

Cervical Cancer Screening – A Guide for Physicians

Cervical cancer is preventable and curable when detected early through screening.¹

Cervical Cancer Facts













Most cervical cancers are caused by human papilloma virus (HPV) - the most common sexually transmitted infection in the U.S. Any sexually active person can acquire the virus, even if they are active with only one person.^{2,3}

Screening for cervical cancer should begin at age 21. Women between the ages of 21 and 65 should be screened via Pap every three years.³ Women between the ages of 30 and 65 who wish to lengthen the time between tests can be screened every five years with a combination of Pap and HPV testing.³

The Community Preventive Services Task Force (CPSTF)⁴ has identified effective screening strategies for cervical cancer screening.

Organizations Supporting Cervical Cancer Screening Beginning at age 21

- U.S. Preventive Services Task Force
- American Cancer Society
- American Society for Colposcopy and Cervical Pathology
- American Society for Clinical Pathology
- American College of Obstetrics and Gynecology

| INTERVENTION STRATEGY | Cervical Cancer |
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| Patient reminders - Strong evidence supports sending patient reminders (e-email, phone message, letter, or postcard) to increase screening rates. Additional benefit when patient reminders are combined with other intervention strategies. |  |
| Patient incentives – There is insufficient to support this strategy. |  |
| Small media - Brochures, letters, newsletters, and videos can educate/motivate people to get screened and immunized. Materials can be distributed through community settings or healthcare systems. |  |
| Mass media - There is insufficient to support this strategy. |  |
| Group education - There is insufficient to support this strategy. |  |
| One-on-one education - Education by a physician/healthcare professional can help patients and parents overcome barriers to screening or immunization for cervical cancer. |  |
| Provider assessment & feedback – Evidence shows assessment and feedback increase screening |  |
| Provider incentives - There is insufficient to support this strategy. |  |
| Provider reminder & recall systems - Adding a note to the patient’s medical record can prompt the physician/staff talk to the patient about immunization and screening for cervical cancer. |  |
| Promoting informed decision making for cancer screening - There is insufficient to support this strategy. |  |
|  Recommended: There is strong or sufficient evidence that the intervention strategy is effective based on the number of studies, study design and implementation, and the consistency and strength of the results.  Insufficient Evidence: There is not enough evidence to determine whether the intervention strategy is effective. This does not mean the intervention strategy does not work, just that there is not enough research available or the results are too inconsistent to make a firm conclusion. | |

1. National Cancer Institute. *Incidency and mortality*. A snapshot of cervical cancer 2014; www.cancer.gov/research/progress/snapshots/cervical;
 2. CDC. *Genital HPV infection - Fact sheet*. Human Papillomavirus (HPV) 2015; www.cdc.gov/std/hpv/stdfact-hpv.htm; 3. Markowitz, L.E., et al., *Human Papillomavirus Vaccination*, MMWR, 2014. 63(5): p. 1-30; 4. CPSTF. *Provider-Oriented Interventions to Increase Breast, Cervical, and Colorectal Cancer Screening*. Cancer Prevention and Control 2013; www.thecommunityguide.org/cancer/screening/provider-oriented/index.html.