

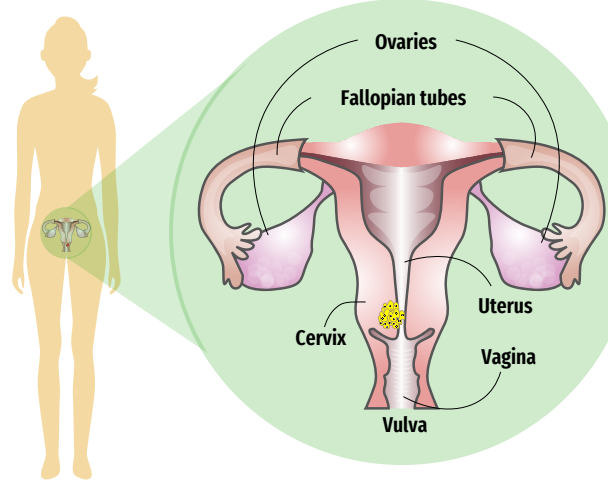
ASCO guidelines for screening and management of cervical cancer

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



Systematic review of existing guidelines



Formal consensus based process



External review



Final approval by ASCO Clinical Practice Guideline Committee

ASCO Expert Panel

4-tiered resource settings

(Classification adapted from Breast Health Global Initiative)

Basic



Essential fundamental services

Limited



Services with modest infrastructure

Enhanced



Optional but important services

Maximal



State-of-the-art resources with no constraints

HPV DNA testing is recommended in all resource settings

30-49 years

30-49 years

30-65 years

25-65 years

1-3 times

Every 10 years

Every 5 or 10 years

Every 5 years



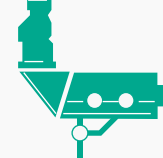
Visual assessment



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