



Cervical Cancer Screening Best Practices

< 21 years – No screening for average risk*

21-29 years – Cytology alone every 3 years. No HPV testing for average risk*

30-65 years – HPV and Cytology cotesting every 5 years preferred*

Cytology alone every 3 years acceptable

Greater than 65 years – No screening if adequate negative prior screening

Women with hx of CIN2 or greater continue screening for
at least 20 years

Post Hysterectomy – No screening unless patient has a cervix or a hx of CIN2 or
more severe in the past 20 years or cervical cancer ever.

*Certain risk factors may require more frequent screening: HIV, immunosuppressed, DES exposure in utero, or women treated for CIN-1, CIN-2, CIN-3, or cervical cancer

Source: US Preventive Services Task Force; *Cervical Cancer: Screening*, March 2012