Management of Women with Atypical Squamous Cells of Undetermined Significance (ASC-US)

- Repeat Cytology @ 6 & 12 mos
- Both Tests Negative → Routine Screening
- ≥ ASC (on either result) → Colposcopy
  - Endocervical sampling preferred in women with no lesions, and those with unsatisfactory colposcopy
  - NO CIN → HPV Unknown → Repeat Cytology @ 12 mos
  - HPV Positive* → CIN
    - Repeat Colposcopy
    - ≥ ASC or HPV (+) → Repeat Colposcopy
    - Negative → Routine Screening
- HPV DNA Testing*
  - Preferred if liquid-based cytology or co-collection available
  - HPV Positive* → HPV (managed in same manner as women with LSIL)
  - HPV Negative → Repeat Cytology @ 12 mos

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

Negative ≥ ASC

Routine Screening

≥ HSIL

Colposcopy

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

Colposcopic Examination

NO CIN 2,3
- NO CIN 2,3
  - Cytology @ 6 & 12 mos OR HPV DNA Testing @ 12 mos
    - ≥ ASC or HPV (+) → Colposcopy
    - Negative → Routine Screening

CIN 2,3
- 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 ^
- 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 colposcopically suspected CIN 2,3 or cancer
Management of Women with High-grade Squamous Intraepithelial Lesion (HSIL) *

Immediate Loop Electrocautery Excision†

OR

Colposcopic Examination (with endocervical assessment)

NO CIN 2,3

Satisfactory Colposcopy

All three approaches are acceptable

CIN 2,3

Review Material^ Change in Diagnosis

Diagnostic Excisional Procedure†

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

HSIL @ either visit

Negative Cytology @ both visits

Routine Screening

Other Results

Manage per ASCCP Guideline

Unsatisfactory Colposcopy

Diagnostic Excisional Procedure†

@ 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 → Manage per ASCCP Guideline

CIN 2,3 → HSIL

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

Other Results

Diagnostic Excisional Procedure

* Preferred approach provided the colposcopic examination is satisfactory and endocervical sampling is negative. Otherwise a diagnostic excisional procedure should be performed.

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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.