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UNIVERSITY OF MICHIGAN

MPPHC 2026

MICHIGAN PREMIER PUBLIC HEALTH CONFERENCE

PROTECTING • PREVENTING • PROMOTING

BAY COUNTY MICHIGAN·1857 HEALTH DEPARTMENT
Prevent. Promote. Protect.

Friday, October 9, 2026 | 10:00–11:00 AM

SESSION 402

Understanding and Applying the Latest Cervical Cancer Screening Guidelines

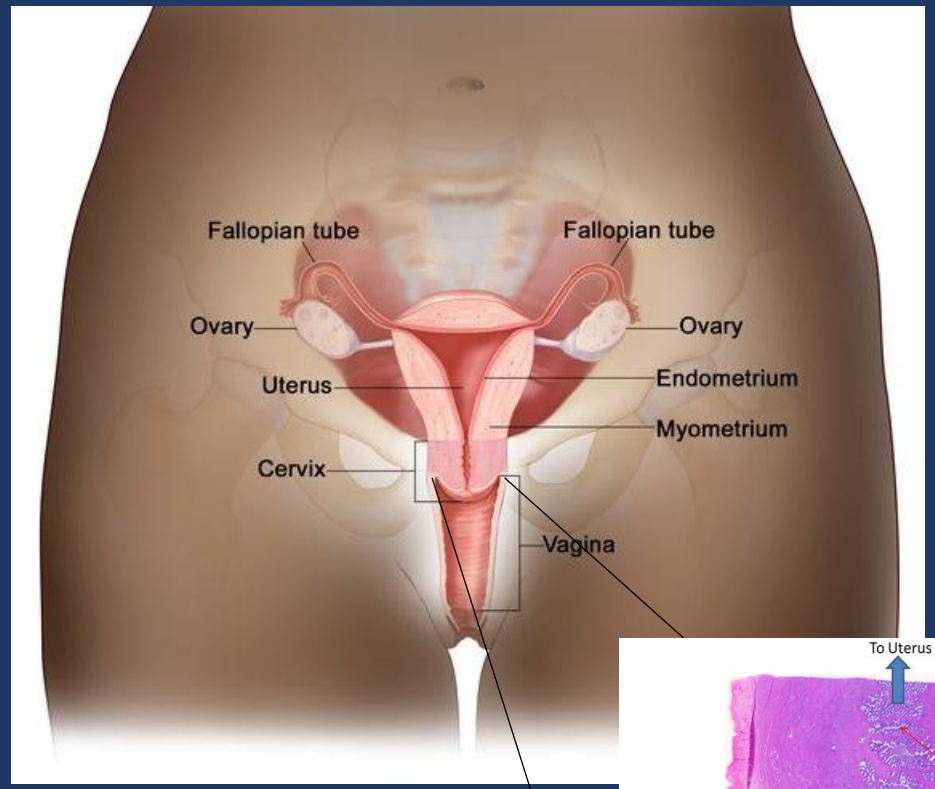
Discover evidence-based strategies for modern cervical cancer screening using primary HPV testing. This session examines randomized trial data demonstrating superior disease detection with fewer tests, colposcopies, and false positives compared to traditional co-testing. Learn practical implementation of screening algorithms incorporating dual-stain triage and self-sampling techniques. Gain actionable knowledge to integrate federally endorsed guidelines into clinical practice, overcome patient barriers, and expand screening participation toward achieving WHO cervical cancer elimination goals.

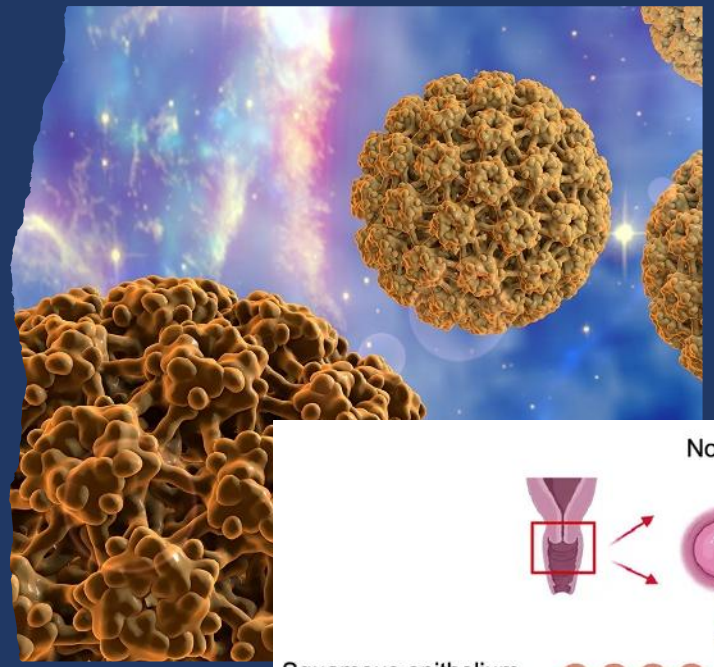
Presenters:

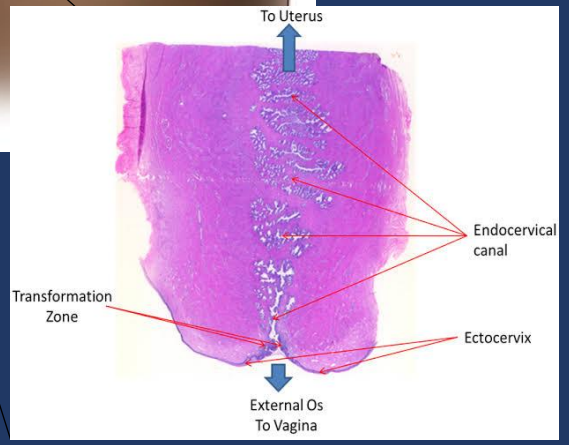
Diane Harper, MD, MPH
Professor, University of Michigan
American Cancer Society Research Scholar
Fulbright Cervical Cancer Prevention Specialist

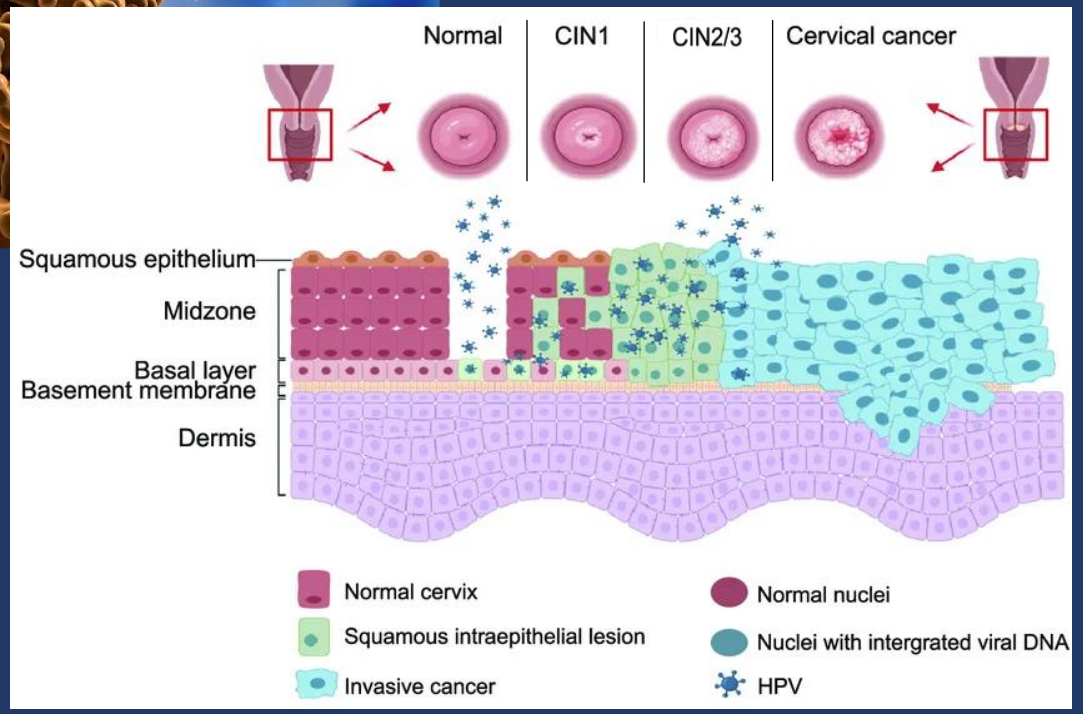
Thomas John Bender, MD, PhD
Medical Director, Bay County Health Department

Cervix + HPV* = Cancer*









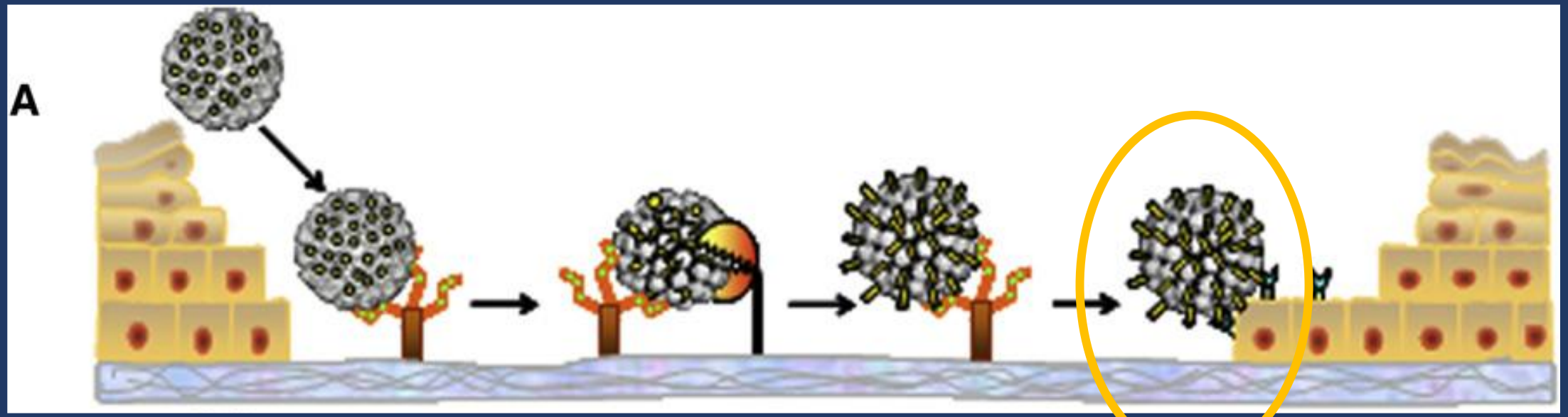
* Sometimes – if this chronic infectious disease results from high-risk HPV genotypes

https://www.cancer.gov/publications/dictionaries/cancer-terms/def/endocervix
https://pubmed.ncbi.nlm.nih.gov/11902586/

Mechanism of HPV infection

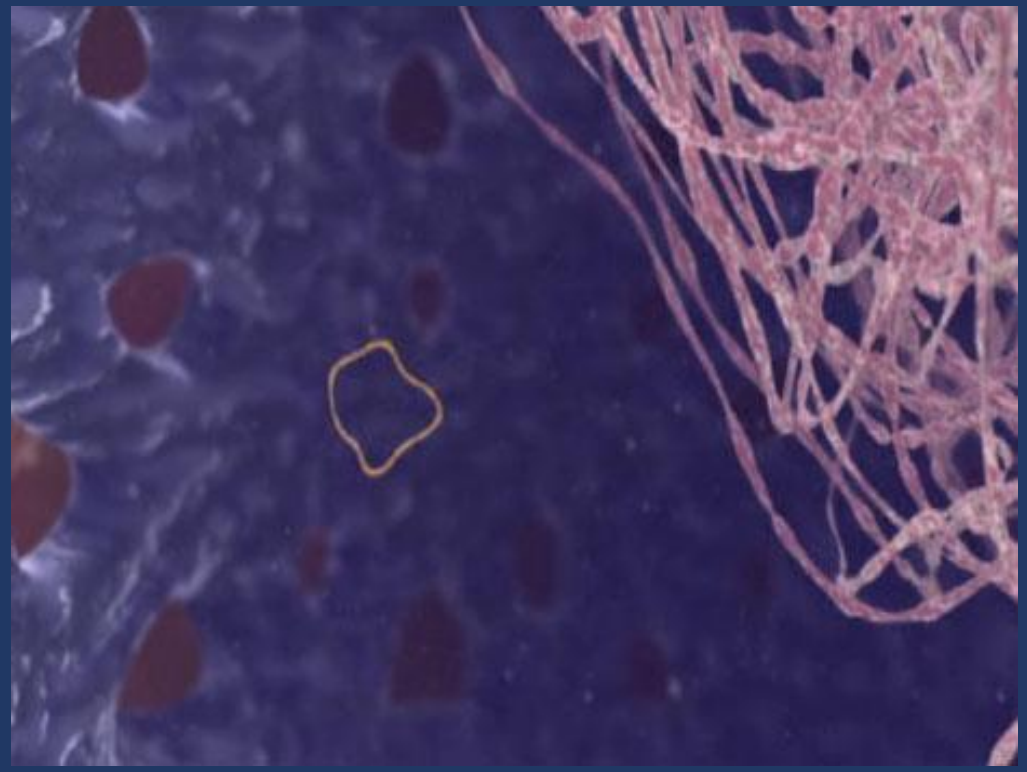
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Single virion infects single basal cell



https://pubmed.ncbi.nlm.nih.gov/20833377/

Physical state of HPV DNA following infection



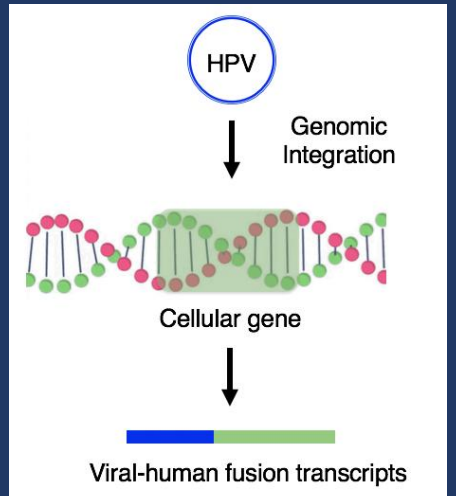


After virion infects basal cell, HPV DNA is present within basal cell in episomal form

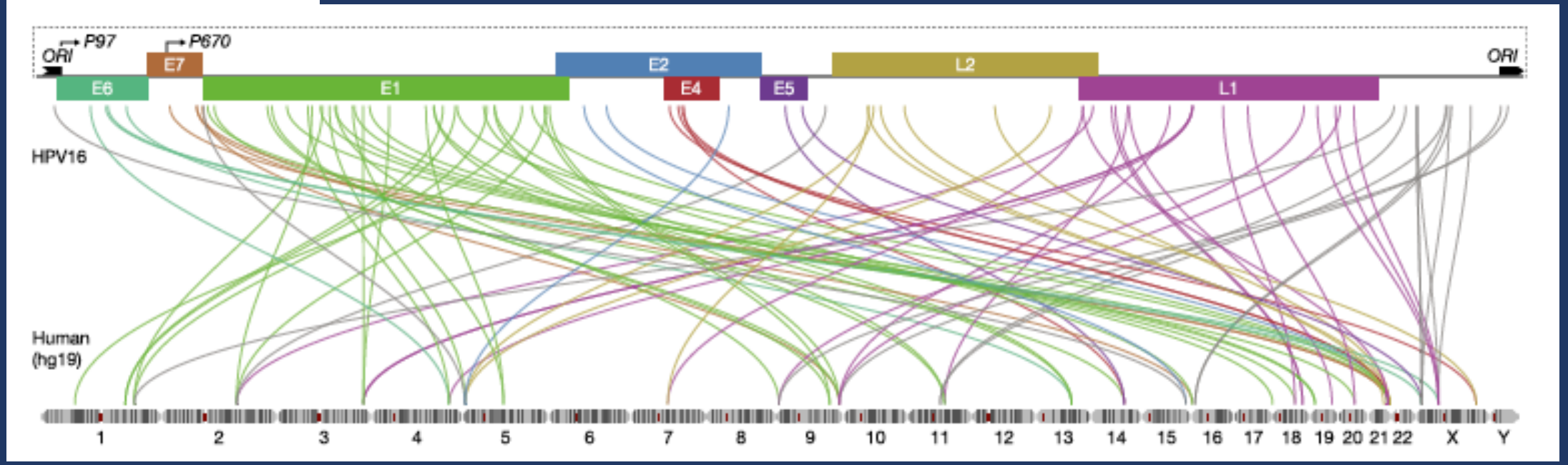
HPV* can cause cancer only after integration of HPV DNA into human genome

* low-risk HPV genotypes cause genital warts
cancer is caused by certain high-risk HPV genotypes: 16, 18, and "Other 12" 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, and 68

Integration of HPV into human genome

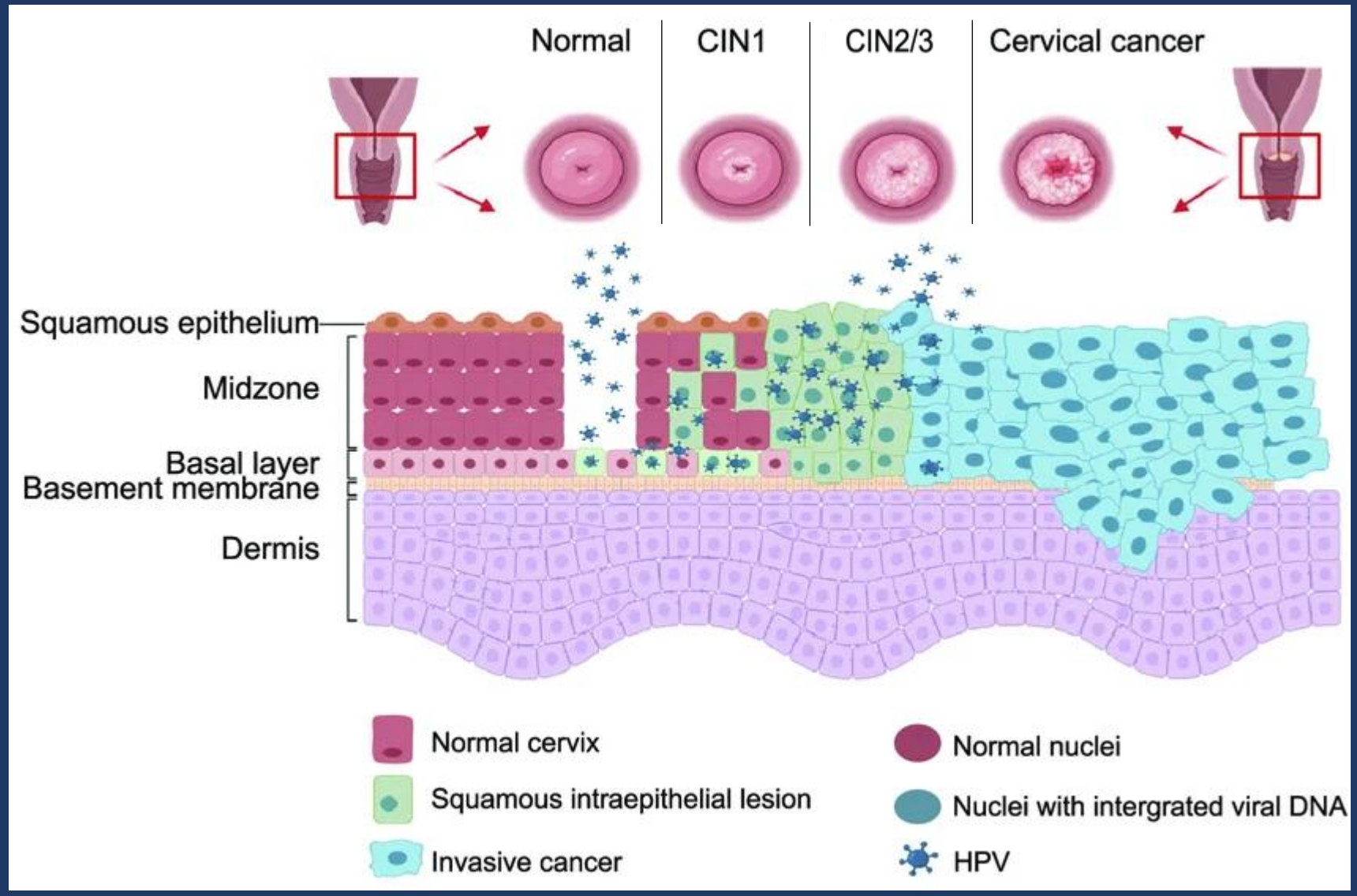


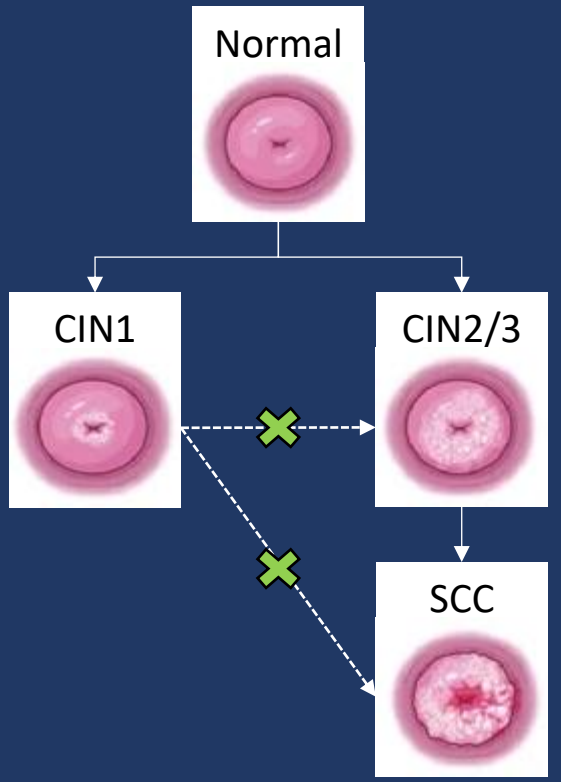
- Increases viral oncoprotein E6/E7 levels → p53 and Rb interrupted
- Can disrupt cellular gene expression
  - Amplification
  - Oncogene overexpression
  - Tumor suppressor loss of function
- Can generate viral-host fusion transcripts



https://pubmed.ncbi.nlm.nih.gov/25313082/

Progression to cervical cancer after infection





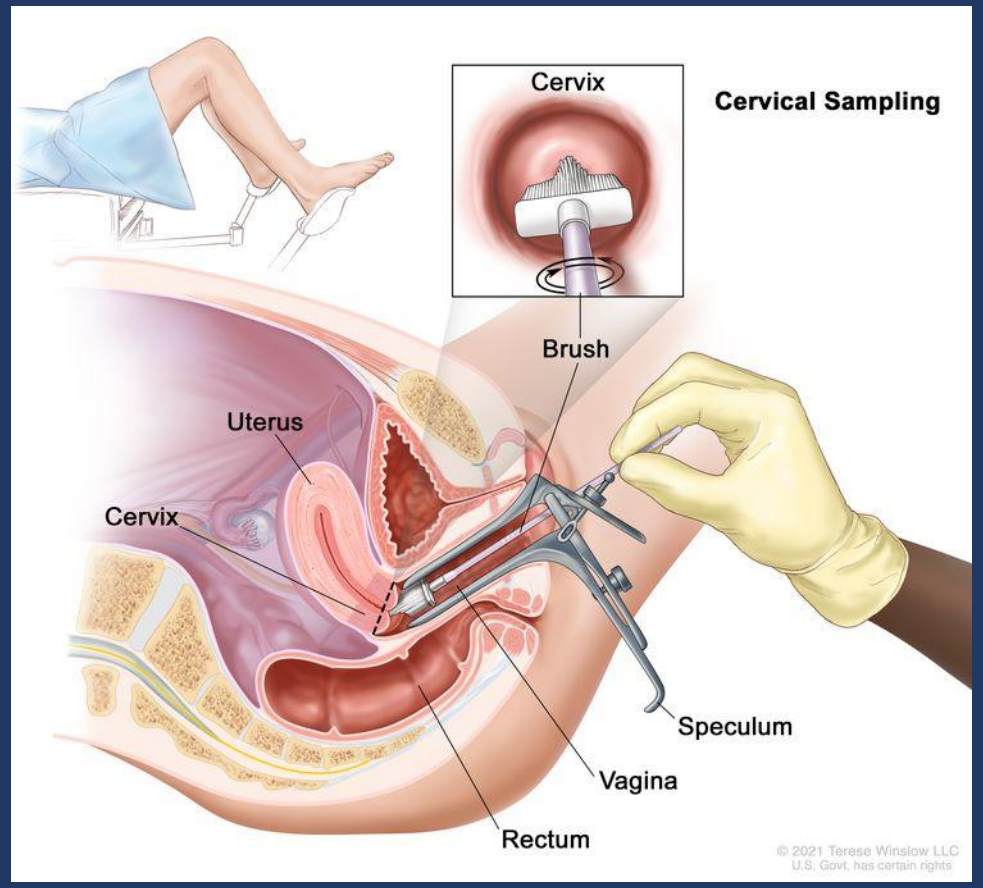
HPV causes cervical cancer

Cervical cancer is best identified by first detecting HPV DNA and NOT by examining cells without knowing HPV infection status

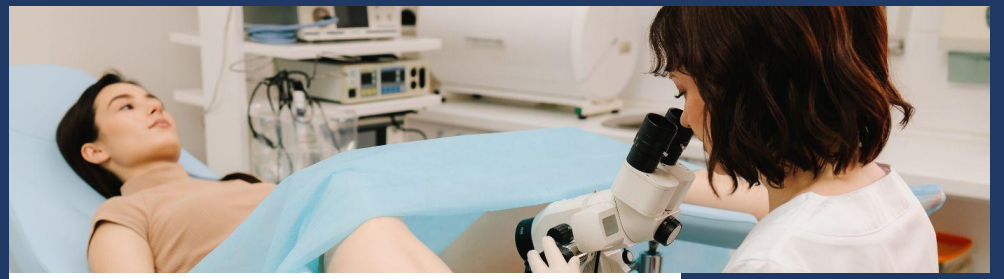
https://pubmed.ncbi.nlm.nih.gov/39402008/
https://pubmed.ncbi.nlm.nih.gov/29679470/

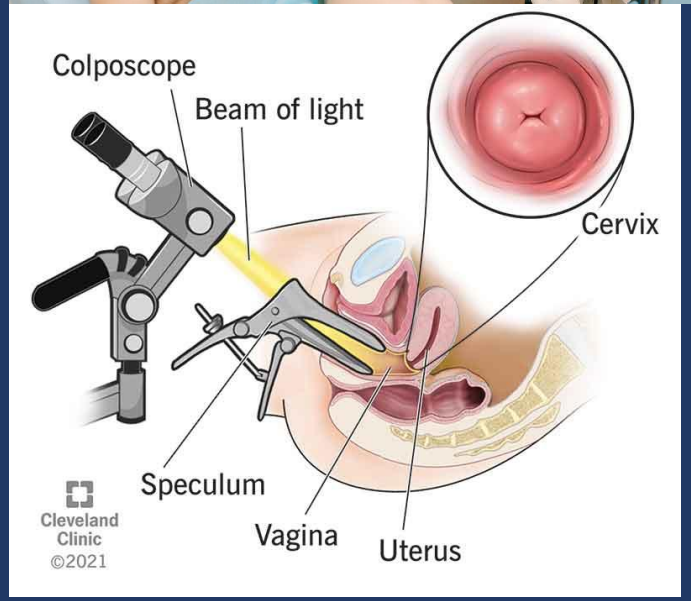
How is high-risk HPV infection identified?

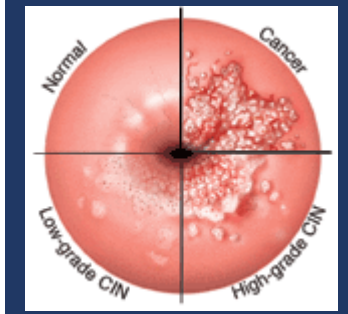
Cervical cancer screening: specimen tests positive for high-risk HPV DNA



Colposcopy: abnormal screening result prompts cervical tissue examination and biopsy



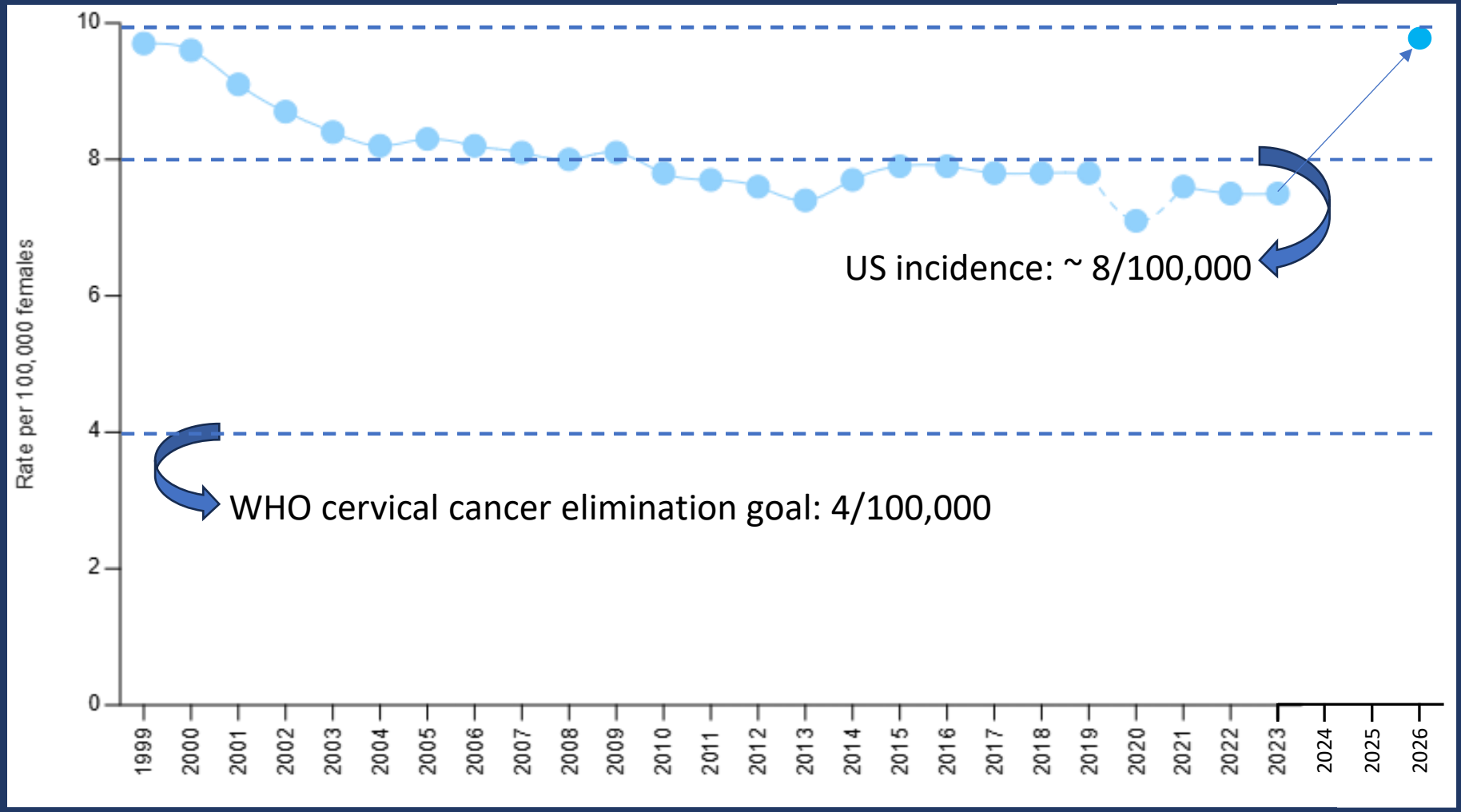






https://www.cancer.gov/types/cervical/screening
https://my.clevelandclinic.org/health/diagnostics/4044-colposcopy
https://hk-gmc.com/en/clinical-services/gynaecology-en/gynaecological-surgeries/colposcopy/
https://www.karlstorz.com/doc/interactivebrochure/3500106/content/c5_p098_punch_biopsy_instrument.html

US: Incidence of cervical cancer, 1999–2023



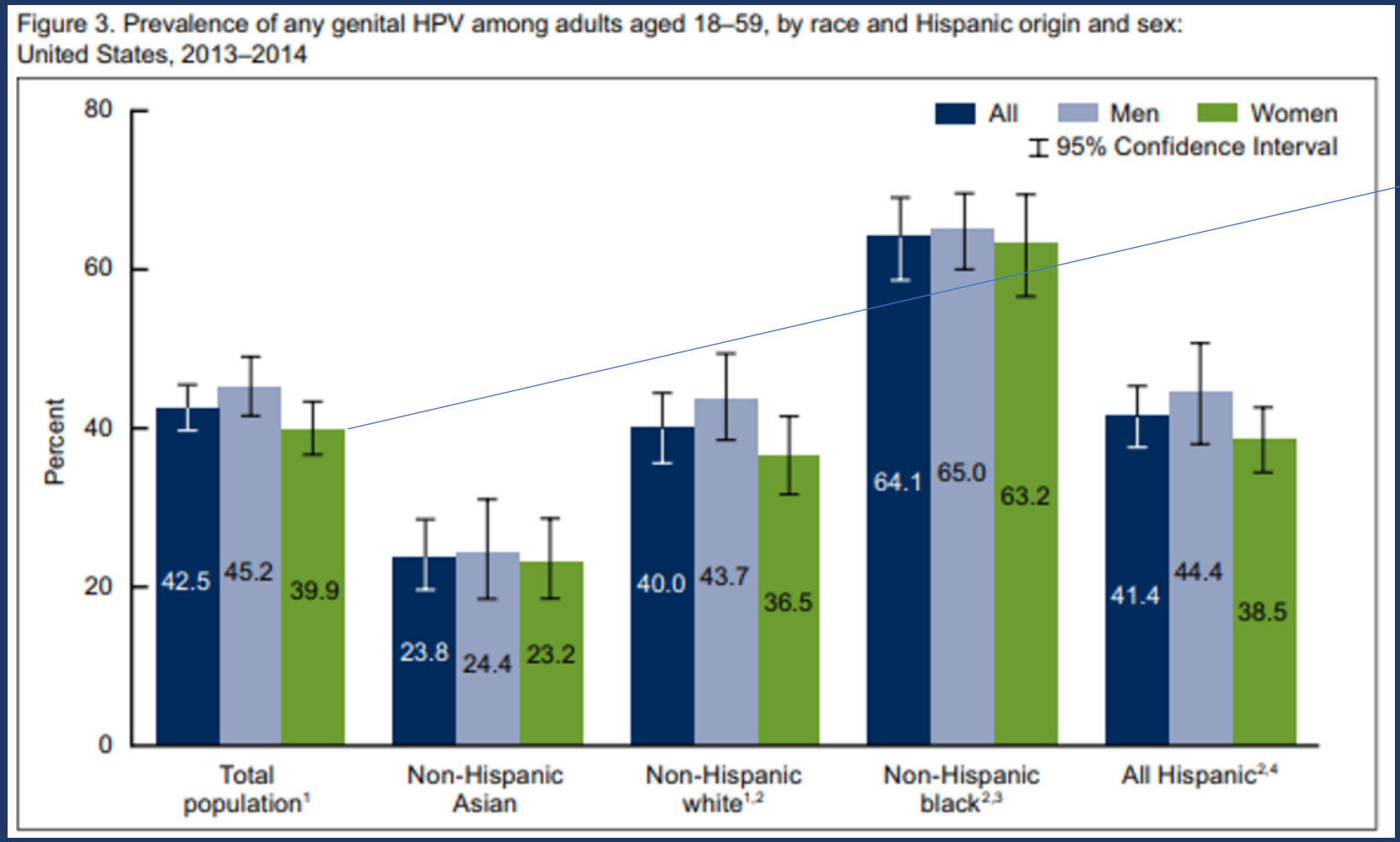
US cervical cancer rates have remained stubbornly high …

and have rebounded to near 10/100,000 in 2026

US incidence of cervical cancer (8/100,000 to 10/100,000) is >2 times greater than WHO cervical cancer elimination goal (4/100,000)

https://gis.cdc.gov/Cancer/USCS/#/Trends/
https://www.epicresearch.org/data-tracker/cancer-rates/cervical/

US: Prevalence of HPV infection, 2013–2014



39.9% of women

39,900/100,000

Prevalence of HPV infection in US women (39,000/100,000) is
1,000 times greater than US incidence of high-grade cervical lesions (CIN 2/3) (31.7/100,000)

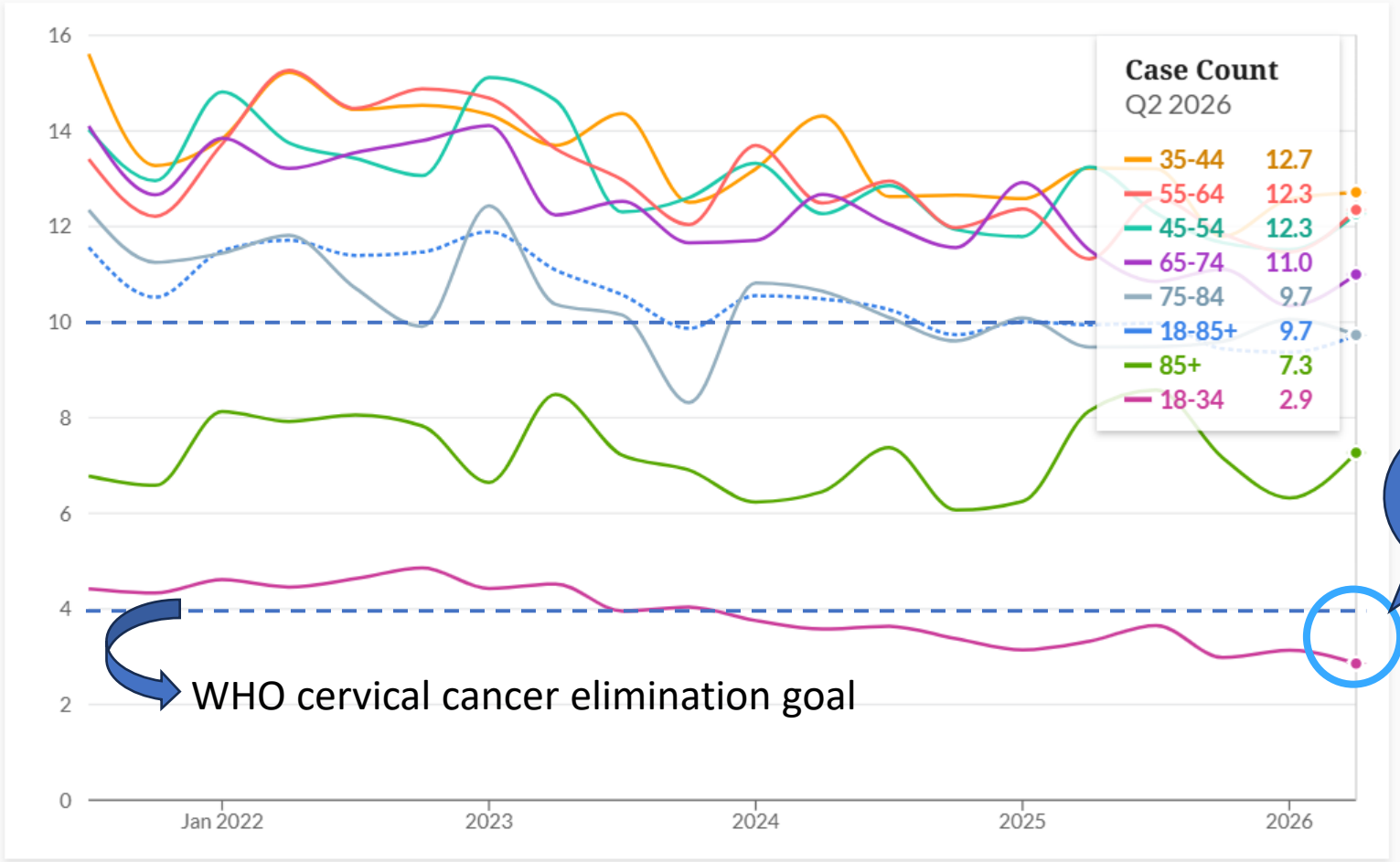
https://www.cdc.gov/nchs/products/databriefs/db280.htm

US: Incidence of cervical cancer, 2022–2026

Cervical Cancer Cases
Q2 2026

9.73	2.86
18-85+	18-34
12.7	12.3
35-44	45-54
12.3	11
55-64	65-74
9.73	7.27
75-84	85+

Quarterly rates of new cancer diagnoses per 100,000 patients.



Incidence among women 18–34 years (2.9/100,000) is already **below** the WHO goal, which reflects the beneficial impact of HPV vaccination on women in this age range

https://www.epicresearch.org/data-tracker/cancer-rates/cervical/

HPV Vaccine

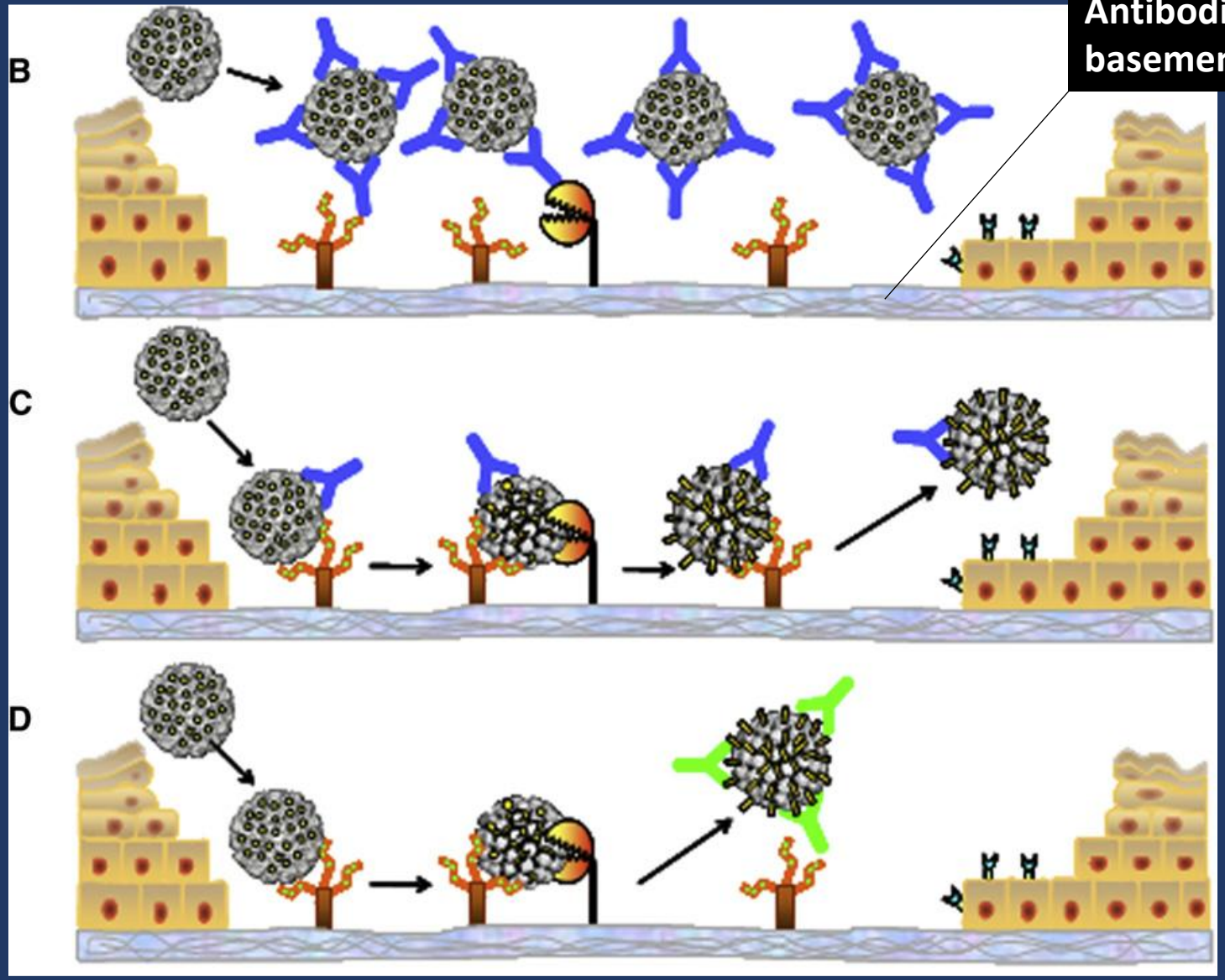


Recommended HPV dose schedule:

- **one or two-dose schedule** for children aged **9-14 years**
- **one or two-dose schedule** for children aged **15-20 years**
- **two doses** with a 6-month interval for **adults ≥21 years**
- **three doses** for **immunocompromised persons**

https://www.who.int/news/item/20-12-2022-WHO-updates-recommendations-on-HPV-vaccination-schedule

Vaccine-induced protection from HPV infection



Antibodies are exuded through basement membrane (BM)

High titers: BM binding is blocked in the presence of high concentrations of anti-L1 antibodies

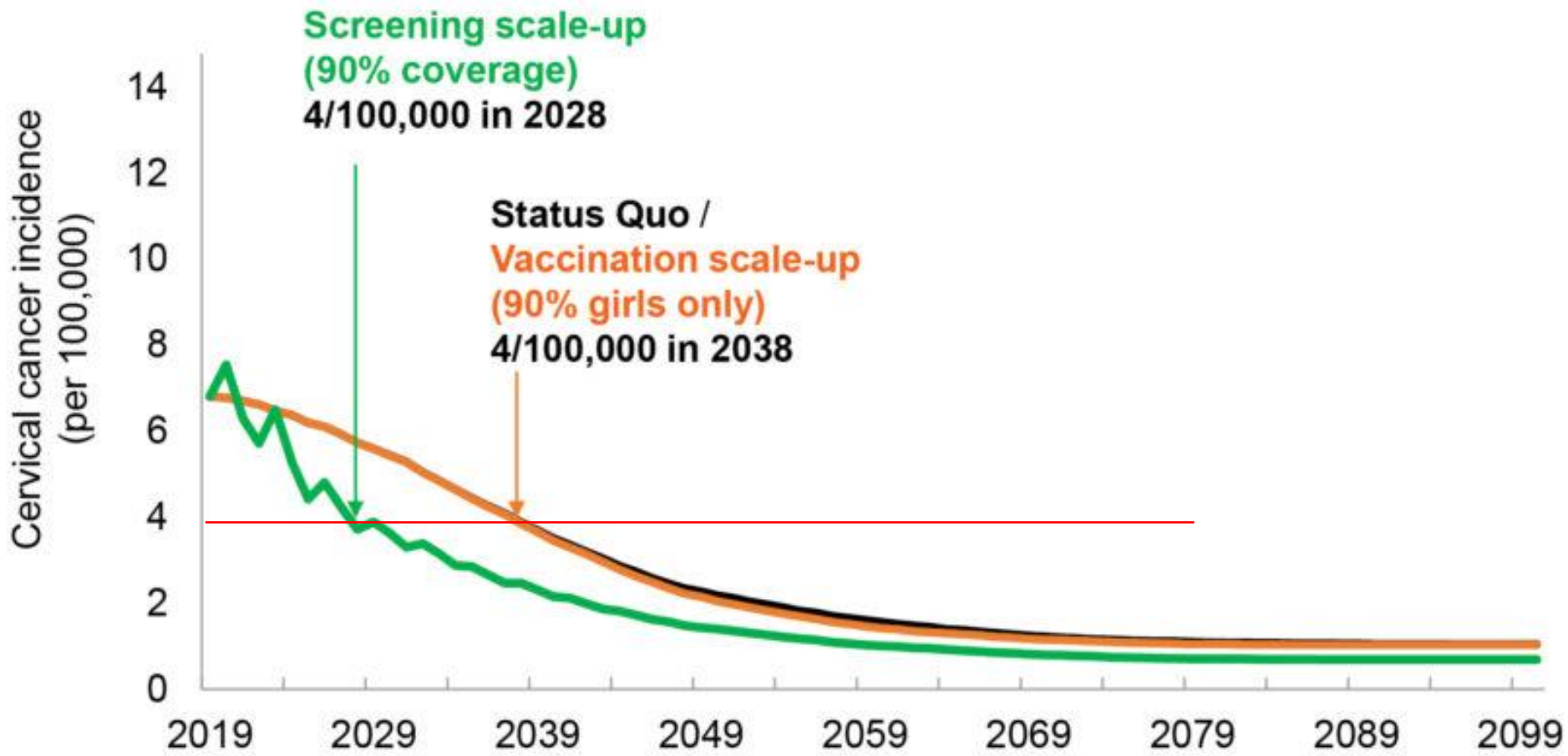
High avidity: even at low concentrations, anti-L1 antibodies prevent stable engagement of the cell surface receptor

Anti-L2 antibodies bind only after the initial conformation change on the BM and cleavage of L2 by furin or PC5/6 and prevent stable binding to the cell surface

https://pubmed.ncbi.nlm.nih.gov/20833377/

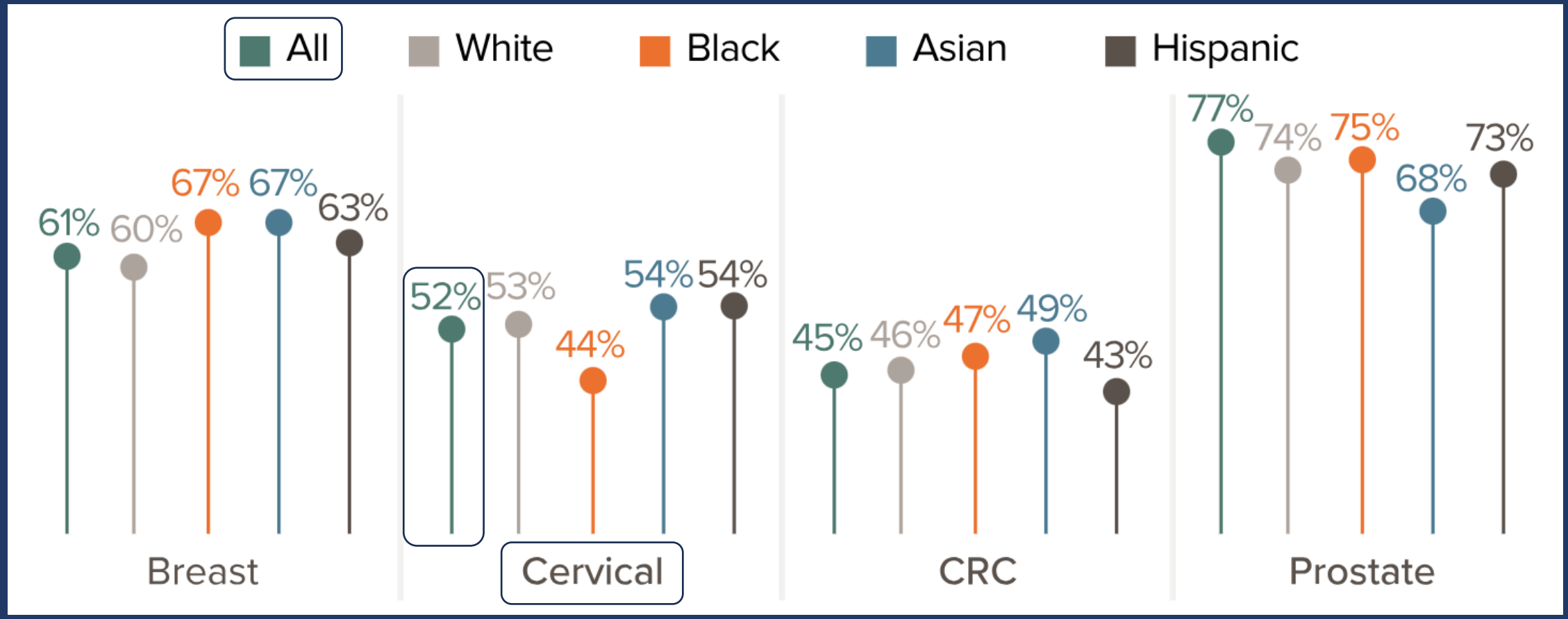
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Cervical cancer incidence in the U.S. will decline more rapidly by increasing screening rates than by increasing vaccination rates



https://pubmed.ncbi.nlm.nih.gov/32057315/

Percent of cancers detected by screening, 2022



- Only half of all women diagnosed with cervical cancer were diagnosed through screening.
- Many of those women who missed screening would have had advanced disease and worse survival.
- If we want to achieve the goal of eliminating cervical cancer (and deaths), then we need to expand the population of women participating in screening.

https://cancerdetection.norc.org/

“Don’t Put That in My Vagina!”

- Participating in screening will be more attractive to more women if it does not include a speculum exam
- Women don’t want clinicians to put things in the vagina
- Asymptomatic average-risk women don’t need either fingers or speculums put in the vagina



No need to put *fingers* in the vagina

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- **2014:** The **American College of Physicians (ACP)** published a clinical practice guideline strongly advising against performing screening pelvic examinations in asymptomatic, nonpregnant, adult women, concluding they have “no proven benefit” and cause potential harm.

- **2016–2017:** The **U.S. Preventive Services Task Force (USPSTF)** officially determined there was **“insufficient evidence”** to assess the benefits and harms of the vaginal bimanual screening exam in this population.

- **2018:** The **American College of Obstetricians and Gynecologists (ACOG)** revised its guidelines to state that pelvic exams should be performed only when indicated by medical history or symptoms, rather than as a routine annual measure for women 21 and older.

https://pubmed.ncbi.nlm.nih.gov/24979451/
https://pubmed.ncbi.nlm.nih.gov/28267862/
https://pubmed.ncbi.nlm.nih.gov/30247363/

No need to put *speculums* in the vagina



- **2026:** The **Health Resources and Services Administration (HRSA)** announced updated cervical cancer screening guidelines that include the following recommendations for women aged 30 to 65 years and at average risk:
  - Screening with primary HPV testing should be preferred over co-testing or cytology
  - Patients should be offered to self-collect samples for primary HPV testing

https://www.hrsa.gov/womens-guidelines
https://www.nbcnews.com/health/health-news/hpv-self-swab-test-pap-smears-federal-guidelines-rcna251757

Why do we care?

Improving the ***patient experience*** of cervical cancer screening

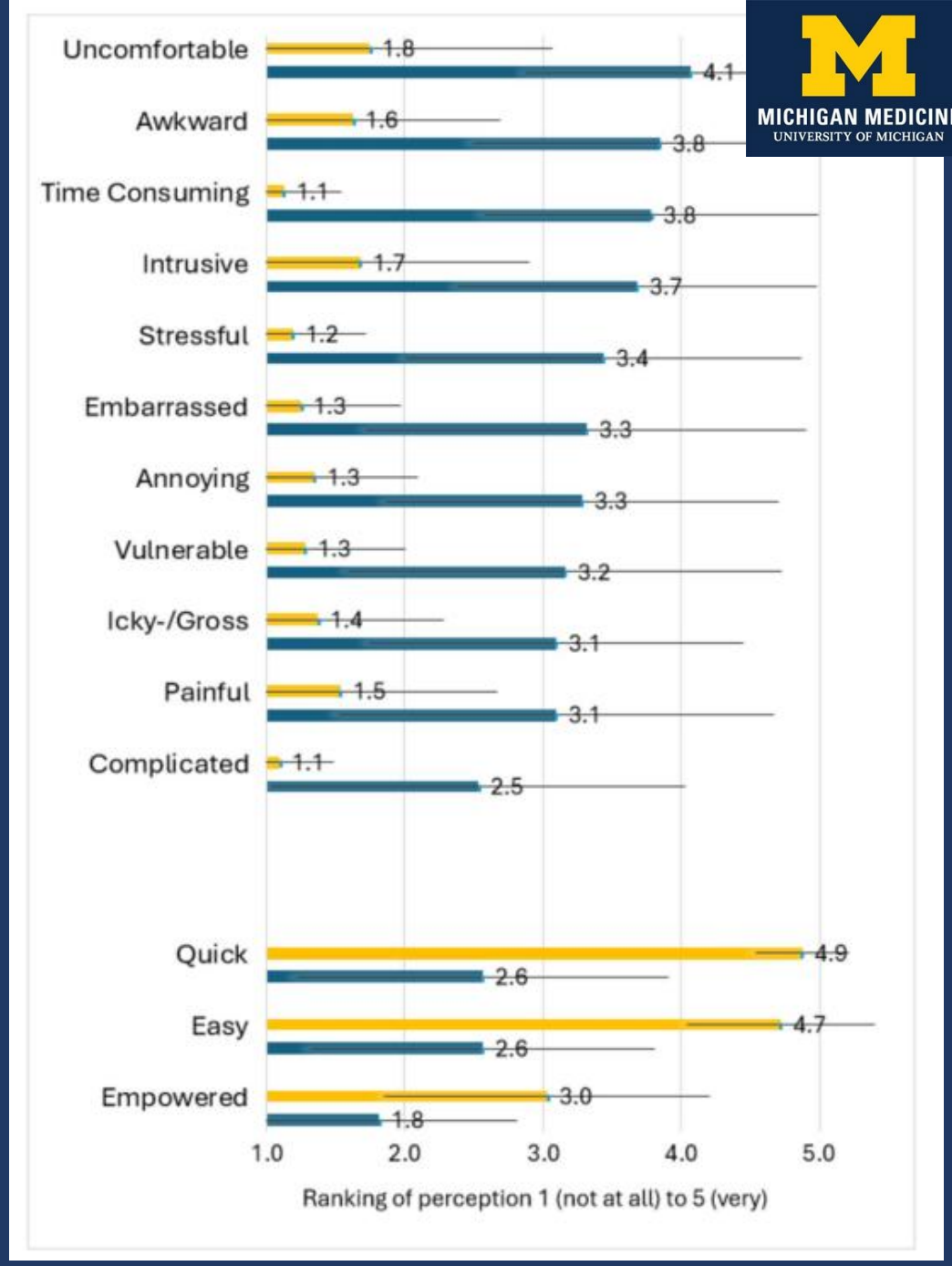
Improving the health of the population

Reducing the per capita cost of health care

Improving patient experience

Women's rankings of perceptions of cervical cancer screening by exam technique

- Speculum (blue bars)
- Self-sampling (yellow bars)



Women preferred self-sampling

ORIGINAL PAPER

Rural women choose self-sampling over a pelvic exam for cervical cancer screening: a mixed-method study

https://pubmed.ncbi.nlm.nih.gov/41144190/

HPV tests recommended for co-testing

Year	Recommendation
2003	FDA expanded HC2 indication to permit its use in conjunction with a Pap test (“co-testing”) for women ≥30 years ACOG and ACS: recommended co-testing every 3 years
2012	USPSTF, ACOG, and ACS extended co-testing to every 5 years

23 years ago!

https://pubmed.ncbi.nlm.nih.gov/23402963/

HPV tests approved for primary cervical cancer screening

Brand	HPV Test	FDA Approval
Roche	cobas® HPV Test	2014
BD	Onclarity™ HPV Assay	2018
Abbott	ALINITY M HR HPV ASSAY	2023

12 years ago!

https://diagnostics.roche.com/us/en/products/lab/cobas-hpv-5800-6800-8800-pid00000297.html
https://www.bd.com/en-us/products-and-solutions/products/product-families/bd-onclarity-hpv-assay
https://www.molecular.abbott/int/en/products/infectious-disease/alinity-m-hpv-assay

Population perspective: Risk-based tenets for screening

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1. Preventing all cervical cancer is unrealistic.
2. No screening test has perfect sensitivity, and, therefore, there will always be a residual cancer risk following any round of screening.
3. Reasonable risk is determined by current benchmarks for cytology alone, with screening every 3 years.
4. Screening strategies that achieve equivalent or better reductions in CIN3+ incidence without an undue increase in harm is the goal.
5. Optimal balance of benefit and harm occurs when equipoise is achieved between:
   a) screening too frequently and finding transient HPV or LSIL infections vs
   b) screening too infrequently and exceeding the interval cancer risk threshold.
6. Women at similar CIN3+ risk should be managed alike.

https://pubmed.ncbi.nlm.nih.gov/22422631/

Cervical cancer screening is changing

1. CIN 3+ is now the primary prevention endpoint for all screening algorithms.
2. National standards of care come from more than one organization.
3. Four organizations (USPSTF, ACOG, HRSA/WPSI, and ACS) recently updated their guidelines for routine cervical cancer screening among average risk women.
4. All four have recognized that primary HPV testing detects CIN 3+ more efficiently and with a more favorable balance of benefits to harms than cytology.
5. Primary HPV testing meets:
    a) NCQA guidelines for screening.
    b) HEDIS reporting guidelines.

https://www.who.int/news/item/06-07-2021-new-recommendations-for-screening-and-treatment-to-prevent-cervical-cancer
https://www.cancer.org/cancer/types/cervical-cancer/detection-diagnosis-staging/cervical-cancer-screening-guidelines.html
https://pubmed.ncbi.nlm.nih.gov/30140882/
https://www.acog.org/clinical/clinical-guidance/committee-statement/articles/2026/07/screening-for-cervical-cancer
https://pubmed.ncbi.nlm.nih.gov/34292926/
https://www.hrsa.gov/womens-guidelines

Evidence-based screening guidelines

Organization	Test	Notes	
World Health Organization§	**Primary HPV testing**	30-65 years Provider or se	
American Cancer Society*	**Primary HPV testing**	**25 - 65 years** **Provider or self-collec**	
USPSTF‡	**Primary HPV testing** Cytology alone Co-testing	30-65 years q 5 yrs **Most efficient with HPV 16/18 genotyping** Provider or **self-collected**	**12-10-2024**
Women's Preventive Services Guideline - HRSA	**Primary HPV testing** Cytology alone Co-testing	30-65 years q 5 yrs Provider or **self-collected**	**01-02-2026**
ACOG ł	**Primary HPV testing** Cytology alone Co-testing	30-65 years q 5 yrs Provider or **self-collected**	07-01-2026

Federal Cervical Cancer Collaborative April 2023

https://www.who.int/news/item/06-07-2021-new-recommendations-for-screening-and-treatment-to-prevent-cervical-cancer
https://www.cancer.org/cancer/types/cervical-cancer/detection-diagnosis-staging/cervical-cancer-screening-guidelines.html
https://pubmed.ncbi.nlm.nih.gov/30140882/
https://www.acog.org/clinical/clinical-guidance/committee-statement/articles/2026/07/screening-for-cervical-cancer
https://pubmed.ncbi.nlm.nih.gov/34292926/
https://www.hrsa.gov/womens-guidelines

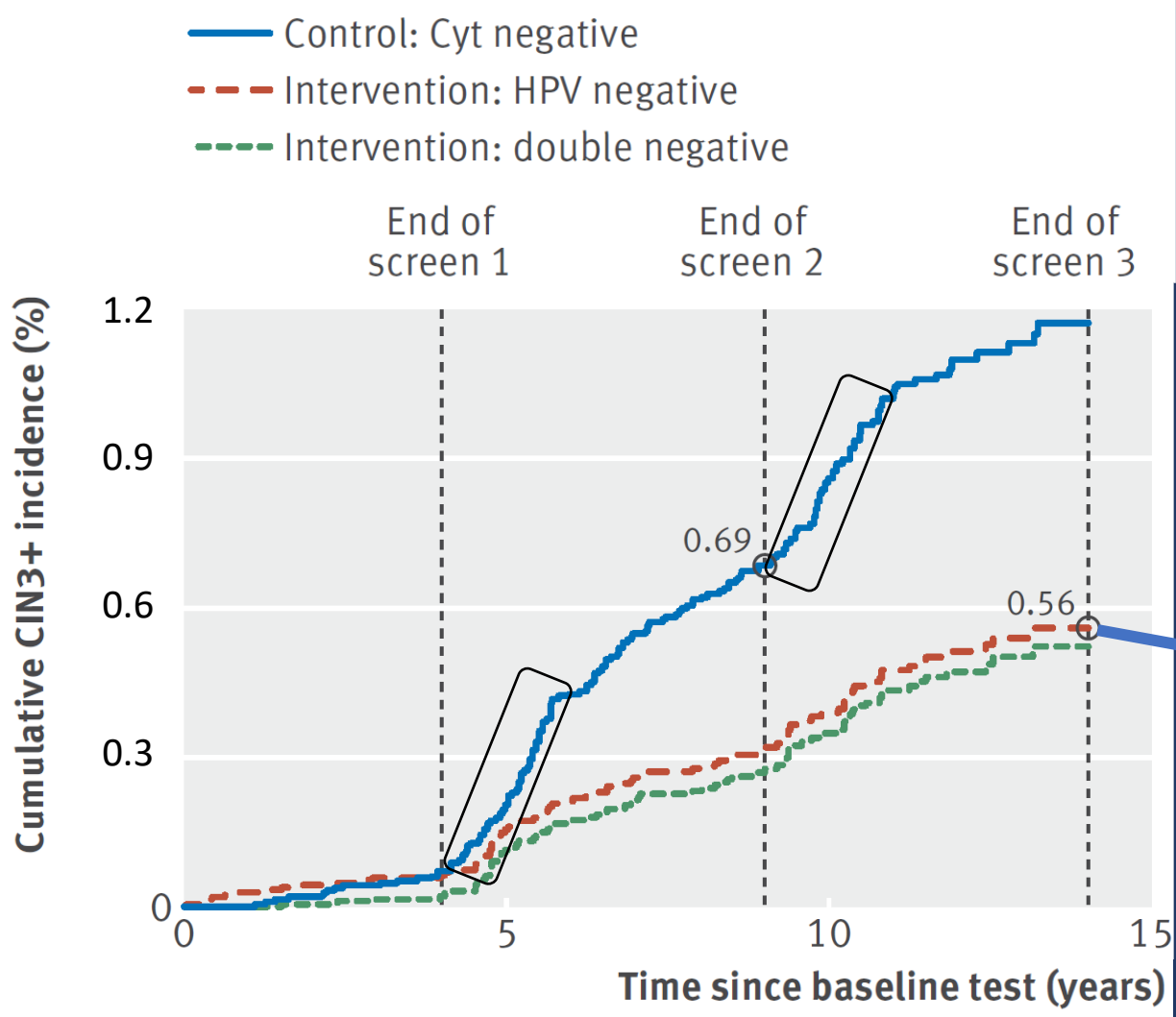
Primary HPV screening for cervical cancer: *Data from RCTs show it works*

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Study Name	Country	Duration of study	Number of Screening Rounds
POBASCAM	The Netherlands	14 years	3
ARTISTIC	United Kingdom	14 years	3
SWEDESCAN	Sweden	14 years	4
NTCC	Italy	2 years	2
CCCaST	Montreal, Canada	10 years	2
HPV Focal	Vancouver, Canada	10 years	3
Osmanabad District	India	5 years	1

https://pubmed.ncbi.nlm.nih.gov/23733907/
https://pubmed.ncbi.nlm.nih.gov/24762804/
https://pubmed.ncbi.nlm.nih.gov/32997696/
https://pubmed.ncbi.nlm.nih.gov/18364502/
https://pubmed.ncbi.nlm.nih.gov/24192252/
https://pubmed.ncbi.nlm.nih.gov/27538188/
https://pubmed.ncbi.nlm.nih.gov/29971397/
https://pubmed.ncbi.nlm.nih.gov/19339719/
https://pubmed.ncbi.nlm.nih.gov/25579108/

Cytology, HPV, and Co-testing compared



POBASCAM RCT: 14 years of follow-up

- 43,339 women
- 29–61 years old
- Randomized to screening modality
- Negative per screening modality at baseline

Cytology alone: CIN3+ were missed at baseline, resulting in subsequent detection of both prevalent and incident CIN3+ as seen by steep upward inflections after each screening

HPV alone and co-testing:
statistically equivalent detection of CIN3+

HPV: detected all existing prevalent CIN3+ at baseline, and detection at subsequent screenings was new incident CIN3+

https://pubmed.ncbi.nlm.nih.gov/27702796/

USPSTF: used all data from all seven countries to compare primary HPV and co-testing

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Harms

- Lifetime number of tests
- Lifetime number of colposcopies
- False-positive results
- Cancer cases and deaths

Benefits

- Life-years gained
- Disease detection
- Cancers averted

https://pubmed.ncbi.nlm.nih.gov/30140882/

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Table 7. Lifetime Number of Total Tests and Colposcopies Among Unvaccinated Female Persons for Screening Strategies by Model[a]

Strategy[c]	Total Tests per 1,000 [b]					Colposcopies per 1,000				
	H	M	P	U	Med[d]	H	M	P	U	Med[d]
No Screening	0	0	0	0	0	0	0	0	0	0
CYTO-3Y, 21[f]	16,753	15,235	434	16,457	16,445	705	734	562	806	719
CYTO-3Y, 21/HPV-5Y, 30[f]	13,713	13,052	12,625	13,383	13,217	1,209	955	449	1,103	1,029
CYTO-3Y, 21/COTEST-5Y, 30[f]	23,683	20,796	22,470	23,260	22,865	1,480	1,075	765	1,283	1,179

Fewer tests

Fewer colposcopies

Table 8. Lifetime Number of CIN2+ Detected and False Positives Among Unvaccinated Female Persons for Screening Strategies by Model[a]

Strategy	CIN2+ detected per 1,000[b]					False Positives per 1,000[c]				
	H	M	P	U	Med[e]	H	M	P	U	Med[e]
No Screening	0	0	0	0	0	0	0	0	0	0
CYTO-3Y, 21[g]	166	79	114	256	140	539	649	448	557	548
CYTO-3Y, 21/HPV-5Y, 30[g]	195	90	119	262	157	1,014	859	330	841	850
CYTO-3Y, 21/COTEST-5Y, 30[g]	203	91	121	268	162	1,277	977	645	1,015	996

Similar CIN2+ detected

Fewer false positives

https://www.uspreventiveservicestaskforce.org/uspstf/document/draft-modeling-report/cervical-cancer-screening-adults-adolescents

Table 10. Lifetime Number of Total Tests and Colposcopies Among 2vHPV or 4vHPV Vaccinated Female Persons for Screening Strategies by Model[a]

	Total Tests per 1,000 [b]					Colposcopies per 1,000				
Strategy[c]	H	M	P	U	Med[d]	H	M	P	U	Med[d]
No Screening	0	0	0	0	0	0	0	0	0	0
End Age 65[e]										
CYTO-3Y, 21[f]	16,325	14,861	16,283	15,982	16,133	585	573	499	642	579
CYTO-3Y, 21/HPV-5Y, 30[f]	12,562	12,280	12,071	12,351	12,316	823	705	336	809	757
CYTO-3Y, 21/COTEST-5Y, 30[f]	21,837	19,835	21,623	21,652	21,638	1,071	809	634	976	893

Pattern seen among **vaccinated** women was the same as for **unvaccinated** women

Table 11. Lifetime Number of CIN2+ Detected and False Positives Among 2vHPV or 4vHPV Vaccinated Female Persons for Screening Strategies by Model[a]

	CIN2+ Detected per 1,000[b]					False Positives per 1,000[c]				
Strategy[d]	H	M	P	U	Med[e]	H	M	P	U	Med[e]
No Screening	0	0	0	0	0	0	0	0	0	0
End Age 65[f]										
CYTO-3Y, 21[g]	84	48	64	131	74	501	521	434	511	506
CYTO-3Y, 21/HPV-5Y, 30[g]	96	55	67	138	82	729	645	268	670	658
CYTO-3Y, 21/COTEST-5Y, 30[g]	102	57	69	143	85	971	748	565	834	791

https://www.uspreventiveservicestaskforce.org/uspstf/document/draft-modeling-report/cervical-cancer-screening-adults-adolescents

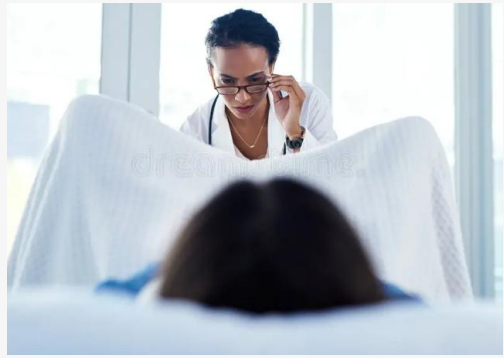
Comparison of strategy harms/benefits

Screening strategy	Total cytology and HPV tests /1,000 women screened	Colposcopies /1,000 women screened	Total CIN 2+ detected /1,000 women screened	Colposcopies /CIN2+	Total work up /CIN 2+
Cyto-3y,21/COTEST-5y, 30	22,865	1,142	158	7.2	151.9
Cyto-3y,21/**HPV-5y, 30**	13,217	1,002	153	6.5	**92.9**

Co-testing requires 60% more tests to find the same CIN2+ disease

https://www.uspreventiveservicestaskforce.org/uspstf/document/draft-modeling-report/cervical-cancer-screening-adults-adolescents

Now women have OPTIONS!



Specimen collected by clinician via speculum exam with cervical swab



Specimen collected by patient via vaginal swab



Self-collection: overcome screening barriers related to…

- Patients (e.g., discomfort, cultural factors)
- Clinicians (e.g., some do not perform pelvic exams), and
- Systems (e.g., lack of appointments)..

Clinical performance of high-risk HPV testing on self-samples versus clinician samples in routine primary HPV screening in the Netherlands: An observational study

11-2021

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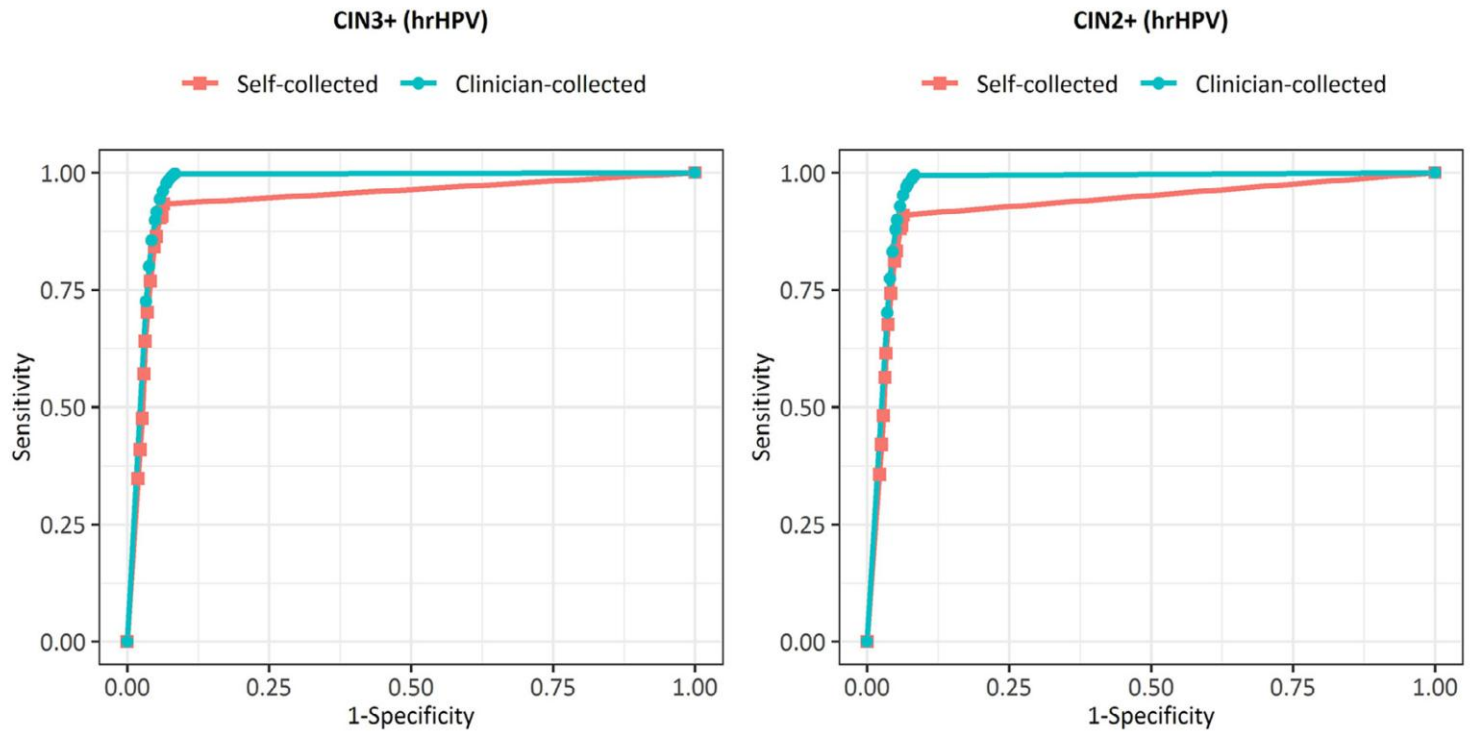


Figure 2. ROC of overall hrHPV Ct values on self-collected (red) and clinician-collected (blue) samples for clinical endpoint CIN3+ (left) and CIN2+ (right).

When these ROC curves overlap or are nearly identical, it demonstrates equivalent diagnostic performance.

When using PCR-based HPV assays, **self-collected samples** capture sufficient viral material from the vaginal canal to detect cervical HPV infections with accuracy **equivalent to** direct **cervical sampling**.

Primary HPV screening between 01-01-2017 and 03-01-2018.
Women aged 30-65 years.
Data were extracted for 487,015 women, including

- 30,808 women with a self-collected sample and
- 456,207 women with a clinician-collected sample.

https://pubmed.ncbi.nlm.nih.gov/34918001/

Vaginal Swabs FDA-Approved for Self-Sampling

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Option 1:

evalyn® brush



Clinic screening

Option 2:

Copan
innovating together



Clinic screening

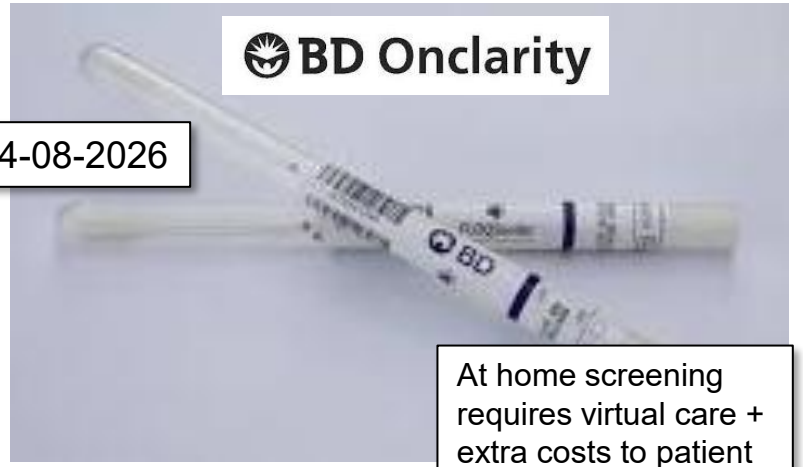
Option 3:



At home screening requires virtual care + extra costs to patient

Option 4:

FDA-Approved: 04-08-2026

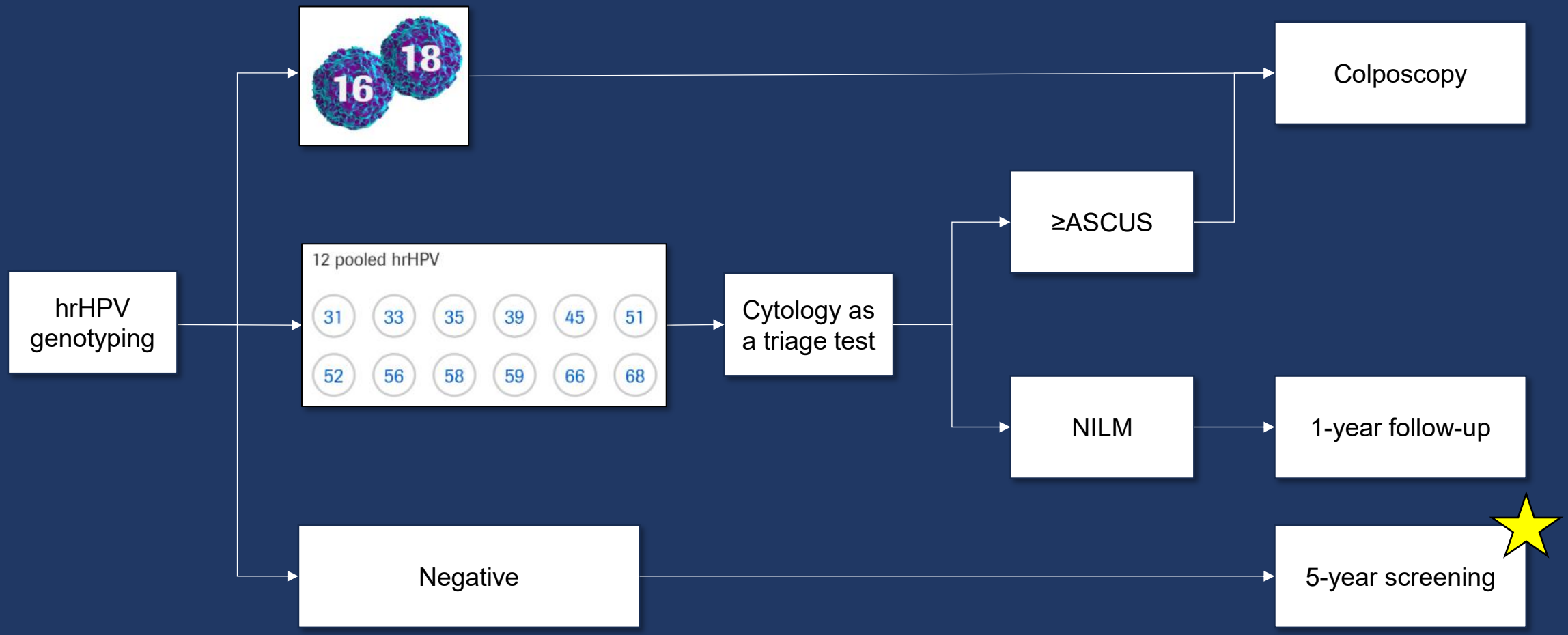


At home screening requires virtual care + extra costs to patient

https://www.copangroup.com/product-ranges/self-floqswabs/
https://www.roversmedicaldevices.com/cell-sampling-devices/evalyn-brush-2/

https://www.getteal.com/
https://www.bd.com/en-us/dc/ids/2026/onclarity-at-home

Primary HPV Screening: Risk-based Management Strategies



Every 5 years for routine self-sampling

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

1. HPV infection always precedes cancer development
   a) Progression from HPV infection to cancer development varies by HPV genotype
      - HPV 16/18 (cause ≥70% of cancers): process moves quickly
      - Other 12 types of hrHPV: process moves slowly
   b) FIVE years is the established natural history interval beyond which the incidence of CIN2+ increases

2. Gender-neutral HPV vaccination leads to elimination of vaccine-specific HPV genotypes from community ecology and replacement by HPV genotypes not included in vaccine:
   HPV infections will still occur, but slower transforming genotypes will predominate

3. Cancer results from persistent HPV infection with viral loads that can be detected repeatedly over time:
   HPV will be detected just as frequently from a vaginal swab as from a speculum-based cervical swab

4. Guidelines from USPSTF and HRSA/WPSI (not ACOG, ASCCP, or ACS) dictate ACA insurance coverage

Primary HPV Screening: Specimen Collected by Patient



Colposcopy

Patient must return to clinic so endocervical specimen can be collected by clinician

≥ASCUS

hrHPV genotyping

12 pooled hrHPV

31 33 35 39 45 51

52 56 58 59 66 68

Cytology as a triage test

NILM

1-year follow-up

Triage testing requires whole-cell structures

Negative

5-year screening

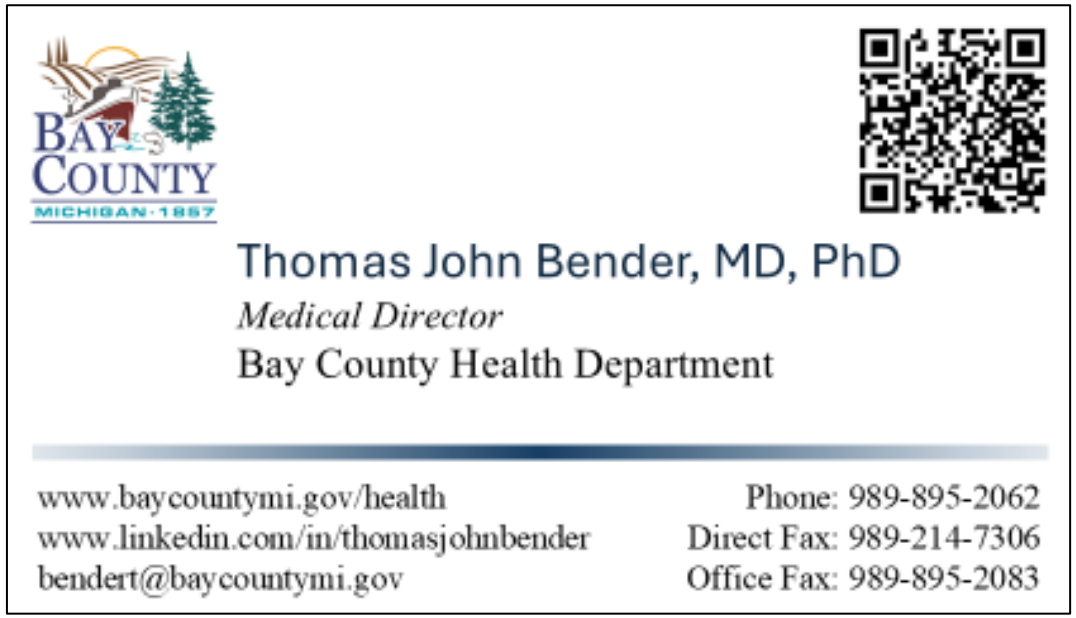
What you have learned!

- US cervical cancer rates have remained stubbornly high
- Cervical cancer will decline more rapidly by expanding screening and not relying entirely on HPV vaccination
- Cervical cancer is best identified by first detecting HPV DNA…
  and NOT by examining cells without knowing HPV infection status
- Primary HPV testing prevents harm and is the most efficient screening method
- Primary HPV testing is equally effective regardless if specimens are collected by a clinician or via self-sampling
- Self-sampling will make participating in screening more attractive to more women
- Self-sampling is revenue neutral to the physician but cost saving to the practice and to the health care system

Primary HPV Screening for Cervical Cancer

in a Title X Family Planning Clinic

BAY COUNTY
MICHIGAN·1857
HEALTH DEPARTMENT
Prevent. Promote. Protect.



10-09-2026

Objectives

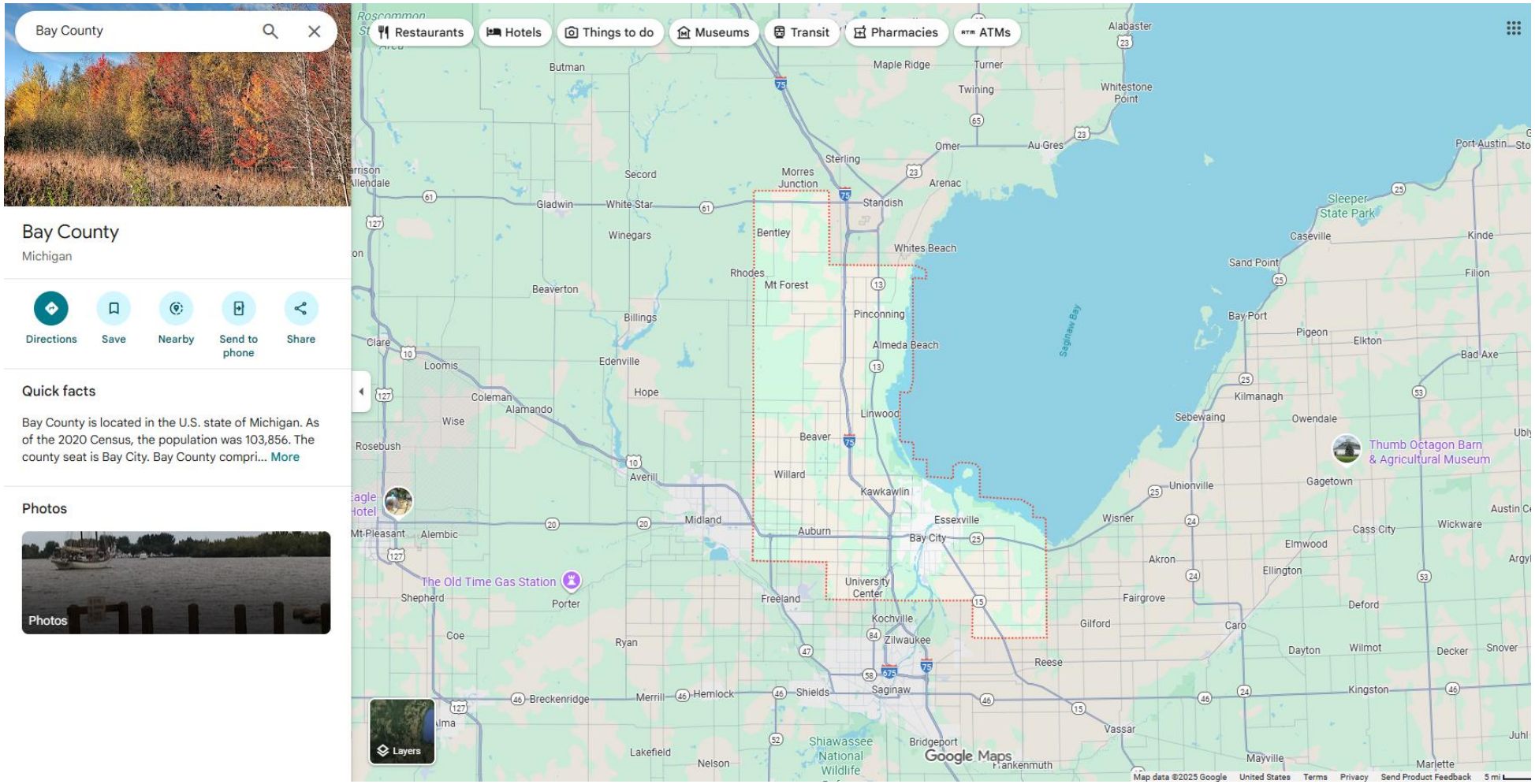
- Primary HPV screening with self-sampling:
  - Endorsed in multiple nationally recognized standards of care.
  - Legitimate choice for Title X Family Planning clinics.

- Implementation of our recommended screening algorithm:
  - Feasible.
  - Appropriate.

- Self-sampling:
  - Endorsed in multiple nationally recognized standards of care.
  - Equivalent to provider-collected specimens for screening purposes.
  - Offers to expand the screened population.



BAY COUNTY
MICHIGAN · 1857
HEALTH DEPARTMENT
Prevent. Promote. Protect.



What is Title X?

The nation's family planning program. Enacted in 1970, it is the only federal program dedicated to family planning and reproductive health services.

Title X was created to provide affordable birth control and reproductive health care to individuals regardless of residency or immigration status, as well as age, race, sexual orientation, gender identity, income or insurance status, or any other characteristic.

PRIMARY AND PREVENTIVE HEALTH CARE SERVICES PROVIDED BY TITLE X:

- Pregnancy testing, counseling and referrals
- Wellness exams
- Birth control
- Lifesaving cervical and breast cancer screenings
- Testing and treatment for sexually transmitted diseases (STDs)
- Contraception education

Find out how you can access and receive services by contacting your nearest clinic.
Learn more at Michigan.gov/FamilyPlanning.

MDHHS
Michigan Department of Health & Human Services

https://www.michigan.gov/mdhhs/adult-child-serv/childrenfamilies/familyhealth/familyplanning/what-is-title-x

Find a Family Planning Clinic

Title X Family Planning Clinics in Michigan
N = 92

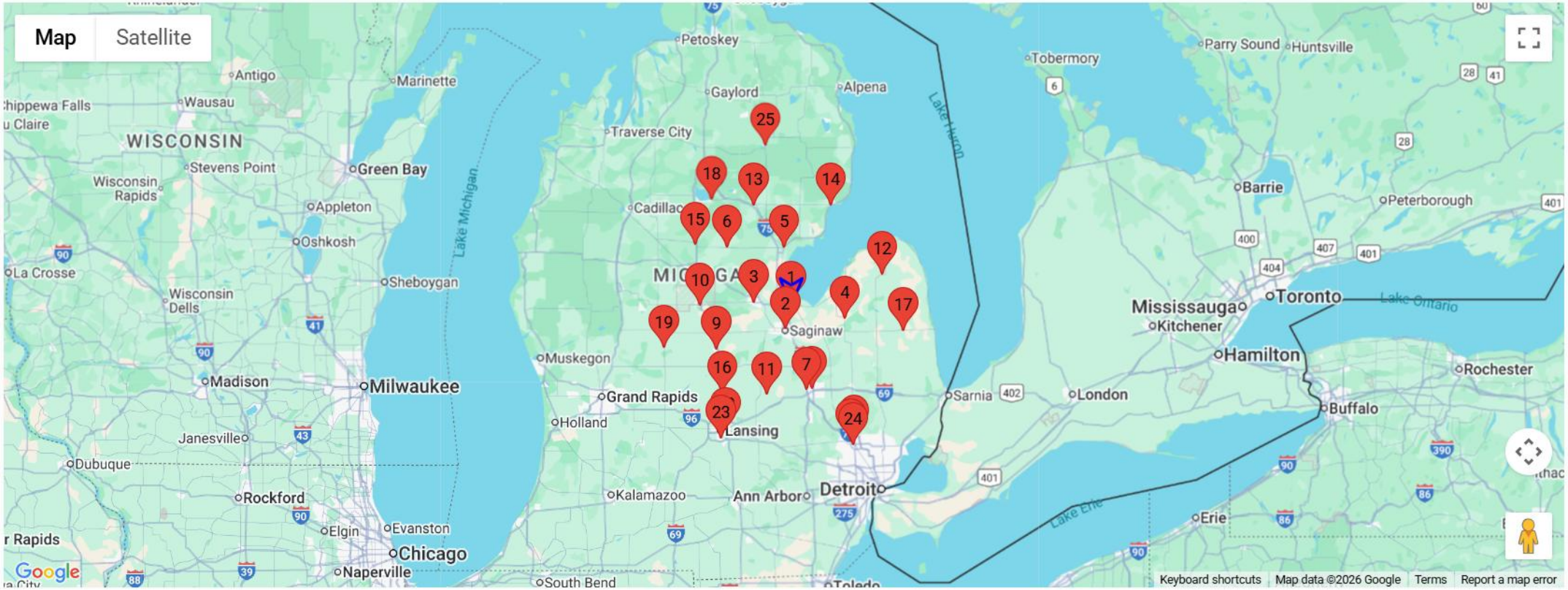
Location

Bay City, MI, USA

Distance (mi)

100

Apply



https://reproductivehealthservices.gov/search-results

BAY COUNTY MICHIGAN·1857 HEALTH DEPARTMENT
Prevent. Promote. Protect.



Bay County Health Department

4150 Wilder Rd
Bay City, MI 48706
989-895-4015

https://www.baycountymi.gov/health_community/health_department/personal_health_family_planning_clinic.php

GET DIRECTIONS

Hours of Operation:

Day	Hours
Sunday	Closed
Monday	8:30 AM - 4:00 PM
Tuesday	8:30 AM - 4:00 PM
Wednesday	8:30 AM - 4:00 PM
Thursday	8:30 AM - 4:00 PM
Friday	8:30 AM - 4:00 PM
Saturday	Closed

Mailing Address

4150 Wilder Rd
Bay City, MI 48706

Services Offered

Birth Control

Birth Control Pill
Birth Control Ring
Birth Control Shot
Breast Feeding / LAM Method
Cervical Cap
Condoms - Female
Condoms - Male
Contraceptive Sponge
Emergency Contraception
Fertility Awareness-Based Method(s)
Hormonal Implants
Intrauterine Device - Copper (IUD)
Intrauterine Device - Hormonal (IUD)
Spermicide

Pregnancy Services

Achieving Pregnancy Services
Basic Infertility Services
Pregnancy Testing and Counseling

Cancer Screenings and Prevention

Breast Cancer Screening
Cervical Cancer Screening
HPV Vaccine

Women's / Men's Health

Alcohol and Other Drug Use Screening
Blood Pressure Screening
BMI
Depression Screening
Folic Acid Supplementation
Immunizations
Intimate Partner Violence Screening
Tobacco Use Screening

STD Testing, Treatment & Vaccines

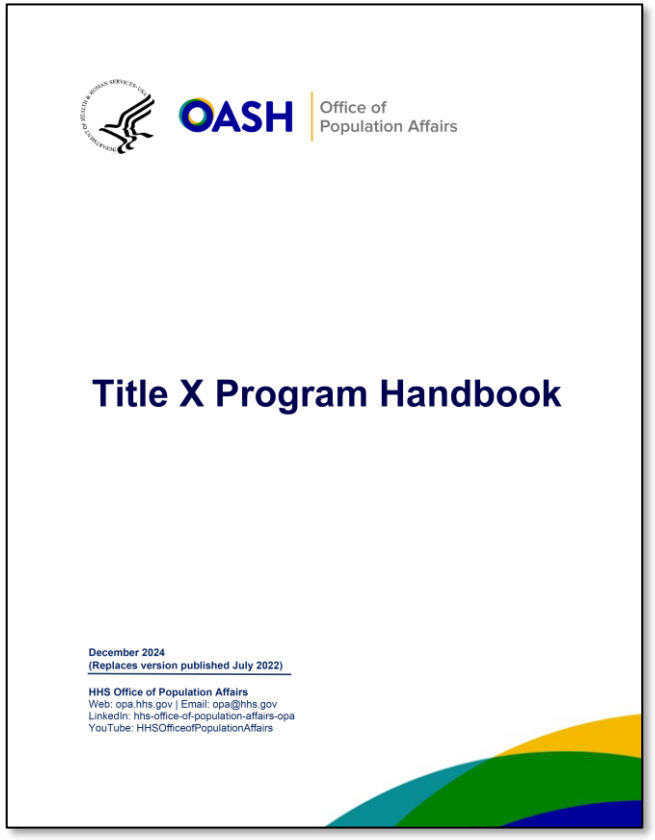
Chlamydia
Gonorrhea
Hepatitis B Screening
Hepatitis B Vaccine
Hepatitis C Testing
Syphilis

HIV Testing & Screening

HIV Testing

https://reproductivehealthservices.gov/search-results

U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES



Title X projects must provide services in a manner that "ensures equitable and quality service delivery consistent with nationally recognized standards of care" (42 CFR § 59.5(a)(3)). *Providing Quality Family Planning Services in the United States: Recommendations of the U.S. Office of Populations Affairs (Revised 2024)* is a nationally recognized standard of care for services within the scope of the Title X program and for providing quality SRH services for people of reproductive age. Title X recipients, subrecipients, and service sites are expected to review PPN 2024-02: Implementing Quality Family Planning Services Recommendations within Title X Projects whose purpose is to clarify OPA expectations for implementing QFP within Title X projects and incorporate QFP into the care provided to clients.

The table below includes other pertinent nationally recognized standards of care for family planning services that Title X projects may implement, but is not intended to be an exhaustive list.

Standards of Care	Source	Link
US Medical Eligibility Criteria (MEC)	CDC 2024	https://www.cdc.gov/reproductivehealth/contraception/mmwr/mec/summary.html
US Selected Practice Recommendations (SPR)	CDC 2024	https://www.cdc.gov/contraception/hcp/usspr/index.html
STI Treatment Guidelines, 2021	CDC 2021	https://www.cdc.gov/std/treatment-guidelines/default.htm
Taking a Sexual History	CDC 2024	https://www.cdc.gov/std/treatment/SexualHistory.htm
Cervical and Breast Cancer Screening	United States Preventive Services Taskforce (USPSTF)	• https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/cervical-cancer-screening • https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/breast-cancer-screening
Vaccine-Specific Recommendations	Advisory Committee on Immunization Practices (ACIP)	https://www.cdc.gov/acip-recs/hcp/vaccine-specific/index.html
Cervical Cancer Screening and Management of Abnormal Results	American Society for Colposcopy and Cervical Pathology (ASCCP)	https://www.asccp.org/clinical-practice/guidelines
Cervical and Breast Cancer Screening	American Cancer Society (ACS)	• https://www.cancer.org/cancer/cervical-cancer.html https://www.cancer.org/cancer/breast-cancer.html
Contraception; Cervical and Breast Cancer Screening	American College of Obstetricians and Gynecologists (ACOG)	• https://www.acog.org/womens-health/healthy-living/birth-control • https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2021/04/updated-cervical-cancer-screening-guidelines • https://pubmed.ncbi.nlm.nih.gov/28644335/
Achieving Pregnancy; Basic Infertility Evaluation	American Society for Reproductive Medicine (ASRM)	• https://pubmed.ncbi.nlm.nih.gov/34815068/ • https://pubmed.ncbi.nlm.nih.gov/25936238/ • https://pubmed.ncbi.nlm.nih.gov/25597249/

https://opa.hhs.gov/sites/default/files/2025-01/Title%20X%20Program%20Handbook_Dec%202024_FINAL.pdf

Michigan Department of Health & Human Services

Michigan Title X

Family Planning Program

Standards & Guidelines Manual

2026

Michigan Department of Health and Human Services

January 2026

Nationally Recognized Standards of Care

Title X Regulations and the OPA Program Priorities in 2022 funding grants require Title X recipients to provide quality family planning services using nationally recognized standards of care. These include *Providing Quality Family Planning Services* and other national standards from the Centers for Disease Control and Prevention (CDC) and national medical associations:

Centers for Disease and Prevention (CDC)

U.S. Medical Eligibility Criteria for Contraceptive Use, 2024 (MEC)

U.S. Selected Practice Recommendations for Contraceptive Use, 2024 (SPR)

STI Treatment Guidelines, 2021 Guide to Taking a Sexual History

Advisory Committee on Immunization Practices (ACIP)

United States Preventive Services Taskforce (USPSTF)

Cervical Cancer Screening Recommendations Breast Cancer Screening Recommendations

American Society for Colposcopy and Cervical Pathology (ASCCP)

Cervical Cancer Screening Guidelines Cervical Cancer Screening Management

American College of Obstetricians and Gynecologists (ACOG)

Cervical Cancer Screening Guidelines Breast Cancer Screening Guidelines

Contraception

American Cancer Society (ACS)

Early Detection of Cervical Cancer Early Detection of Breast Cancer

American Society for Reproductive Medicine (ASRM)

Achieving Pregnancy Infertility- Female Infertility- Male

American Urological Association (AUA)

Guidelines for Early Diagnosis of Testicular Cancer and Prostate Cancer Screening

https://tinyurl.com/mdhhs-titlex-sg-2026

Michigan Department of Health & Human Services

Michigan Title X

Family Planning Program

Standards & Guidelines Manual

2026

Michigan Department of Health and Human Services

January 2026

Family Planning Services

21 CONTRACEPTIVE SERVICES

F. Physical and Laboratory Assessment

3. Cervical Cancer screening and clinical breast exam **must** be provided based on current recommendations for timing and testing components. (See Related Preventive Health Services section.)

https://tinyurl.com/mdhhs-titlex-sg-2026

Michigan Department of Health & Human Services

Michigan Title X

Family Planning Program

Standards & Guidelines Manual

2026

Michigan Department of Health and Human Services

January 2026

Related Preventive Health Services	**Related Preventive Health Services** include services that are considered beneficial to reproductive health, linked to family planning services, and appropriate to deliver within a family planning visit (e.g., breast and cervical cancer screening). They are required within family planning programs.

28. RELATED PREVENTIVE HEALTH SERVICES

Written protocols and operating procedures **must** be available, current, and consistent with national standards of care. All sub-recipient agencies **must** follow nationally recognized standards of care in their Breast and Cervical Cancer Screening Protocols and **must** participate in the Family Planning/Breast and Cervical Cancer Control Navigation Program (FP/BC3NP) Joint Project for diagnostic services (i.e., breast ultrasound, mammogram, and colposcopy) for uninsured or underinsured clients. Coordination of care **must** go through the BC3NP Coordinator unless other referral/payment arrangements are in place. Family Planning projects are encouraged to refer eligible clients to the BC3NP program for cervical screening where appropriate.

Michigan Department of Health & Human Services

Michigan Title X

Family Planning Program

Standards & Guidelines Manual

2026

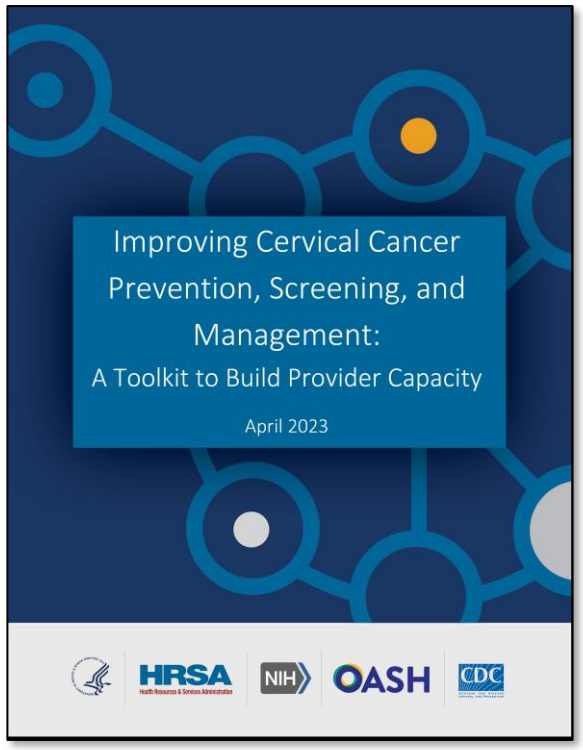
Michigan Department of Health and Human Services

January 2026

A. Clinics must offer and/or provide and stress the importance of the following to all clients:

2. **Cervical Cancer screening** as indicated following protocols based on national standards of care:
   a. MDHHS Family Planning Program recommends programs follow Breast and Cervical Cancer Control and Navigation Program (BC3NP) the Breast and Cervical Cance Screening Protocols as posted on the BC3NP website under "BC3NP LCA Program Manuals and Policies." The BC3NP Breast and Cervical Cancer protocol is also posted on the Family Planning website Information for Providers. MDHHS Family Planning program no longer requires use of these screening protocols, so long as agency protocols follow a nationally recognized standard of care. Agencies using a protocol with an alternate national standard of care for screening should be aware that the BC3NP program is currently unable to pay for cervical screening using HPV only for clients under age 30. However, BC3NP can assist with needed follow up care for eligible clients regardless of the screening that indicated need for follow up care.
   b. BC3NP Protocol recommends:
      1. Age 21 to 64, every 3 years if Pap test is negative, OR
      2. Age 30 to 64, every 5 years if using co-testing (pap and HPV) and both are negative
      3. Age 30 to 64, every 5 years if using HPV-HR test alone.
   c. Cervical follow-up care provided for clients according to the 2019 ASCCP Cervical Risk-Based Management Guidelines. Mobile App - ASCCP
3. **Pelvic examination** (including vulvar evaluation and bimanual exam) should be performed with routine cervical cancer screening and **must** be provided if medically indicated.

https://tinyurl.com/mdhhs-titlex-sg-2026



Routine Screening Guidelines

Average Risk Cervical Cancer Screening Recommendations

Age	USPSTF (2018)/ACOG (2021)	ACS (2020)
<21 years	No screening	No screening
21-24 years	Pap every 3 years	No screening
25-29 years	Pap every 3 years	Primary HPV every 5 years (preferred) Co-test every 5 years (if primary HPV not available) Pap every 3 years (if primary HPV is not available)
30-65 years	Pap every 3 years Co-test every 5 years Primary HPV every 5 years	Primary HPV every 5 years (preferred) Co-test every 5 years (if primary HPV is not available) Pap every 3 years (if primary HPV is not available)
>65 years	Discontinue if exit criteria met	Discontinue if exit criteria met

These guidelines are appropriate for people with a cervix aged 21 – 65 years old without symptoms, a history of HPV, or under surveillance based on past test results.*

Patients who qualify for routine screening should never go more than 3 years without a Pap test or 5 years without an HPV-based test (co-test or primary HPV).

https://www.norc.org/content/dam/norc-org/pdf2023/fccc-toolkit-build-provider-capacity.pdf

HPV Tests Approved for Primary Cervical Cancer Screening

Brand	HPV Test	FDA Approval
Roche	cobas® HPV Test	2014
BD		
Abbott		



https://diagnostics.roche.com/us/en/products/lab/cobas-hpv-5800-6800-8800-pid00000297.html
https://www.bd.com/en-us/products-and-solutions/products/product-families/bd-onclarity-hpv-assay
https://www.molecular.abbott/int/en/products/infectious-disease/alinity-m-hr-hpv-assay

CINtec® *PLUS* Cytology

FDA Approval: 2020

Now included in ASCCP* guidelines

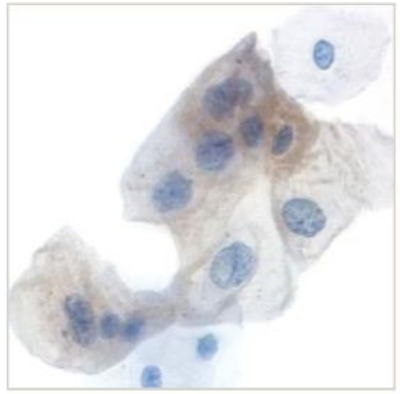
The recommendations for use of dual-stain cytology with CINtec *PLUS* were added in April 2024.

*American Society for Colposcopy and Cervical Pathology

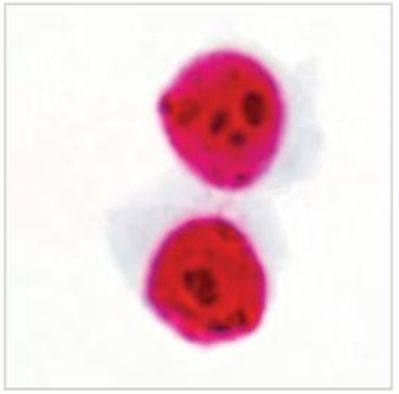
Detect changes at the cellular level:

CINtec *PLUS* dual-stain cytology, based on immunocytochemistry staining, provides objective and enhanced visual clarity to detect co-expressing biomarkers of HPV-related oncogene activity strongly associated with precancerous cellular changes.

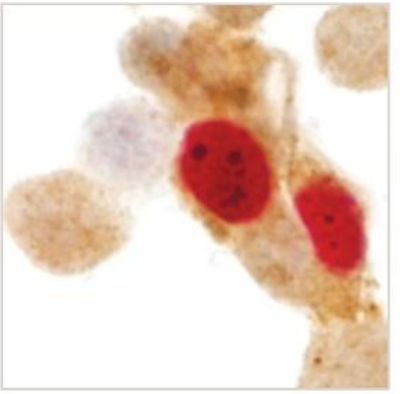
CINTEC® *PLUS* CYTOLOGY INTERPRETATION



CINtec *PLUS* negative cells
Expression of p16 **(brown)** signals halting of cell division

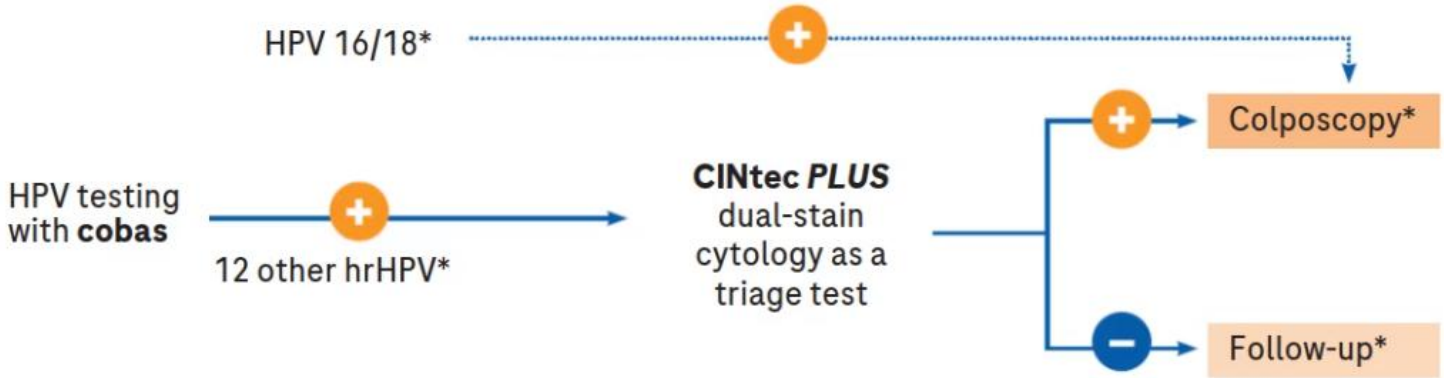


CINtec *PLUS* negative cells
Expression of Ki-67 **(red)** signals progression of cell division



CINtec *PLUS* positive cells
Co-expression of p16 & Ki-67 **(brown and red)** indicates cell cycle deregulation

Triage testing in HPV Primary Screening (ages 25-65)



https://diagnostics.roche.com/us/en/products/lab/cintec-plus-cytology-rtd001259.html

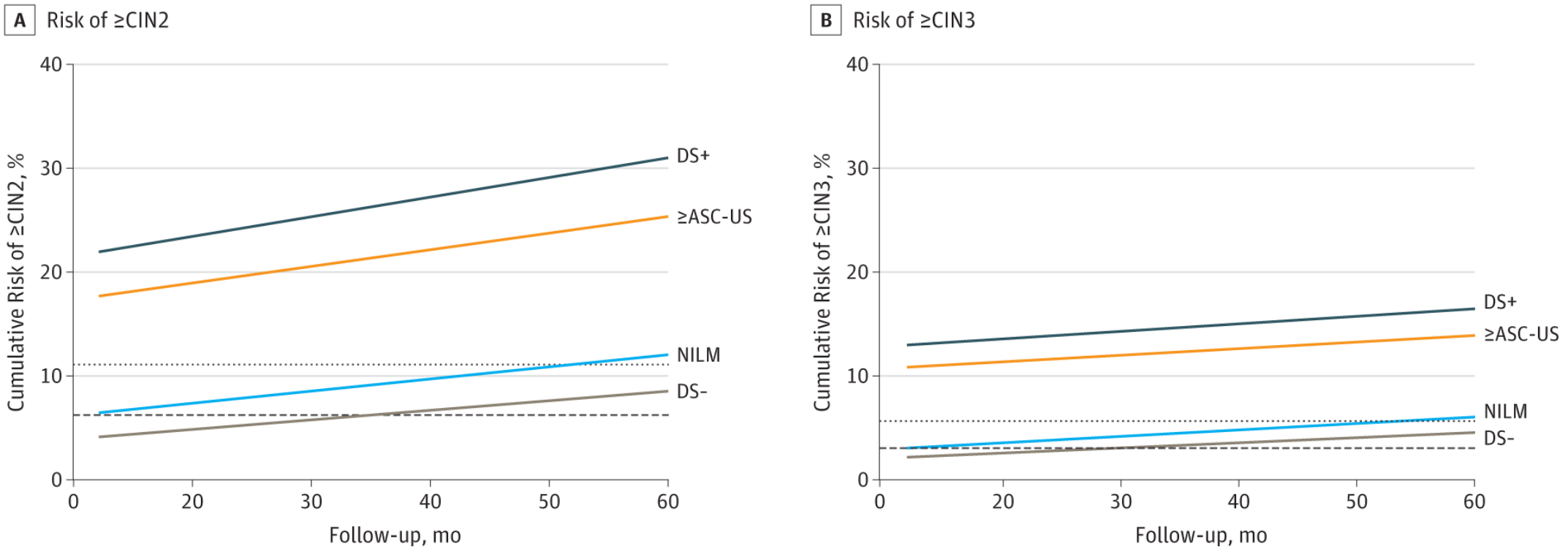
JAMA Oncology | Original Investigation

02-2019

Five-Year Risk of Cervical Precancer Following p16/Ki-67 Dual-Stain Triage of HPV-Positive Women

Prospective cohort study of 1,549 HPV-positive women aged ≥30 years undergoing co-testing screening.

Cumulative Risk of ≥CIN2 and ≥CIN3 by DS and Pap Results.



DS negative women remain below threshold for:

- 1-year return (dashed line) until after 30 months.
- Immediate colposcopy (dotted line) throughout 5-year follow-up.

Relying on cytology (i.e., ASCUS vs NILM) for triage is not quite as safe as relying on DS results.

https://pubmed.ncbi.nlm.nih.gov/30325982/

Cost-effectiveness of p16/Ki-67 Dual-Stained Cytology Reflex Following Co-testing with hrHPV Genotyping for Cervical Cancer Screening

Diane M. Harper[1,2,3,4], Rye J. Anderson[5], Ed Baker[6], and Tiffany M. Yu[7]

07-2023

Payer-Perspective Markov Microsimulation Model:

49 patient groups present in modeled starting population:
- 5 age groups: 25-29, 30-39, 40-49, 50-59, 60-65 years
- 3 hrHPV groups: 16/18 positive, 12 other positive, negative
- HPV vaccination status: vaccinated vs non-vaccinated
- 5 histology groups: normal, CIN 1, CIN 2, CIN 3, ICC

Each run of the model simulated 12,250 women undergoing screening = 250 microsimulated patients x 49 patient groups

Patient results aggregated by patient group and weighted per US population prevalence to address equity

Patients exited screening if diagnosed with ICC or were >65 years, absent abnormal screening for 10 years and/or LEEP for 25 years

Model Inputs (among many others):

Input	Base case	Low	High	Source
hrHPV Test Sensitivity[a]	95.5%	91.1%	99.9%	(15,17)
Procedure Costs[h]				
hrHPV test, with genotyping	$35.09	$26.32	$43.86	(40)[d]
Cervical cytology test	$26.61	$19.96	$33.26	(40)[d]
DS test	$178.30	$133.73	$222.88	(39)[d]
Annual Time Preference Discount Rate				
Costs	3.0%	0.0%	5.0%	(35)
QALYs	0.0%	0.0%	5.0%	(35)

https://pubmed.ncbi.nlm.nih.gov/37210751/

Cost-effectiveness of p16/Ki-67 Dual-Stained Cytology Reflex Following Co-testing with hrHPV Genotyping for Cervical Cancer Screening

Diane M. Harper[1,2,3,4], Rye J. Anderson[5], Ed Baker[6], and Tiffany M. Yu[7]

07-2023

Model Outputs per 1,000 women screened:

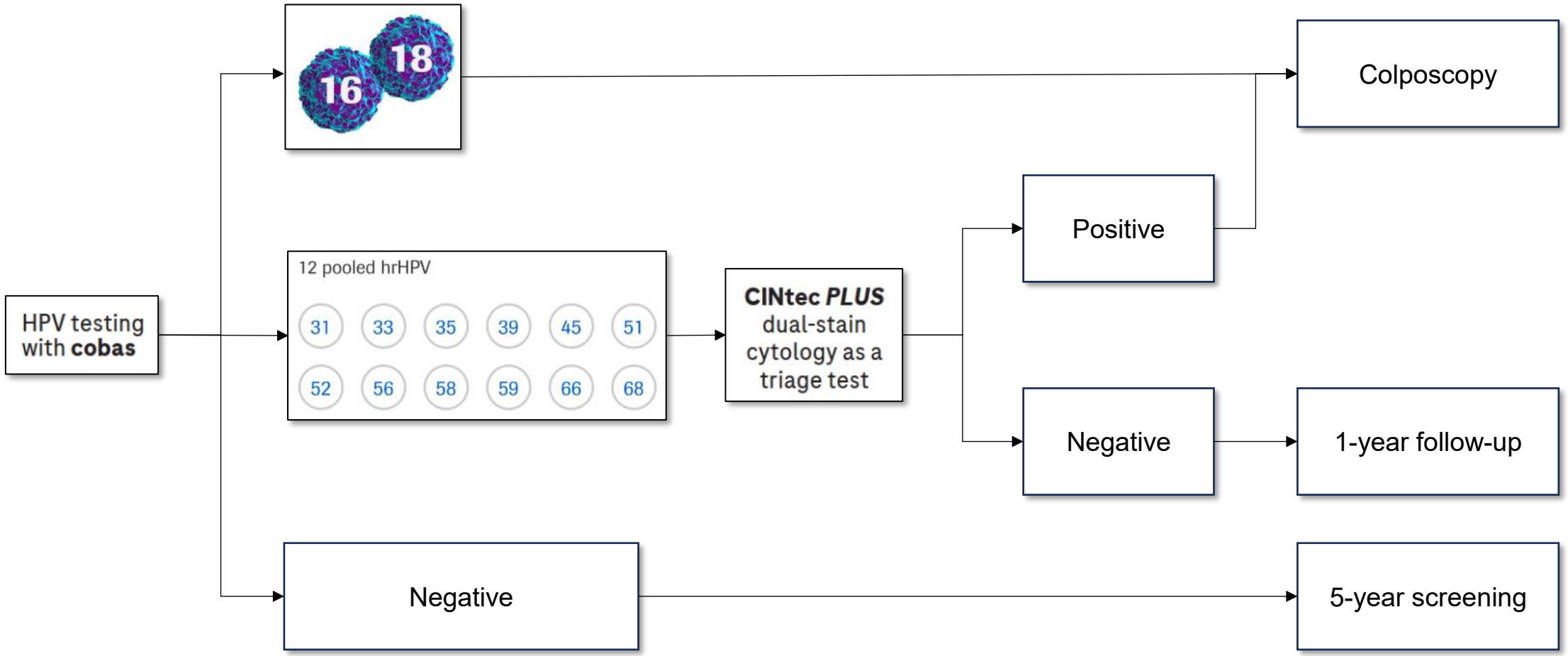
Δ Compared to Co-testing	Mean	L95%	U95%
Total number of screenings	-655	-720	-588
Total number of colposcopies	-127	-156	-100
Total number of LEEPs	2	-5	8
Colposcopies/CIN 2+	-1.27	-1.77	-0.88
Colposcopies/CIN 3+	-2.23	-3.51	-1.32
Total Costs	-$144,000	-$163,000	-$123,000

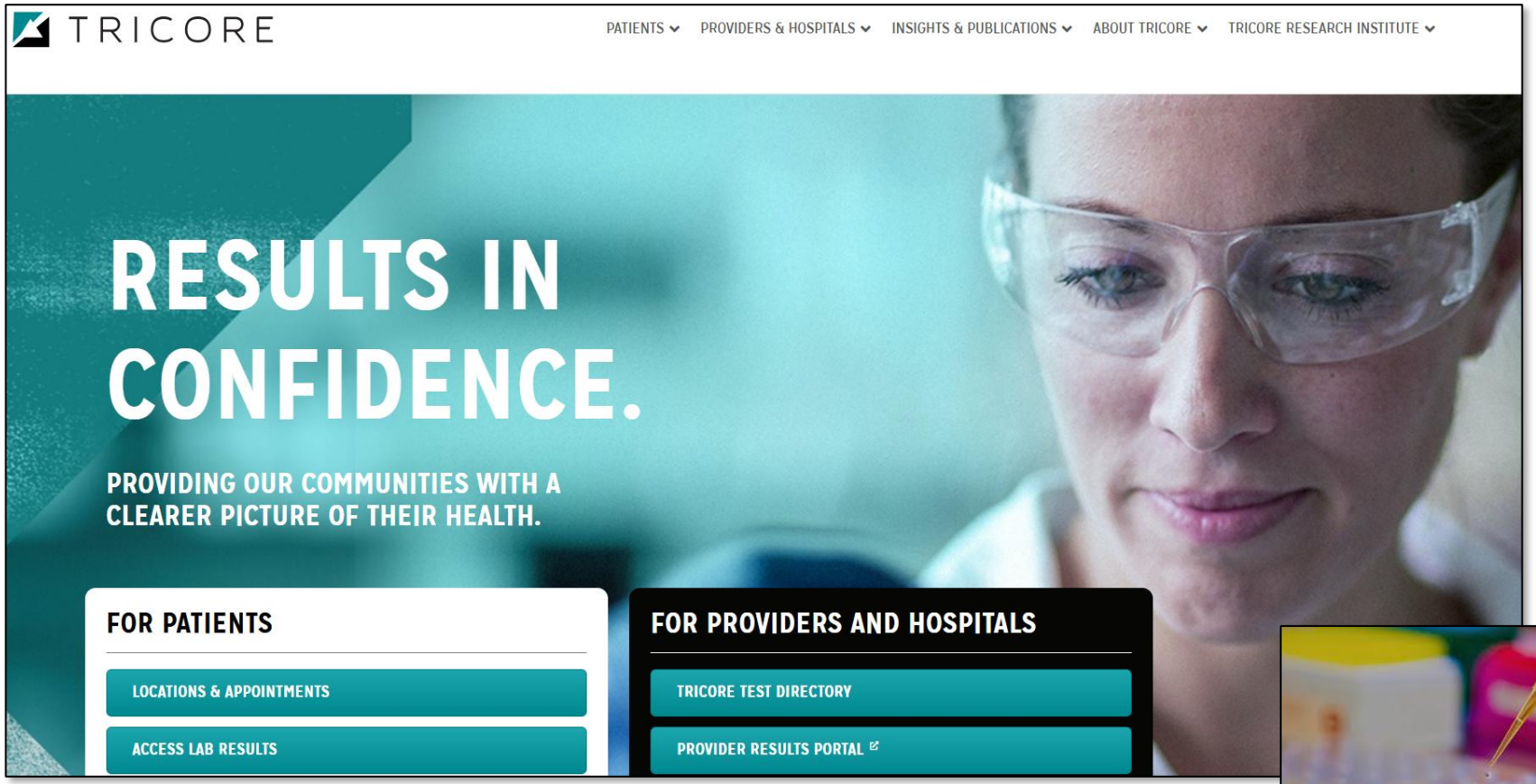
Primary HPV partial genotype screening with reflex DS:

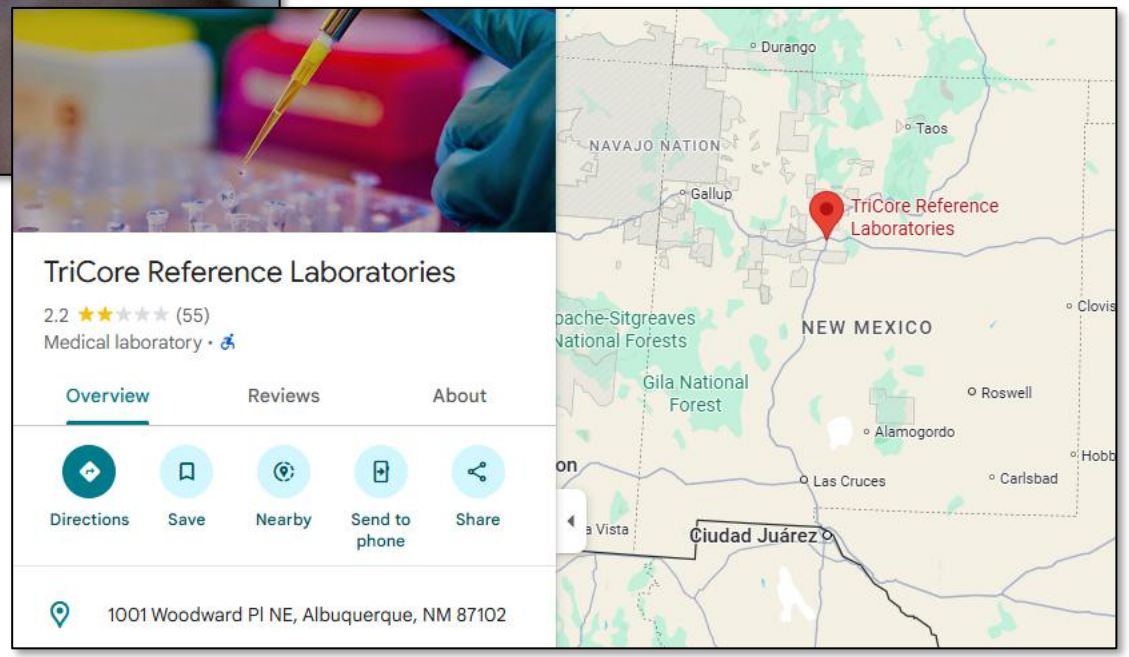
- Detects **same number of CIN 2+/3+ disease cases**
- Requires far **fewer screenings**
- Results in far **fewer colposcopies**
- Incurs significantly **less cost**

https://pubmed.ncbi.nlm.nih.gov/37210751/

Primary HPV Screening: Risk-based Management Strategies







Turn-around time

HPV testing with **cobas**	4-5 days after specimen collection
CINtec *PLUS* dual-stain cytology as a triage test	7 days after cobas HPV result

https://www.tricore.org/

HPV Tests Approved for Self-Sampling with Vaginal Swab

Brand	HPV Test	FDA Approval	
★ Roche	cobas® HPV Test	05-15-2024	Clinic
BD	Onclarity™ HPV Assay	05-15-2024	
Abbott	ALINITY M HR HPV ASSAY	10-23-2025	
teal health	cobas® HPV Test TEAL WAND™	05-09-2025	Home
BD	Onclarity™ HPV Assay	04-08-2026	

Human Papillomavirus (HPV) DNA Profile
Vaginal Swab Collection
PATIENT INSTRUCTIONS

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN
LABORATORIES

Patient-collected vaginal swabs **done in a healthcare setting** can be used for HPV testing.

Scan QR code to watch video instructions.

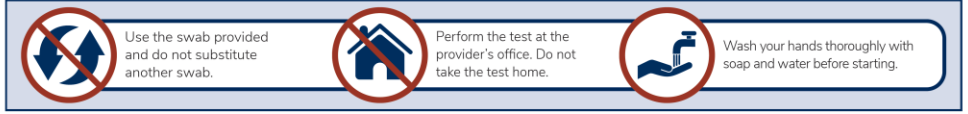
DO NOT PERFORM THIS TEST IF:

You CURRENTLY:
- are on your period (menstruating)
- are pregnant or in the 3 months after giving birth
- are experiencing abnormal bleeding, pelvic pain, or discharge
- take medication that suppresses the immune system
- have a solid organ transplant
- have HIV

In the past 2 DAYS, you have had:
- sexual activity
- gynecological exams
- transvaginal ultrasound scans

In the past 3 DAYS, you have:
- used a vaginal ovule or suppository (to treat infections, dryness, or other conditions)
- used vaginal creams or washes
- used vaginal contraceptives (diaphragms, sponges, rings, condoms, or spermicides)
- had gynecological surgery

STEP 1 | PREPARE FOR COLLECTION

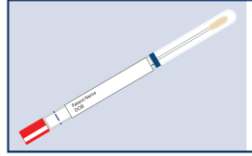


Use the swab provided and do not substitute another swab.

Perform the test at the provider's office. Do not take the test home.

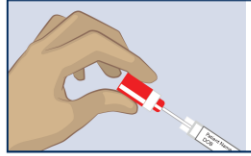
Wash your hands thoroughly with soap and water before starting.

STEP 2 | CHECK PATIENT LABEL



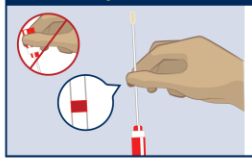
Check that your name and birthdate on the label is correct.

STEP 3 | REMOVE SWAB



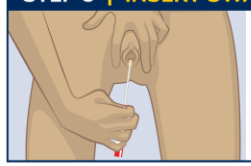
Twist and pull cap to remove the swab from the tube. Be careful not to touch any surfaces with the swab tip.

STEP 4 | HOLD SWAB



Hold the swab at the red mark.

STEP 5 | INSERT SWAB



Standing in a comfortable position, use your free hand to spread the skin of your vaginal opening while carefully inserting the swab up to the red mark.

STEP 6 | ROTATE SWAB



Gently rotate the swab for 10 to 30 seconds.

STEP 7 | INSERT SWAB IN TUBE



Place the swab back into the tube until you hear a CLICK.

STEP 8 | RETURN TUBE



When finished, place the tube where your provider showed you to.

Human Papillomavirus (HPV) DNA Profile
Vaginal Swab Collection
SPECIMEN PROCESSING INSTRUCTIONS

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN
LABORATORIES

Patient-collected vaginal swabs **done in a healthcare setting** can be used for HPV testing.

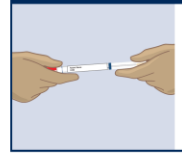
Place the patient-collected sample into the vial containing preservation medium within 1 hour of collection.
Be sure to read all instructions before beginning the sample suspension process.

STEP 1 | PREPARE FOR COLLECTION



Put a patient label (with 2 patient identifiers) on the FLOQSwabs® tube. Copan FLOQSwabs® (552C.RM) is required for this test with no swab substitutions.

STEP 2 | PROVIDE PATIENT WITH SWAB



Provide the patient with the swab tube and collection instructions. Explain where to place the tube after collection.

Once the patient leaves the tube in the designated location, the suspension process in the vial will start in the next step.

STEP 3 | APPLY PATIENT LABEL TO VIAL



After collection, confirm that the patient label matches the identifiers (2 patient identifiers) on the swab tube, then put the label on the vial.

STEP 4 | REMOVE CAP



Carefully uncap the vial containing 20 mL of clear preservation medium (ThinPrep PreservCyt) and place it on a stable, flat surface.

STEP 5 | REMOVE SWAB FROM TUBE



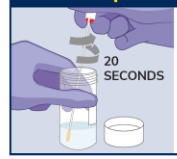
Slowly pull the tube cap off to remove the swab from the tube. Avoid touching the inner walls of the tube as you remove the swab.

STEP 6 | IMMERSE SWAB IN MEDIUM



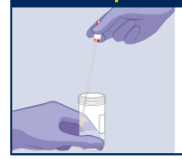
Hold the vial with one hand. With the other hand, insert the swab tip into the vial until it is fully immersed in the medium and touches the bottom of the vial.

STEP 7 | SWIRL SWAB IN MEDIUM



Holding onto the vial, swirl the swab along the inner vial wall for 20 seconds while ensuring the swab remains immersed in the medium. Be careful not to splash.

STEP 8 | REMOVE SWAB FROM VIAL



Carefully draw the swab up along the inner vial wall until the top is no longer immersed in the medium. Hold the tip against the inner vial wall to drain fluid off of the swab. Place the swab into the tube and discard.

STEP 9 | RECAP VIAL AND TIGHTEN



Recap the vial and tighten until the lines on the cap and vial meet or slightly overlap to prevent leakage. Store the vial upright.

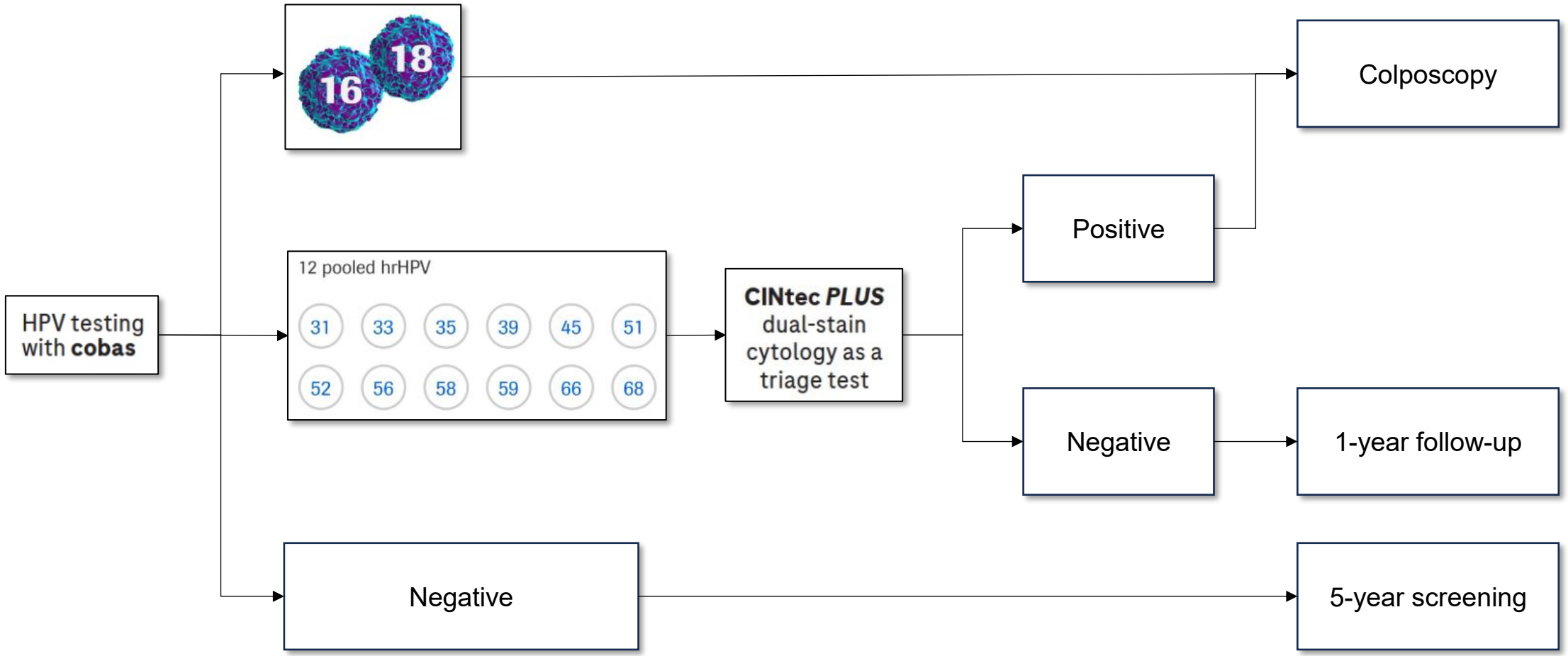
STEP 10 | PACKAGE SAMPLE



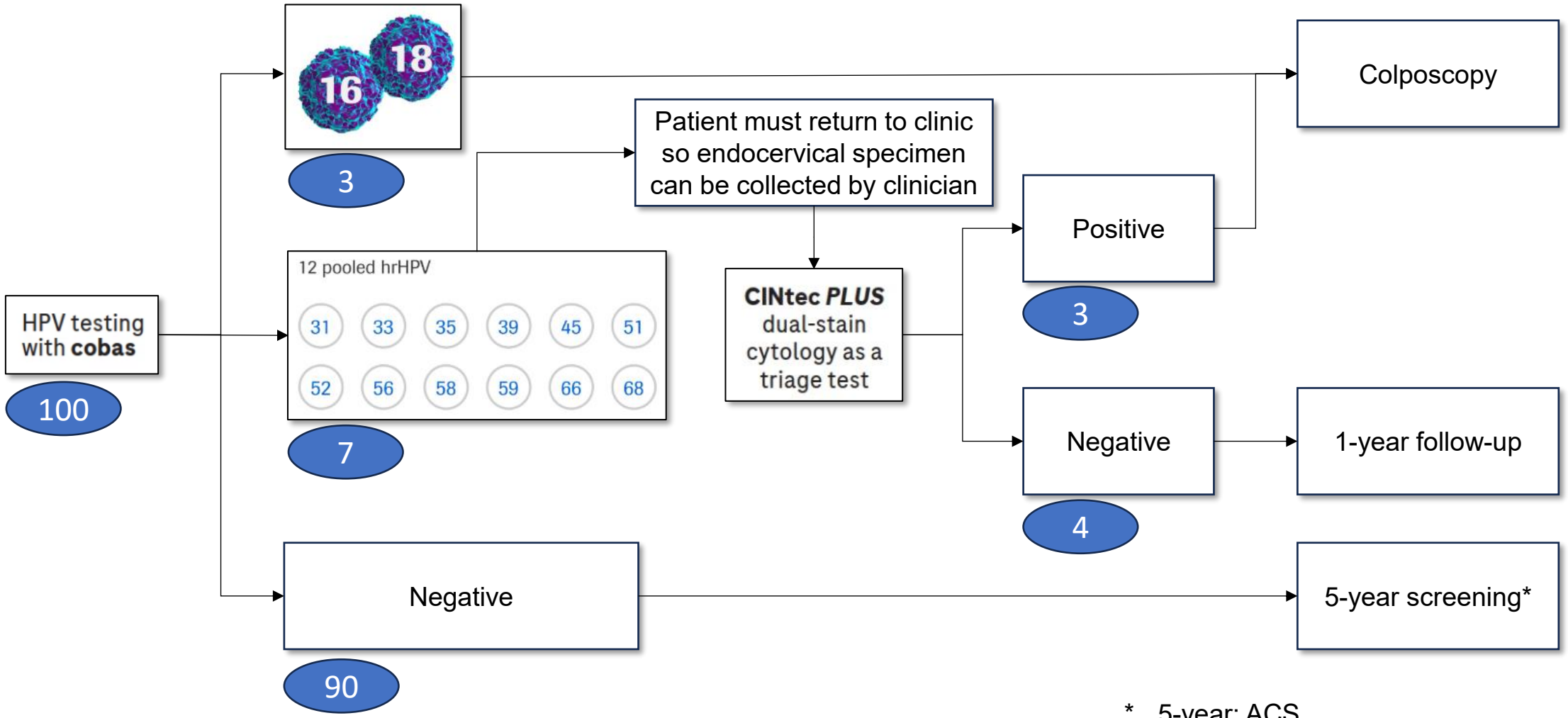
Place the sample into a room temperature specimen bag. Secure the requisition in the specimen bag's outer pouch.

Place the sample in the specimen pickup area.

Primary HPV Screening: Specimen Collected by Clinician



Primary HPV Screening: Specimen Collected by Patient

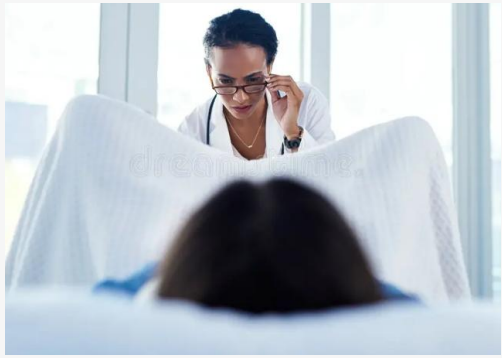


* 5-year: ACS
3-year: USPSTF + WPSI / HRSA

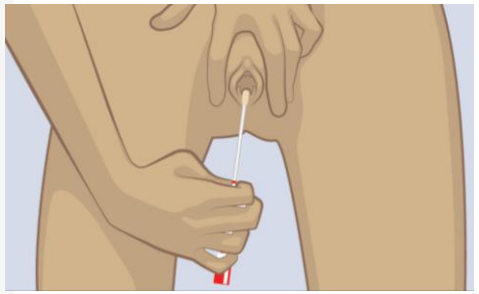
N = Hypothetical distribution

BAY COUNTY MICHIGAN·1857 HEALTH DEPARTMENT
Prevent. Promote. Protect.

offers women OPTIONS!



Specimen collected by clinician via speculum exam with endocervical swab



Specimen collected by patient via vaginal swab



BUT what good is the self-sampling option if…
- Patients remain unaware of self-sampling?
- Most patients receive screening at clinics where self-sampling is NOT offered?

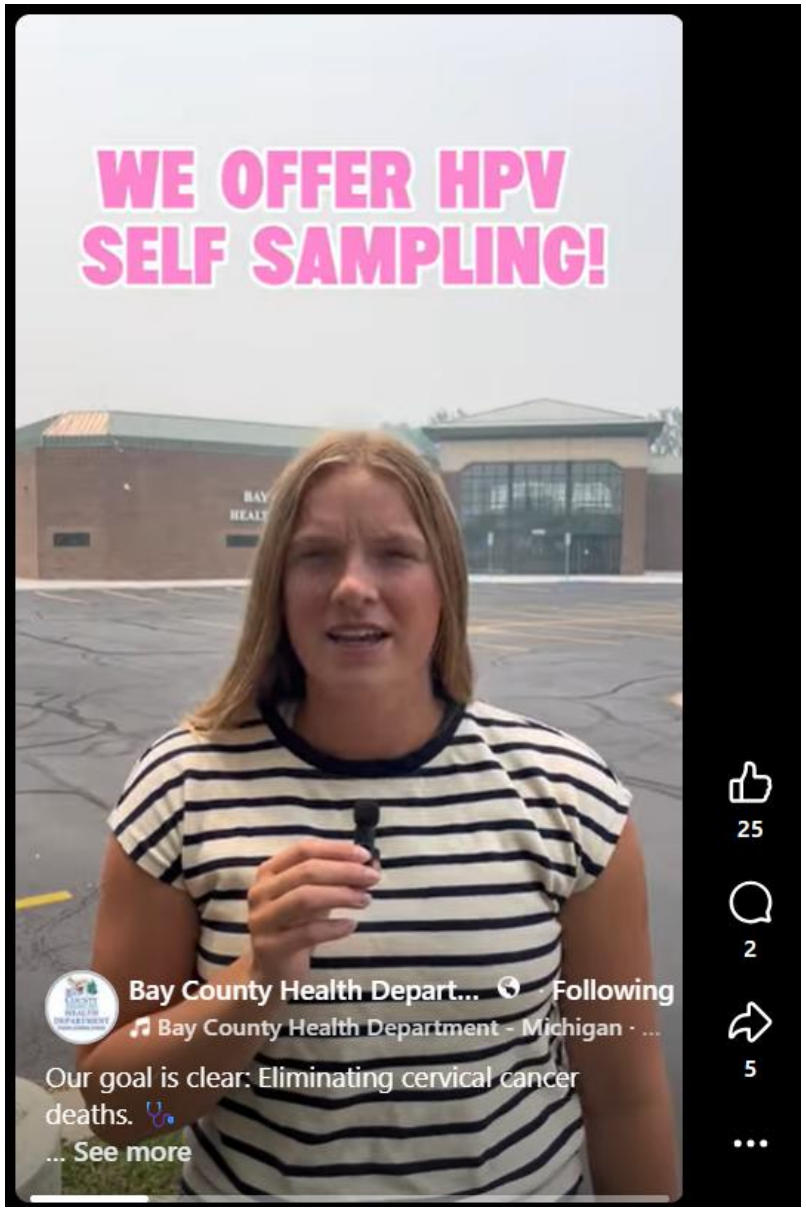
Self-collection: overcome screening barriers related to…
- Patients (e.g., discomfort, cultural factors)
- Clinicians (e.g., some do not perform pelvic exams), and
- Systems (e.g., lack of appointments)..

Build Demand: Social Media Campaign

Developed by Kaylene Darbee, MPH Candidate at SVSU

Infographics:
06-12-2026: Cervical Cancer Screening Rates in Bay County
06-14-2026: HPV & Cervical Cancer, What You Need to Know
06-18-2026: Cervical Cancer Screening Stoplight
06-26-2026: Early Detection Saves Lives
07-02-2026: HPV Self-Sampling is a Great Screening Option
07-09-2026: Three Reasons to Get Screened for HPV
07-14-2026: HPV Self-Sampling is Quick
07-16-2026: HPV Self-Sampling is Simple
07-20-2026: Schedule your HPV Screening Today
07-24-2026: Book HPV Screening at BCHD's Family Planning Clinic

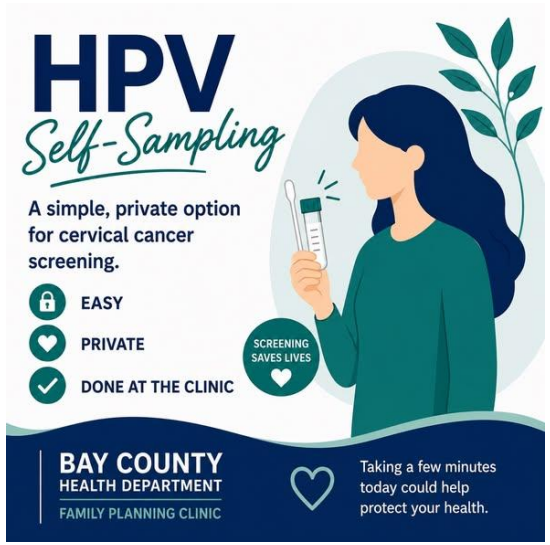
Videos:
06-02-2026: Primary HPV Screening
06-16-2026: HPV & Cervical Cancer: Myth or Fact
06-24-2026: HPV & Cervical Cancer: Who Should Get Screened
06-30-2026: BCHD Clinic Tour
07-07-2026: Q&A about HPV Screening
07-23-2026: HPV Screening for Cervical Cancer with Self-Sampling
07-30-2026: What is the HPV vaccine & How does it work?
08-01-2026: Who should get the HPV vaccine?
08-07-2026: HPV Vaccination after Sexual Activity
08-08-2026: Cervical Cancer Screening after HPV Vaccination

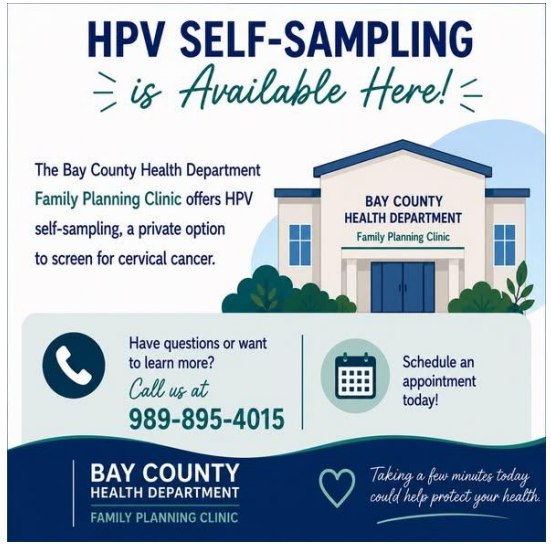


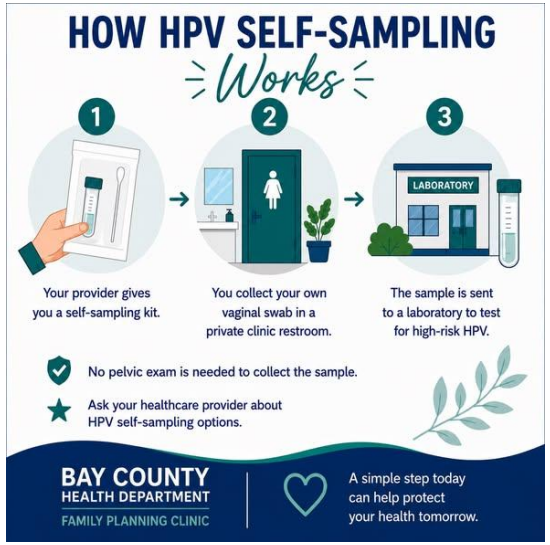
https://www.facebook.com/bayCountyHD/

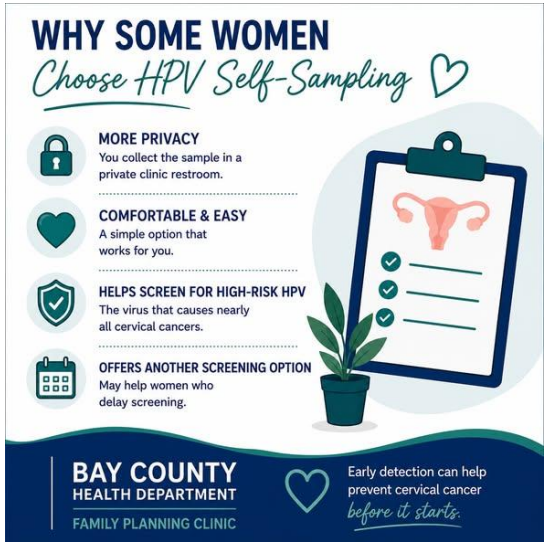
Build Demand: Social Media Campaign

Developed by Kaylene Darbee, MPH Candidate at SVSU









https://www.facebook.com/bayCountyHD/

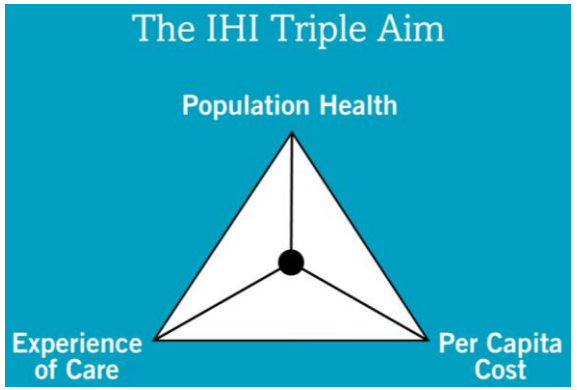
Build Supply: Academic Detailing

Developed by Amelia Gohs, MPH Candidate at SVSU



- Targeted clinicians in Bay County who offer cervical cancer screening
- Surveyed for insights about current cervical cancer screening landscape
- Offered evidence-based introduction to primary HPV testing with self-sampling, including details about overcoming logistical hurdles
- Completed detailing sessions with representatives of…
  - 3 out of 17 clinical practices (OB/GYN + FM) in Bay County
  - 5 practices and LHDs outside Bay County

Conclusions



- Primary HPV screening outperforms both cytology and co-testing.

- Self-collected specimens:
  - Work as well as clinician-collected specimens for detecting HPV infection.
  - Should reduce barriers to screening and expand the screened population.

- Primary HPV screening with DS triage fulfills IHI Triple Aim:
  - Better care for individuals: Maintains high quality of life by reducing testing and interventions.
  - Better health for populations: Reduces risk of cervical cancer more than cytology or co-testing.
  - Lower per capita cost: Reduces overall screening cost.

- If it is feasible and appropriate to implement Primary HPV screening with DS triage at a Title X Family Planning clinic, it should be possible to implement this screening at any clinic.
  - BCHD's standing orders and procedures are available upon request.

https://www.ihi.org/library/topics/triple-aim

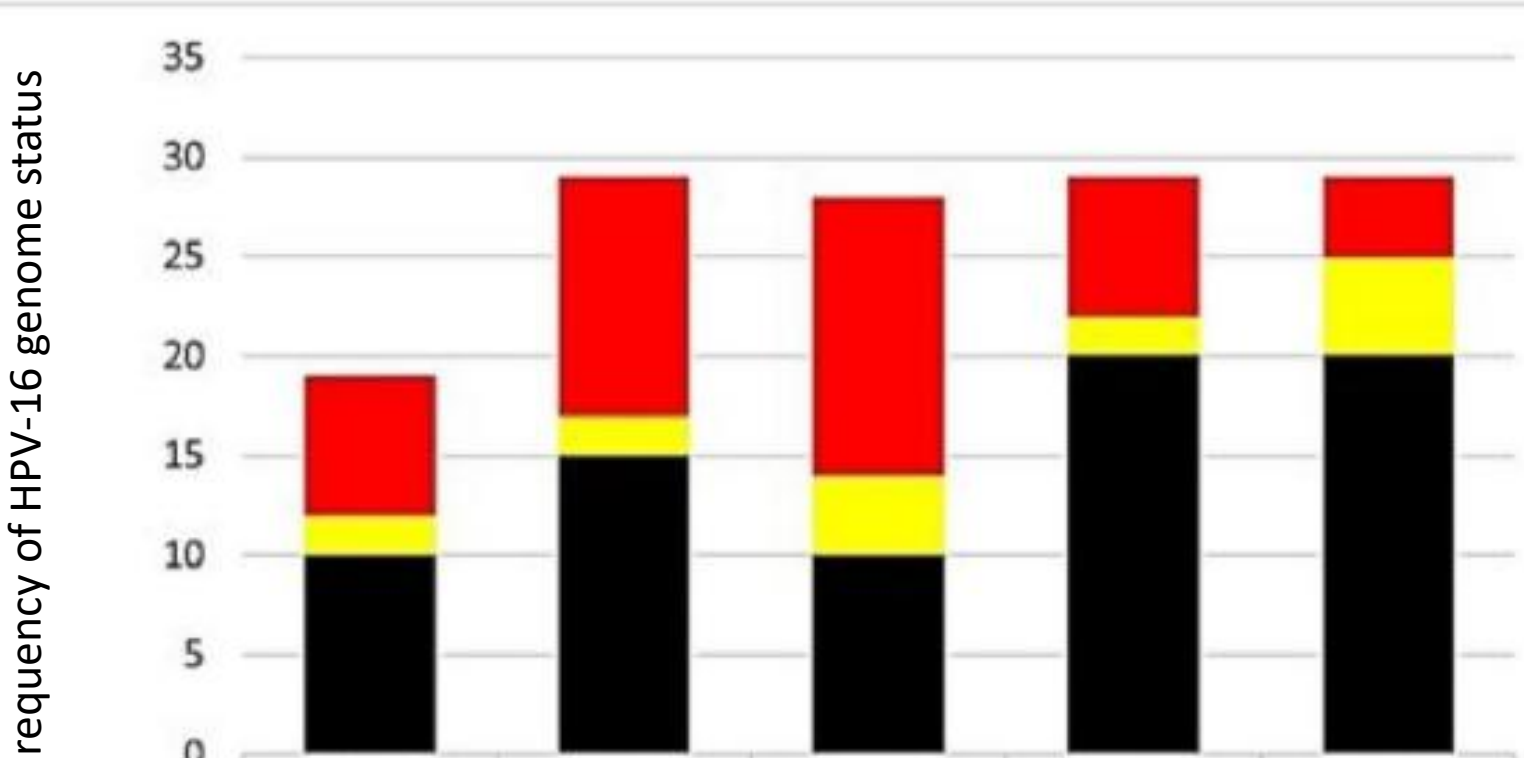
Questions?

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harperdi@med.umich.edu

Thomas John Bender, MD, PhD
Medical Director
Bay County Health Department
bendert@baycountymi.gov

Supplemental Slides

Frequency of HPV DNA integration



	Normal	CIN1	CIN2	CIN3	SCC
Episomal	7	12	14	7	4
Integrated	2	2	4	2	5
Mixed	10	15	10	20	20

HPV tests detect episomal infection

HPV infections do not result in fully integrated forms: there will always be episomal DNA to detect

https://pubmed.ncbi.nlm.nih.gov/40065022/

U.S. Preventive Services TASK FORCE

Draft Recommendation Statement

Cervical Cancer: Screening

12-2024

December 10, 2024

Recommendations made by the USPSTF are independent of the U.S. government. They should not be construed as an official position of the Agency for Healthcare Research and Quality or the U.S. Department of Health and Human Services.

USPSTF endorsed self-collected specimens as being equally acceptable as clinician-collected specimens

Recommendation Summary

Population	Recommendation	Grade
Women ages 21 to 65 years	The USPSTF recommends screening for cervical cancer every 3 years with cervical cytology alone in women ages 21 to 29 years and then every 5 years with clinician- or patient-collected high-risk human papillomavirus (HPV) primary screening in women ages 30 to 65 years. As an alternative to HPV primary screening for women ages 30 to 65 years, the USPSTF recommends continued screening every 3 years with cervical cytology alone or screening every 5 years with high-risk HPV testing in combination with cytology (cotesting).	A
Women younger than age 21 years	The USPSTF recommends against screening for cervical cancer in women younger than age 21 years.	D
Women older than age 65 years	The USPSTF recommends against screening for cervical cancer in women older than age 65 years who have had adequate prior screening and are not otherwise at high risk for cervical cancer. See the "Practice Considerations" section for discussion of adequate prior screening and risk factors that support screening after age 65 years.	D
Women with a prior hysterectomy and no cervix	The USPSTF recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and do not have a history of a high-grade precancerous lesion (i.e., cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer.	D

https://www.uspreventiveservicestaskforce.org/uspstf/draft-recommendation/cervical-cancer-screening-adults-adolescents

The American Cancer Society Guideline for Cervical Cancer Screening

09-2025

ACS endorsed self-collected specimens but deemed clinician-collected specimens to be preferred, for reasons related to triage of results

Women and other individuals with a cervix at *average risk* for cervical cancer should undergo screening, starting at age 25 and discontinuing at age 65 (with adequate screening and absent abnormal results).

Option	Method	Collection	Specimen
Preferred*	Primary HPV	Clinician	Endocervical
Other	Primary HPV	Self	Vaginal
Other	HPV + Cytology (co-testing)	Clinician	Endocervical
Other	Cytology	Clinician	Endocervical

* HPV tests done using an endocervical specimen collected by a clinician are preferred because, if the result is HPV positive, the lab can run more tests on the same specimen to triage the patient as needed.

https://www.cancer.org/content/dam/CRC/PDF/Public/8601.00.pdf

WPSI
Women's Preventive Services Initiative

U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration

01-2026

The Women's Preventive Services Initiative (WPSI) is a coalition of national health professional organizations and patient advocates with expertise in women's health tasked with developing, reviewing and updating recommendations for the *Women's Preventive Services Guidelines*. If the recommendations are adopted by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), this helps ensure that **women receive a comprehensive set of preventive services without having to pay a co-payment, co-insurance or deductible.** The WPSI's purpose is to improve the health and well-being of all women across the lifespan.

This five-year cooperative agreement (2021-2026) is funded by HRSA and was awarded to the ACOG Foundation in 2016 and 2021.

10-01-2025: HRSA published a Federal Register Notice

WPSI's proposed updates to the HRSA-supported Women's Preventive Services Guidelines

Updates regarding cervical cancer testing for women aged 30-65 at average risk:

- Primary hrHPV testing every 5 years (preferred)
- **Patient-collected hrHPV testing** is an **appropriate method** and **should be offered as an option**

01-05-2026: **New! Cervical Cancer Screening Recommendation Update Approved By HRSA**

https://www.womenspreventivehealth.org/about-wpsi/
https://www.hrsa.gov/sites/default/files/hrsa/about/cervical-cancer-screening-update.pdf
https://www.hrsa.gov/womens-guidelines

HRSA: Women's Preventive Services Guidelines

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

The WPSI recommends cervical cancer screening for average-risk women aged 21 to 65 years. For women aged 21 to 29 years, cervical cancer screening using cervical cytology (Pap test) every 3 years is recommended. Co-testing with cytology and human papillomavirus (hrHPV) testing is not recommended for women younger than 30 years. Women aged 30 to 65 years should be screened with primary hrHPV testing every 5 years (preferred) or cytology and hrHPV testing (co-testing) every 5 years. If hrHPV testing is not available, continue screening with cytology alone every 3 years. Women who are at average risk should not be screened more than once every 3 years. Patient-collected hrHPV testing is an appropriate method and should be offered as an option for cervical cancer screening in women aged 30 to 65 years at average risk. Additional testing may be required to complete the screening process and follow-up findings on the initial screening. If additional testing (e.g., cytology, biopsy, colposcopy, extended genotyping, dual stain) and pathologic evaluation are indicated, these services also are recommended to complete the screening process for malignancies.

https://www.hrsa.gov/womens-guidelines

American College of Obstetricians & Gynecologists

Screening for Cervical Cancer

Committee Statement | Number 28 | July 2026

07-2026

ABSTRACT: This committee statement announces the American College of Obstetricians & Gynecologists' qualified endorsement of the 2026 Women's Preventive Services Initiative's (WPSI) updated cervical cancer screening guidelines and addresses cervical cancer screening for patients at average risk in the following age categories: 21–29 years, 30–65 years, and older than 65 years. This committee statement discusses specific qualifications to the WPSI guidelines, particularly regarding self-collection for primary high-risk human papillomavirus screening, among other implementation considerations.

ACOG mostly followed HRSA/WPSI

Table 1. Summary of Recommendations for Cervical Cancer Screening for Patients at Average Risk

Age Group (y)	Recommendation
21–29	Cervical cytology every 3 years
30–65	Clinician-collected primary hrHPV every 5 y If primary clinician-collected hrHPV is not available: • Co-testing with hrHPV testing with cervical cytology every 5 y • Patient-collected primary hrHPV screening every 3 y* If primary hrHPV (clinician- or patient-collected) and co-testing are not available: • Cervical cytology alone every 3 y†
Older than 65	Routine screening not clinically indicated with adequate prior screening‡

hrHPV, high-risk human papillomavirus.

*Using clinician-ordered, U.S. Food and Drug Administration–approved testing kits.

†Only in settings in which hrHPV primary testing or co-testing is not available or, if after counseling, the patient chooses cervical cytology alone and systems for appropriate follow-up are in place.

‡Defined as three consecutive negative cytology results or two consecutive negative co-testing results within 10 years before stopping screening, with the most recent test occurring within 3 years for cytology alone or 5 years for co-testing.

https://www.acog.org/clinical/clinical-guidance/committee-statement/articles/2026/07/screening-for-cervical-cancer