

# Cervical Screening and Colposcopy Management of Women Ages 24 and Under

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**Introduction:** In many jurisdictions age of initiation of screening is 21 years, and women ages 21-24 with cervical dysplasia are considered special population who should be managed conservatively. The purpose of this study is to assess cervical cancer screening and colposcopy management for women ages 24 and under.

**Methods:** A population based retrospective cohort study linked Registered Personal Database to screening cytology data and health care administrative databases from 2012 to 2014 by women's unique health number.

**Results:** A total of 270,391 Pap tests were performed. Overall age distribution for women ages 21-24 was 5.5% for ages 12-17, 24.3% for ages 18-20, and 70.1% for ages 21-24. The trend revealed a decreasing proportion of women ages 12- 20 who had a Pap test: 36.7% of cohort in 2012 to 15.2% in 2014. 58.7% of Pap smears were performed by female physicians and 78.9% by family physicians.

87.0% of Pap smears were normal; 12.1% low grade; 0.5% high grade. Of index LSIL smears, referral rates to colposcopy in ages 12-17, 18-20 and 21-24 were 21.8%, 45.1% and 51.4% respectively. After an index LSIL smear treatment rates were 2.8%, 7.6% and 10.9%. Of index HSIL smears, referral rates to colposcopy in ages 12-20 and 21-24 were 81.1% and 91.4%. After an index HSIL Pap test, treatment rates were 29.4% and 54.7%.

In women ages 12-20 and 21-24 rate for carcinoma in situ were 41.9 and 393.5 per 100,000 Pap tests, while the rates were 0.3 and 2.4 per 100,000 for cancer.

**Conclusion:** Screening and treatment of very young women with cytologic abnormalities is still occurring despite low underlying risks of serious dysplasia.