1 PAP SMEAR SCREENING PROTOCOL
Revised: April 15, 2008

The Pap smear is designed to sample the squamocolumnar junction or transformation zone of the cervix to determine if any cellular changes have occurred which indicate any abnormalities suggestive of dysplasia or cancer. The system used to report Pap smear results is the Bethesda system, which has standardized the classification of Pap smear reports.

Indications

The purpose is screening for cervical cancer.

Frequency

Pap smears should be done once a year on high-risk populations.

For women who have had a hysterectomy, Pap smears should only be done if a cervical stump remains or they have had endometrial or cervical cancer.

DMHC Screening Criteria

I. Pap smears should be done at DMHC only if all of the following indications are met:
   A. Patient does not have a primary care provider (PCP)
   B. Patient does not have CICP, Medicaid, or private insurance
   C. Patient has not had a Pap smear in the past year or never has had a Pap smear
   D. Age of woman > 21 years of age OR < 21 and sexually active at least 3 years

II. Pap smears should be done on women even with an STD infection. Except in the case of an obvious ulcerative cervicitis (as in the setting of primary genital herpes), an adequate Pap smear can probably be collected.

III. All patients with access to a care provider for Pap smear screening should have the smear deferred until seen by the PCP.

IV. Pap smears should be not done if:
   A. The patient is menstruating.
   B. She had a normal Pap smear less than a year ago.
   C. She is < 20 years of age and has not been sexually active for 3 years
   D. The cervix shows obvious inflammation.

V. If the clinician observes a suspicious cervical abnormality, with the exception of nabothian cysts, the clinician should refer the client to colposcopy, irrespective of the Pap result.

HR-HPV testing

Women ≥ 30 years old will be screened for high-risk HPV. The cytology lab will automatically do the test based on age and report results.
PAP smear consent

Obtain a reliable address and telephone number for follow-up purposes. No Pap smear should be obtained without having reliable locating information.

Technique

Pap smear should be obtained in virtually ALL circumstances by following the steps listed below in the order written. Order should be GC gram stain if indicated, Pap smear and then vaginal Chlamydia/GC Aptima specimen. The wet prep can be done at anytime.

I. Avoid trauma to the cervix when inserting the speculum.

II. Use a scopette to gently wipe any excess mucoid or vaginal secretion from the surface of the cervix.

III. Use an Ayre’s spatula to obtain an ectocervical specimen.
   A. Look for squamocolumnar junction and be certain that the ectocervix is sampled.
   B. If the rotary motion of the spatula does not reach the ectocervix, scrape the ectocervix with an up and down motion of the spatula 360 degrees around the border of the ectocervix.
   C. Rinse spatula in ThinPrep solution by swirling vigorously 10 times, discard spatula.

IV. Endocervical brushes are to be used for ALL Pap specimens whether or not the patient is pregnant. Insert the endocervical brush into the cervix so that, if possible, all bristles are in the endocervical canal.

V. Rotate the brush in the cervix for 90-180 degrees (one fourth to one half turn).

VI. IMMEDIATELY rinse the endocervical brush in ThinPrep solution by swirling vigorously 10 times while pushing brush against the vial wall then discard brush.

VII. Cover the vial and tighten cap, label with demographic label and be sure to time, date and initial specimen.

VIII. Fill out cytology requisition form completely!

Follow-up

If a Pap test is negative or ASCUS HR-HPV negative, repeat in one year.

In woman > 30 with normal Pap and HR-HPV+ test, refer patient to PCP for repeat Pap and HR-HPV test in one year. If patient returns to the DMHC after one year, repeat Pap and HPV test. If the repeat Pap is normal and HR-HPV+, refer to colposcopy.

If the result is unsatisfactory, repeat Pap smear in 1 to 3 months. If the second one is unsatisfactory, refer the patient to colposcopy.
In women ≥ 19 years old, if the result is ASCUS with no HR-HPV result, repeat HR-HPV test only. If result is ASCUS HR-HPV+, LSIL or HSIL, refer the patient to colposcopy.

For adolescents (<19 years old) perform a HR-HPV test in one year if result is ASCUS or LSIL. If this HR-HPV test is positive, refer to colposcopy.

For all women, regardless of age, if result is AGUS, refer to GYN Women’s Care Clinic.

For all women, regardless of age, and Pap is ASC-H or HSIL, refer to colposcopy.

Women with or eligible for CICP, Medicaid or private insurance should be encouraged to make an appointment with a PCP to establish ongoing care.

See 2008 Denver Health Pap smear algorithm at: Denver Health Pulse Portal > Internal SubSites > Ob-Gyn Guidelines > Ob-Gyn Guidelines > Pap algorithm. Please contact Judy Shlay, MD with any problems and/or questions.