

Cervical Cancer Screening Updates and Management

September 16, 2026



CME Accreditation Statement

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the Medical Society of the State of New (MSSNY) and the New York State Family Planning Training Center.

The Medical Society of the State of New York designates this live activity for a maximum of 1.00 AMA PRA Category 1 Credit™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.



Financial Relationship Disclosures

None of the individuals in control of content have relevant financial relationships to disclose.

Learning Objectives



State increased knowledge and competence in cervical cancer screening guidelines



Describe how one can utilize HPV self collection test kits to enhance cervical cancer screening



Identify processes to close the screening gap for underserved populations

Welcome and Grounding

Audience Question

How have conversations around cervical cancer screening changed over the years?

Please come off mute or share in the chat!



Cervical cancer in the U.S.

Poll #1: Approximately what percentage of cervical dysplasia and cancer is caused by high risk HPV types 16 and 18?

A.33%

B.54%

C.66%

D.89%

Poll #1: Approximately what percentage of cervical dysplasia and cancer is caused by high risk HPV types 16 and 18?

A. 33%

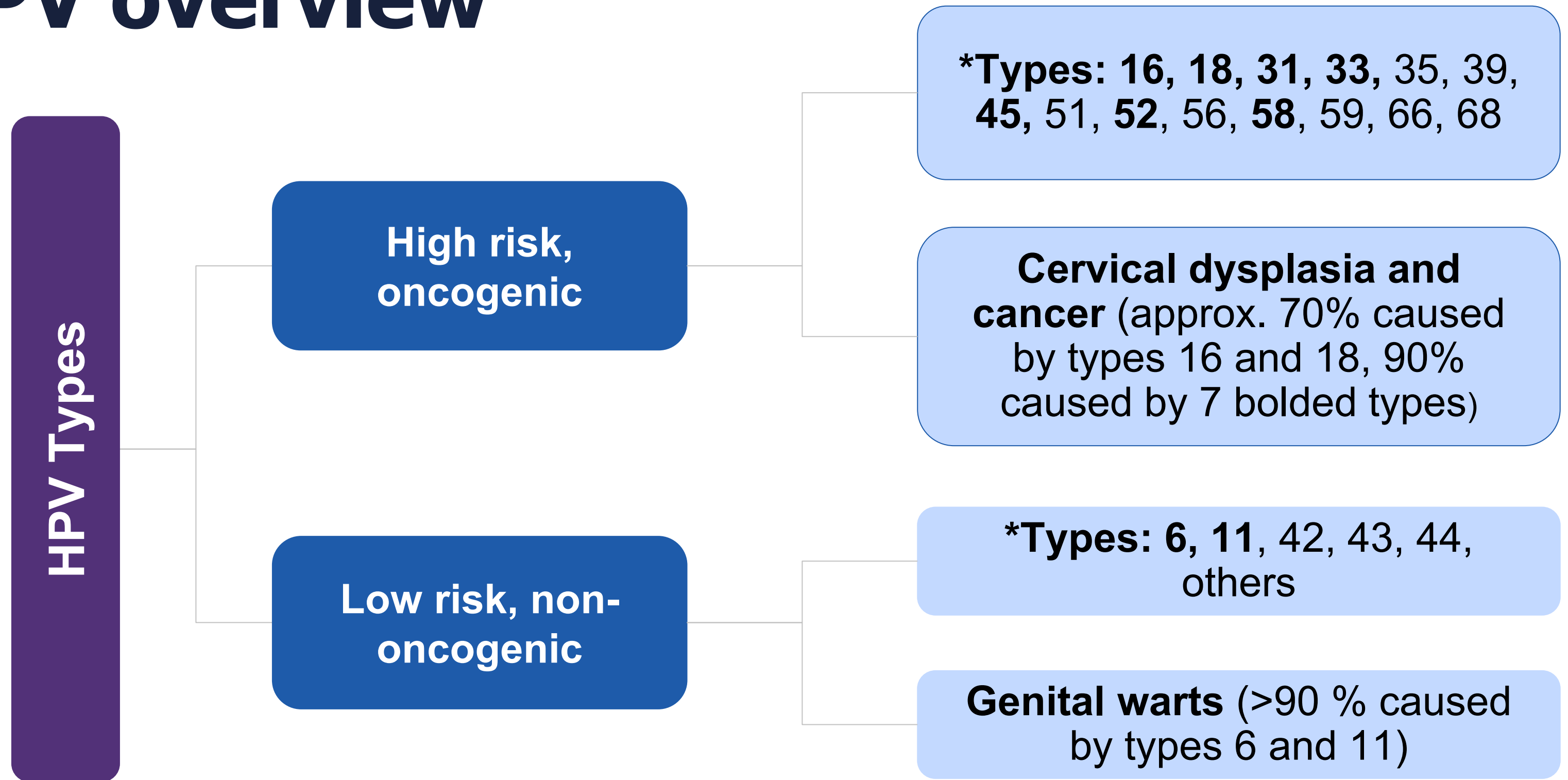
B. 54%

C. 66%

D. 89%

Source: [2021 CDC STI Treatment Guidelines - HPV section](#)

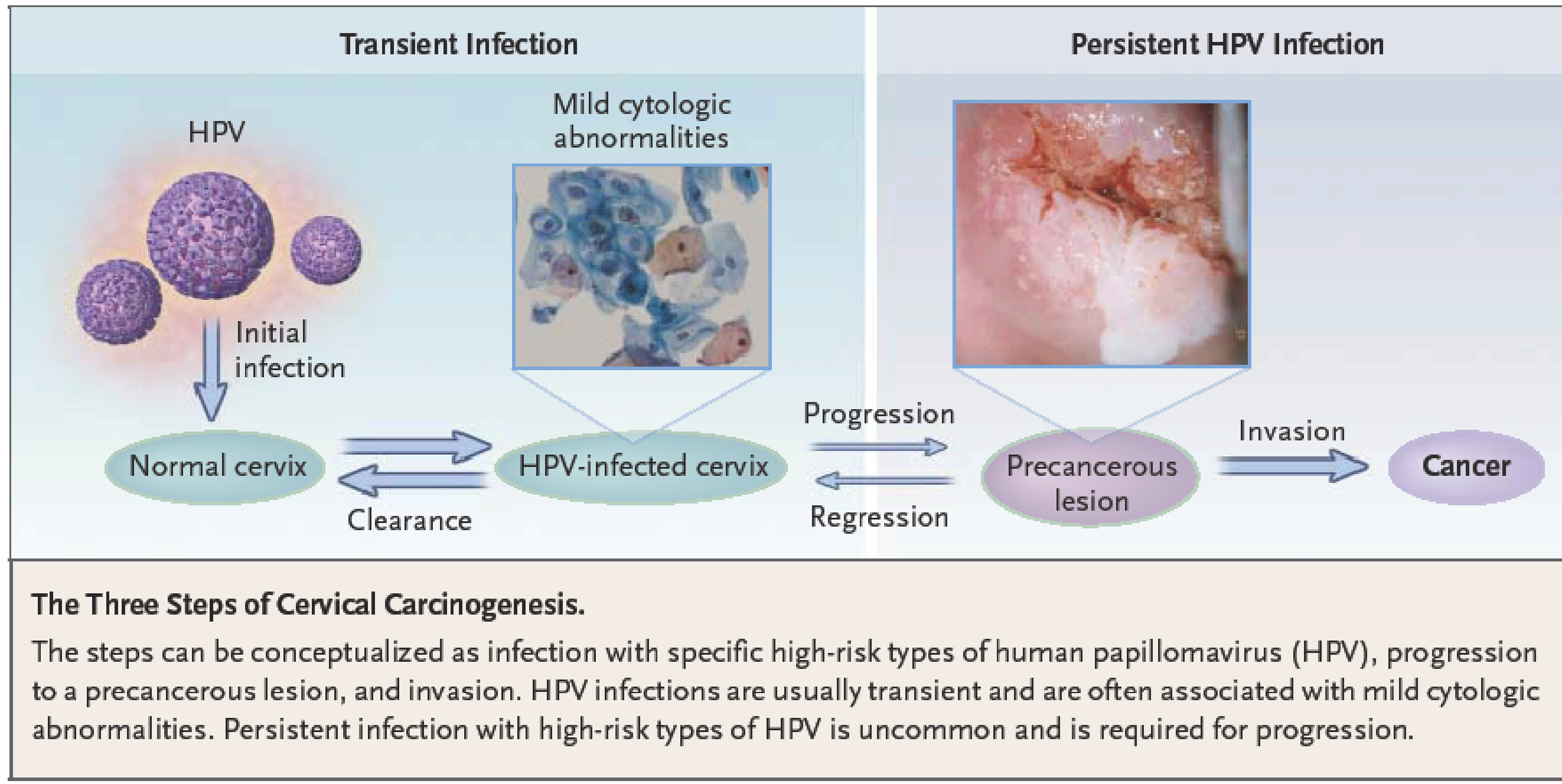
HPV overview



* types in **bold** are those prevented by the 9-valent HPV vaccine

Source(s): [CDC STI Treatment Guidelines, 2021](#)

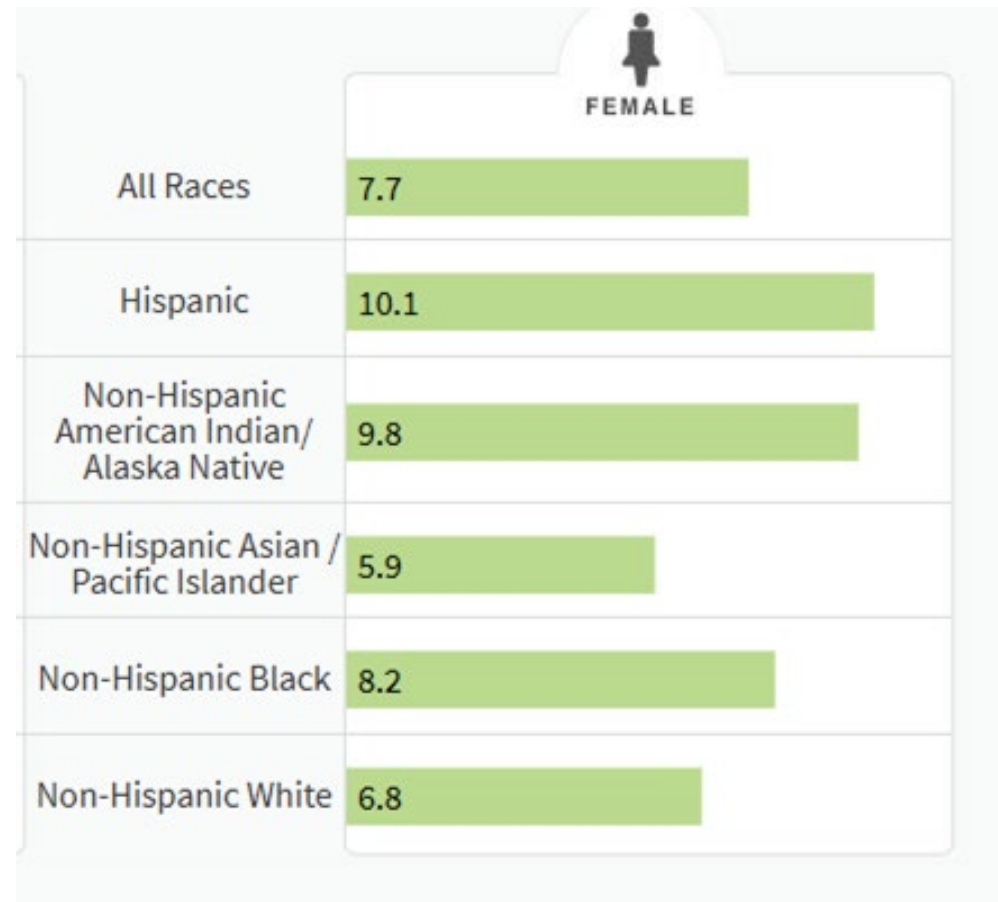
Cervical cancer and HPV



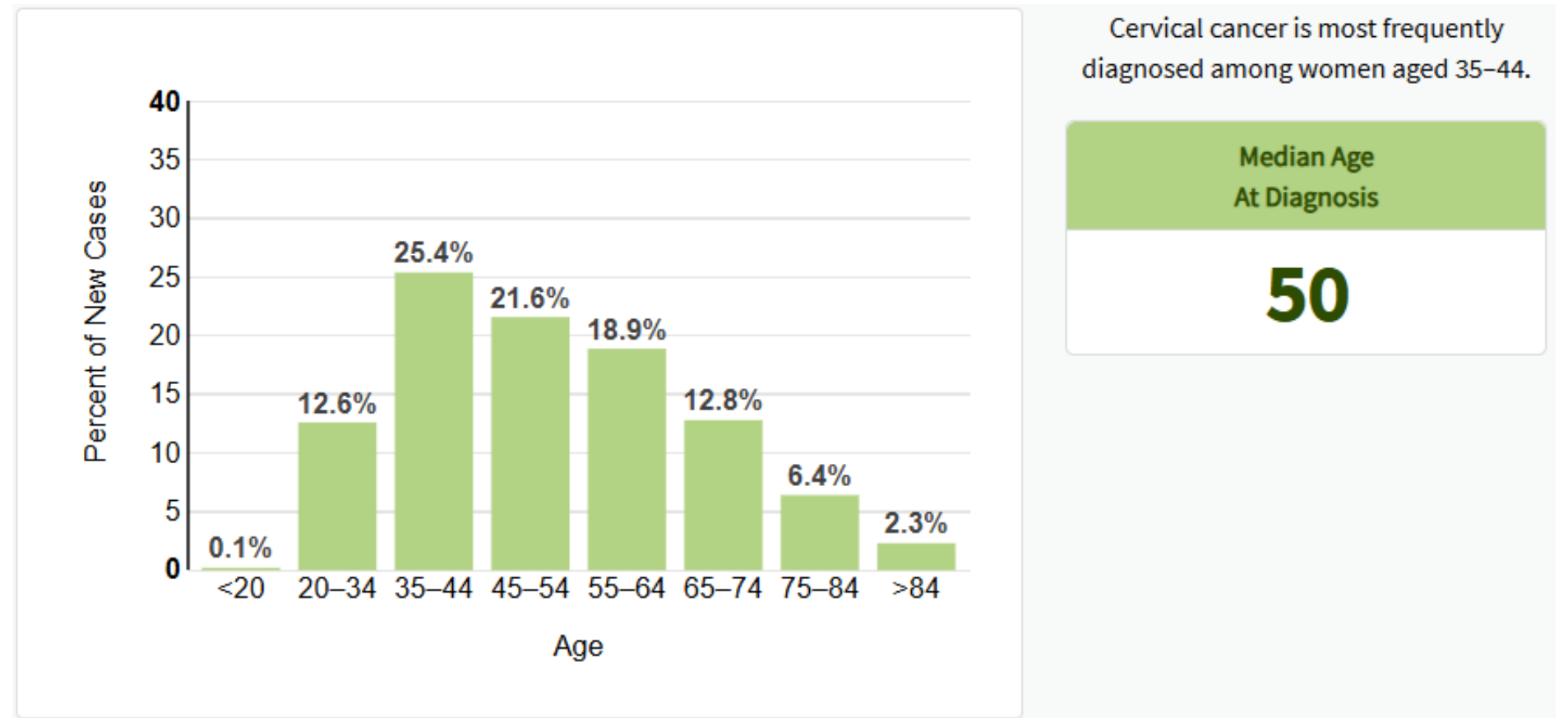
Source(s): NEJM 348;6, pg 489-490, Feb 2003

Cervical cancer rates in the U.S.

Rate of New Cases per 100,000 Persons
by Race/Ethnicity: Cervical Cancer



Percent of New Cases by Age Group: Cervical Cancer



Most cases of cervical cancer and related deaths occur among women who have not been adequately screened.

Poll #2: What portion of new cervical cancer diagnoses occur in people who were never screened or inadequately screened?

- A. One third
- B. Half
- C. Two thirds
- D. All

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B. Half

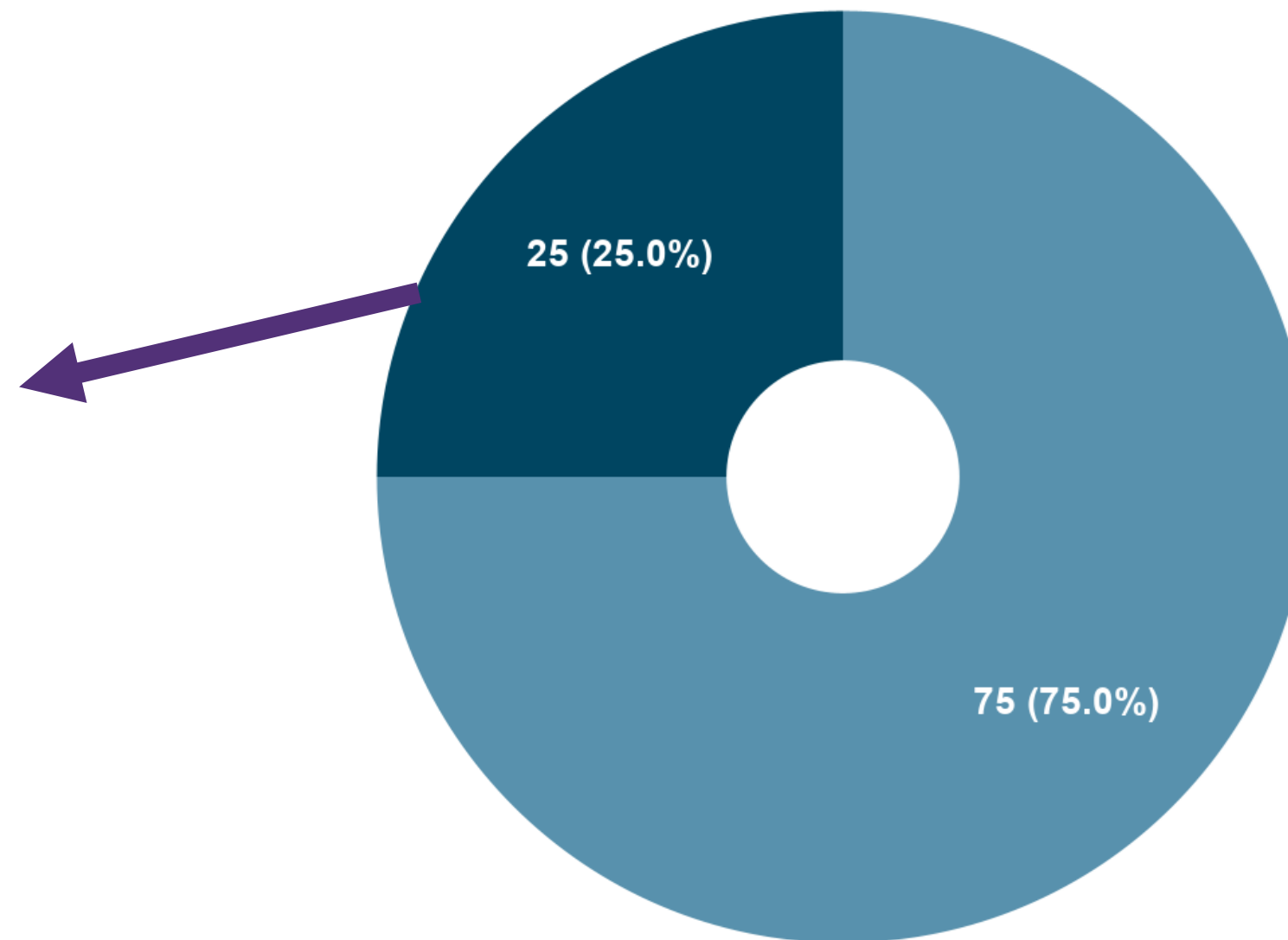
C. Two thirds

D. All

Cervical cancer screening in the U.S.

Cervical cancer screening in the United States

Half of all new cervical cancer diagnoses occur in people who were never screened or inadequately screened.



● Screened for cervical cancer ● Not screened or not screened at recommended intervals

Source(s): [National Cancer Institute, Cervical Cancer Screening](#); [American Cancer Society: New York State](#)

Current recommendations for cervical cancer screening

The 2026 landscape - regulatory and clinical shifts

National Cancer Institute 'Last Mile' Initiative

Private/public partnership to contribute evidence on the accuracy and clinical effectiveness of self-collection-based HPV testing for cervical cancer screening

Guidelines Evolution

USPSTF 'Enduring Guidelines' updates in response to new tools



FDA Expansion

Approval of Onclarity and cobas HPV tests for self-collection in healthcare settings

Source: National Cancer Institute, July 2024, [FDA Approves HPV Tests That Allow for Self-Collection in a Health Care Setting](#)

Current screening strategies

Pap test (cytology)	HPV test	Cotest
Looks for abnormal cells (dysplasia)	Looks for high-risk DNA/RNA (hrHPV)	Cytology plus hrHPV
Requires a sample from the cervix	Detects the risk factor, not the cancer itself	Requires a sample from cervix
Liquid-based cytology and conventional cytology	A positive result indicates the presence of the virus	

Participation in regular screening has a far greater effect on cervical cancer morbidity and mortality than which of the three recommended screening strategies is chosen for women ages 30 - 65.

Baseline screening recommendations

Age	Action	Frequency
Under 21	No testing needed	
21 - 29	Pap test (cytology) alone	Every 3 years
30 - 65	*hrHPV test alone (primary) <u>or</u> Cotesting <u>or</u> Pap alone	Every 5 years (HPV or cotest) <u>or</u> Every 3 years (Pap alone)
> 65	Stop screening	^If adequate prior negative screening exists
People at increased risk of cervical cancer (i.e. women with history of cervical cancer, a compromised immune system, or diethylstilbestrol (DES) exposure) may need to be screened more often.		

*hrHPV = high HPV test; Guidelines apply to individuals with a cervix at average risk.

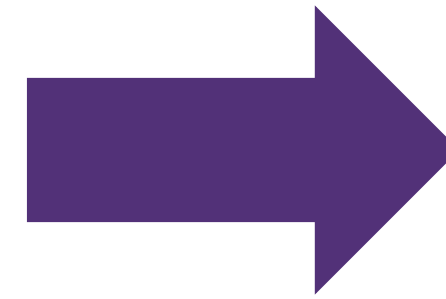
^3 consecutive negative cytology results or 2 consecutive negative cotesting results within 10 years before stopping screening, with the most recent test occurring within 5 years

Sources: [NYS DOH Cervical Cancer Screening Guidelines](#); [USPSTF Cervical Cancer Screening](#)



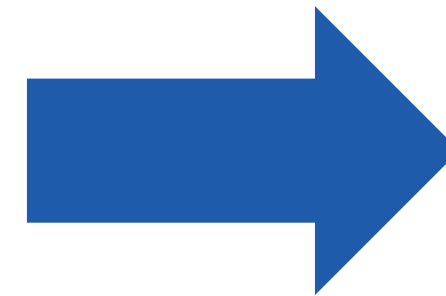
People with a cervix who . . .

- Are not having sex or who think they're too old to have a child
- Have had the HPV vaccine



Need regular screening

- Are older than 65 and have had normal Pap results for many years
- Have had their cervix removed during surgery for a non-cancerous reason e.g. fibroids)



May not need screening

People with a cervix should talk with their health care provider to decide what is best for them.

Barriers to traditional screening

- Uncomfortable with the exam
- Lack of time
- Financial issues
- Experience of sexual trauma
- Other health or life crises
- Pain or embarrassment
- Lack of awareness
- Lack of access

What other barriers are there to traditional cervical cancer screening that aren't mentioned here?

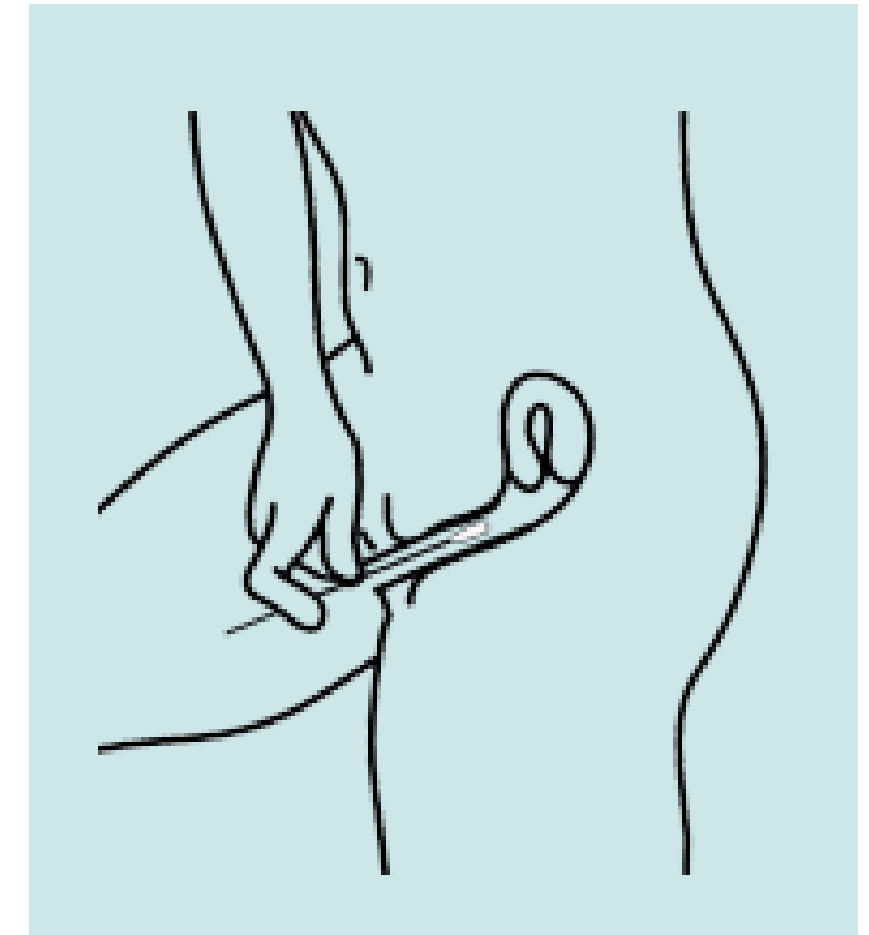
Please share in the chat.

Poll #3: Does your site offer a self-collection option for cervical cancer screening? *Select all that apply.*

- A. Yes - we offer self-collection at clinic
- B. Yes - we offer self-collection at home
- C. No - we do not offer any self-collection options
- D. I don't know

Adding another option: self-collection

- FDA expanded approval for HPV self-collection kit in May 2024
- Tests for hrHPV - it is not a Pap test
- Self-collected vaginal specimens do not directly sample the cervix
- High concordance for HPV genotyping
- Numerous studies show that self-collection (both in clinic setting and at home) is non-inferior to clinician collection



Source: [Evaluation of a Self-collected Device for Human Papillomavirus Screening to Increase Cervical Cancer Screening](#);

Considerations for self-collection

- **If screen positive** on self-collected HPV test: must RTC for clinical collection of cervical cytology
- **Limitation:** Estimated 3 - 8% of cervical cancer not caused by HPV
- **Self-collection not recommended for people:**
 - Living with HIV
 - With in utero DES exposure
 - Undergoing surveillance after abnormal colposcopy
 - With diagnosis of adenocarcinoma in situ

In asymptomatic, average risk person with a cervix: clinician collected cervical specimens are preferred and self-collected vaginal specimens are acceptable

Types of self-collection: home-based and office/clinic based

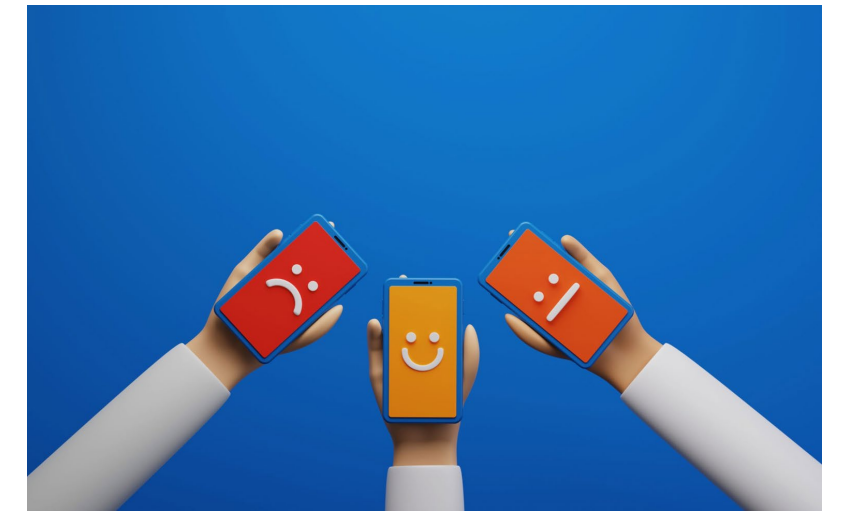
 Pap test (cytology)	hrHPV test	
In clinic self-collection requires: - Self-collection protocol - FDA approved collection kit - Onclarity HPV (BD) and cobas HPV (Roche)		Home-based self collection requires: - Separate protocol for how to handle results for home-based self collected - <i>Different</i> FDA approved collection kit - Teal Wand

Both options require a health care provider to order the test. Only U.S. Food and Drug Administration–approved, clinician-ordered, or clinician-approved test kits should be used.

Why offer self-collection?

Offering self-collection may address:

- Patient-level factors and preferences
 - Physical discomfort or anxiety
 - Alternative to pelvic examination
 - Personal history/trauma
 - Privacy and preference
- Clinician level constraints
- System level and logistical barriers



Sources: [Self-Collected Vaginal Specimens for HPV Testing: Recommendations From the Enduring Consensus Cervical Cancer Screening and Management Guidelines Committee](#), *Journal of Lower Genital Tract Disease*, 29(2):p 144-152, April 2025.

What needs to be in place

Policies and processes for:

- Documentation
- Notification
- Follow-up



Recommended that patient-collected primary hrHPV screening be performed only if patients prefer this method *and* processes are in place.

ACOG updated guidelines

Table 1. Summary of Recommendations for Cervical Cancer Screening for Patients at Average Risk	
Age Group (y)	Recommendation
21–29	Cervical cytology every 3 years
30–65	Clinician-collected primary hrHPV every 5 y If primary clinician-collected hrHPV is not available: • Co-testing with hrHPV testing with cervical cytology every 5 y • Patient-collected primary hrHPV screening every 3 y* If primary hrHPV (clinician- or patient-collected) and co-testing are not available: • Cervical cytology alone every 3 y[†]
Older than 65	Routine screening not clinically indicated with adequate prior screening [‡]
hrHPV, high-risk human papillomavirus. *Using clinician-ordered, U.S. Food and Drug Administration–approved testing kits. [†]Only in settings in which hrHPV primary testing or co-testing is not available or, if after counseling, the patient chooses cervical cytology alone and systems for appropriate follow-up are in place. [‡]Defined as three consecutive negative cytology results or two consecutive negative co-testing results within 10 years before stopping screening, with the most recent test occurring within 3 years for cytology alone or 5 years for co-testing.	

Sources: ACOG- [Screening for Cervical Cancer](#), July 2026



Updated guidelines for cervical cancer screening

- ACOG/WSPI - [Screening for Cervical Cancer](#), July 2026
- ASCCP - [Self-Collected Vaginal Specimens for HPV Testing: Recommendations From the Enduring Consensus Cervical Cancer Screening and Management Guidelines Committee](#), April 2025
- American Cancer Society - [Guideline for Cervical Cancer Screening](#), Dec 2025
- USPSTF - [in development](#)

Acronyms: ACOG = American College of Obstetricians and Gynecologists; WSPI = Women's Preventive Services Initiative; ASCCP = American Society for Colposcopy and Cervical Pathology; USPSTF = U.S. Preventive Services Task Force

GUIDELINE, ALGORITHM, DECISION AID

OPEN

Self-Collected Vaginal Specimens for HPV Testing: Recommendations From the Enduring Consensus Cervical Cancer Screening and Management Guidelines Committee

Nicolas Wentzensen, MD, PhD,¹ L. Stewart Massad, MD,² Megan A. Clarke, PhD,¹ Francisco Garcia, MD, MPH,³ Robert Smith, PhD,⁴ Jeanne Murphy, PhD, CNM,⁵ Richard Guido, MD,⁶ Ana Reyes, MS,⁷ Sarah Phillips, MS,¹ Nancy Berman, MSN, ANP-BC, NCMP, FAANP,⁸ Jeffrey Quinlan, MD,⁹ Eileen Lind, NP,¹⁰ Rebecca B. Perkins, MD,¹¹ and Enduring Consensus Cervical Cancer Screening and Management Guidelines Committee

Objective: The Enduring Consensus Cervical Cancer Screening and Management Guidelines Committee developed recommendations for the use of self-collected vaginal specimens for human papillomavirus (HPV) testing in health care settings.

Methods: A systematic review of the literature was conducted, and recommendations were developed based on the committee's review of the evidence and expert consensus.

Results: Clinicians should offer self-collected vaginal specimens for HPV testing to asymptomatic women aged 25 years and older. For women with a positive test for HPV types 56/59/66 and no other carcinogenic types, minimal data exist on use of self-collected vaginal specimens for surveillance following abnormal screening test results, colposcopy or treatment, and therefore, clinician-collected cervical specimens are preferred.

ACOG COMMITTEE STATEMENT

NUMBER 28

ACOG
American College of Obstetricians & Gynecologists

(REPLACES PRACTICE ADVISORY: UPDATED CERVICAL CANCER SCREENING GUIDELINES, APRIL 2021)

JULY 2026

Screening for Cervical Cancer

This Committee Statement was developed by the American College of Obstetricians & Gynecologists' Committee on Clinical Consensus-Gynecology in collaboration with Christopher Zahn, MD, Akiva P. Novetsky, MD, MS, Kimberly Gecsi, MD, and Nancy Sokkary, MD.

The American Cancer Society Guideline for Cervical Cancer Screening

The American Cancer Society (ACS) recommends that women and other individuals with a cervix follow this guideline to help find cervical cancer early. Following this guideline can also help find cervical precancers, which can be treated before they become cervical cancer.

The cervix is the bottom part of the uterus that connects it to the vagina. Nearly all cervical cancers are caused by long-lasting infection with certain types of human papillomavirus (HPV).

gynecologists' qualified endorsement of screening guidelines and addresses 21-29 years, 30-65 years, and older SI guidelines, particularly regarding implementation considerations.



NYS Cancer Services Program

What is the NYS Cancer Services Program (CSP)?



Department
of Health

Cancer Services
Program

- Provides breast, cervical and colorectal cancer screenings and diagnostic services at NO COST to people who:
 - Live in New York State
 - Do not have health insurance
 - Have health insurance with a cost share that may prevent a person from obtaining screening and/or diagnostic services
 - Meet income eligibility requirements
 - Meet age requirements
- Programs serve more than 20,000 New Yorkers each year
- 5,000+ health care providers, facilities, and laboratories participate

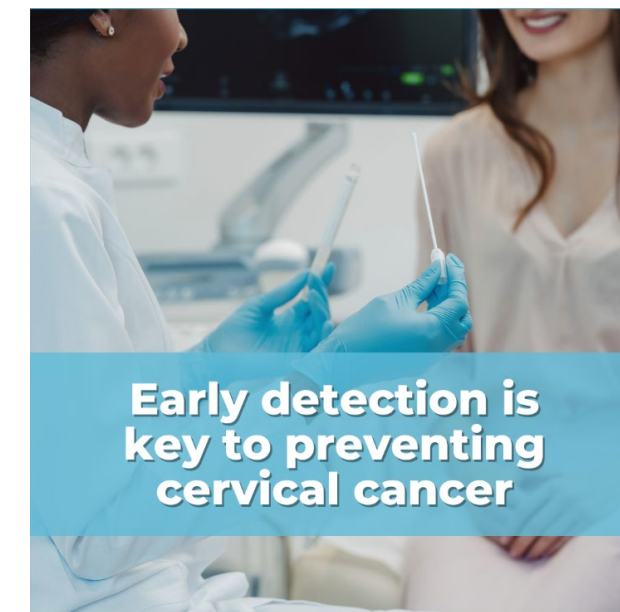
CSP Screening, 1 of 2

- **Breast cancer screening**

- Mammogram and clinical breast exam
- Ages 40 and older
- Under age 40 at high risk for breast cancer*
- Transgender men who have not had a bilateral mastectomy
- Transgender women who have taken or are taking hormones

- **Cervical cancer screening**

- Pap test, high-risk HPV test and pelvic exam
- Ages 40 and older



*High risk is determined by a clinical risk assessment performed and documented by a NYS-licensed provider, per Cancer Services Program protocol.

Source: [NYS Cancer Services Program Provide Factsheet](#); [National Cervical Cancer Coalition](#)

CSP Screening, 2 of 2

- **Colorectal cancer screening**

- Fecal Occult Blood Test/Fecal Immunochemical Test Kit
- Ages 45 and older **at average risk** for colorectal cancer

- **Colorectal cancer screening by colonoscopy**

- If at **increased or high risk** for colorectal cancer* **at any age**
- *High risk is determined by a clinical risk assessment performed and documented by a NYS-licensed provider, per Cancer Services Program protocol.

Options for cancer screening for Title X clients in NYS

Screening for:	Title X	NYS CSP
Breast cancer	Covers breast exam	Covers mammogram
Cervical cancer	Covers screening until menopause	At menopause and beyond
Colorectal cancer	Not a required service - have referral network in place	Fecal Occult Blood/Fecal Immunochemical Test Kit for people $\geq$ 45 yo at average risk for colorectal cancer cancer

New York State Medicaid Cancer Treatment Program

- Reimbursement is available for imaging, facility fees, biopsies, pre- and post-operative procedures, pathology, and consultations
- Patients in need of treatment may be eligible for full Medicaid coverage
- Coverage lasts for the entire treatment period and includes medications.
- 1-866-442-CANCER (2262), a 24/7 toll-free phone line
- See website for [Medicaid Cancer Treatment Program \(MCTP\): Breast, Cervical, Colorectal and Prostate Cancer](#)

NYS DOH HPV vaccine programs



Image from OASH [HPV VAX NOW Young Adult Outreach Toolkit](#)

- HPV vaccine is a service covered by Title X
- If you need additional resources for the HPV vaccine:
 - NYS [Vaccines for Adults Program](#)
 - MerckHelps [patient assistance program](#)
 - NYS [info on HPV and HPV vaccine](#)
 - NYS [Vaccines for Children Program](#)

STI related updates



Gonorrhea treatment updates

Medications	Nuzolvence (zoliflodacin)	^Blujepa (gepotidacin)
Insurance coverage		Covered under Medicaid
Efficacy	*91%	*93% cure rate
Eligibility Criteria	- Adults and children 12 years and older - Must weigh ≥ 77 lbs	- Adults and children 12 years and older - Must weigh ≥ 99 lbs
Clinical/Safety Profile	Do not use in pregnancy; Obtain pregnancy test if person treated has potential to be pregnant; Counsel males about potential for decreased fertility; Use contraception for 3 months after treatment	Restricted use: for patients with few or no other treatment choices due to limited clinical safety data QT prolongation potential Do not use in pregnancy or if breastfeeding

*compared to standard ceftriaxone with or without azithromycin treatment

^First approved in March 2025 for UTIs



*Gonorrhea treatment updates, cont

FDA approvals for uncomplicated urogenital GC treatment

Medications	Nuzolvence (zoliflodacin)	[^] Blujepa (gepotidacin)
Dosage	3 gram dose once by mouth	Take four 750 mg pills by mouth, then 12 hours later, take another four 750 mg tabs by mouth. Total 8 tablets.
Formulation	Granules dissolved in water	Oral tablets
Patient education	Common side effects: low WBC, HA, dizziness, nausea, diarrhea	Side effects - diarrhea (49%); nausea, vomiting, headache, sweating. Take with meal to reduce GI side effects

*for treatment of uncomplicated urogenital gonorrhea; [^]First approved in March 2025 for UTIs

STI AWARENESS

GONORRHEA



Gonorrhea - New Treatment Possibilities

CME 0.5



- CEI online course
- 36 minutes
- CME 0.5

Upcoming NYSFPTC Events:



– Vaginitis Updates

- **October 7, from 12 – 1pm; [Register here](#)**



– Identifying Missed Revenue Opportunities

- **October 14, 12 – 1:15 pm. [Register here](#)**



– Health Educator Affinity Group

- **October 15, 12 -1PM; [Register here](#)**

Q&A

Thank you!

Contact | nysfptraining.org/

Connect | nysfptraining.org/enews/

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