

Cervical Cytology Screening and Evaluation

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1. The patient is a 28-year-old woman who has returned to your office at your request. You advise her that the results of a Pap test were reported as AGC-US, atypical glandular cells of undetermined significance. The article recommends as the next step in management: (*Answer in red below*)

Repeat Pap

Endometrial biopsy

Colposcopy (See page 396)

High-risk HPV-DNA testing

Conization

2. The patient is a 65-year-old woman who had a total hysterectomy 20 years ago for symptomatic leiomyomata. Her gynecologic history is otherwise unremarkable. Her last Pap test was 3 years ago and it was negative. She is seeing you for the first time. What interval of cervical screening would you recommend? (*Answer in red below*)

Annual

Every 2 years

Every 3 years

None (See page 393)

3. The first Pap test a female should receive is: *(Answer in red below)*

At age 16

At age 18

Within 2 years of menarche

Within 1 year of the onset of sexual activity

Within 3 years of the onset of sexual activity (See page 392)

4. A sexually active woman who has already had a negative Pap test should continue annual screening until age: *(Answer in red below)*

25

30 (See page 392)

35

40

45

5. According to the FDA, high-risk human papillomavirus DNA testing is approved screening in conjunction with a cervical cytology sample for one which of the following women? *(Answer in red below)*

A 21-year-old prostitute with vulvar condylomata acuminata and a history of syphilis

A 21-year-old who has been sexually active for 3 years and is being treated for chlamydia infection

A 23-year-old with metrorrhagia and a history of pelvic inflammatory and a LSIL Pap test

A 31-year-old who has not had the test in 3 years and is also to receive a Pap test (See page 394)

A 35-year-old patient with 20-week-sized myomata and menorrhagia who is scheduled for a hysterectomy

6. Define the term “reflex testing” as it is used relative to cervical cancer screening: *(Answer in red below)*

Answer: Any time your laboratory reports back ASC-US on a liquid-based cervical cytology sample, the laboratory automatically performs high-risk HPV-DNA testing. It is important to be certain that your laboratory uses only the high-risk probe set. (See page 394)

7. List any changes, if any, that you will make in your practice as a result of reading this article: