

Summary of USPSTF Draft Recommendation

Screening for Cervical Cancer

December 2024



What is this draft recommendation about?

Cervical cancer is a cancer that begins in the cells of the cervix (which is the lower part of the uterus that connects to the vagina). Nearly all cases of cervical cancer are caused by human papillomavirus (HPV), a sexually transmitted infection that can lead to cancer slowly over time.

There are different ways to screen for cervical cancer:

- A **Pap test**, also called a Pap smear or cervical cytology, looks for abnormal changes in the cells of the cervix. A Pap test is done with a swab of the cervix, usually at the same time as a pelvic exam. This type of screening test needs to be done by a healthcare professional.
- An **HPV test** tells you whether someone has HPV, including the types of HPV that are most likely to lead to cervical cancer. An HPV test is a swab of the vagina that can be done by a clinician at the same time as a pelvic exam, or that a woman can collect herself.
- **Co-testing** is a type of screening that combines an HPV test and a Pap test. Co-testing can find HPV infection and cervical cell changes at the same time.



What does the USPSTF recommend?



The USPSTF recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years and then every 5 years with clinician- or patient-collected high-risk human papillomavirus (HPV primary screening) in women aged 30 to 65 years. As an alternative to HPV primary screening for women aged 30 to 65 years, the USPSTF recommends continued screening every 3 years with cervical cytology alone or screening every 5 years with high-risk HPV in combination with cytology (cotesting).



The USPSTF recommends against screening for cervical cancer in women younger than 21 years.



The USPSTF recommends against screening for cervical cancer in women older than 65 years who have had adequate prior screening and are not otherwise at high risk for cervical cancer.



The USPSTF recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and do not have a history of a high-grade precancerous lesion (i.e., cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer.

So, what does that mean?

Most adult women should be screened regularly:

- Women ages 21–29 should get a Pap test every 3 years.
- Women ages 30–65 should ideally get an HPV test every 5 years. Alternatively, they can get a Pap test every 3 years or co-testing test every 5 years.

There are some women who don't need to be screened for cervical cancer, including women younger than 21, women older than 65 who have had regular screenings with normal results, and women of any age who have had a total hysterectomy.



Who is this draft recommendation for?

This recommendation is for cisgender women and everyone else who was assigned female at birth, including transgender men and nonbinary people.

Screening for Cervical Cancer



Why is this draft recommendation and topic important?

- Cervical cancer is one of the most preventable and treatable types of cancer.
- Screening for cervical cancer saves lives and helps find cancer early when it is treatable.
- Nearly all cases of cervical cancer are caused by HPV, and most are in women who have not been regularly screened or appropriately treated. That's why it is essential that women ages 21 to 65 get screened regularly.
- For the first time, self-collected HPV testing is included in the Task Force's recommendation, so women who are more comfortable collecting their HPV test sample themselves can now do so.



What are the benefits?

Screening for cervical cancer saves lives by finding changes in the cells before they become cancer or by finding early signs of cancer when it is more treatable, which is why it is essential that women who are 21 to 65 years old get screened regularly.



What are the harms?

The benefits of screening outweigh the potential harms. However, there are some harms associated with screening, including false-positive results, which can then lead to more frequent follow-ups and unnecessary tests and procedures. Other harms can include bleeding, pain, and infection.



Where can I learn more?

- [Get Screened for Cervical Cancer](#) (MyHealthfinder)
- [Cervical Cancer](#) (Centers for Disease Control and Prevention)
- [What Is Cervical Cancer?](#) (National Cancer Institute)



How can I comment?

Visit the USPSTF [website](#) to read the full draft recommendation and submit a comment.



The Task Force welcomes comments on this draft recommendation.



Comments must be received between December 10, 2024, and January 13, 2025.



All comments will be considered as the Task Force finalizes the recommendation.