Chapter 7. Cervical and Anal Cancer Screening

Rationale and Background

HIV disease is associated with an increased risk of cervical dysplasia, a precursor of cancer, in women. Most patients who develop this condition have a history of human papillomavirus (HPV) infection, which is a sexually transmitted pathogen that causes genital warts. The risk of developing cervical disease is greatest in women with advanced HIV disease.

The Pap smear has been demonstrated to be a useful screening test for cervical dysplasia. Its routine use in populations at risk decreases morbidity and mortality from cervical neoplasia.

Guidelines

A pelvic examination and Pap smear should be performed as part of the initial evaluation of all HIV-infected women, repeated six months later, and, if normal, repeated annually thereafter. Colposcopy is not recommended as a screening test in this population.

More frequent Pap smear evaluations (every 4-6 months) are recommended in the following circumstances:

- If endocervical component is absent
- If there is a history of HPV infection
- After treatment for any cervical abnormality

Women with abnormal Pap smear results showing cellular atypia (atypical squamous cells of undetermined significance [ASCUS]) or any degree of cervical dysplasia (low-grade or high-grade squamous intraepithelial lesion [SIL]) should be referred to a gynecologist for further diagnostic evaluation. In general, colposcopy and biopsy are performed.

Anal Pap Smear

It is unknown whether screening for anal dysplasia with Pap smears confers a morbidity or mortality benefit, and there currently are no consensus guidelines for anal Pap smear screening. However, based upon available information, it may be reasonable to perform an anal Pap smear every 6 to 12 months in HIV-infected patients at risk for HPV infection or with a history of anogenital warts or other HPV-related conditions. The technique consists of inserting a dacron swab 2-4 cm. into the anal canal and rotating it 360 degrees while it is removed very slowly. It is fixed in the same manner and interpreted using identical criteria as a cervical Pap smear. Standardized approaches for the management of anal dysplasia have been developed and are in the process of evaluation.