

SORT: KEY RECOMMENDATIONS FOR PRACTICE

Clinical recommendation	Evidence rating	References
Cervical cancer screening in women before 21 years of age leads to more harms than benefits and does not reduce cervical cancer incidence or mortality.	A	4, 14, 16, 18, 20
Average-risk women 21 to 29 years of age should be screened every three years with cytology alone.	A	4, 16, 18, 20
Average-risk women 30 to 65 years of age should be screened every three years with cytology alone or every five years with a combination of cytology and HPV testing.	A	4, 16, 18, 20
Cervical cancer screening should be discontinued in women older than 65 years with an adequate history of negative screening results.	C	4, 16, 18, 20
Annual cervical cancer screening is not recommended for average-risk women of any age.	A	4, 16, 18, 20
Women with a hysterectomy unrelated to cancer should not be screened for cervical cancer.	C	4, 16, 18, 20
Women with a hysterectomy related to a history of cancer should be screened for cervical cancer for 20 years after the hysterectomy.	C	4, 16, 18, 20
Primary HPV testing may be considered for cervical cancer screening every three years in women 25 years and older.	B	4, 15, 23

HPV = human papillomavirus.

A = consistent, good-quality patient-oriented evidence; **B** = inconsistent or limited-quality patient-oriented evidence; **C** = consensus, disease-oriented evidence, usual practice, expert opinion, or case series. For information about the SORT evidence rating system, go to <http://www.aafp.org/afpsort>.