Management of Adolescent Women with Either Atypical Squamous Cells of Undetermined Significance (ASC-US) or Low-grade Squamous Intraepithelial Lesion (LSIL)

Adolescent Women with ASC-US or LSIL (females 20 years and younger)

Repeat Cytology @ 12 months

< HSIL

Repeat Cytology @ 12 mos later

≥ HSIL

Negative ≥ ASC

Routine Screening

Colposcopy
Management of Women with Atypical Squamous Cells: Cannot Exclude High-grade SIL (ASC - H)

Colposcopic Examination

NO CIN 2,3

- Cytology @ 6 & 12 mos OR HPV DNA Testing @ 12 mos
  - ≥ ASC or HPV (+) → Colposcopy
  - Negative → Routine Screening

CIN 2,3

Manage per ASCCP Guideline
Management of Women with Low-grade Squamous Intraepithelial Lesion (LSIL) *

Colposcopic Examination*

Non-pregnant and NO Lesion Identified
Unsatisfactory Colposcopic Examination
Satisfactory Colposcopy and Lesion Identified

Endocervical Sampling “Preferred”
Endocervical Sampling “Preferred”
Endocervical Sampling “Acceptable”

NO CIN 2,3

Cytology @ 6 & 12 mos OR
HPV DNA Testing @ 12 mos

≥ ASC or HPV (+)

Colposcopy

Negative

Routine Screening

CIN 2,3

Manage per ASCCP Guideline

*Management options may vary if the woman is pregnant, postmenopausal, or an adolescent - (see text)
Management of Pregnant Women with Low-grade Squamous Intraepithelial Lesion (LSIL)

Pregnant Women with LSIL

- **Colposcopy**
  - (Preferred approach for non-adolescent)

  - NO CIN 2,3
    - Postpartum Follow-up

  - CIN 2,3
    - Manage per ASCCP Guideline

- OR

- **Defer Colposcopy**
  - (Until at least 6 weeks postpartum)

^ In women with no cytological, histological, or colposcopically suspected CIN 2,3 or cancer
Management of Women with High-grade Squamous Intraepithelial Lesion (HSIL) *

Immediate Loop Electrosurgical Excision†

OR

Colposcopic Examination (with endocervical assessment)

Unsatisfactory Colposcopy

NO CIN 2,3

Satisfactory Colposcopy

All three approaches are acceptable

Observation with Colposcopy & Cytology @ 6 mo intervals for 1 year

Diagnostic Excisional Procedure†

CIN 2,3

Diagnostic Excisional Procedure†

Review Material^ Change in Diagnosis

Manage per ASCCP Guideline

+ Not if patient is pregnant or an adolescent

† Includes referral cytology, colposcopic findings, and all biopsies

^ Management options may vary if the woman is pregnant, postmenopausal, or an adolescent

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Management of Adolescent Women (20 Years and Younger) with High-grade Squamous Intraepithelial Lesion (HSIL)

Colposcopic Examination (Immediate loop electrosurgical excision is unacceptable)

- NO CIN 2,3
  - Observation with Colposcopy & Cytology *
    - @ 6 mo intervals for up to 2 years
  - Other Results
    - HSIL
      - Persists for 24 months with no CIN 2,3 identified
    - Manage per ASCCP Guideline
  - Diagnostic Excisional Procedure

- CIN 2,3
  - High-grade Colposcopic Lesion or HSIL
    - Persists for 1 year
    - Biopsy
      - CIN 2,3
        - If NO CIN 2,3, continue observation
        - Manage per ASCCP Guideline for Adolescents with CIN 2,3

* Preferred approach provided the colposcopic examination is satisfactory and endocervical sampling is negative. Otherwise a diagnostic excisional procedure should be performed.
Initial Workup of Women with Atypical Glandular Cells (AGC)

All Subcategories (except atypical endometrial cells)

Colposcopy (with endocervical sampling) AND HPV DNA Testing AND Endometrial Sampling (if > 35 yrs or at risk for endometrial neoplasia*)

Atypical Endometrial Cells

Endometrial AND Endocervical Sampling

NO Endometrial Pathology

Colposcopy

^ If not already obtained. Test only for high-risk (oncogenic) types.
* Includes unexplained vaginal bleeding or conditions suggesting chronic anovulation.
Subsequent Management of Women with Atypical Glandular Cells (AGC)

- **Initial Pap of AGC - NOS**
  - NO CIN and NO Glandular Neoplasia
    - HPV Status Unknown
      - Repeat Cytology @ 6 mos intervals for four times
    - HPV (-)
      - Repeat Cytology and HPV DNA Testing @ 12 mos if HPV (-) @ 6 mos if HPV (+)
    - HPV (+)
      - Manage per ASCCP Guideline
  - CIN but NO Glandular Neoplasia
    - Glandular Neoplasia irrespective of CIN
      - NO Invasive Disease
      - Diagnostic Excisional Procedure*

- **Initial Pap of AGC (favor neoplasia) OR AIS**
  - NO Invasive Disease

*Should provide an intact specimen with interpretable margins. Concomitant endocervical sampling is preferred.
Use of HPV DNA Testing * as an Adjunct to Cytology for Cervical Cancer Screening in Women 30 Years and Older

Cytology Negative

- HPV (-) → Routine Screening
  - Not before 3 years
- HPV (+) → Repeat BOTH Tests @ 12 mos
  - Both Negative → Routine Screening @ 3 years
  - Cytology Negative HPV (+) → Colposcopy
  - Cytology Abnormal Any HPV Result → Manage per ASCCP Guideline

Cytology ASCUS or Greater

Manage per ASCCP Guideline

* Test only for high-risk (oncogenic) types of HPV

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