INVESTIGATION OF ABNORMAL VAGINAL BLEEDING

Women at any age who have signs or symptoms suggestive of cervical cancer should have a co-test, and referral for appropriate investigation to exclude genital tract malignancy should be considered.

SCREENING AFTER TOTAL HYSTERECTOMY

Women with a normal cervical screening history, who have undergone hysterectomy for benign disease (e.g. menorrhagia, uterine fibroids or utero-vaginal prolapse), and have no cervical pathology at the time of hysterectomy, do not require further screening or follow up.

SCREENING IN WOMEN WHO HAVE EXPERIENCED EARLY SEXUAL ACTIVITY OR HAVE BEEN VICTIMS OF SEXUAL ABUSE

- Routine cervical screening is not recommended in women under the age of 25 years
- For women who experienced first sexual activity at a young age (less than 14 years) and who had not received the HPV vaccine before sexual debut, a single HPV test between 20 and 24 years of age could be considered on an individual basis

SCREENING IN WOMEN EXPOSED TO DIETHYLSTILBOESTROL (DES) IN UTERO

- Women exposed to DES in utero should be offered an annual co-test and colposcopic examination of both the cervix and vagina indefinitely.
- Those who have a screen-detected abnormality should be managed by an experienced colposcopist.
- Daughters of women exposed to DES should have 5-yearly HPV testing. If these women have concerns, testing similar to that recommended for their DES-exposed mothers could be considered on an individual basis. Self-collection for HPV testing is not recommended.

SCREENING IN IMMUNE-DEFICIENT WOMEN

Immune deficient women who should be screened every three years include:

- Women with HIV
- Solid organ transplant recipients
- Other women who may be considered immune deficient include:
  - Women with congenital [primary] immune deficiency
  - Women treated with intensive immunosuppressant therapy for autoimmune disease
  - Allogenic bone marrow recipients treated for graft versus host disease.

SCREENING IN PREGNANCY

- Cervical screening during pregnancy should be undertaken if the woman is due or overdue for screening.
- A woman whose screening result requires assessment or colposcopy should NOT defer this visit as colposcopy is performed to exclude the presence of invasive cervical cancer.
- It will also confirm the presence of pre-invasive disease and reassure the pregnant woman that it is safe to continue with her pregnancy.
- Conservative management of high-grade squamous intraepithelial lesions (HSIL) is recommended during pregnancy.
- Postpartum regression of CIN lesions is common.