Modeling the ACOG 2016 Cervical Cancer Screening Recommendation for Women With Solid Organ Transplant

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Disclosures

• No financial relationships or conflict of interest to disclose for all authors.
Background

- Increased risk of HSIL and cervical cancer in women with solid organ transplant

- Guidelines for cervical cancer screening extrapolated from data on women with HIV
Background

2016 American College of Obstetricians and Gynecologists cervical cancer screening recommendations for women with solid organ transplant

- Annual cytology for 3 years then every 3 years if normal
- Cotesting every three years if negative - women 30 years and older and cytology only screening as above for women under 30

Methods

Utilized an established database of cervical cytology, histology and HPV from women with solid organ transplant to model the 2016 ACOG recommendations for cervical cancer screening.
Methods

• Institutional review board approval
• Inclusion criteria
  • Women, ages 18-60 years
  • Received a kidney, liver, or pancreas transplant
  • At Mayo Clinic, Rochester, MN a large academic center
  • From January 1995 through December 2011
  • Chart abstraction through December 2015
  • Candidate for cervical cancer screening
  • HIV negative
  • Negative initial cervical cancer screening following transplant.
Methods

- Timing and results of
  - Cervical cytology
  - High risk HPV testing
  - Cervical histology

Analyzed with reference to ACOG practice bulletin 168
Results – Screening with Cytology

- 412 women with SOT had benign initial cervical cancer screening
  - 47 excluded with abnormal results
- 260 with initial cytology and subsequent follow up spanning 3 years
  - 172 women, 66.2% (95%CI 60.2-71.6%) had normal cytology
  - 16 had abnormal follow up results
  - 72 had insufficient data
Results - Screening with Cytology

- 253 women with cytology screening spanning 6 years
  - 151 (58.1% 95%CI 52.0-63.9%) normal
  - 31 (11.9% 95% CI 8.5%-16.4%) abnormal testing
  - 71 with insufficient data
Results – Screening with Cotesting

- 54 with initial cotesting and subsequent follow up
  - 45 women, 90% (95%CI 78.6-95.6%), had normal screening spanning 3 years
  - 5 had abnormal follow up within 3 years
  - 4 had insufficient data
- 8 of 12 had benign follow up spanning 6 years
Conclusions

Some women with solid organ transplant have consistently benign cervical cancer screening results over 6 years supporting their less frequent screening.

• Further study needed