

**TABLE 3.** Summary of Cervical Cancer Screening Recommendations for Non-HIV Immunocompromised Women

Risk group category	Recommendation
Solid organ transplant	<ul style="list-style-type: none"> <li>-Cytology is recommended if younger than 30 y</li> <li>-Co-testing is preferred, but cytology is acceptable if 30 y or older</li> <li>-If using cytology alone, perform annual cervical cytology. If results of 3 consecutive cytology results are normal, perform cytology every 3 y</li> <li>-If using co-testing, perform baseline co-test with cytology and HPV. If result of cytology is normal and HPV is negative, co-testing can be performed every 3 y</li> <li>-If transplant before the age of 21 y, begin screening within 1 y of sexual debut</li> <li>-Continue screening throughout lifetime (older than 65 y). Discontinue screening based on shared discussion regarding quality and duration of life rather than age</li> <li>-Screen patients on dialysis and posttransplant similarly</li> </ul>
Allogeneic hematopoietic stem cell transplant	<ul style="list-style-type: none"> <li>-Cytology is recommended if younger than 30 y</li> <li>-Co-testing is preferred, but cytology is acceptable if 30 y or older</li> <li>-If using cytology alone, perform annual cervical cytology. If results of 3 consecutive cytology results are normal, perform cytology every 3 y</li> <li>-If using co-testing, perform baseline co-test with cytology and HPV. If result of cytology is normal and HPV is negative, co-testing can be performed every 3 y</li> <li>-If transplant before the age of 21 y, begin screening within 1 y of sexual debut</li> <li>-Continue screening throughout lifetime (older than 65 y). Discontinue screening based on shared discussion regarding quality and duration of life rather than age</li> <li>-For HSCT patients who develop a new diagnosis of genital GVHD or chronic GVHD, resume annual cervical cytology until 3 consecutive normal results at which time perform cytology every 3 y, or perform an initial baseline co-test and, if cytology is normal and HPV is negative, perform co-testing every 3 y</li> </ul>
Inflammatory bowel disease on immunosuppressant treatments	<ul style="list-style-type: none"> <li>-Cytology is recommended if younger than 30 y</li> <li>-Co-testing is preferred, but cytology is acceptable if 30 y or older</li> <li>-If using cytology alone, perform annual cervical cytology. If results of 3 consecutive cytology results are normal, perform cytology every 3 y</li> <li>-If using co-testing, perform baseline co-test with cytology and HPV. If result of cytology is normal and HPV is negative, co-testing can be performed every 3 y</li> <li>-If on immunosuppressant therapy before the age of 21 y, begin screening within 1 y of sexual debut</li> <li>-Continue screening throughout lifetime (older than 65 y). Discontinue screening based on shared discussion regarding quality and duration of life rather than age</li> </ul>
Inflammatory bowel disease not on immunosuppressant treatments	-Follow general population screening guidelines
Systemic lupus erythematosus and rheumatoid arthritis on immunosuppressant treatments	<ul style="list-style-type: none"> <li>-Cytology is recommended if younger than 30 y</li> <li>-Co-testing is preferred, but cytology is acceptable if 30 y or older</li> <li>-If using cytology alone, perform annual cervical cytology. If results of 3 consecutive cytology results are normal, perform cytology every 3 y</li> <li>-If using co-testing, perform baseline co-test with cytology and HPV. If result of cytology is normal and HPV is negative, co-testing can be performed every 3 y</li> <li>-If on immunosuppressant therapy before the age of 21 y, begin screening within 1 y of sexual debut</li> <li>-Continue screening throughout lifetime (older than 65 y). Discontinue screening based on shared discussion regarding quality and duration of life rather than age</li> </ul>
Rheumatoid arthritis not on immunosuppressive treatments	-Follow general population screening guidelines
Type 1 diabetes mellitus	-Follow general population screening guidelines

(current immunosuppressants are listed in Table 2). Women with RA and IBD not on immunosuppressants and women with DM were considered at no increased risk compared with the general population. Screening recommendations based on these risks are summarized in Table 3.

## REFERENCES

1. Grulich AE, van Leeuwen MT, Falster MO, et al. Incidence of cancers in people with HIV/AIDS compared with immunosuppressed transplant recipients: a meta-analysis. *Lancet* 2007;370:59–67.