

Physicians debate best screening strategy for cervical cancer prevention after HPV vaccination

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Gardasil vaccine and box. Image: Wikipedia

In a new *Annals* 'Beyond the Guideline's' feature, two experts debate the most appropriate test and interval for a young patient who has not yet undergone cervical cancer screening but has received HPV vaccination. All 'Beyond the Guidelines' features are based on the Department of Medicine Grand Rounds at Beth Israel Deaconess Medical Center (BIDMC) in Boston and include print, video, and educational components published in *Annals of Internal Medicine*.

Cervical cancer currently has one of the lowest case rates of any [cancer](#) due to improved screening methods and programs. In recent years, the U.S. Preventive Services Task Force (USPSTF) and the American Cancer Society (ACS) have released differing guidelines for screening. The USPSTF recommends that screening start at age 21, continue and through age 29 with cytologic screening every 3 years, then move to any of the following scenarios through age 65: cytology every 3 years, high-risk HPV (hrHPV) testing every 5 years, or cytology with hrHPV co-testing every 5 years. The ACS recommends that screening start at age 25 and then continue every 5 years until age 65, with hrHPV testing (alone) being the preferred screening method for any age.

BIDMC Grand Rounds discussants, Doctors Amy Weinstein and Huma Farid, recently debated the case of a 22-year-old woman who has not yet undergone [cervical cancer screening](#) and who has received HPV vaccination.

In their assessment, both Drs. Weinstein and Farid agree that the patient's vaccination status should not impact screening choices or intervals at that time. Because of the patient's age and [medical history](#), Dr. Weinstein recommends that she begin hrHPV screening at age 25 to avoid unnecessary testing. Dr. Farid recommends that the patient should undergo screening now because she is overdue for [screening](#) under USPSTF guidelines. Both clinicians also agree that as the rate of HPV vaccination increases, [cervical cancer](#) will be less common, and guidelines will need to evolve to include later start ages, longer intervals, and less testing for patients who have been vaccinated.

A complete list of 'Beyond the Guidelines' topics is available at www.annals.org/grandrounds.

More information: Eileen E. Reynolds et al, Transcatheter Aortic Valve Replacement Versus Surgical Aortic Valve Replacement: How

Would You Manage This Patient With Severe Aortic Stenosis?, *Annals of Internal Medicine* (2021). [DOI: 10.7326/M21-0724](https://doi.org/10.7326/M21-0724)

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