

# **Effective Health Care**

## Pain During Cervical Screening Tests

#### **Next Steps**

The nominator is interested in contextual issues related to pain associated with cervical screening test as a deterrent for screening.

The US Preventive Services Task Force issued recommendations for cervical cancer screening in the general population based on a systematic review of the benefits and harms. This systematic review addresses the concerns of the nominator. The examination of contextual factors in the course of the review did not identify studies that address pain during screening. No further activity on this nomination will be undertaken by the Effective Health Care (EHC) Program.

#### Summary

Topic Name and Number: #803, Pain During Cervical Screening Tests.

Date: 3/8/2019

#### Key question(s) from the nomination:

What percentage of women feel pain during cervical screening tests, both the older pap smear test, and the newer human papilloma virus (HPV) test.

Is there a difference in experience of pain between the two tests, if the HPV test (I think) uses less or no lubricant?

How much does experience of pain differ depending on the size and type of speculum used by the doctor performing the examination?

Is experience of pain greater for women who have either never had penetrative sex, such as many lesbians, or who have not had it for some time?

How much is avoidance of screening due to pain felt during the test?

- Cervical cancer screening has been effective in reducing cervical cancer mortality in the United States.<sup>1</sup>
- Cervical cancer predominantly affects underscreened women in the US. Most screening in the United States is opportunistic, with more than 50% of women diagnosed with cervical cancer in the US having not been screened in the prior 3 to 5 years.<sup>2</sup> The highest proportions of unscreened women are those without insurance (23.1%) or no regular clinician (25.5%).<sup>3</sup>
- The 2018 United States Preventive Services Task Force (USPSTF) report addressed the benefits and potential harms of cervical cancer screening. The report did not identify contextual information or direct evidence with regard to pain associated with screening.

### References

1. Partridge EE, Abu-Rustum N, Giuliano A, et al. National Comprehensive Cancer Network. Cervical cancer screening. J Natl Compr Canc Netw. 2014 Mar 1;12(3):333-41.

2. Vesco KK, Whitlock EP, Eder M, et al. Risk factors and other epidemiologic considerations for cervical cancer screening: a narrative review for the U.S. Preventive Services Task Force.

Ann Intern Med. 2011 Nov 15;155(10):687-97, W214-5. doi: 10.7326/0003-4819-155-10-201111150-00376.

3. Benard VB, Thomas CC, King J, et al. Centers for Disease Control and Prevention (CDC). Vital signs: cervical cancer incidence, mortality, and screening—United States, 2007-2012. MMWR Morb Mortal Wkly Rep. 2014 Nov 7;63(44):1004-9.

4. Melnikow J, Henderson JT, Burda BU. et al. Screening for Cervical Cancer With High-Risk Human Papillomavirus Testing: Updated Evidence Report and Systematic Review for the US Preventive Services Task Force. JAMA. 2018 Aug 21;320(7):687-705. doi: 10.1001/jama.2018.10400.