

SPECIFIC POPULATIONS AND INVESTIGATION OF ABNORMAL VAGINAL BLEEDING



SCREENING IN PREGNANCY

- Cervical screening during pregnancy should be undertaken if the woman is due or overdue for screening.
- HPV self-collection is a suitable option for women undertaking screening during pregnancy.
- A woman whose screening result requires assessment or colposcopy should NOT defer this visit as colposcopy is performed to exclude the presence of invasive cervical cancer.
- It will also confirm the presence of pre-invasive disease and reassure the pregnant woman that it is safe to continue with her pregnancy.
- Conservative management of high-grade squamous intra-epithelial lesions (HSIL) is recommended during pregnancy.
- Postpartum regression of CIN lesions is common.

SCREENING IN WOMEN EXPOSED TO DIETHYLSTILBOESTROL (DES) IN UTERO

- Women exposed to DES in utero should be offered an annual co-test and colposcopic examination of both the cervix and vagina indefinitely.
- HPV self-collection is not an appropriate test in these circumstances.
- Those who have a screen-detected abnormality should be managed by an experienced colposcopist.
- Daughters of women exposed to DES should have 5-yearly HPV testing. If these women have concerns, testing similar to that recommended for their DES-exposed mothers could be considered on an individual basis.

SCREENING IN IMMUNE-DEFICIENT WOMEN

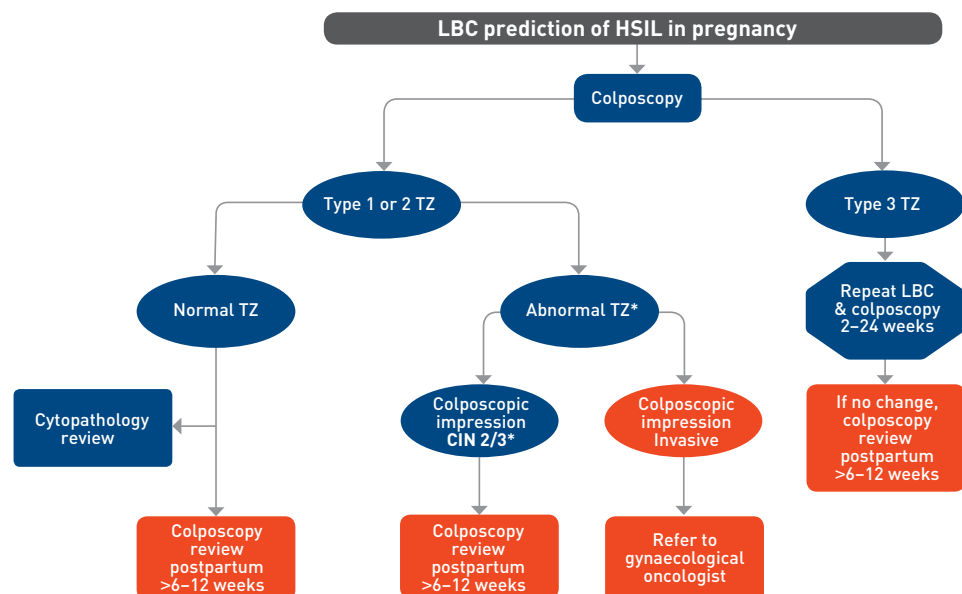
Immune deficient women who should be screened every three years include:

- Women with HIV
- Solid organ transplant recipients

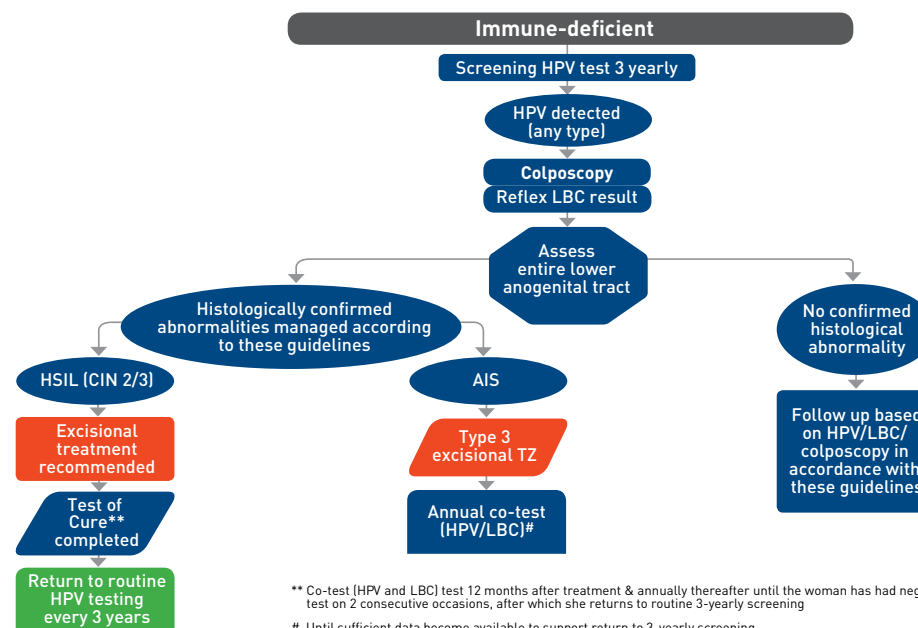
Other women who may be considered immune deficient include:

- Women with congenital (primary) immune deficiency
- Women treated with intensive immunosuppressant therapy for autoimmune disease
- Allogenic bone marrow recipients treated for graft versus host disease
- Other groups who may be immune deficient due to disease, immuno suppressive drugs or both.

HPV self-collection is a suitable option for screening in immune-deficient women.



*Biopsy not usually necessary in pregnancy



** Co-test (HPV and LBC) test 12 months after treatment & annually thereafter until the woman has had negative co-test on 2 consecutive occasions, after which she returns to routine 3-yearly screening

Until sufficient data become available to support return to 3-yearly screening