

## Cervical cancer screening guidelines

	ACOG <sup>1</sup> (endorses the USPSTF cervical cancer screening guidelines)	USPSTF <sup>2</sup>	ASCCP <sup>3</sup> (endorses the USPSTF cervical cancer screening guidelines)	ACS <sup>4</sup>
<b>Women younger than 21</b>	No screening	No screening (Grade D)	No screening	No screening
<b>Women ages 21-29</b>	<b>GRADE A:</b> • Pap alone every 3 years	<b>GRADE A:</b> • Pap alone every 3 years	<b>GRADE A:</b> • Pap alone every 3 years	• No screening in ages 21-24
<b>Women ages 30-65</b>	<b>GRADE A:</b> • Pap alone every 3 years • Co-testing with Pap + HPV together every 5 years • HPV primary every 5 years	<b>GRADE A:</b> • Pap alone every 3 years • Co-testing (Pap + HPV) every 5 years • HPV primary every 5 years	<b>GRADE A:</b> • Pap alone every 3 years • Co-testing (Pap + HPV together) every 5 years • HPV primary every 5 years	The following is for women 25 to 65 years of age • HPV primary every 5 years <b>ALTERNATIVE OPTIONS IF HPV PRIMARY NOT AVAILABLE:</b> • Pap alone every 3 years • Co-testing (Pap + HPV) every 5 years
<b>Women older than 65</b>	Screening should be discontinued if patient has had adequate negative prior screening results and no history of CIN 2+. Recommend continuing age-based screening for ≥20 years in those patients with a history of CIN 2, CIN 3, or adenocarcinoma <i>in situ</i> . Adequate negative prior screening results is defined as 3 consecutive negative Paps or 2 consecutive negative co-tests within the past 10 years, with the most recent test occurring within the past 5 years.			
<b>Women after hysterectomy with removal of the cervix and with no history of high-grade precancer or cervical cancer</b>	Do not screen (Grade D)	Do not screen. Applies to women without a cervix and without a history of CIN2 or a more severe diagnosis in the past 20 years or cervical cancer ever	Do not screen. Applies to women without a cervix and without a history of CIN2, CIN3, adenocarcinoma <i>in situ</i> , or cancer in the past 20 years	Those who have had their cervix removed, such as from a hysterectomy, don't need screening as long as the surgery was done for reasons not related to cervical cancer or serious pre-cancer
<b>Women who have been vaccinated with the HPV vaccine</b>	Recommends women who have been vaccinated should continue to be screened	Follow age-specific recommendations (same as unvaccinated women)	Follow age-specific recommendations (same as unvaccinated women)	Follow age-specific recommendations (same as unvaccinated women)

The above table may not be inclusive of every cervical cancer screening option in these guidelines, including Pap with Reflex to HPV scenarios. Clinicians should refer to health plan policy algorithms for coverage instructions on allowable screening and management of abnormal options and related coverage.

ACS, American Cancer Society; ACOG, American College of Obstetricians and Gynecologists; ASCCP, American Society for Colposcopy and Cervical Pathology; CIN, cervical intraepithelial neoplasia; HPV, human papilloma virus; Pap, Papanicolaou test, gynecologic cytology; USPSTF, US Preventive Services Task Force.

## CDC screening guidelines for Chlamydia, Gonorrhea, Trichomoniasis, and *Mycoplasma genitalium* (Mgen)<sup>5</sup>

	Chlamydia	Gonorrhea	Trichomoniasis	<i>Mycoplasma genitalium</i> (Mgen)
<b>Women</b>	<ul style="list-style-type: none"> <li>Sexually active women under 25 years of age</li> <li>Sexually active women aged 25 years and older if at increased risk<sup>a</sup></li> <li>Retest 3 months after treatment</li> <li>Rectal chlamydial testing can be considered in females based on reported sexual behaviors and exposure, through shared clinical decision between the patient and the provider</li> </ul>	<ul style="list-style-type: none"> <li>Sexually active women under 25 years of age</li> <li>Sexually active women age 25 years and older if at increased risk<sup>a</sup></li> <li>Retest 3 months after treatment</li> <li>Pharyngeal and rectal gonorrhea screening can be considered in females based on reported sexual behaviors and exposure, through shared clinical decision between the patient and the provider</li> </ul>	<ul style="list-style-type: none"> <li>Diagnostic testing should be performed for women seeking care for vaginal discharge</li> <li>Consider screening for women receiving care in high-prevalence settings (eg, STI clinics and correctional facilities) and for asymptomatic women at high risk for infection (eg, women with multiple sex partners, transactional sex, drug misuse, or a history of STI or incarceration)</li> <li>Women ≤35 years of age who are housed in correctional facilities should be screened for trichomoniasis. It's recommended that this screening should be conducted at intake and offered as opt-out screening</li> </ul>	<ul style="list-style-type: none"> <li>For women with cervicitis, Mgen testing can be considered with the FDA-cleared nucleic acid amplification test (NAAT)<sup>b</sup></li> <li>Testing should be accompanied with resistance testing, if available<sup>b</sup></li> <li>Screening of asymptomatic Mgen infection among women is not recommended</li> <li>Extragenital testing for Mgen is not recommended</li> </ul>

<sup>a</sup>Those who have a new sex partner, more than one sex partner, a sex partner with concurrent partners, or a sex partner who has a sexually transmitted infection (STI); practice inconsistent condom use when not in a mutually monogamous relationship; have a previous or coexisting STI; have a history of transactional sex; or have a history of incarceration <sup>b</sup>There is currently no FDA-cleared assay for Mgen resistance.

# CDC screening guidelines for Chlamydia, Gonorrhea, Trichomoniasis, and *Mycoplasma genitalium* (Mgen)<sup>5</sup>

	Chlamydia	Gonorrhea	Trichomoniasis	<i>Mycoplasma genitalium</i> (Mgen)
<b>Pregnant women</b>	<ul style="list-style-type: none"> <li>All pregnant women under 25 years of age at the first prenatal visit</li> <li>Pregnant women aged 25 and older at the first prenatal visit if at increased risk<sup>a</sup></li> <li>Retest during the third trimester for women under 25 years of age or at risk</li> <li>Pregnant women with chlamydial infection should have a test-of-cure 4 weeks after treatment and be retested within 3 months</li> </ul>	<ul style="list-style-type: none"> <li>All pregnant women under 25 years of age and those who are ≥25 years of age at increased risk for gonorrhea<sup>a</sup> at the first prenatal visit</li> <li>Retest during the third trimester for women under 25 years of age or at risk</li> <li>Pregnant women with gonorrhea should be retested within 3 months</li> </ul>	<ul style="list-style-type: none"> <li>No specific guidelines</li> </ul>	<ul style="list-style-type: none"> <li>No specific guidelines</li> </ul>
<b>Men</b>	<ul style="list-style-type: none"> <li>There is insufficient evidence for screening among heterosexual men who are at low risk for infection; however, screening young men can be considered in high-prevalence clinical settings (adolescent clinics, correctional facilities, STI/sexual health clinic)</li> </ul>	<ul style="list-style-type: none"> <li>There is insufficient evidence for screening among heterosexual men who are at low risk for infection</li> </ul>	<ul style="list-style-type: none"> <li>No specific guidelines</li> </ul>	<ul style="list-style-type: none"> <li>Men with recurrent nongonococcal urethritis (NGU) should be tested for Mgen using an FDA-cleared NAAT</li> <li>If resistance testing is available, it should be performed and the results used to guide therapy<sup>b</sup></li> <li>Screening of asymptomatic Mgen infection among men is not recommended</li> <li>Extragenital testing for Mgen is not recommended</li> </ul>
<b>Men who have sex with men (MSM)</b>	<ul style="list-style-type: none"> <li>At least annually for sexually active MSM at sites of contact (urethra, pharyngeal, rectum) regardless of condom use</li> <li>Every 3 to 6 months if at increased risk<sup>a</sup></li> </ul>	<ul style="list-style-type: none"> <li>At least annually for sexually active MSM at sites of contact (urethra, rectum, pharynx) regardless of condom use</li> <li>Every 3 to 6 months at all anatomic sites of exposure if at increased risk<sup>c</sup></li> </ul>	<ul style="list-style-type: none"> <li>No specific guidelines</li> </ul>	<ul style="list-style-type: none"> <li>No specific guidelines</li> </ul>
<b>Transgender and gender-diverse persons</b>	<ul style="list-style-type: none"> <li>Screening recommendations should be adapted based on anatomy, ie, annual, routine screening for chlamydia in cisgender women &lt;25 years old should be extended to all transgender men and gender-diverse people with a cervix. If over 25 years old, persons with a cervix should be screened if at increased risk</li> <li>Consider screening at the rectal site based on reported sexual behaviors and exposure</li> </ul>	<ul style="list-style-type: none"> <li>Screening recommendations should be adapted based on anatomy, ie, annual, routine screening for gonorrhea in cisgender women &lt;25 years old should be extended to all transgender men and gender-diverse people with a cervix. If over 25 years old, screen if at increased risk</li> <li>Consider screening at the pharyngeal and rectal site based on reported sexual behaviors and exposure</li> </ul>	<ul style="list-style-type: none"> <li>No specific guidelines</li> </ul>	<ul style="list-style-type: none"> <li>No specific guidelines</li> </ul>
<b>Persons with HIV</b>	<ul style="list-style-type: none"> <li>For sexually active individuals, screen at first HIV evaluation and at least annually thereafter</li> <li>More frequent screening might be appropriate depending on individual risk behaviors and the local epidemiology</li> </ul>	<ul style="list-style-type: none"> <li>For sexually active individuals, screen at first HIV evaluation and at least annually thereafter</li> <li>More frequent screening might be appropriate depending on individual risk behaviors and the local epidemiology</li> </ul>	<ul style="list-style-type: none"> <li>Recommended for sexually active women with HIV at entry to care and at least annually thereafter</li> <li>Routine annual screening for <i>T. vaginalis</i> among asymptomatic women with HIV infection is recommended because of adverse events associated with trichomoniasis and HIV infection</li> </ul>	<ul style="list-style-type: none"> <li>No specific guidelines</li> </ul>

<sup>a</sup>Those who have a new sex partner, more than one sex partner, a sex partner with concurrent partners, or a sex partner who has a sexually transmitted infection (STI); practice inconsistent condom use when not in a mutually monogamous relationship; have a previous or coexisting STI; have a history of transactional sex; or have a history of incarceration.

<sup>b</sup>There is currently no FDA-cleared assay for Mgen resistance.

<sup>c</sup>Those who have multiple anonymous partners or engage in substance abuse.



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## References

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