

Clinicians' attitudes towards major changes from the 2020 ACS Cervical Cancer Screening Guidelines

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Nearly all cervical cancers are caused by the human papillomavirus (HPV). New evidence has led to dramatic changes in cervical cancer screening recommendations over the past 20 years.

In 2020, the American Cancer Society (ACS) released updated [guidelines](#) for cervical [cancer](#) screening. The main changes to current practices were to initiate screening at age 25 instead of age 21 and to screen using primary HPV testing rather than cytology (PAP test) alone or in combination with HPV testing. Since the adoption of guidelines often occurs slowly, understanding clinician attitudes is important to facilitate practice change.

New research led by Boston University Chobanian & Avedisian School of Medicine has found that while very few clinicians have adopted these guidelines, most would be willing to do so if they were shown convincing evidence of the effectiveness of initiating screening at age 25 and using primary HPV testing and the changes were endorsed by other professional societies like American College of Obstetricians and Gynecologists (ACOG) and the United States Preventive Services Task Force (USPSTF).

"With the USPSTF in the process of updating [screening](#) recommendations and self-collected HPV testing being considered for clinical use in the U.S., it is critical to understand clinician attitudes toward the major changes proposed by the 2020 ACS guidelines," explained corresponding author Rebecca Perkins, MD, professor of obstetrics & gynecology at the school.

The researchers performed in-depth interviews with 70 OB/GYN, [family medicine](#), internal medicine physicians and advanced practice providers about their attitudes toward these guidelines. They found that while few clinicians were following the 2020 ACS guidelines, more than half were open to change if supported by [scientific evidence](#) and recommended by professional organizations.

They also found some barriers to adoption, including logistical issues and concerns about missed detection of disease.

According to the researchers, the purpose of clinical practice guidelines is to assist clinicians to make evidence-based decisions and thus improve quality of care. Although guidelines are often updated as new evidence becomes available, adoption into routine clinical practice may take up to two decades.

"The implementation of new guidelines faces barriers related to clinicians, patients, health care systems and sociopolitical context in which the medical care occurs, such as beliefs about effectiveness, feasibility of practice change, laboratory availability or insurance reimbursement," adds Perkins, who also is an obstetrician & gynecologist at Boston Medical Center.

The work is [published](#) in the journal *Cancer*.

More information: Alexandra D. Michel et al, Attitudes toward the American Cancer Society's 2020 cervical cancer screening guidelines: A qualitative study of a national sample of US clinicians, *Cancer* (2024). [DOI: 10.1002/cncr.35269](https://doi.org/10.1002/cncr.35269)

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