Cervical cancer used to be the leading cause of cancer death for women in the United States. Thanks to these screening tests, cervical cancer has become much less common:

- **A Pap test** (also called a Pap smear) screens for cervical cancer. It also screens for cervical cell changes that can lead to cervical cancer.

- **An HPV test** screens for the HPV, or human papilloma virus. HPV can lead to cervical cancer. (See the second page of this handout for more information on HPV.)

Women age 21 to 65 should be screened.

**Which test do I need?**

Generally speaking, the test type and frequency depends on your age. (Your doctor might recommend a different test or schedule, depending on your medical history.)

- If you’re between 21 and 29, you should be tested every 3 years with the Pap test.
- If you’re between 30 and 65, you have two options. You and your doctor can decide which option is best for you:
  - Every 3 years with the Pap test.
  - Every 5 years with Pap/HPV co-testing (most doctors prefer this option). Co-testing means your doctor runs both types of tests on your cells at the same time.
- If you’re older than 65, you don’t need to be tested unless you haven’t been tested before or you have risk factors. Talk to your doctor.

**How is the screening test done?**

You usually have screening for cervical cancer at your doctor’s office, as part of a pelvic exam. It takes just a few minutes.

For both tests, the doctor takes a small sample of cells from your cervix (the part of the uterus that opens into the vagina). You may bleed a little and feel minor cramps (like menstrual cramps).

After the samples are taken, a lab tests your cervical cells. Results are reported to your doctor.

I used to have a Pap test every year. Why is it less frequent now?

Experts now recommend screening every few years. (If you’ve had abnormal tests in the past, you might be tested more frequently.) This recommendation is based on the following:

- Most of the time, screening every few years finds pre-cancer cells before cancer really starts. That’s because cervical cancer starts as a precancerous condition called **dysplasia**. Dysplasia can usually be identified on a Pap smear. When caught early, dysplasia is easy to treat and cure.

- Cervical cancer progresses very slowly. Less frequent screening can usually catch it early enough to treat it before it becomes invasive and spreads.

- Yearly testing can cause problems. It can lead to false concerns and unnecessary treatments.
What is the HPV vaccine?

The HPV vaccine prevents HPV viral infections and cancer. HPV is extremely common, and HPV can lead to cancer. The HPV vaccines are highly effective at preventing the types of HPV infections that cause cancer.

The HPV vaccine is a series of 3 shots given over 6 months. Boys and girls age 9 to 26 can get the vaccine. The Centers for Disease Control (CDC) recommends that boys and girls get the vaccine when they are 11 or 12 years old, before they are sexually active.

I was vaccinated for HPV. Do I still need Pap and HPV tests?

Yes. The vaccine is not 100% effective. Although uncommon, vaccinated women can still get HPV.

The HPV vaccine protects against the types of HPV that cause most cervical cancers. Still, there are some types of HPV the vaccine doesn’t protect against.

Regular screening checks for HPV infections that the vaccination doesn’t protect against.

What is HPV?

HPV is human papilloma virus. HPV is a virus that is transmitted by sexual contact. It’s the most common sexually transmitted infection — so common, in fact, that a majority of sexually active men and women get it at some point in their lives.

There are many types of HPV. In most cases, HPV goes away on its own without causing any problems. But some types can cause genital warts and cancers.

You may have HPV without realizing it. There are usually no symptoms — and you can also develop symptoms years after first getting HPV. This means you can easily pass HPV to others without knowing it. (It can be passed even when you have no symptoms.)