Section 10: Screening after total hysterectomy

Total hysterectomy involves removing the uterus with all of the cervix and closing the top of the vaginal canal, creating a vaginal vault. Removing the cervix eliminates the risk of developing cervical cancer. Total hysterectomy is commonly performed for benign reasons and infrequently used to treat participants with high grade cervical lesions. Participants treated for high grade squamous disease are at higher risk for vaginal intraepithelial neoplasia (VAIN). However, VAIN is less common than CIN and the incidence of vaginal cancer is rare compared with the incidence of cervical cancer.[1-3]

Based on the high negative predictive value of HPV testing to identify participants at risk of recurrence, the new guidelines recommend that after treatment for HSIL by hysterectomy, those who have successfully completed a Test of Cure can cease screening. The recommendations, Table 1 and figure 1. describe the follow up recommendations for participants following hysterectomy in different clinical scenarios.

A new recommendation is that the follow-up HPV test can be a vaginal swab or a clinician taken vaginal vault sample using LBC. HPV positivity is a strong indicator of VAIN following hysterectomy and follow-up should occur at the colposcopy clinic.[4]

A new recommendation is participants treated by total hysterectomy for adenocarcinoma-in-situ (AIS) can cease screening. A Test of Cure is not recommended as the risk of vaginal disease is extremely low. If there has been a co-existing high grade squamous lesion follow-up should be as per the high grade follow-up recommendations. i.e. a Test of Cure should be successfully completed prior to ceasing screening.

RECOMMENDATIONS – SCREENING AFTER TOTAL HYSTERECTOMY	
R10.01 Total hysterectomy for benign disease and a normal screening history	**Consensus-based recommendation** Participants with a normal cervical screening history (a minimum of two previous normal cytology samples or one HPV not detected result) , a total hysterectomy for benign disease (e.g. menorrhagia, uterine fibroids or utero-vaginal prolapse) with no cervical pathology in the hysterectomy specimen do not require further screening.

RECOMMENDATIONS – SCREENING AFTER TOTAL HYSTERECTOMY	
R10.02 Total hysterectomy after HSIL completed Test of Cure	**Consensus-based recommendation** Participants who have had a total hysterectomy with no evidence of cervical pathology, have previously been successfully treated for CIN2 or CIN3 and have completed a Test of Cure either prior to or after the hysterectomy, do not require further screening.
R10.03 Unexpected LSIL or HSIL in the total hysterectomy specimen histology	**Consensus-based recommendation** If there is unexpected LSIL (CIN1) in the hysterectomy specimen, participants require HPV screening 12 months after the hysterectomy and should follow the primary screening pathway according to the HPV test result. If there is unexpected HSIL (CIN2 or CIN3) in the cervix at the time of hysterectomy, then participants should complete a Test of Cure HPV test and can then cease screening.
R10.04 Total hysterectomy after adenocarcinoma in situ (AIS)	**Consensus-based recommendation** Participants who have a total hysterectomy with AIS (either previously or found in the hysterectomy specimen) can cease screening. This applies irrespective of the HPV status prior to treatment for AIS. If the participant has co-existing HSIL disease or had not completed Test of Cure for previous treatment of HSIL the Test of Cure HPV test pathway should be followed.
R10.05 Total hysterectomy after histologically confirmed HSIL (CIN2/3) without a Test of Cure	**Consensus-based recommendation** Participants who have been treated for histologically confirmed HSIL (CIN2/3), and have not completed Test of Cure, and have had a total hysterectomy with no evidence of cervical pathology, should complete a Test of Cure HPV test after which they can cease screening.
R10.06 Total hysterectomy and no screening history	**Consensus-based recommendation** Participants who have undergone total hysterectomy, with no evidence of cervical pathology, and whose screening history is not known, should have one not detected HPV test result before stopping screening. If the HPV test result is Detected, they should follow the primary screening pathway for follow-up.

RECOMMENDATIONS – SCREENING AFTER TOTAL HYSTERECTOMY	
R10.07 Colposcopy referral for any HPV detected result +/-cytology result as part of a Test of Cure following total hysterectomy	**Practice point** Where participants have had a hysterectomy and are completing a Test of Cure and have an HPV detected (any type) result and any abnormal cytology results, they should be referred for colposcopic assessment.
R10.08 Vaginal bleeding following total hysterectomy	**Practice point** Participants who have vaginal bleeding after hysterectomy should be assessed by their GP or gynaecologist regardless of any HPV or cytology test results.
R10.09 Screening after subtotal hysterectomy	**Practice point** Participants who have undergone subtotal hysterectomy (the cervix is not completely removed) should continue with cervical screening. Any detected abnormality should be managed according to the HPV screening guidelines.
R10.10 Follow-up after total hysterectomy for immune deficient participants	**Consensus-based recommendation** Immune deficient participants with a previous high grade cervical abnormality or high-grade abnormality detected on hysterectomy should complete a Test of Cure HPV test and then return to three yearly HPV primary screening. For immune deficient participants with no evidence of a high grade abnormality and a total hysterectomy for benign reasons should return to three yearly HPV primary screening. A Test of Cure is not required. They can exit the screening programme at aged 70 if they have an HPV not detected test result if on regular interval three-yearly screening (refer to section two for transition from the cytology-based screening programme).

Table 1: Recommended follow up by prior screening history and hysterectomy cervical pathology

Prior Screening History	Indication for hysterectomy	Hysterectomy Cervical Pathology	Recommended follow-up
Unknown prior screening history	Benign gynaecological disease (e.g. fibroids, prolapse, menstrual problems)	No cervical pathology	HPV test – 12 months
		LSIL (CIN1)	HPV test – 12 months
		AIS	No further screening
		AIS and HSIL (CIN2/3) completely excised	Test of Cure HPV test
		HSIL (CIN2/3) completely excised	Test of Cure HPV test
		HSIL (CIN2/3) incompletely excised	Colposcopy
Negative or previous ASC-US or LSIL (cytology or histology) and returned to regular interval screening		No cervical pathology	No further screening
		LSIL (CINI)	HPV test - 12 months
		AIS	No further screening
		AIS and HSIL (CIN2/3) completely excised	Test of Cure HPV test
		HSIL (CIN2/3) completely excised	Test of Cure HPV test
		HSIL (CIN2/3) incompletely excised	Colposcopy
Previous ASC-US or LSIL (cytology or histology) not returned to regular interval screening		No cervical pathology	HPV test – 12 months
		LSIL (CINI)	HPV test - 12 months
		AIS	No further screening
		AIS and HSIL (CIN2/3) completely excised	Test of Cure HPV test
		HSIL (CIN2/3) completely excised	Test of Cure HPV test
		HSIL (CIN2/3) incompletely excised	Colposcopy
HPV detected (any type) since 12/09/2023 – no colposcopy performed prior to hysterectomy		No cervical pathology	No further screening
		LSIL (CINI)	HPV test - 12 months
		AIS	No further screening
		AIS and HSIL (CIN2/3) completely excised	Test of Cure HPV test
		HSIL (CIN2/3) completely excised	Test of Cure HPV test
		HSIL (CIN2/3) incompletely excised	Colposcopy
Previous ASC-H, HSIL or glandular cytology not histologically confirmed, incomplete Test of Cure		No cervical pathology	Test of Cure HPV test
		LSIL (CIN1)	No further screening
		AIS	No further screening
		AIS and HSIL (CIN2/3) completely excised	Test of Cure HPV test

Prior Screening History	Indication for hysterectomy	Hysterectomy Cervical Pathology	Recommended follow-up
	Benign gynaecological disease (e.g. fibroids, prolapse, menstrual problems)	HSIL (CIN2/3) completely excised	Test of Cure HPV test
		HSIL (CIN2/3) incompletely excised	Colposcopy
Previous ASC-H, HSIL or Glandular cytology not histologically confirmed, with completed Test of Cure		No cervical pathology	No further screening
		LSIL (CINI)	HPV test – 12 months
		AIS	No further screening
		AIS and HSIL (CIN2/3) completely excised	Test of Cure HPV test
		HSIL (CIN2/3) completely excised	Test of Cure HPV test
		HSIL (CIN2/3) incompletely excised	Colposcopy
Previous local excision for HSIL (CIN2/3) and/or AIS with completed Test of Cure or on annual recall		No cervical pathology	No further screening
		LSIL (CINI)	HPV test - 12 months
		AIS	No further screening
		AIS and HSIL (CIN2/3) completely excised	Test of Cure HPV test
		HSIL (CIN2/3) completely excised	Test of Cure HPV test
		HSIL (CIN2/3) incompletely excised	Colposcopy
Previous treatment for HSIL (CIN2/3) or AIS, incomplete Test of Cure		No cervical pathology	Test of Cure HPV test
		LSIL (CIN1)	Test of Cure HPV test
		AIS	No further screening*
		AIS and HSIL (CIN2/3) completely excised	Test of Cure HPV test
		HSIL (CIN2/3) completely excised	Test of Cure HPV test
		HSIL (CIN2/3) incompletely excised	Colposcopy
Previous local excision for HPV not detected HSIL (CIN2/3), with completed Test of Cure and no subsequent HPV detected (refer to section 8)		No cervical pathology	No further screening
		LSIL (CIN1)	Co-test – 12 months
		AIS	No further screening
		AIS and HSIL (CIN2/3) completely excised	Test of Cure co-test
		HSIL (CIN2/3) completely excised	Test of Cure co-test
		HSIL (CIN2/3) incompletely excised	Colposcopy
Histologically confirmed HSIL (CIN2/3) or AIS prior to hysterectomy,	HSIL (CIN2/3) or AIS, untreated or incompletely excised +/- associated	No cervical pathology / LSIL CIN1	Test of Cure HPV test
		AIS	No further screening*
		AIS and HSIL (CIN2/3) completely excised	Test of Cure HPV test

Prior Screening History	Indication for hysterectomy	Hysterectomy Cervical Pathology	Recommended follow-up
untreated or incompletely excised	benign gynaecological disease	HSIL (CIN2/3) completely excised	Test of Cure HPV test
		HSIL (CIN2/3) incompletely excised	Colposcopy
Histologically confirmed HPV not detected HSIL (CIN2/3) prior to hysterectomy, untreated or incompletely excised	HPV not detected HSIL (CIN2/3) untreated or incompletely excised +/- associated benign gynaecological disease	No cervical pathology / LSIL CIN1	Test of Cure co-test
		AIS	Test of cure co-test
		AIS and HSIL (CIN2/3) completely excised	Test of cure co-test
		HSIL (CIN2/3) completely excised	Test of cure co-test
		HSIL (CIN2/3) incompletely excised	Colposcopy

*If preceding HSIL prior to hysterectomy and Test of Cure not complete follow HSIL Test of Cure pathway

Figure 1 – Screening after total hysterectomy for squamous abnormalities*

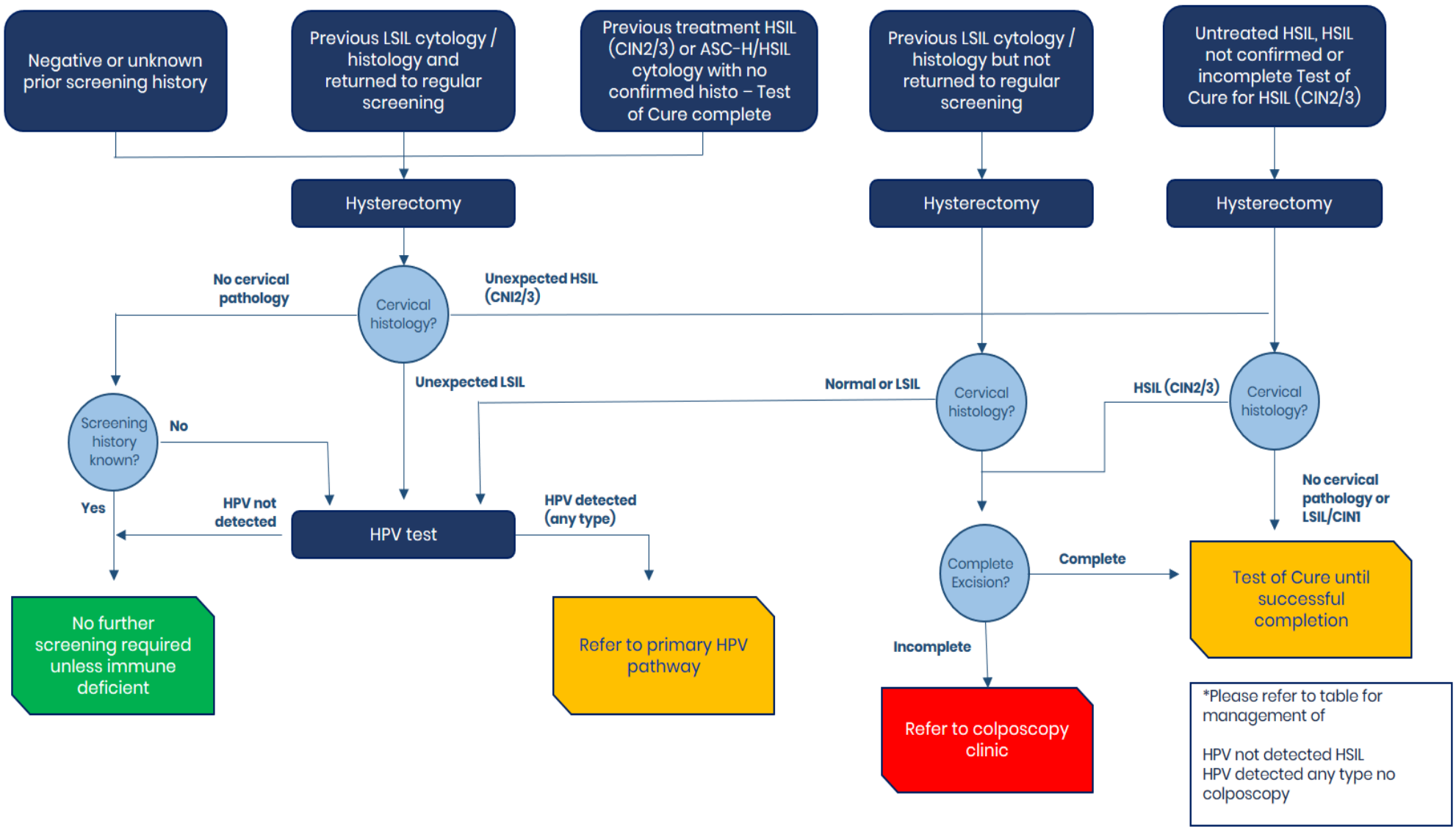
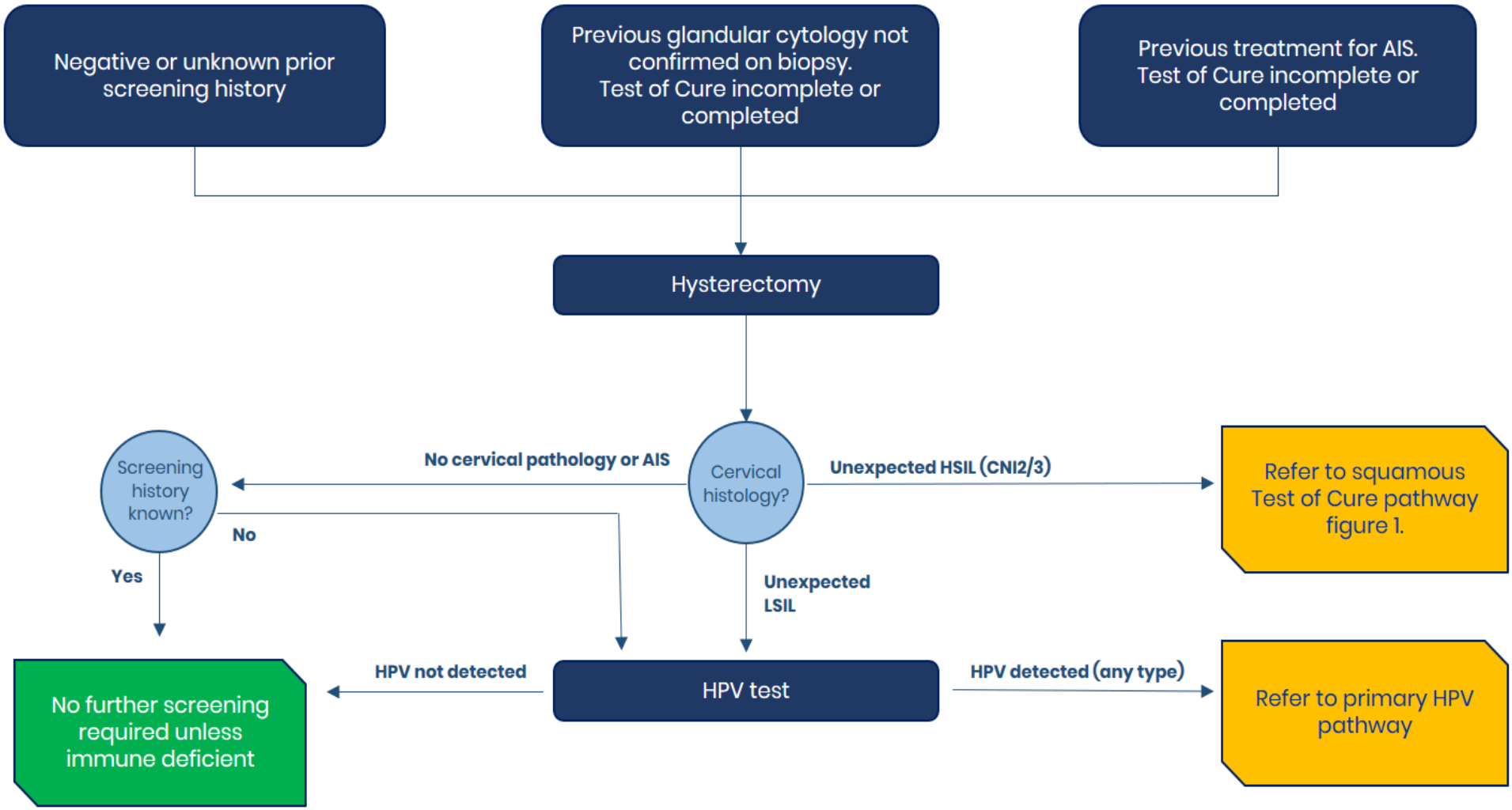


Figure 2 Screening after total hysterectomy for glandular abnormality



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