

## ICSI Guidelines for Breast and Cervical Cancer Screenings

The Institute for Clinical Systems Improvement's (ICSI's) breast and cervical cancer screening guidelines are summarized below.

Age	19–39 Years	40–64 Years	Over 65 Years
<b>Cervical Cancer Screening Pap Smear</b>	Beginning at age 21 or three years after first sexual intercourse, whichever is earlier; every 3 years after 3 consecutive normal results.	Every 3 years after 3 consecutive normal results	Women with a new sexual partner.
<b>Breast Cancer Screening</b>		Annual mammogram for women age 40–49 years with high-risk factors; every 1–2 years for women age 50 and older.	Every 1–2 years.

### **Cervical Cancer–Services**

Initially, all women should have annual Pap smear screening beginning at age 21 or three years after first sexual intercourse, whichever is earlier. After three consecutive normal Pap smears, women may have their screening performed less frequently at the discretion of the provider and patient. Screening for cervical cancer should be performed every three years.

Patients with a history of dysplasia should have Pap smears at least annually until they no longer have a history of dysplasia within the last five years. At this point, they need not be repeated more frequently than the standard recommendation.

For women who have had a total hysterectomy for benign disease, who also have no history of CIN 2/3, no Pap smear is indicated. For those with a history of CIN 2/3, screening may be discontinued after three consecutive normal Pap smears within a ten-year period.

After age 65, there is no clear evidence on the need for Pap smears in women who have had previous adequate screening. Women age 65 and older who have a new sexual partner should resume routine screening.

### **Cervical Cancer–Counseling Messages**

Implementing the decrease in frequency of Pap smear screening will require a transitional time of education for patients and providers and will require clinics to reconsider what should be recommended to women or what the frequency of preventive health visits should be. This will be complicated by the need to readdress protocols for contraceptive and hormone refill visits and mammogram scheduling. We hope further recommendations will be forthcoming in the literature regarding these issues.

It is important to be aware of a woman's most recent Pap smear screening at the time of visits other than scheduled preventive care, as multiple studies indicate that more than 50 percent of cervical cancers occur in women who have never been screened.

### **Breast Cancer–Mammogram**

A screening mammogram every 1–2 years is recommended for women ages 50–75 years. Mammograms may be performed at the mutual consent of the patient and provider in women over the age of 75. Women age 40–49 years with high-risk factors should initiate annual screening. High-risk factors include:

- Previous breast biopsy demonstrating atypical hyperplasia
- Family history of breast cancer in the patient's mother, sister, or daughter
- Past personal history of breast cancer

The evidence for mortality reduction for low-risk women of this age group is less clear.

**Breast Cancer–Efficacy**

The most important tool in the early detection of breast cancer is screening mammography. The U.S. Preventive Services Task Force updated its recommendation in 2002, finding “fair evidence that mammography screening every 12–33 months significantly reduces mortality from breast cancer.” They concluded that the evidence is strongest for women age 50–69 and that the clinical trials reveal no clear difference due to interval within the 12–33 month time range. Their recommendation is for “mammography, with or without clinical breast exam every 1–2 years for women age 40 and older.” This extension to the 40–49 year-old group has been controversial.

To access the complete ICSI guidelines, see the ICSI Web site at [www.icsi.org](http://www.icsi.org).