



Improving lives through the prevention and treatment of anogenital & HPV-related diseases

## PATIENT RESOURCES

# Cervical Cancer Screening in Patients with HIV and Other Immunocompromising Conditions

### What does it mean to be immunocompromised?

An individual is immunocompromised when their body's immune system is weakened, usually by another condition such as HIV or an autoimmune disease (like lupus or rheumatoid arthritis), or the use of medications that cause a depression of the immune system (like in someone who got an organ transplant), and is less able to fight off infections and some cancers.

### Do all immunocompromised patients have the same cancer risk?

No, HIV is perhaps the most common condition associated with an increased risk but other conditions such as autoimmune disorders (like lupus, rheumatoid arthritis, inflammatory bowel disease) requiring treatment with immunosuppressive therapy and transplant recipients have variable amounts of immune suppression and varying degrees of cancer risk. It is very important for all individuals with immunosuppression to receive regular cervical cancer screening.

### Why should immunocompromised patients be screened differently than the general population?

Immunocompromised patients are at higher risk of developing cervical cancer because they are less likely to clear HPV infection than the general population and HPV infections that do not go away increase the risk. These cancers also appear to occur at a younger age than the general population. Because of this higher risk, immunocompromised patients usually start cervical cancer screening earlier and have screening more frequently than the general population.





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#### How is screening recommended in an immunocompromised patient?

Screening recommendations include beginning at a younger age and screening may be recommended more frequently than patients who are not immunocompromised. Screening usually starts within one year of having sex, even if it is before 21 years of age which is the recommendation for the general population. In a patient with immunosuppression, screening should begin within one year of the onset of sexual activity or within the year of the diagnosis of HIV if already sexually active. Screening may be recommended more frequently. If a patient is younger than 30 years, patients with immunosuppression should have 3 normal annual screens (using Pap tests) before increasing the screening interval to 3 years and they should be screened their whole lives. Similar to the general population, patients who are immunocompromised and over 30 years of age can be screened with Pap test and HPV cotesting but the frequency for immunocompromised patients is different (every 3 years as opposed to every 5 years).

#### Conditions at increased risk

(immunosuppressed requiring increased surveillance similar to recommendations for patients with HIV):

- Solid organ transplant
- Hematopoietic stem cell transplant
- Inflammatory bowel disease on immunosuppressive therapy
- Lupus (with or without immunosuppressive treatment)
- Rheumatoid arthritis on immunosuppressive treatment

#### Conditions not considered to be at increased risk

(screening recommendations similar to general population):

- Inflammatory bowel disease not on immunosuppressive treatment
- Rheumatoid arthritis not on immunosuppressive treatment
- Type 1 Diabetes

ASCCP is a professional society for an interdisciplinary group of healthcare professionals including physicians, physician assistants, nurse practitioners, midwives and researchers, who are focused on improving lives through the prevention and treatment of anogenital and HPV-related diseases. For more information visit [www.asccp.org](http://www.asccp.org).