually active for some time prior to their arrival in Job Corps. It is also reasonable to assume that they may not be comfortable in providing an accurate sexual history during their first interactions with the Health and Wellness staff. Therefore, it will continue to be a part of the required entrance examination for all female students [PRH-6: 6.10, R1(c)]. Thereafter, until newer technologies are available on centers, Pap smear screens will be continue to be recommended annually. As always, a center physician can defer or waive the requirement for a pelvic examination if he or she feels such an examination is not medically indicated.

Center physicians should also be aware of changes in the recognized guidelines for the management of abnormal Pap smear results. In 2002, the American Society for Colposcopy and Cervical Pathology (ASCCP) published their revised recommendations for management of cervical cytological abnormalities.^{3,4} These guidelines are evidence-based and should be considered the “gold standard” for Pap smear management.

Of note is a less aggressive approach to the management of atypical squamous cells of undetermined significance (ASCUS) and of low-grade squamous intraepithelial lesions (LGSIL) in adolescents. Pap smears can merely be repeated in four to six months for those adolescents with finding of ASCUS. A repeat Pap smear that also shows ASCUS or a higher grade of abnormality is an indication for colposcopy. A repeat Pap smear that is negative should be performed again in four to six months. If the third Pap smear shows ASCUS or a more significant abnormality, the patient should proceed to colposcopy. If the third Pap smear is normal, the patient can return to routine screening.

For the adolescent with LGSIL, a repeat Pap smear can be done in six months. If the repeat Pap smear shows ASCUS or a higher grade of abnormality, the patient should proceed to colposcopy. If the repeat Pap smear is negative, a Pap smear should be performed again in six months. If the third Pap smear shows ASCUS or a more significant abnormality, the patient should proceed to colposcopy. If the third Pap smear is normal, the patient can return to routine screening.

These algorithms for the management of lesser abnormalities will likely reduce center costs (both in time and money) involved in the follow-up of cervical pathology. The algorithms can be found and printed from the ASCCP website.

Finally, center physicians should be aware that the Bethesda system for describing cervical cytology was revised in 2001. Attached is a copy of the new terminology.^{5,6}

Attachment

References:

1. Saslow, D. et al., 2002. American Cancer Society Guideline for the Early Detection of Cervical Neoplasia and Cancer. *CA: A Cancer Journal for Clinicians* 52:342-362.

This article can be found on the internet at:

<http://CAOnline.AmCancerSoc.org/cgi/content/full/52/6/342>

2. U.S. Preventive Services Task Force Recommendations and Rationale: Screening for Cervical Cancer website

This article can be found on the internet at:

<http://www.ahrq.gov/clinic/3rduspstf/cervcan/cervcanrr.htm>

3. American Society for Colposcopy and Cervical Pathology website

Algorithms for management of women with cytological abnormalities can be found at:

<http://www.asccp.org/pdfs/consensus/algorithms.pdf>

4. Wright, T.C. et al., 2002. 2001 Consensus Guidelines for the Management of Women With Cervical Cytological Abnormalities. *JAMA* 287(16):2120-2129.

This article can be found on the internet at:

<http://jama.ama-assn.org/cgi/content/full/287/16/2120>

5. Solomon, D. et al. 2002. The 2001 Bethesda System: Terminology for Reporting Results of Cervical Cytology. *JAMA* 287(16):2114-2119.

This article can be found on the internet at:

<http://jama.ama-assn.org/cgi/content/full/287/16/2114>

6. National Cancer Institute Bethesda System 2001 website
<http://bethesda2001.cancer.gov/>

BETHESDA SYSTEM 2001

SPECIMEN TYPE: *Indicate conventional smear (Pap smear) vs. liquid-based vs. other*

SPECIMEN ADEQUACY

- Satisfactory for evaluation (*describe presence or absence of endocervical/transformation zone component and any other quality indicators, e.g., partially obscuring blood, inflammation, etc*)
 - Unsatisfactory for evaluation ... (*specify reason*)
 - Specimen rejected/not processed (*specify reason*)
 - Specimen processed and examined, but unsatisfactory for evaluation of epithelial abnormality because of (*specify reason*)

GENERAL CATEGORIZATION (*optional*)

- Negative for Intraepithelial Lesion or Malignancy
- Epithelial Cell Abnormality: See Interpretation/Result (*specify 'squamous' or 'glandular' as appropriate*)
- Other: See Interpretation/Result (*e.g. endometrial cells in a woman > 40 years of age*)

AUTOMATED REVIEW

If case examined by automated device, specify device and result.

ANCILLARY TESTING

Provide a brief description of the test methods and report the result so that it is easily understood by the clinician.

INTERPRETATION/RESULT

NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY (*when there is no cellular evidence of neoplasia, state this in the General Categorization above and/or in the Interpretation/Result section of the report, whether or not there are organisms or other non-neoplastic findings*)

ORGANISMS:

- *Trichomonas vaginalis*
- Fungal organisms morphologically consistent with *Candida* spp
- Shift in flora suggestive of bacterial vaginosis
- Bacteria morphologically consistent with *Actinomyces* spp.
- Cellular changes consistent with Herpes simplex virus

OTHER NON-NEOPLASTIC FINDINGS (*Optional to report; list not inclusive*):

- Reactive cellular changes associated with
 - inflammation (includes typical repair)
 - radiation
 - intrauterine contraceptive device (IUD)
- Glandular cells status post hysterectomy
- Atrophy

OTHER

- Endometrial cells (*in a woman > 40 years of age*)
(*Specify if 'negative for squamous intraepithelial lesion'*)

EPITHELIAL CELL ABNORMALITIES

SQUAMOUS CELL

- Atypical squamous cells
 - of undetermined significance (ASC-US)
 - cannot exclude HSIL (ASC-H)
- Low grade squamous intraepithelial lesion (LSIL)
encompassing: HPV/mild dysplasia/CIN 1
- High grade squamous intraepithelial lesion (HSIL)
encompassing: moderate and severe dysplasia, CIS/CIN 2 and CIN 3
 - with features suspicious for invasion (*if invasion is suspected*)
- Squamous cell carcinoma

GLANDULAR CELL

- Atypical
 - endocervical cells (NOS or *specify in comments*)
 - endometrial cells (NOS or *specify in comments*)
 - glandular cells (NOS or *specify in comments*)
- Atypical
 - endocervical cells, favor neoplastic
 - glandular cells, favor neoplastic
- Endocervical adenocarcinoma *in situ*
- Adenocarcinoma
 - endocervical
 - endometrial
 - extrauterine
 - not otherwise specified (NOS)

OTHER MALIGNANT NEOPLASMS: (*specify*)

EDUCATIONAL NOTES AND SUGGESTIONS (*optional*)

Suggestions should be concise and consistent with clinical follow-up guidelines published by professional organizations (references to relevant publications may be included).