U.S. Preventive Services Task Force Issues Draft Recommendation Statement on Screening for Cervical Cancer

Women ages 21 to 65 should get screened regularly for cervical cancer

WASHINGTON, D.C. – December 10, 2024 – The U.S. Preventive Services Task Force (Task Force) today posted a draft recommendation statement on screening for cervical cancer. The Task Force recommends that clinicians screen women ages 21 to 29 every 3 years with a Pap test. For women ages 30 to 65, the Task Force recommends screening with an HPV test every 5 years. Alternative effective screening options for women 30 to 65 include getting a Pap test every 3 years or getting a combined HPV and Pap test every 5 years, also known as co-testing. **This is an A grade.** The Task Force recommends against screening women younger than age 21, women older than age 65 who have had regular screenings with normal test results, and women of any age who have had a total hysterectomy. **These are D grades.**

Grades in this recommendation:

A: Recommended.

D: Not recommended.

Learn more here

"The latest science shows that screening for cervical cancer with an HPV test is the optimal approach for women who are 30 to 65 years old," says Task Force vice chair John Wong, M.D., MACP. "These women also have the option of getting screened with a Pap test or co-testing. That said, Pap tests continue to be the best option for women in their 20s."

Nearly all cases of cervical cancer are caused by human papillomavirus (HPV), a sexually transmitted infection. New evidence shows that screening with an HPV test every 5 years provides the best balance of benefits and harms for women ages 30 to 65, meaning it helps detect the early signs of cervical cancer with fewer harms, like unnecessary follow up tests and procedures. However, all three screening methods—HPV tests, Pap tests, and co-testing—are effective and recommended by the Task Force. Current evidence continues to show that getting a Pap test every 3 years is the best screening approach for women ages 21 to 29.

"Most cases of cervical cancer are in women who have not been regularly screened or appropriately treated after an abnormal test result," says Task Force chair Wanda Nicholson, M.D., M.P.H., M.B.A. "That's why it's so important that women get screened regularly, so cancer can be prevented or caught early when it's treatable."

For the first time, the Task Force has included self-collected HPV tests in its recommendation. Women can now use a swab to collect their own HPV samples. Studies show this option is just as accurate as when the HPV sample is collected by a clinician, and it is proven to increase screening, especially among groups who are traditionally underscreened. Overall, self-collection offers a new choice for women that can be particularly helpful for those who currently face barriers to care or experience discomfort with traditional screening.

"Women who would be more comfortable collecting their HPV test sample themselves can now do so," says Task Force member Esa Davis, M.D., M.P.H., FAAFP. "We hope that this new, effective option helps even more women get screened regularly."

The number of deaths from cervical cancer in the United States has decreased dramatically since the implementation of widespread cervical cancer screening. In addition, the HPV vaccine greatly lowers the risk of

getting cervical cancer and can be used together with screening to continue lowering cervical cancer rates, ultimately saving even more lives.

There are some women who don't need to be screened for cervical cancer, including women younger than 21 and women of any age who have had a total hysterectomy for non-cancer reasons. Additionally, women over the age of 65 can stop getting screened if they have a history of normal test results. This means normal results from their last three Pap tests or their last two HPV tests, noting that those tests must have been completed in the past 10 years, with at least one of the tests happening within the past 5 years. It is important that women who are 65 and older continue to get screened if they haven't been screened regularly or have had abnormal results in the past decade.

This recommendation applies to cisgender women and everyone else who was assigned female at birth, including transgender men and nonbinary people. These recommendations do not apply to women at increased risk of developing cervical cancer, such as women who have HIV, a compromised immune system, or a history of treatment for precancerous lesions or cervical cancer.

The Task Force's draft recommendation statement and draft evidence review have been posted for public comment on the Task Force website at https://www.uspreventiveservicestaskforce.org. Comments can be submitted from December 10, 2024, through January 13, 2025, at http://www.uspreventiveservicestaskforce.org/tfcomment.htm.

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine that works to improve the health of people nationwide by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

Dr. Nicholson is professor of prevention and community health at the Milken Institute School of Public Health at the George Washington University. She is an obstetrician-gynecologist; vice president of the board of directors of the American Board of Obstetrics and Gynecology; former editor of health equity, diversity, and inclusion for the *American Journal of Obstetrics and Gynecology*; past chair of the American College of Obstetricians and Gynecologists (ACOG) Diversity, Equity, and Inclusive Excellence Workgroup; and an immediate past member of the executive board of ACOG. Her clinical and research focus is on healthcare prevention across the woman's lifespan.

Dr. Wong is vice chair for academic affairs, chief of the Division of Clinical Decision Making, and a primary care internist in the Department of Medicine at Tufts Medical Center. He is also a professor of medicine at Tufts University School of Medicine.

Dr. Davis is a professor of family and community medicine, the associate vice president for community health at the University of Maryland Baltimore, and the senior associate dean of population and community medicine at the University of Maryland School of Medicine. She is the lead health equity strategist for the University of Maryland Institute for Health Computing. Dr. Davis is also the director of the Transforming Biomedical Research and Academic Faculty Through Leadership Opportunities, Training, and Mentorship (TRANSFORM) program.

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