WHO PEN Protocol 4
4.2 Assessment and referral of women with suspected cervical cancer at primary health care

Women who present the following persistent and unexplained signs and symptoms should seek consultation at a PHC:

- a) Abnormal vaginal bleeding (i.e. after coitus, between menstrual periods, post menopause)
- b) Foul-smelling discharge
- c) Pain during vaginal intercourse
- d) Any of the above associated with palpable abdominal mass with persistent low back or abdominal pain

Assess likelihood for cervical cancer

- Assess signs and symptoms (i.e. history, intensity, duration, progression)
- Identify relevant risk factors: age (30 years old and above)
- Speculum examination
- Differential diagnosis: abortion in pre-menopausal women, infections (e.g. Chlamydiae, gonococcal, etc.), genital ulcers, cervical inflammation, uterine polyps, dysfunctional uterus hemorrhage, endometrial or vaginal cancer

Women presenting with a) b) or c)

- Without clinically detected cervical growth or ulceration
  - Follow obstetric and gynecological guidelines as appropriate
  - Refer if condition is not manageable at PHC, persists or worsens

Women presenting with d)

- With clinical detected cervical growth or ulceration
  - Refer immediately to next level

Note: Referral of women with a) b) or c) may lead to a diagnosis of "early invasive cervical cancer", particularly in women 30 years old and above.