PAP Smear/HPV Referral Guideline
Washington State Clinical Laboratory Advisory Council (CLAC)

Originaly published: March 200; Reviewed/Revised July 2011; July 2013; Jan 2016

These recommendations do not apply to women who have received a diagnosis of high grade precancerous cervical lesion or cervical cancer, women with in-utero exposure to diethylstilbestrol, or women who are immunocompromised such as those who are HIV positive.

- Pap Smear Screening begins at age 21 regardless of when sexual activity starts. Adolescents/young women 20 and below are not recommended to have a Pap test or HPV testing. Pap screening may end at age 65 if the Pap history is unremarkable and the patient is low risk.
- Screening recommended every 3 years for women 21-29. Women 30-65 and older who have had 3 consecutive negative Pap test and who have no history of CIN2 or 3, etc. OR low risk women 30 and above may go every 3 years if Pap only; or 5 years if cotesting. Risk factors that should be considered are HPV infection, STD's, HIV, smoking, new sexual partners, previous SIL or immunosuppression.
- When "absent/insufficient endocervical/transformation zone cells" is reported in a negative Pap smear in ages 21-29, follow routine screening. For ages 30 or greater, perform HPV. If HPV negative, do routine screening. If HPV positive, do Pap + HPV in 1 year or genotype, then manage per ASCCP guidelines.
- After hysterectomy for benign causes, women need not undergo routine Pap smears unless symptomatic, history of "SIL," or has associated risk factors as above.
- HPV testing (high risk types) is the preferred method for triage of ASCUS results using liquid cytology for ages 25-65. If 21-24 years, repeat Pap in 12 months.
- Screening practice should not change on the basis of HPV vaccination.
- Primary HPV testing can be considered for women starting at age 25 (2015 ASCP and SGO interim guideline.)

<table>
<thead>
<tr>
<th>Female 30 years or older</th>
<th>Female 21-24 years with ASCUS or LSIL (refer to chart on back page)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HPV Positive / Pap Smear Negative</td>
<td></td>
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<tr>
<td>HPV Genotype 16/18</td>
<td></td>
</tr>
<tr>
<td>Neg</td>
<td>Pos</td>
</tr>
<tr>
<td>Repeat Pap/HPV in 1 year</td>
<td>Repeat cotesting at 1 year</td>
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<tr>
<td>Colposcopy</td>
<td>Colposcopy</td>
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</tbody>
</table>

ASCUS (Atypical Squamous Cells of Undetermined Significance)

- HPV not done
- HPV-
- HPV +

ASC-H (Atypical Squamous Cells rule out High Grade)
AGC (Atypical Glandular Cells)
HSIL (High Grade Squamous Intraepithelial Lesion)

- Repeat Pap in 1 year
- Repeat cotesting in 3 years
- Refer for Colposcopy
- LSIL (Low Grade Squamous Intraepithelial Lesion)

- All Others
- Select patients

- LSIIF with negative HPV, repeat cotesting in 1 year (preferred) or colposcopy
- Pregnant women (with LSIL cytology): colposcopy preferred or defer 6 weeks post-partum

References:
Management of women ages 21-24 years with ASCUS or LSIL

- Repeat cytology at 12 months preferred

  - Reflex HPV testing (Acceptable for ASCUS only)
    - Pos
      - ASC-H, AGC, HSIL
        - Pos ASC: Colposcopy
        - Neg x 2: Routine screening
      - Neg
        - Routine screening
  - Neg
    - ASCUS or LSIL: Repeat cytology at 12 months preferred
      - Pos
        - ASC-H, AGC, HSIL
          - Pos ASC: Colposcopy
          - Neg x 2: Routine screening
    - Neg x 2: Routine screening