

# ACOG: New recommendations for cervical cancer screening

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(HealthDay)—In a practice bulletin published in the January issue of *Obstetrics & Gynecology*, new recommendations are presented for cervical cancer screening and prevention.

Members of the American College of Obstetrics & Gynecology's Committee on Practice Bulletins reviewed the best available evidence regarding the prevention and early detection of cervical cancer.

Based on good and consistent scientific evidence (level A), the authors recommend that cervical [cancer screening](#) should begin at age 21 years; younger women should not be screened, with the exception of women who are infected with HIV. Cervical cytology alone should be used for women aged 21 to 29 years, and screening should be performed every three years. Women younger than 30 years should not undergo co-

testing. Cytology and human papillomavirus (HPV) co-testing every five years is preferred for women aged 30 to 65 years; cytology alone every three years is acceptable. Acceptable screening methods include liquid-based and conventional methods of cervical cytology collection.

Screening should be discontinued after age 65 years in women with adequate negative prior screening test results. Routine [cytology](#) and HPV testing should be discontinued and not restarted for women who have had a total hysterectomy and never had cervical intraepithelial neoplasia 2 or higher. More frequent screening is appropriate for certain [women](#), including those infected with HIV.

"Cervical cancer screening recommendations are always evolving just like the technology behind the [screening](#) tests," David Chelmow, M.D., who led in the development of the bulletin, said in a statement.

**More information:** [Full Text \(subscription or payment may be required\)](#)

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