Definitions of Terms Utilized in the Consensus Guidelines

**Colposcopy** is the examination of the cervix, vagina, and, in some instances the vulva, with the colposcope after the application of a 3-5% acetic acid solution coupled with obtaining colposcopically-directed biopsies of all lesions suspected of representing neoplasia.

**Endocervical sampling** includes obtaining a specimen for either histological evaluation using an endocervical curette or a cytobrush or for cytological evaluation using a cytobrush.

**Endocervical assessment** is the process of evaluating the endocervical canal for the presence of neoplasia using either a colposcope or endocervical sampling.

**Diagnostic excisional procedure** is the process of obtaining a specimen from the transformation zone and endocervical canal for histological evaluation and includes laser conization, cold-knife conization, loop electrosurgical excision (i.e., LEEP), and loop electrosurgical conization.

**Satisfactory colposcopy** indicates that the entire squamocolumnar junction and the margin of any visible lesion can be visualized with the colposcope.

**Endometrial sampling** includes obtaining a specimen for histological evaluation using an endometrial biopsy or a “dilatation and curettage” or hysteroscopy.
Management of Women with Atypical Squamous Cells of Undetermined Significance (ASC-US)

Repeat Cytology @ 4 - 6 mos

- Negative
  - Repeat Cytology @ 4 - 6 mos
  - Routine Screening
- > ASC
  - Repeat Cytology @ 4 - 6 mos
  - Repeat Cytology @ 12 mos

HPV DNA Testing
Preferred if liquid-based cytology or co-collection available

- HPV Positive (for high-risk types)
  - Repeat Cytology @ 12 mos
  - Manage per ASCCP Guideline
- HPV Negative (for high-risk types)
  - Repeat Cytology @ 12 mos

Colposcopy

- > ASC
- No CIN / Cancer
  - HPV Negative or unknown
    - Repeat Cytology @ 12 mos
  - HPV Positive (for high-risk types)
    - Repeat Cytology @ 12 mos
- CIN / Cancer
  - Cytology @ 6 & 12 mos OR HPV DNA testing @ 12 mos
  - > ASC or HPV (+)
    - Repeat Colposcopy
  - Negative
    - Routine Screening

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

**Post-menopausal Women**
(with evidence of atrophy and no contra-indications to estrogen therapy)

**Immediate colposcopy**
Or HPV DNA Testing
(also acceptable options)

(acceptable option)

**Intravaginal Estrogen therapy**

**Repeat Cytology**
1 wk after completion of therapy

> Negative

> ASC

> Repeat Cytology @ 4 - 6 mos

> Negative

Routine Screening

> ASC

Colposcopy

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

Colposcopic examination

- Biopsy-confirmed CIN (of any grade)
  - Manage per ASCCP Guideline

- No lesion identified
  - Review of material
    - No change
    - Change in diagnosis
      - Cytology @ 6 & 12 mos OR HPV DNA testing @ 12 mos
        - Manage per ASCCP Guideline for changed diagnosis

^ Includes referral cytology, colposcopic findings, and all biopsies
Management of Women with Atypical Glandular Cells (AGC)

All subcategories (except atypical endometrial cells)

Atypical Endometrial Cells

Colposcopy (with endocervical sampling) and Endometrial sampling (if > 35 yrs or abnormal bleeding)

No invasive disease

Invasive disease

Refer to appropriate specialist

Initial Pap
AGC - NOS

Initial Pap
AGC - “favor neoplasia” or AIS

Diagnostic excisional procedure (prefer cold-knife conization)

Neoplasia (CIN or AIS)

No Neoplasia

Repeat Cytology @ 4-6 mo intervals for four times

ASC or LSIL

HSIL or AGC

Repeat colposcopy or refer to “expert”

Diagnostic excisional procedure or refer to “expert”

Manage per ASCCP Guideline

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Management of Women with Low-grade Squamous Intraepithelial Lesions (LSIL) *

**Colposcopic examination** *

- Satisfactory colposcopy and lesion identified
- Endocervical sampling “acceptable”
- Satisfactory colposcopy and NO lesion identified
- Endocervical sampling “preferred”
- Unsatisfactory colposcopic examination
- Endocervical sampling “preferred”

No CIN / Cancer

- **Cytology** @ 6 & 12 mos OR
- **HPV DNA testing** @ 12 mos

- > ASC or HPV (+)
- Repeat Colposcopy

- Negative
- Routine Screening

CIN / Cancer

- Manage per ASCCP Guideline

* Management options may vary if the woman is pregnant, postmenopausal, or an adolescent - (see text)

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Management of Women with Low-grade Squamous Intraepithelial Lesions In Special Circumstances

If clinical or cytological evidence of atrophy and no contraindications to estrogen therapy.

(acceptable option)

4 - 6 months after index Pap

Intravaginal Estrogen therapy

1 wk after completion of therapy

Repeat Cytology

Post-menopausal Women*

4 - 6 months after index Pap

HPV DNA testing

12 months after index Pap

HPV Positive
(for high-risk types)

HPV Negative
(for high-risk types)

Negative

Repeat Cytology @ 4 - 6 mos

Negative

Repeat Cytology

≥ ASC

≥ ASC

Colposcopy

Repeat Cytology @ 12 mos

* For low-risk, post-menopausal women with a history of negative screening

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Management of Women with Low-grade Squamous Intraepithelial Lesions
In Special Circumstances

Adolescents

Colposcopic Triage
- Per algorithm for LSIL

Repeat Cytology
- 6 months after index Pap

Repeat Cytology
- 6 months later

HPV DNA testing
- 12 months after index Pap

HPV Positive
(for high-risk types)

HPV Negative
(for high-risk types)

Negative

Negative

> ASC

> ASC

Colposcopy

Repeat Cytology
@ 12 mos

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Management of Women with High-grade Squamous Intraepithelial Lesions (HSIL) *

- **Colposcopic examination** *(with endocervical assessment)*

  - "See and Treat" acceptable if lesion identified

  - **Satisfactory colposcopy**
    - No CIN or only CIN 1 on biopsy
      - Review of material ^
      - No change
      - **Diagnostic Excisional Procedure**
    - Change in diagnosis
    - Manage per ASCCP Guideline

  - **Unsatisfactory colposcopy**
    - Biopsy-confirmed CIN 2,3
      - Review of material ^
      - No change, (or review not possible, or only biopsy-confirmed CIN 1)
      - **Diagnostic Excisional Procedure**
      - Manage per ASCCP Guideline
    - No lesion identified
    - Biopsy-confirmed CIN (of any grade)
      - Review of material ^
      - Change in diagnosis
      - Manage per ASCCP Guideline

^ 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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