

Cervical Cancer Screening Guide

American Cancer Society (ACS) vs American College of Obstetricians and Gynecologists (ACOG)



Age	ACS (HPV Focused)	ACOG (Pap Focused)	Interval
<21	No screening	No screening	—
21–24	No screening	Pap test	Every 3 years
25–29	Primary HPV preferred	Pap preferred; HPV optional	HPV q5 / Pap q3
30–65	HPV preferred; co-test or Pap acceptable	HPV, co-test, or Pap acceptable	HPV q5 / Co-test q5 / Pap q3
>65	Stop if adequate history	Stop if adequate history	—

q3= 3 years and q5 = 5 years

Screening Methods (American Cancer Society - ACS):

- Primary HPV (preferred): Clinician-collected cervical sample, every 5 years.
- Self-collected HPV: FDA-approved kit, ordered by provider, every 3 years.
- Co-testing: HPV + Pap, every 5 years.
- Pap alone: Cytology only, every 3 years if HPV unavailable.

Laboratory Compliance Notes (CLIA/CAP):

- Use FDA-approved assays.
- Ensure documentation and provider communication.
- Align testing with ACS and ACOG guidelines.

Special Situations:

- Prior abnormal results or history of CIN2+ → follow risk-based management (ASCCP).
- Immunocompromised patients → require more frequent, individualized screening.
- HPV positive history → clinician-directed follow-up required.
- Self-collected HPV should NOT be used alone in high-risk patients.

References

American Cancer Society (ACS), 2020 Guideline Update: <https://www.cancer.org/cancer/types/cervical-cancer/detection-diagnosis-staging/cervical-cancer-screening-guidelines.html>

American College of Obstetricians and Gynecologists (ACOG), 2021 Practice Advisory: <https://www.acog.org/womens-health/faqs/cervical-cancer-screening>