**Introduction**

Cytology

Since the publication of the 2006 consensus guidelines, new algorithms and screening guidelines have been published and new evidence has been accumulated which includes key cervical cancer screening and follow-up data and additional management data since a 1-year interval was recommended for all women. Concerns about cervical cancer screening and the potential role of HPV testing have been raised. A more comprehensive discussion of these recommendations, and their supporting evidence was published in the Journal of Lower Genital Tract Disease and Obstetrics and Gynecology and is available on the ASCCP website (www.asccp.org).

**Management of Women with Abnormal Cervical Cancer Screening Tests and Cancer Precursors**

The 2001 Bethesda System terminology is used for cytological classification, and the terminology reflects a two-tiered system where abnormal cervical cytology is divided into HPV-positive or HPV-negative and a descriptive level, where HPV-positive is subclassified into low-risk (oncogenic) HPV types only. “HPV testing” is mentioned in the guidelines, it refers to HPV testing for high-risk (oncogenic) HPV types only. If using the 2012 LGG Terminology (LAST), CIN1 is equivalent to histopathological CIN1 and CIN2+ is equivalent to histopathological CIN2,3, not HPV testing for high-risk (oncogenic) HPV types. Testing for low-risk (oncogenic) HPV types has been recommended as a substitute for cervical cancer screening in women who have had a hysterectomy. Therefore, whenever “HPV testing” is mentioned in the guidelines, it refers to testing for high-risk (oncogenic) HPV types only.

**HPV testing is unacceptable for managing women ages 21-29 years**

**Management of Women ≥ 30 years, who are Cytology Negative, but HPV Positive**

<table>
<thead>
<tr>
<th>Age ≥ 30 years</th>
<th>HPV positive or HPV unknown</th>
<th>Routine screening (HPV-negative) or HPV testing (Preferred)</th>
<th>HPV negative</th>
<th>HPV unknown</th>
<th>Repeat cytology in 3 years (acceptable)</th>
<th>HPV positive or HPV unknown</th>
<th>HPV negative</th>
<th>Cytology+ HPV test in 1 year</th>
<th>Continue HPV testing or HPV testing (Preferred)</th>
<th>HPV positive or HPV unknown</th>
<th>Repeat cytology in 3 years (acceptable)</th>
<th>HPV negative</th>
<th>Cytology+ HPV test in 1 year</th>
<th>Continue HPV testing or HPV testing (Preferred)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CSV for ECT2 Absent/Insufficient**

<table>
<thead>
<tr>
<th>Age &lt; 30 years</th>
<th>HPV positive or HPV unknown</th>
<th>Repeat cytology in 3 years (acceptable)</th>
<th>HPV negative</th>
<th>HPV unknown or HPV testing (Preferred)</th>
<th>Repeat cytology in 3 years (acceptable)</th>
<th>HPV positive or HPV unknown</th>
<th>HPV negative</th>
<th>Cytology+ HPV test in 1 year</th>
<th>Continue HPV testing or HPV testing (Preferred)</th>
<th>HPV positive or HPV unknown</th>
<th>Repeat cytology in 3 years (acceptable)</th>
<th>HPV negative</th>
<th>Cytology+ HPV test in 1 year</th>
<th>Continue HPV testing or HPV testing (Preferred)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**HPV-negative women**

**HPV-positive women**

The current guidelines expand on the traditional use of HPV testing (based on results using DNA-based, validated HPV assays). Management decisions based on results using HPV tests should be made consistent with the ASCCP guidelines. HPV testing should be carried out for high-risk (oncogenic) HPV types. Testing for low-risk (oncogenic) HPV types has been recommended as a substitute for cervical cancer screening in women who have had a hysterectomy. Therefore, whenever “HPV testing” is mentioned in the guidelines, it refers to testing for high-risk (oncogenic) HPV types only.
Definitions

**Cervix**
The body of the uterus, with the uterine tubes at either end.

**Cervical Intraepithelial Neoplasia**
A non-malignant condition affecting the uterine cervix.

**Cervical Intraepithelial Neoplasia (CIN)**
Abnormal cell changes that may become cancer.

**Diagnostic Excisional Procedure**
A procedure that removes tissue for histopathological evaluation.

**Endocervical Assessment**
An assessment of the endocervical canal using either colposcopy or endocervical sampling.

**Follow-up**
A visit to a health care provider to check your health.

**HSIL**
High-grade squamous intraepithelial lesion.

**LAST (Low Anogenital Squamous Terminology)**
A terminology system for describing cervical and vulvar lesions.

**LSIL**
Low-grade squamous intraepithelial lesion.

**Management of Women Diagnosed with Adenocarcinoma in-situ (AIS) during a Diagnostic Excisional Procedure**

- **Hysterectomy**
  - Preferred

- **Conservative Management**
  - Adequate Colposcopy
  - Margins Involved or ECC Positive
    - Resection or Resection and Endocervical Sampling

- **Margins Negative**
  - Resection and Endocervical Sampling
  - Margin Resection
  - Long-term Follow-up

**Interim Guidance for Managing Reports using the Lower Anogenital Squamous Terminology (LAST) Histopathology Diagnoses**

- **Low Grade Squamous Intraepithelial Lesion (LSIL)**
  - Manage the CIN

- **High Grade Squamous Intraepithelial Lesion (HGSA)**
  - Manage the CIN

**Re-Excision**
- @ 6 months — acceptable

**AIS Management**
- Ablation of T-zone
- Either Excision or Ablation of T-zone
- Instrumentation
- Observation — Colposcopy & Cytology
- Cotesting in 1 year
- Both tests negative
- 2x Cytology Negative
- Any test abnormal
- Cytology Positive and Normal Colposcopy

**Management of Women with Biopsy-confirmed Cervical Intraepithelial Neoplasia — Grade 2 and 3 (CIN2,3)*

- **Adequate Colposcopy**
  - Either Excision or Ablation of T-zone
  - Observation — Colposcopy & Cytology
  - Cotesting at 12 and 24 months

- **Diagnostic Excisional Procedure**
  - Either Excision or Ablation of T-zone
  - Observation — Colposcopy & Cytology
  - Cytology Negative and Normal Colposcopy
  - 2x Negative Results
  - Any test abnormal

- **Cervical Biopsy**
  - Endocervical sampling

**CIN2,3 Management**

- **Recurrence**
  - Endocervical sampling

- **Re-excision**
  - @ 6 months — acceptable

**Repeat Cotesting**
- Cotesting in 3 years
- Both tests negative
- 2x Negative Results
- Any test abnormal

**Management of Women with CIN2,3**

- **Observation**
  - Cytology or Colposcopy worsens or remains abnormal
  - Either test abnormal
  - Repeat Colposcopy/Biopsy

**Corrections**

- Last Terminology (LAST) Histopathology Diagnoses
- © Copyright, 2013, American Society for Colposcopy and Cervical Pathology. All rights reserved.