

CERVICAL DYSPLASIA / PAP TEST

RATIONALE

Cervical cancer generally develops several decades after initial exposure to human papilloma virus and is rare in women younger than 21 years.¹ Although many sexually active adolescents are exposed to the human papilloma virus, and some develop abnormal cervical cells, these changes resolve without intervention in the vast majority of adolescents. Furthermore, there are indications that interventions for abnormal cervical cytology in this age group cause unnecessary anxiety and have the potential to contribute to pregnancy complications in the future.

SCREENING REQUIREMENTS

Adolescents should no longer be routinely screened for cervical dysplasia until age 21. Current guidelines state that the first Papanicolaou (Pap) test should be performed at 21 years of age, except if a patient has immune suppression or infection with human immunodeficiency virus, in which case annual Pap tests are started with the onset of sexual activity.² Adolescents who have been screened previously and had documented cervical intraepithelial neoplasia 2 or 3 or carcinoma would require continued screening.

Bright Futures*

The American Academy of Pediatrics' 2014 Bright Futures Guidelines recommends the first Pap test be performed at age 21 years. See the [2014 Bright Futures Periodicity Schedule](#). Indications for pelvic examinations prior to age 21 are noted in the 2010 American Academy of Pediatrics' statement "[Gynecologic Examination for Adolescents in the Pediatric Office Setting](#)".³

The American Academy of Pediatrics, along with the American Academy of Family Physicians, the American College of Physicians, and American College of Obstetricians and Gynecologists urges physicians to educate their patients about human papillomavirus and to strongly urge vaccination. According to the Center for Disease Control and Prevention, both the quadrivalent (human papilloma virus 4) and bivalent (human papilloma virus 2) vaccines protect against human papillomavirus types 16 and 18, which cause 70% of cervical cancers and the majority of other human papillomavirus-associated cancers.⁴

CONSIDERATIONS FOR REFERRAL TREATMENT AND/OR FOLLOW-UP

Low-grade lesions and atypical squamous cells of undetermined significance should now be followed up by repeat Pap tests at 1-year intervals. Colposcopy is recommended only if the abnormality persists or becomes a high-grade lesion over a 2-year period.¹

CERVICAL DYSPLASIA / PAP TEST

Resources

- [California Department of Public Health Maternal, Child, Adolescent and Family Life Program](#)
- [American Congress of Obstetricians and Gynecologists](#)
- [National Cancer Institute at the National Institutes of Health](#)
- [Planned Parenthood](#)
- [Family Pact](#)
- [CDPH Health Information Human Papilloma Virus \(HPV\)](#)

References

- ¹ Braverman PK, Breech L. [Gynecologic Examination for Adolescents in the Pediatric Office Setting](#). *Pediatrics*. 2010; 126:583-590
- ² American College of Obstetricians and Gynecologists. [Cervical cancer in adolescents: screening evaluation, and management](#). Committee Opinion No. 463. *Obstet Gynecol*. 2010;116(2):469–472
- ³ 2014 Bright Futures/AAP Recommendations for Preventive Pediatric Health Care
- ⁴ MMWR July 26, 2013 / Vol. 62 / No. 29 [Human Papillomavirus Vaccination Coverage Among Adolescent Girls, 2007–2012](#), and Postlicensure Vaccine Safety Monitoring, 2006–2013 — United States

*American Academy of Pediatrics materials linked to with permission for reference only. Use of these materials beyond the scope of these guidelines must be reviewed and approved by the American Academy of Pediatrics, who can be reached at marketing@aap.org.