Clinical Guidelines
Cervical Cancer Screening in Alaska, 2008

Alaska Breast & Cervical Health Partnership
Healthy Women, Healthy Alaska Through Early Detection
## Contents

**ASCCP 2006 Consensus Guidelines for the Management of Women with Abnormal Cervical Screening Tests**

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management of Women with Atypical Squamous Cells Of Undetermined Significance (ASC-US)</td>
<td>1</td>
</tr>
<tr>
<td>Management of Adolescent Women with Either Atypical Squamous Cells of Undetermined Significance (ASC-US) or Low-grade Squamous Intraepithelial Lesion (LSIL)</td>
<td>2</td>
</tr>
<tr>
<td>Management of Women with Atypical Squamous Cells: Cannot Exclude High-grade SIL (ASC-H)</td>
<td>3</td>
</tr>
<tr>
<td>Management of Women with Low-grade Squamous Intraepithelial Lesion (LSIL)</td>
<td>4</td>
</tr>
<tr>
<td>Management of Pregnant Women with Low-grade Squamous Intraepithelial Lesion (LSIL)</td>
<td>5</td>
</tr>
<tr>
<td>Management of Women with High-grade Squamous Intraepithelial Lesion (HSIL)</td>
<td>6</td>
</tr>
<tr>
<td>Management of Adolescent Women (20 Years and Younger) with High-grade Squamous Intraepithelial Lesion (HSIL)</td>
<td>7</td>
</tr>
<tr>
<td>Initial Workup of Women with Atypical Glandular Cells (AGC)</td>
<td>8</td>
</tr>
<tr>
<td>Subsequent Management of Women with Atypical Glandular Cells (AGC)</td>
<td>9</td>
</tr>
<tr>
<td>Use of HPV DNA Testing as an Adjunct to Cytology for Cervical Cancer Screening in Women 30 Years and Older</td>
<td>10</td>
</tr>
</tbody>
</table>

**ASCCP 2006 Consensus Guidelines for the Management of Women with Cervical Intraepithelial Neoplasia or Adenocarcina In Situ**

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management of Women with a Histological Diagnosis of Cervical Intraepithelial Neoplasia Grade 1 (CIN 1) Preceded by ASC-US, ASC-H or LSIS Cytology</td>
<td>11</td>
</tr>
<tr>
<td>Management of Women with a Histological Diagnosis of Cervical Intraepithelial Neoplasia – Grade 1 (CIN 1) Preceded by HSIL or AGC-NOS Cytology</td>
<td>12</td>
</tr>
<tr>
<td>Management of Adolescent Women (20 Years or Younger) with a Histological Diagnosis of Cervical Intraepithelial Neoplasia – Grade 1 (CIN 1)</td>
<td>13</td>
</tr>
<tr>
<td>Management of Women with a Histological Diagnosis of Cervical Intraepithelial Neoplasia – (CIN 2, 3)</td>
<td>14</td>
</tr>
<tr>
<td>Management of Adolescent and Young Women with a Histological Diagnosis of Cervical Intraepithelial Neoplasia – Grade 2, 3 (CIN 2, 3)</td>
<td>15</td>
</tr>
<tr>
<td>Management of Women with Adenocarcinoma in-situ (AIS) Diagnosed from a Diagnostic Excisional Procedure</td>
<td>16</td>
</tr>
</tbody>
</table>
Management of Women with Atypical Squamous Cells of Undetermined Significance (ASC-US)

Repeat Cytology @ 6 & 12 mos

Both Tests Negative

≥ ASC (on either result)

Routine Screening

Colposcopy

Endocervical sampling preferred in women with no lesions, and those with unsatisfactory colposcopy

HPV DNA Testing*

Preferred if liquid-based cytology or co-collection available

HPV Positive*

Repeat Cytology @ 12 mos

Repeat Cytology @ 12 mos OR HPV DNA Testing @ 12 mos

≥ ASC or HPV (+)

Repeat Colposcopy

CIN

Manage per ASCCP Guideline

HPV Unknown

Repeat Cytology @ 12 mos

NO CIN

HPV Positive*

≥ ASC or HPV (+)

Repeat Cytology @ 12 mos OR HPV DNA Testing @ 12 mos

Negative

Routine Screening

HPV Negative

Repeat Cytology @ 12 mos

≥ ASC (on either result)

Routine Screening
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

≥ ASC

< ASC

≥ ASC

Negative

Routine Screening

≥ HSIL

Colposcopy

Reprinted from The Journal of Lower Genital Tract Disease Vol. 11 Issue 4, with the permission of ASCCP © American Society for Colposcopy and Cervical Pathology 2007. No copies of the algorithms may be made without the prior consent of ASCCP.
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

CIN 2,3
  ↓
Manage per ASCCP Guideline

≥ ASC or HPV (+)
  ↓
Negative
  ↓
Routine Screening

Colposcopy

Copyrighth 2006, 2007. American Society for Colposcopy and Cervical Pathology. All rights reserved.

No copies of the algorithms may be made without the prior consent of ASCCP.
Management of Women with Low-grade Squamous Intraepithelial Lesion (LSIL) *

Non-pregnant and NO Lesion Identified
Endocervical Sampling “Preferred”

Unsatisfactory Colposcopic Examination
Endocervical Sampling “Preferred”

Satisfactory Colposcopy and Lesion Identified
Endocervical Sampling “Acceptable”

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

≥ ASC or HPV (+)
Colposcopy

Negative
Routine Screening

CIN 2,3
Manage per ASCCP Guideline

NO CIN 2,3

* 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)

- Colposcopy (Preferred approach for non-adolescent)
  - NO CIN 2,3
  - CIN 2,3
  - Postpartum Follow-up
  - Manage per ASCCP Guideline

OR

- Defer Colposcopy (Until at least 6 weeks postpartum)

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

<table>
<thead>
<tr>
<th>Immediate Loop Electrosurgical Excision*</th>
<th>OR</th>
<th>Colposcopic Examination (with endocervical assessment)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unsatisfactory Colposcopy</td>
<td>NO CIN 2,3</td>
<td>Satisfactory Colposcopy All three approaches are acceptable</td>
</tr>
<tr>
<td>Diagnostic Excisional Procedure*</td>
<td>Observation with Colposcopy &amp; Cytology @ 6 mo intervals for 1 year</td>
<td>Diagnostic Excisional Procedure*</td>
</tr>
<tr>
<td></td>
<td>HSIL @ either visit</td>
<td>Review Material^</td>
</tr>
<tr>
<td></td>
<td>Negative Cytology @ both visits</td>
<td>Change in Diagnosis</td>
</tr>
<tr>
<td></td>
<td>Other Results</td>
<td>Manage per ASCCP Guideline</td>
</tr>
</tbody>
</table>

+ 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

Reprinted from The Journal of Lower Genital Tract Disease Vol. 11 Issue 4, with the permission of ASCCP © American Society for Colposcopy and Cervical Pathology 2007. No copies of the algorithms may be made without the prior consent of ASCCP.
Management of Adolescent Women (20 Years and Younger) with High-grade Squamous Intraepithelial Lesion (HSIL)

Colposcopic Examination
(Immediate loop electrosurgical excision is unacceptable)

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

Diagnostic Excisional Procedure

HSIL Persists for 24 months with no CIN 2,3 identified

Other Results

Manage per ASCCP Guideline

Observation with Colposcopy & Cytology * @ 6 mo intervals for up to 2 years

NO CIN 2,3

Two Consecutive Negative Paps AND NO High-grade Colposcopic Abnormality

Routine Screening

Copyright 2006, 2007, American Society for Colposcopy and Cervical Pathology. All rights reserved.

* 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.

Reprinted from The Journal of Lower Genital Tract Disease Vol. 11 Issue 4, with the permission of ASCCP © American Society for Colposcopy and Cervical Pathology 2007. No copies of the algorithms may be made without the prior consent of ASCCP.
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
    - Repeat Cytology and HPV DNA Testing @ 12 mos if HPV (-) @ 6 mos if HPV (+)
    - ≥ ASC or HPV (+) → Colposcopy
    - BOTH Tests Negative → Routine Screening

- CIN but NO Glandular Neoplasia
  - HPV (-)
  - HPV (+)
  - Manage per ASCCP Guideline

Initial Pap of AGC (favor neoplasia) OR AIS

- OR Glandular Neoplasia irrespective of CIN
  - HPV (+) → BOTH Tests Negative
  - BOTH Tests Negative
  - ≥ ASC or HPV (+) → Colposcopy
  - ≥ ASC or HPV (+) → Diagnostic Excisional Procedure*

> ASC or
HPV (+)
BOTH Tests
Negative
Routine Screening

Reprinted from The Journal of Lower Genital Tract Disease Vol. 11 Issue 4, with the permission of ASCCP © American Society for Colposcopy and Cervical Pathology 2007. No copies of the algorithms may be made without the prior consent of ASCCP.

* 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
  - Both Negative
    - Routine Screening
      - @ 3 years

- HPV (+)
  - Repeat BOTH Tests
    - @ 12 mos
  - Cytology Negative
    - HPV (+)
      - Routine Screening
        - @ 3 years

Cytology ASCUS or Greater

- Cytology Abnormal
  - Any HPV Result
    - Colposcopy
  - Manage per ASCCP Guideline

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

Reprinted from The Journal of Lower Genital Tract Disease Vol. 11 Issue 4, with the permission of ASCCP © American Society for Colposcopy and Cervical Pathology 2007. No copies of the algorithms may be made without the prior consent of ASCCP.
Management of Women with a Histological Diagnosis of Cervical Intraepithelial Neoplasia Grade 1 (CIN 1) Preceded by ASC-US, ASC-H or LSIL Cytology

Follow-up Without Treatment

- Cytology every 6-12 mos OR
- HPV Testing every 12 mos

2x Cytology Negative OR HPV (-) Once

Routine Cytological Screening

≥ ASC or HPV (+)

Colposcopy

- NO CIN
- CIN 2,3
- CIN 1

Manage per ASCCP Guideline

If Persists for AT LEAST 2 yrs

Follow-up OR Treatment *

^ Test only for high-risk (oncogenic) types of HPV
* Either ablative and excisional methods. Excision preferred if colposcopy unsatisfactory, ECC is positive, or patient previously treated.

ASCCP 2006 Consensus Guidelines for the Management of Women with Cervical Intraepithelial Neoplasia or Adenocarcinoma In Situ

Reprinted from The Journal of Lower Genital Tract Disease Vol. 11 Issue 4, with the permission of ASCCP © American Society for Colposcopy and Cervical Pathology 2007. No copies of the algorithms may be made without the prior consent of ASCCP.
Management of Women with a Histological Diagnosis of Cervical Intraepithelial Neoplasia - Grade 1 (CIN 1) Preceded by HSIL or AGC-NOS Cytology

There are 3 Acceptable Options

- Diagnostic Excisional Procedure
  - OR
  - Review of All Findings†
  - OR
  - Observation with Colposcopy & Cytology * @ 6 mos intervals for 1 year

- 2X Negative Results
  - OR
  - Routine Cytological Screening

- HSIL at either 6 or 12 mos
  - OR
  - Diagnostic Excisional Procedure

Change in Diagnosis

- Manage per ASCCP Guideline for Changed Diagnosis

No Change

- EITHER Observation OR Diagnostic Excisional Procedure

^ Except in special populations
† Includes referral cytology, colposcopic findings, and all biopsies
* Provided colposcopy is satisfactory and endocervical sampling is negative. If not, diagnostic excisional procedure.

Copyright 2006, 2007, American Society for Colposcopy and Cervical Pathology. All rights reserved.
Management of Women with a Histological Diagnosis of Cervical Intraepithelial Neoplasia - (CIN 2,3) *

Satisfactory Colposcopy

Either Excision or Ablation of T-zone *

Acceptable Follow-up Approaches Post-treatment

Unsatisfactory Colposcopy OR Recurrent CIN 2,3

Diagnostic Excisional Procedure *

Cytology @ 6 mos intervals

OR Cytology & Colposcopy @ 6 mos intervals

2X Negative Results

≥ ASC (any repeat cytology)

Routine Screening for at least 20 years

Colposcopy With endocervical sampling

≥ ASC (any repeat cytology)

HPV DNA Testing performed @ 6-12 mos after treatment

HPV Positive (for high-risk types)

HPV Negative (for high-risk types)

Routine Screening for at least 20 years

* Management options will vary in special circumstances

Copyright 2006, 2007, American Society for Colposcopy and Cervical Pathology. All rights reserved.

Reprinted from The Journal of Lower Genital Tract Disease Vol. 11 Issue 4, with the permission of ASCCP © American Society for Colposcopy and Cervical Pathology 2007. No copies of the algorithms may be made without the prior consent of ASCCP.
Management of Adolescent and Young Women with a Histological Diagnosis of Cervical Intraepithelial Neoplasia - Grade 2,3 (CIN 2,3)

Adolescents and Young Women with CIN 2,3

Either treatment or observation is acceptable, provided colposcopy is satisfactory.

When CIN 2 is specified, observation is preferred. When CIN 3 is specified, or colposcopy is unsatisfactory, treatment is recommended.

Observation - Colposcopy & Cytology
- @ 6 mos intervals for up to 24 mos

2x Negative Cytology
AND Normal Colposcopy

Colposcopy Worsens
OR High-grade Cytology
OR Colposcopy Persists for 1 yr

Routine Screening

Repeat Biopsy
Recommended

OR

Treatment Using Excision
OR Ablation of T-zone

Treatment Recommended

CIN 3 or CIN 2,3 that persists for 24 mos since initially diagnosed

Reprinted from The Journal of Lower Genital Tract Disease Vol. 11 Issue 4, with the permission of ASCCP © American Society for Colposcopy and Cervical Pathology 2007. No copies of the algorithms may be made without the prior consent of ASCCP.
Management of Women with Adenocarcinoma in-situ (AIS) Diagnosed from a Diagnostic Excisional Procedure

- **Hysterectomy - Preferred**
- **Conservative Management**
  - Acceptable if future fertility desired
- **Margins Involved or ECC Positive**
  - **Re-excision Recommended**
- **Margins Negative**
  - **Re-evaluation**
    - *Using a combination of cytology, HPV testing, and colposcopy with endocervical sampling*
    - @ 6 mos - Acceptable
  - **Long-term Follow-up**

* Copyright 2006, 2007, American Society for Colposcopy and Cervical Pathology. All rights reserved.

Reprinted from The Journal of Lower Genital Tract Disease Vol. 11 Issue 4, with the permission of ASCCP © American Society for Colposcopy and Cervical Pathology 2007. No copies of the algorithms may be made without the prior consent of ASCCP.

Wright, Thomas C. Jr. MD 1; Massad, L. Stewart MD 2; Dunton, Charles J. MD 3; Spitzer, Mark MD 4; Wilkinson, Edward J. MD 5; Solomon, Diane MD 6. 2006 Consensus Guidelines for the Management of Women With Cervical Intraepithelial Neoplasia or Adenocarcinoma In Situ. Journal of Lower Genital Tract Disease. 11(4):223-239, October 2007.