Cervical Cancer Screening for Patients with Inflammatory Bowel Disease: A Tertiary Care Center Experience

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Introduction

Evidence has suggested an increased risk of cervical high-grade dysplasia and cervical cancer in females with Inflammatory Bowel Disease (IBD) on immunosuppressive medications. Therefore, gastroenterology societies have recommended annual cervical cancer screening for this specific IBD population. This is ultimately to improve earlier detection of cervical cancer in high-risk patients.

Methods

- Retrospective Study
- Inclusion Criteria: Confirmed diagnosis of Ulcerative Colitis or Crohn's Disease and an established primary care clinic relationship with internal medicine resident clinic or nonteaching clinic at the same medical center
- Data Collected: General Demographics, referrals to Obstetrics and Gynecology, department from where referral was placed, performance of Papanicolaou tests, results of tests and dates of the tests, IBD medical therapies

Results

- Total number of patients included in study: 30 - 23 cared for by resident clinic; 7 by non-teaching internists
- 9 patients had no documented Pap smear; 21 had documented Pap smears
- Of the 21 patients with a first pap, 2 patients had Atypical Squamous Cells of Undetermined Significance (ASCUS)
- There was a median of 581.5 days between the first and second Pap smears in those patients who had at least two documented
- Only 6 patients out of 30 received referrals to Obstetrics and Gynecology

Progressive Pap Smears and Results



Conclusion

Although the sample size was small, this study demonstrates a gap in current application of cervical cancer screening guidelines in this high risk IBD population. Ultimately, a follow up study to evaluate the provider and patient knowledge as well as adherence to screening guidelines would be needed to highlight reasons for this gap in care.

References

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- 2. Farraye, Francis A., et al. "ACG clinical guideline: preventive care in inflammatory bowel disease." Official journal of the American College of Gastroenterology | ACG 112.2 (2017): 241-258.





		 ASCUS Normal Result
rd Pap		