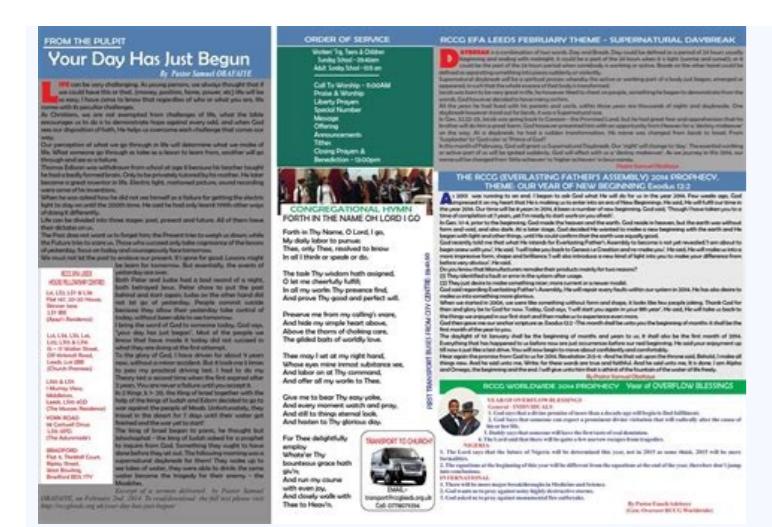


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ACOG practice bulletin  
**Cervical Cytology Screening**

**Number 45, August 2003**  
*(Replaces Committee Opinion Number 152, March 1995)*

Although cervical cancer was the leading cause of cancer death in American women as recently as the 1930s, both the incidence and mortality from cervical cancer have decreased by almost one half since the early 1970s, largely as a result of widespread screening with the Papanicolaou (Pap) test (1-3). However, the annual incidence rate has remained at approximately 8 cases per 100,000 women over the past few years (4). New technology for performing cervical cytology is evolving rapidly, as are recommendations for classifying and interpreting the results. The purpose of this document is to provide a review of the best available evidence on screening for cervical cancer. Specific equipment and techniques for performing cervical cytology and interpretation of the results are discussed elsewhere.

## Background

## **Value of Cervical Cytology**

This Practice Bulletin was developed by the ACOG Committee on Practice Bulletins—Gynecology with the assistance of Alan G. Waxman, MD, MPH. The information is designed to aid practitioners in making decisions about appropriate obstetric and gynecologic care. These guidelines should not be construed as dictating an exclusive course of treatment or procedure. Variations in practice may be warranted based on the needs of the individual patient and the availability of resources.

Cervical cancer remains the third most common gynecologic malignancy (2-5). In countries where cytologic screening is not widely available, cervical cancer remains common. Worldwide, it is the second most common cancer among women, the third most common cause of cancer-related death, and the most common cause of mortality from gynecologic malignancy (3, 6, 7). When cervical cytology screening programs have been introduced into communities, however, marked reductions in cervical cancer incidence have followed (7-9).

Cervical cytology screening is, in many respects, the ideal screening test

(8). Cervical cancer has a defined premalignant phase of many years, which allows repeated tests to significantly reduce the impact of individual false-negative test results. Cervical cytology is inexpensive and is readily accepted.

(GDM) is one of the most common medical complications of pregnancy. However, debate continues to surround the diag-

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