



Nova Scotia Cervical Cancer Screening Practice Guidelines (2013)

Cancer Care Nova Scotia, in consultation with representatives from Doctors Nova Scotia and the District Health Authorities introduced updated guidelines for cervical cancer screening in October 2013.

The updated guidelines follow a review of new recommendations released earlier this year from the Canadian Task Force on Preventive Health Care. They reflect increased knowledge of how cervical cancer develops, and a greater understanding of the benefits and potential harms of screening.

When to start screening

- Women who have been sexually active* should start having a Pap test at the age of 21. Once women begin having Pap tests, they should have them every three years.
- Women who become sexually active* for the first time after the age of 21 should have a Pap test within three years of the time that they became sexually active.
- Women who have never been sexually active do not need to have Pap tests until such time as they become sexually active.

* For the purposes of cervical cancer screening, sexual activity refers to vaginal sexual activity which includes vaginal intercourse, vaginal-oral and/or vaginal-digital sexual activity, use of shared sex toys/devices.

How often to screen

- If the Pap test results are normal (negative or clear) women should continue to have Pap tests every three years.

When to stop screening

- Screening may be discontinued after the age of 70 ONLY if there is an adequate negative screening history in the previous ten years (i.e. three or more negative tests).

Screening women with special circumstances

- Women who have been **TREATED (by LEEP, laser, cryotherapy, cone, hysterectomy) for cervical dysplasia or have a history of cancer of the cervix** should receive annual screening for life.
- Women who have a history of a minor abnormality on a Pap smear which resolves spontaneously or who have had a more significant abnormality on a Pap smear and were referred for colposcopy but had no tissue diagnosis of cervical dysplasia nor treatment for cervical dysplasia, do **not** require annual screening for life.
- Screening can be discontinued in women who have undergone **total hysterectomy for benign causes** with no history of treatment for cervical dysplasia or history of cancer of the cervix (see flow chart).
- **Immunocompromised or HIV positive women** should receive annual screening for life.
- Indications for screening frequency for **pregnant women** should be the same as for women who are not pregnant. Manufacturers' recommendations for the use of individual screening tools in pregnancy should be considered.
- **Women who have sex with women** should follow the same cervical screening regimen as women who have sex with men.