Definitions of Symbols

- Indicates a Pap test, a diagnostic procedure, or treatment is to be performed.

- Indicates the result of a diagnostic procedure or Pap exam.

- Indicates a choice of acceptable procedures

- The flow from test results to appropriate action
Management of PRE-MENOPAUSAL Women with:
- Atypical Squamous Cells of Undetermined Significance (ASC-US)

- Colposcopy (immunosuppressed must use)
  - CIN I or Greater
    - Treat per Guidelines
  - No CIN or Cancer

- Repeat Pap/Cytology at 4-6 months
  - >=ASC
  - Negative
    - Repeat Pap/Cytology at 4-6 Months
      - >=ASC
      - Negative
        - Return to Routine Screening
      - HPV – for High Risk Types
      - HPV + for High Risk Types or HPV Status Unknown
        - Repeat Pap/Cytology at 6 and 12 Months
          - >=ASC
          - Negative
            - HPV – for High Risk Types
            - HPV + for High Risk Types

- HPV DNA Testing
  - HPV + for High Risk Types
  - HPV – for High Risk Types

>=ASC Negative Repeat Pap/Cytology at 4-6 Months
HPV + for High Risk Types or HPV Status Unknown
HPV – for High Risk Types
HPV + for High Risk Types
HPV – for High Risk Types
Prefered
Management of POST-MENOPAUSAL Women with:
- Low Grade Squamous Intraepithelial Lesions (LSIL) or
- Atypical Squamous Cells of Undetermined Significance (ASC-US)

With clinical or cytological evidence of atrophy AND NO contraindications to estrogen therapy

If LSIL

Begin 3 weeks of Intravaginal Estrogen Therapy right away

Stop Intravaginal Estrogen for 1 week, then Repeat Pap/Cytology

Negative

Repeat Pap/Cytology @ 4 - 6 months

Negative

Routine Screening

>= ASC

HPV Testing and/or Colposcopy

Without clinical or cytological evidence of atrophy OR estrogen therapy is contraindicated

If ASC-US

If LSIL

If ASC-US

If LSIL

Colposcopy

>= ASC
Management of Women with:
-- Atypical Squamous Cells – Cannot Exclude High Grade SIL (ASC-H)

Colposcopic Exam with Biopsy

Bx Confirmed CIN or Cancer
- Treat per Guidelines

No Lesion Identified
- Consult with pathologist to review cytology, colposcopic findings, & biopsy(ies)
  - ASC-H Upheld
    - Repeat Pap/Cytology at 6 and 12 Months
      - >= ASC
      - Negative
    - HPV Testing at 6 Months
      - HPV + for High Risk Types
      - HPV - for High Risk Types
      - HPV Testing at 6 Months
  - Revised Interpretation – Change in Diagnosis
    - Manage per Guidelines for Revised Dx

Return to Routine Screening

DHMH-CCSC-October 2004 Cervical Minimal Elements
Management of PRE-MENOPAUSAL Non-Pregnant Women with:

-- Low Grade Squamous Intraepithelial Lesion (LSIL)

Colposcopy with Biopsy and Endocervical Assessment

Bx Confirmed CIN or Cancer

Treat per Guidelines

No CIN or Cancer

Repeat Pap/Cytology at 6 and 12 Months

>= ASC

Return to Routine Screening

HPV DNA Testing at 6 Months

HPV – for High Risk Types

HPV + for High Risk Types

Negative
Management of Women with:
-- High Grade Squamous Intra-Epithelial Lesion (HSIL) Who are NOT Currently Pregnant and are Not Considering Becoming Pregnant

**Colposcopy with Endocervical Assessment**

- **Lesion Identified**
  - Immediate LEEP of Transformation Zone
  - Consult with pathologist to review cytology, colposcopic findings and biopsy(ies)
    - HSIL Upheld or Review not Possible or only Bx Confirmed CIN 1
    - Revised Interpretation – i.e. Change in Diagnosis
    - Manage per Guidelines for Revised Dx

- **Satisfactory Colposcopy**
  - No CIN or CIN-1 on Bx
  - Bx Confirmed CIN 2-3
    - Manage per Guidelines for Revised Dx

- **Unsatisfactory Colposcopy**
  - Bx Confirmed CIN 1-3
    - Consult with pathologist to review cytology, colposcopic findings and biopsy(ies)
  - No Lesion Identified
    - HSIL Upheld or Review not Possible or only Bx Confirmed CIN 1
    - Revised Interpretation – i.e. Change in Diagnosis
    - Manage per Guidelines for Revised Dx
Management of Other Women with High Grade Squamous Intra-Epithelial Lesion (HSIL)

Women Who are Pregnant:

- Colposcopy by experienced clinician who knows the changes expected in pregnancy;
- biopsy only lesions suspicious for high-grade dysplasia or carcinoma;
- no endocervical curretage.

If unsatisfactory colposcopy, repeat colposcopy in 6-12 weeks.

Young Women of Reproductive Age without CIN-2 or CIN-3

Observe with Colposcopy and Cytology at 4-6 Month Intervals for One Year
Management of Women with:
-- Atypical Glandular Cells (AGC) or
-- Adenocarcinoma in Situ (AIS)

**AGC**
with only atypical endometrial cells (i.e. no AGC endocervical or AGC-NOS)

Refer for endometrial sampling and management by appropriate specialist
(Management by repeat cervical cytology testing is unacceptable)

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**AIS or AGC**
-all other subcategories
(AGC endocervical or AGC-NOS, with or without atypical endometrial cells)

Colposcopy with Biopsy, endocervical curretage (ECC), and if >35 years old or abnormal bleeding, also refer for endometrial sampling
(Management by repeat cervical cytology testing is unacceptable)

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All three negative for Invasive Disease

Initial Pap was ‘AGC-Favor Neoplastic’ or AIS

Diagnostic Excisional Procedure (Prefer cold-knife conization)

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Initial Pap was AGC-NOS

Repeat Pap/Cytology at 4-6 month intervals for 4 times

ASC or LSIL

Repeat Colposcopy or refer to ‘expert’

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HSIL or AGC

Diagnostic Excisional Procedure or refer to ‘expert’

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All repeat cytolgies Negative

Return to Routine Screening

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Neoplasia (CIN or AIS) or Invasive Disease

Manage per Guidelines

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Management of Women with:
-- Biopsy Confirmed Cervical Intraepithelial Neoplasia (CIN): CIN-1
-- Persistent CIN-1

CIN-1 with Satisfactory Colposcopy

- Pap/Cytology at 6 and 12 Months
  - >=ASC
  - Negative

  HPV- for High Risk Types
  HPV+ for High Risk Types

  Return to Routine Screening

Repeat Colposcopy

Persistent CIN-1

CIN-1 with Unsatisfactory Colposcopy

- HPV DNA Testing

  Refer for Diagnostic Excisional Procedures (i.e. LEEP, laser conization, or cold-knife conization)

  Ablative procedures are unacceptable;

  Podophyllin or related products are unacceptable for use in the vagina or cervix;

  Hysterectomy as primary and principal treatment for biopsy confirmed CIN-1 is unacceptable

  Follow-up is acceptable for patients who are pregnant, immunosuppressed, or are adolescents

Decision to treat based on patient and provider preferences
Treatment of Women with:
-- Biopsy Confirmed Cervical Intraepithelial Neoplasia (CIN): CIN-2 or CIN-3
-- Recurrent CIN-2 or CIN-3

1. **CIN-2 or CIN-3 with Satisfactory Colposcopy**
   - Both Excision and Ablation are Acceptable

2. **CIN-2 or CIN-3 with Unsatisfactory Colposcopy**
   - Diagnostic Excisional Procedures Recommended

3. **Recurrent CIN-2 or CIN-3**
   - Excisional Modalities are Preferred