

Cervical Cancer Screening Pap and Human Papilloma Virus (HPV) Testing

For decades, the Pap test has been the main method of screening for cervical cancer. The Pap test is used to detect abnormal cells in and around the cervix. The cervix is the part of the womb, or uterus, which opens to the vagina. Abnormal cells collected during the Pap test can be identified before cervical cancer develops.

In addition to the Pap test, Baptist MD Anderson and national cervical cancer screening guidelines include testing for Human Papilloma Virus (HPV) for some women. HPV is a group of very common viruses spread between partners. Low risk strains of HPV can cause the growth of non-cancerous, warts. High risk strains may develop into cervical cancer. These high-risk strains are in almost all cervical cancer cases. An HPV test looks for these strains of HPV.

If you have had the HPV vaccine, you still need to follow the recommended screening guidelines. For more information, ask for the patient information sheet “Human Papilloma Virus.”

Baptist MD Anderson’s cervical cancer screening guidelines

Women at Average Risk of Cervical Cancer and Negative Screening Tests

- **Age 20 and younger** – Cervical cancer screening is not recommended.
- **Age 21 to 29** – Women should get a Pap test every 3 years. An HPV test is not recommended. At this age, the immune system is more likely to clear the virus. Regular HPV testing may result in testing and follow up care that is not needed.
- **Age 30 to 65** – Women should follow one of the screening schedules below:
 - Get a Pap test **and** HPV test every 5 years. It is preferred that women 30 years of age and older are screened for HPV during their regular Pap test. HPV infections can reoccur, which could result in cellular changes of the cervix. The HPV testing is done at the same time as the Pap test.
 - OR get a Pap test alone every 3 years.
- **Age 66 and older** – If you have had normal Pap tests in the last 10 years, speak with your doctor about whether you need to continue screening.
- **Women who have had a hysterectomy (removal of the uterus) for non-cancerous reasons:**
 - If your hysterectomy included removal of the cervix, speak with your doctor about whether you need to continue screening.
 - If your hysterectomy did not include removal of the cervix, follow the recommendations above for women who have not had a hysterectomy.

Women at Increased Risk of Cervical Cancer

Women at increased risk for cervical cancer may need to be followed more closely. Talk with your health care provider to see if you have risks for cervical cancer. Your health care provider will tell you which screening schedule is best for you.

Women are at increased risk for cervical cancer if they have:

- Persistent HPV infection
- Diethylstilbestrol (DES) exposure before birth
- HIV infection
- Weakened immune system due to organ transplant, chemotherapy or chronic steroid use
- History of cervical cancer or severe cervical dysplasia (pre-cancer)

Lifestyles that may increase the risks of cervical cancer include:

- Cigarette smoking,
- First intercourse at an early age
- Many sex partners
- Not having regular screenings

Cervical Cancer Screening: Pap and Human Papilloma Virus (HPV) Testing
The University of Texas MD Anderson Cancer Center ©2006
Revised 07/2018, Patient Education

Reviewed 8/2020