

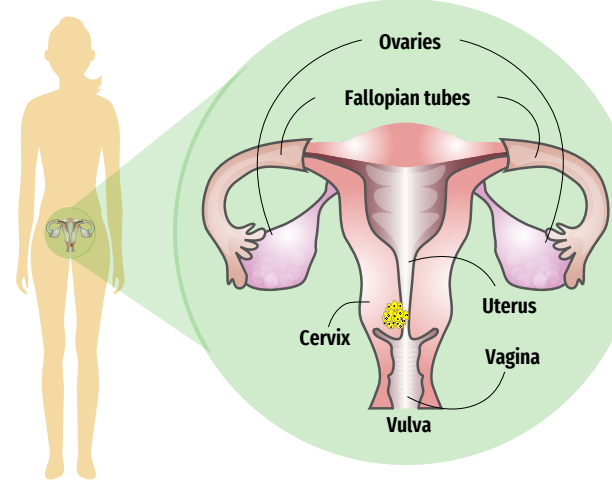
ASCO guidelines for screening and management of cervical cancer

Cervical Cancer

- A malignant tumor of the cervix, the lowermost part of the uterus
- Human papillomavirus (HPV) causes virtually all cervical cancer

WHO recommendations

- **Screening:** Cytology (Pap smear test), visual inspection, HPV DNA testing, and colposcopy
- **Treatment:** Surgical excision



Cervical cancer screening: primary goals

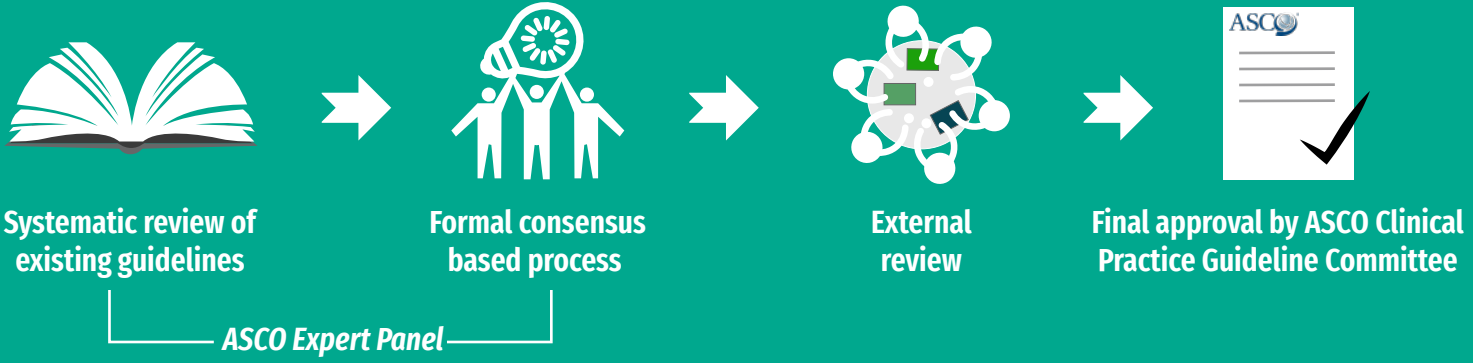
- Accurate detection
- Timely treatment
- Focus on prevention rather than control

80%

of cervical cancer incidence can be prevented by high-quality screening

ASCO guidelines provide expert guidance to clinicians, public health authorities, policymakers, and the lay public for secondary prevention of cervical cancer

Development of ASCO guidelines



4-tiered resource settings

(Classification adapted from Breast Health Global Initiative)

Basic	Limited	Enhanced	Maximal
Essential fundamental services	Services with modest infrastructure	Optional but important services	State-of-the-art resources with no constraints
HPV DNA testing is recommended in all resource settings			
Age group			
30-49 years	30-49 years	30-65 years	25-65 years
Frequency			
1-3 times	Every 10 years	Every 5 or 10 years	Every 5 years
Visual assessment	Genotyping and/or cytology		
Treatment for all positive cases	Abnormalities confirmed via colposcopy		
Cryotherapy or LEEP	Ablation or LEEP		

LEEP: Loop Electrosurgical Excision Procedure

12-month follow-up after treatment recommended in all settings

HPV screening in special populations



HIV-positive or immunosuppressed

Screen soon after diagnosis
Twice as often as general population

Pregnant

No screening

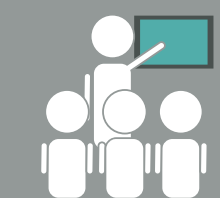
Child birth

6 weeks post-delivery (Basic setting)
6 months post-delivery (other settings)

After hysterectomy

Discontinue if cervix removed
Continue if cervix intact

Future challenges



Education of public health communities



Sponsorship from policymakers



Partnerships for treatment facilities and HPV testing



Improvement of health information systems



Quality control and monitoring

Health care providers and decision makers should follow guidelines based on the best available resource setting