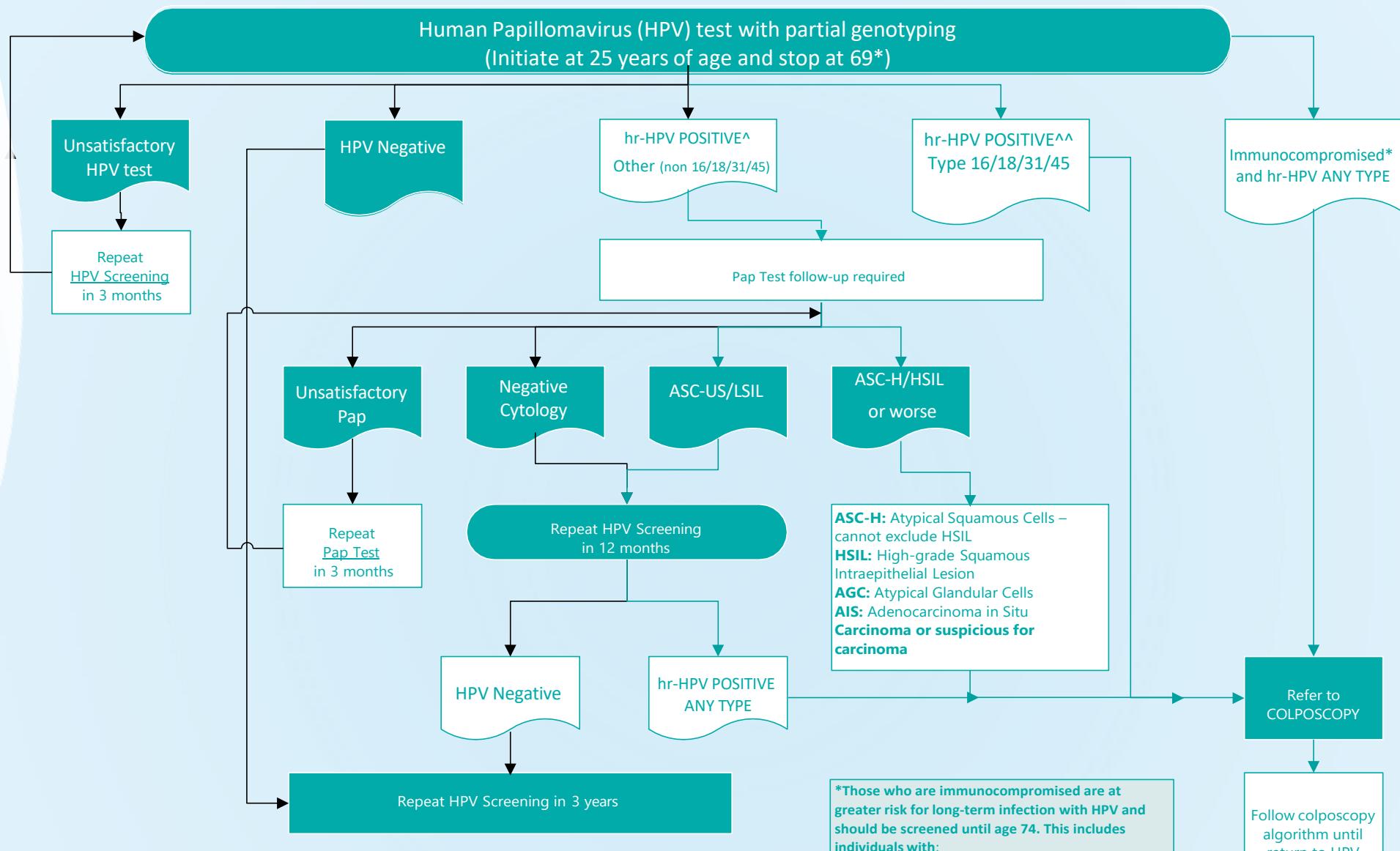


NWT Cervical Cancer Screening Clinical Practice Guidelines (2025)*

Screening Initiation	Cervical cancer screening should begin at age 25 in asymptomatic women and individuals with a cervix, who are, or ever have been sexually active (including vaginal sex, as well as digital or oral sexual activity involving the genital area).						
Screening Interval	HPV screening of asymptomatic women and individuals with a cervix should occur every 3 years. **						
Screening Cessation	Discontinue screening at age 69 in average risk women and individuals with a cervix if adequate negative screening in the previous three (3) years is documented. This is defined as one negative HPV test, and no active surveillance of pre-cursor abnormalities. Discontinue screening at age 74 in those who are immunocompromised* if adequate negative screening in the previous three (3) years is documented. This is defined as one negative HPV test, and no active surveillance of pre-cursor abnormalities.						
Screening Recommendations	<p>Negative HPV Test Repeat HPV screening in 3 years.</p> <p>Positive HPV Test</p> <table border="1"> <tr> <td>hr-HPV Positive Other</td> <td>Follow up Pap test required.</td> </tr> <tr> <td>hr-HPV Positive 16/18/31/45</td> <td>Refer for colposcopy.</td> </tr> <tr> <td>hr-HPV ANY TYPE and immunocompromised*</td> <td>Refer for colposcopy.</td> </tr> </table> <p>Unsatisfactory HPV Test Repeat HPV screening in 3 months.</p>	hr-HPV Positive Other	Follow up Pap test required.	hr-HPV Positive 16/18/31/45	Refer for colposcopy.	hr-HPV ANY TYPE and immunocompromised*	Refer for colposcopy.
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hr-HPV ANY TYPE and immunocompromised*	Refer for colposcopy.						
Special Circumstances							
Immunocompromised individuals with a cervix	<p>** Increased effort should be made to ensure adherence to 3-year screening interval and follow-up in individuals with:</p> <ul style="list-style-type: none"> human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS), regardless of viral load. congenital (primary) immunodeficiency. solid organ or allogeneic stem cell transplants. immune suppression due to treatment (continuous or intermittent), and/or medications for a period of three years or more. systemic lupus erythematosus (SLE), regardless of whether they are receiving immunosuppressant treatment. renal failure requiring dialysis. 						
HPV Vaccination	Individuals who have been vaccinated against HPV should still be screened.						
Pregnancy	Individuals who are pregnant who have never been screened or who are overdue for screening should be screened at their initial prenatal appointment. Follow up of HPV positive results is the same as for all other individuals. Pregnant individuals with abnormal exam or cytology findings should be promptly referred to gynecology for assessment and possible treatment, as appropriate.						
Total Hysterectomy (includes the cervix)	If total hysterectomy was for reasons other than proven high grade cervical dysplasia or cervical cancer, these individuals may discontinue screening with adequate pathological documentation. If pathological documentation is unavailable, collect an HPV test at 12 months post hysterectomy from the vaginal vault. If negative, discontinue screening.						
Subtotal Hysterectomy (does not include the cervix)	Women and individuals who have retained their cervix should continue with screening at 3-year intervals.						
After treatment of biopsy proven HSIL or worse	Follow post-treatment colposcopy algorithm. Once discharged from colposcopy care, screen again at 3-year intervals.						

*All cervical abnormalities or abnormal symptoms should be investigated, regardless of the patient's age or HPV screening result. Refer to a specialist, as appropriate.



[^]hr-HPV Other can still be oncogenic. A Pap test helps to detect high-risk cytologic changes.

^{^^} hr-HPV 16/18/31/45 cause up to 80% of invasive cervical cancer.

***Those who are immunocompromised are at greater risk for long-term infection with HPV and should be screened until age 74. This includes individuals with:**

- HIV/AIDS, regardless of viral load.
- congenital (primary) immunodeficiency.
- solid organ or allogeneic stem cell transplants.
- immune suppression due to treatment (continuous or intermittent), and/or medications for a period of three years or more.
- systemic lupus erythematosus (SLE), regardless of whether they are receiving immunosuppressant treatment.
- renal failure requiring dialysis.