**Endorsement and Qualifying Statement of ASCO’s Secondary Prevention of Cervical Cancer**

The American Society of Clinical Oncology (ASCO) guideline panel produced a clinical practice guideline on ‘Secondary Prevention of Cervical Cancer: American Society of Clinical Oncology Resource-Stratified Clinical Practice Guideline’. The methodology included a review of existing guidelines, a formal consensus–based process, and a modified ADAPTE process to adapt existing guidelines, including American Cancer Society, American Society for Colposcopy and Cervical Pathology, and American Society for Clinical Pathology screening guidelines for the prevention and early detection of cervical cancer\(^1\), 2012 updated consensus guidelines for the management of abnormal cervical cancer screening tests and cancer precursors\(^2\), and Use of primary high-risk human papillomavirus testing for cervical cancer screening: interim clinical guidance\(^3\).

Because of the relevance of this ASCO guideline to American Society for Colposcopy and Cervical Pathology membership, the ASCCP reviewed the ASCO guideline. The ASCCP determined that the recommendations in the ASCO guideline, published in 2016, are clear, thorough, and based on current scientific evidence. The ASCCP endorses the ASCO guideline, with the following Qualifying Statement.

**Qualifying Statement:** The ASCCP agrees with the view of the American Society of Clinical Oncology that health care providers and health care system decision makers should be guided by the recommendations for the highest stratum of resources available, and that the guidelines are intended to complement but not replace local guidelines. For the United States of America, those current guidelines are: American Cancer Society, American Society for Colposcopy and Cervical Pathology, and American Society for Clinical Pathology screening guidelines for the prevention and early detection of cervical cancer\(^1\), 2012 updated consensus guidelines for the management of abnormal cervical cancer screening tests and cancer precursors\(^2\), and Use of primary high-risk human papillomavirus testing for cervical cancer screening: interim clinical guidance\(^3\).

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