TO: Local Health Directors
   Attn: Directors of Nursing
   Laboratory Managers
   NC BCCCP Managers

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SUBJECT: New ACOG recommendation for Pap testing at age 21

In response to questions from several health departments, this memo serves to clarify a recent American College of Obstetrics and Gynecology (ACOG) recommendation regarding the initiation of Pap testing among women and the Division of Public Health’s position. First released on November 20, 2009, ACOG now recommends that women should have their first cervical cancer screening at age 21 and can be rescreened less frequently than previously recommended. ACOG recommends that women from ages 21 to 30 years be screened every two years instead of annually; and women age 30 and older who have had three consecutive negative Pap tests may be screened once every three years. Here is the link to this recommendation
http://www.acog.org/from_home/publications/press_releases/nr11-20-09.cfm

Currently, DPH recommends the utilization of the "Pap Smear Screening, A Guide for Health Departments, 2008" [which is based on ASCCP’s (American Society for Colposcopy and Cervical Pathology) 2006 Consensus Guidelines] for guidance on Pap testing protocols. These guidelines were developed by a group of 146 experts representing 29 organizations (including American Cancer Society [ACS], CDC and ACOG) and recommends Pap test screening begin “approximately three years after first sexual intercourse or by age 21, whichever occurs first”. In regards to frequency, the Consensus Guidelines recommend that “after a woman has had three or more consecutive, satisfactory, normal biennial examinations, the Pap test may be performed less frequently at the discretion of her physician, usually every 2-3 years”. The Consensus Guidelines do recommend the addition of the HPV DNA test for women aged 30 years and over. Our State Lab does currently
do a reflex HPV DNA test on ASCUS results for women aged 21 years or older. A major change in this ACOG recommendation from the Consensus Guidelines is the advent of testing beginning at age 21 and not three years after first sex, whichever comes first. It also suggests that screening may be performed every other year for women 21-30 years as compared to annually as has been the past practice.

In regards to family planning clients, this new recommendation by ACOG may especially affect our clients who are referred for colposcopy and are under the age of 21. The Women’s Health Branch and the Family Planning Title X Program currently allow some flexibility among the health departments in their policies/procedures regarding Pap testing through the recommendation of following a nationally recognized standard of care (i.e., ACS, CDC, USPSTF or ACOG). It is important for the local health department to be in concert with their local cancer center/physician for abnormal Pap follow-up/testing. For example, if the physician who is performing such procedure adopts the new ACOG recommendation and refuses to do a colposcopy based on her age and ACOG recommendation, this may result in our clients being confused and anxious over their ASCUS Pap result and then not having a colposcopy performed as suggested by her health department practitioners.

In terms of the NC BCCCP program and its guidance in regards to this new recommendation, programs are instructed to continue services as currently advised through the state Pap manual. The CDC in a recent conference call is adopting a “watch and wait” approach to this new recommendation. They will be forthcoming with more information later this spring. Until then, NC BCCCP will continue without changes.

If you have any questions, please contact your Women’s Health Regional Nurse Consultant or NC BCCCP Consultant.

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