



# Screening Recommendations for Individuals at High Risk of Developing Cervical Cancer

Immunocompromised individuals and those previously treated for dysplasia are considered at high risk of developing cervical cancer and should be screened annually. Individuals currently being assessed by a colposcopy clinic or being followed by a cancer clinic should not undergo additional cervical cancer screening unless directed by the treating physician.

The table below outlines screening recommendations based on expert opinion, as there is currently insufficient data to support evidence-based cervical cancer screening recommendations for individuals at higher than average risk of developing cervical cancer.

Category	Screening Recommendation	Return to Normal Screening After	Screening Stop Age	
<b>Immunocompromised Individuals:</b>				
<ul style="list-style-type: none"> <li>Immunocompromised Individuals <i>Including those with human immunodeficiency virus (HIV/AIDS), lymphoproliferative disorders, organ transplants, and those under long-term immunosuppression therapy</i></li> </ul>	Annual Screening	Never	The benefits of screening beyond age 69 must be weighed in the context of the overall health of the patient	
<b>Previous histological diagnosis of CIN 2+:</b>				
<b>Higher than Average Risk</b>	<ul style="list-style-type: none"> <li>CIN 2+ (not including AIS): treated (cone, LEEP, ablative therapy), HPV negative, discharged from colposcopy</li> </ul>	Follow average risk guidelines	N/A	Age 69 or 25 years since most recent diagnosis with 3 Paps with no significant abnormality* in last 10 years – whichever occurs later
	<ul style="list-style-type: none"> <li>CIN 2+ (not including AIS): treated (cone, LEEP, ablative therapy), HPV positive, discharged from colposcopy</li> </ul>	Annual screening	At least 3 negative Paps in last 5 years	Age 69 or 25 years since most recent diagnosis with at least 3 Paps with no significant abnormality* in last 10 years – whichever occurs later
	<ul style="list-style-type: none"> <li>CIN 2+ (not including AIS): untreated (regressed and discharged)</li> </ul>	Annual screening	At least 3 negative Paps in last 5 years	Age 69 or 25 years since most recent diagnosis with at least 3 Paps with no significant abnormality* in last 10 years – whichever occurs later
	<ul style="list-style-type: none"> <li>CIN 2+ (includes AIS): untreated and lost to follow-up</li> </ul>	Refer to colposcopy for assessment	N/A	Age 69 or 25 years since most recent diagnosis with at least 3 Paps with no significant abnormality* in last 10 years – whichever occurs later



<ul style="list-style-type: none"> <li>Adenocarcinoma in situ (AIS) treated with LEEP or cone biopsy and discharged from colposcopy</li> </ul>	Annual screening	25 years after the most recent histological evidence of AIS	Age 69 or 25 years since most recent diagnosis with at least 3 Paps with no significant abnormality* in last 10 years – whichever occurs later
<ul style="list-style-type: none"> <li>Invasive Cervical Cancer and discharged from colposcopy or the BC Cancer Agency</li> </ul>	Annual screening	At least 3 negative Paps in last 5 years	Age 69 or 25 years since most recent diagnosis with at least 3 Paps with no significant abnormality* in last 10 years – whichever occurs later
Previous cytological diagnosis of HSIL + (or worse):			
<ul style="list-style-type: none"> <li>HSIL: CIN 1 or negative at initial colposcopy, no subsequent biopsy or follow-up</li> </ul>	Refer to colposcopy for assessment	N/A	Age 69 with at least 3 Paps with no significant abnormality* in last 10 years
<ul style="list-style-type: none"> <li>HSIL: CIN 1 or negative at colposcopy, discharged from colposcopy</li> </ul>	Annual screening	At least 3 negative Paps in last 5 years	Age 69 with at least 3 Paps with no significant abnormality* in last 10 years
<ul style="list-style-type: none"> <li>Adenocarcinoma in situ (AIS) cytological diagnosis. CIN 1 or negative at colposcopy, discharged from colposcopy.</li> </ul>	Annual screening	25 years after the most recent cytological evidence of AIS	Age 69 or 25 years since most recent diagnosis with at least 3 Paps with no significant abnormality* in last 10 years – whichever occurs later
Total hysterectomy (with the cervix removed) and a history of:			
<ul style="list-style-type: none"> <li>Invasive cervical cancer</li> <li>Histologically proven CIN 2+ (including AIS) at colposcopy or hysterectomy</li> <li>Histologically proven VAIN 2+</li> </ul>	Vaginal vault smear annually	At least 3 negative Paps in last 5 years	Age 69 or 25 years since most recent diagnosis with at least 3 Paps with no significant abnormality* in last 10 years – whichever occurs later
<ul style="list-style-type: none"> <li>Cytological diagnosis of HSIL + (includes AIS): CIN 1 or negative at hysterectomy</li> </ul>	Vaginal vault smear annually	N/A	At least 3 negative Paps in last 5 years
High risk behaviors			
<ul style="list-style-type: none"> <li>Individuals who participate in high risk behaviors</li> </ul>	Follow average risk guidelines	N/A	N/A

† Immunocompromised individuals should start screening at age 25; however as there is not sufficient data at this time to support this start age, providers may wish to initiate screening for these patients at age 21.

\* Significant abnormality is anything more severe than ASCUS/LSIL