

CLIENT UPDATE JUNE 2008

ASCCP Guidelines for Women with Cervical Cytological Abnormalities

The “2006 Consensus Guidelines for Management of Women with Cervical Cytological Abnormalities” contain significant changes from previous guidelines. The conference was convened in 2006 in an attempt to simplify recommendations and take into account new clinical evidence regarding HPV-related cervical disease. Here are some highlights:

Bethesda 2001 terminology:

- “LSIL”, “HSIL” continues for cytologic reporting of squamous lesions.
- A two tiered classification (“CIN-1”, “CIN-2/3”) is used for histologic reporting.

HPV testing:

- When used, should be performed only for high-risk-HPV types.
- Testing for low-risk-HPV is *unacceptable* in a cancer screening setting.
- HPV typing is not useful at this time.

LSIL/CIN-1:

- Represents active HPV infection that regresses in a majority of women.
- Should not be considered “pre-cancer”.

HSIL/CIN-2,3 and AIS:

- Are “pre-cancers” and these are the patients that need close follow up or treatment.

Special Populations – Adolescents:

- Adolescents are defined as women under 21 years of age.
- Most HPV infections in this group regress.
- High-risk-HPV testing is *unacceptable* in this population because of the high prevalence of transient infection (even after a diagnosis of ASC-US).
- Adolescents with ASC-US or LSIL should be followed with repeat Pap at 12 and 24 months.
- Treatment of CIN-1 (“see and treat”) is *unacceptable*.
- HSIL should be referred to colposcopy.

Special Populations – Pregnancy:

- Colposcopy can be deferred for LSIL.
- Colposcopy for HSIL is used to rule out invasive cancer.
- If no cancer is identified, treatment can be deferred.
- ECC is *unacceptable*.

Special Populations – High-risk-HPV testing with Pap in women over 30:

- Pap and HPV negative – re-screen at 3 year intervals.
- Pap negative and HPV positive – re-screen with both tests at 12 months.

Special Populations – Postmenopausal women:

- HPV testing to “triage” a diagnosis of LSIL is acceptable in post-menopausal women.

Guidelines and algorithms may be found at: www.ASCCP.org. Strict copyright rules do not allow distribution of this material, although copies can be made for personal use.

- American Journal of Obstetrics and Gynecology 2007;197(4): 346-355
- Journal of Lower Genital Tract Disease 2007;11(4): 20

Questions? Contact:

Mark Magilner, MD, Director of Cytopathology
(503) 561-5350 mjmagi@salemhospital.org