

## Cervical Cancer Screening for Women with STDs

Annual cervical cancer screening with a Papanicolaou (Pap) smear is recommended for all sexually active women. However, women who have sexually transmitted diseases (STDs) are at increased risk for cervical cancer and may require screening examinations at more frequent intervals.

Precursor lesions for invasive cervical cancer occur 5 times more often among women attending STD clinics than among those who visit family planning clinics. Yet, according to the Centers for Disease Control and Prevention (CDC), many women who visit STD clinics do not understand why Pap smears are important; furthermore, they may believe that a Pap smear was performed during a pelvic examination when, in fact, no sample had been taken.<sup>1</sup>

Therefore, the CDC recommends informing all women who are being tested for an STD about the importance of annual Pap smears.<sup>1</sup> During their examination, they should be asked whether they know the date and results of their last test. If necessary, they should be referred to local health care providers who can obtain a Pap smear and perform any required follow-up examinations.

Health care providers at STD clinics should strongly consider obtaining a Pap smear during the routine clinical evaluation when the patient does not have documentation of normal test results within the preceding 12 months. If possible, she should be given written statements documenting when the Pap smear was

obtained and what the test results were.<sup>1</sup>

Human immunodeficiency virus (HIV) infection is believed to speed the progression of cervical cancer precursor lesions. Thus, the initial evaluation of an HIV-infected woman should include a comprehensive gynecologic examination. A Pap smear should be obtained twice during the first year after the infection was diagnosed and then at yearly intervals.

If a woman's Pap smear reveals a low-grade lesion (Table 1) or atypical squamous cells of undetermined significance (ASCUS), follow-up generally involves repeated testing with a Pap smear every 4 to 6 months for 2 years, until 3 consecutive negative test results have been obtained.<sup>1,2</sup> If her ASCUS is associated with severe inflammation, the Pap test should be repeated after 2 to 3 months and then at 4- to 6-month intervals. If the abnormalities persist, colposcopy with directed biopsy is indicated for low-grade lesions and recommended for ASCUS. High-grade lesions always warrant colposcopic examination of the lower genital tract and, if necessary, biopsy.

**Table 1. Precursors of invasive cervical cancer**

### Low-grade lesions

Cellular changes associated with HPV infection  
Mild dysplasia (CIN 1)

### High-grade lesions

Moderate dysplasia (CIN 2)  
Severe dysplasia (CIN 3)  
Carcinoma in situ (CIN 3)

HPV, human papillomavirus; CIN, cervical intraepithelial neoplasia.

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### REFERENCES

- Centers for Disease Control and Prevention. 1998 Guidelines for treatment of sexually transmitted diseases. *MMWR*. 1998;47 (No. RR-1):1-116.
- National Cancer Institute Workshop. The 1988 Bethesda System for reporting cervical/vaginal cytological diagnoses. *JAMA*. 1989;262:931-934.