



American Society for Clinical Pathology

THE AMERICAN SOCIETY FOR CLINICAL PATHOLOGY
POLICY STATEMENT

PAP TESTS (POLICY NUMBER 01-03)

YEAR INITIALLY APPROVED: 2001

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DATE OF NEXT REVIEW: 02/08

POLICY STATEMENT:

The ASCP believes that Pap tests and enhancements should be available to all patients at a reasonable cost, that testing should occur at regular intervals, and that efforts should be made to identify and recruit unscreened/ poorly screened women into screening programs.

BACKGROUND AND RATIONALE:

The public is urged to understand that the Pap test is a screening test, not a diagnostic test, which has a small but irreducible false-negative (error) rate, even in the best of laboratories.

To impact the rates of cervical pre-cancer and cervical cancer in this county:

1. Pap tests and all enhancements should be available to all patients at a reasonable cost.
2. Efforts must be made to identify and recruit unscreened/ poorly screened women into regular screening programs.

A cervical/vaginal (Pap) cytologic test should be performed at regular intervals as clinically indicated because:

1. The natural history of cancer of the cervix is sometimes unpredictable. In some women, cancer may develop at a more rapid rate and could be missed when Pap tests are obtained on an infrequent basis. Early disease usually does not yield symptoms.
2. The Pap test is a screening test, not a diagnostic test, which has a small but irreducible false-negative (error) rate, even in the best of laboratories.
3. Adequate cytologic samples should greatly increase the opportunity for detection of pre-malignant changes.
4. The time intervals between obtaining a Pap test should be determined by a woman's health care provider because risk factors for cancer of the cervix vary among women and may change for a given individual with time.

To assure quality in performance and interpretation of the Pap smear test:

1. Screening and diagnosis of Pap tests should be performed by appropriately qualified

- cytotechnologists and pathologists in a laboratory accredited by a recognized agency.
2. Workload limits should be set by the Medical Director and should be in accordance with the appropriate regulatory guidelines.
 3. The Medical Director of the cytology lab should establish and administer quality control program utilizing standards recognized by national professional organizations.
 4. Examination of all samples should occur on the premises of the laboratory, which should provide a work place conducive to high-quality preparation and examination of slides.

Human papillomavirus (HPV) testing in cervical cancer screening is proven to improve triage of patients with Atypical Squamous Cells of Undetermined Significance (ASCUS) to appropriate follow up. Ongoing studies are needed to clarify the role of HPV testing for screening of all patients (HPV DNA Pap Test), and for use as a quality assurance tool.

REFERENCES:

1. (2000, September 11), Annual Pap Smears May Not Be Necessary. American Cancer Society News Center. Retrived August 25, 2004, from ACS News Center database.
2. (2004, May 4), Revised Cervical Cancer Screening Guidelines Require Reeducation of Women and Physicians. American College of Obstetricians and Gynecologists. Retrieved August 24, 2004, from ACOG News Releases.
3. Wright, Jr., MD, Thomas C; Cox, MD, Thomas; Massad, MD, L. Stewart; Twiggs, MD, Leo; Wilikinson, MD, Edward J. (2002). 2001 Consensus Guidelines for the Management of Women with Cervical Cytological Abnormalities. Journal of the American Medical Association, 287, 2120-2129.