

Kate O'Hanlan, M. D.
F. A. C. O. G., S. G. O., F. A. C. S.
Gynecologic Oncology Associates
4370 Alpine Road, Suite 104
Portola Valley, CA 94028-7927

Phone: (650)-851-6669

FAX: (650) 851-9747

Practical Summary of 2005 ACOG Practice Bulletin: Management of Abnormal Cervical Cytology and Histology

Screening: Start at age 21 or 3 years after coitarche, annually, until age 30. No HPV screening before age 30. After age 30, if last 3 annual paps negative, screen every 2-3 years with HPV assay until age 70 or after hysterectomy, unless prior CIN, HIV or immunosuppression.

Pap -, HPV -: Repeat pap yearly under age 30, every 3 years after age 30 if no prior CIN or immunosuppression. Stop at 70 if all negative.
Pap -, HPV +: Repeat both in 6-12 months (4% risk of cancer), no colpo. If ASC and HPV -, repeat in one year. If HPV still positive or any CIN → do colpo (80% of women may carry

HPV, most clear it but 10-30% get dysplasia. Young are likely to clear in <2years. Smoking doubles risk of cancer.)

Age under 30 years: risk of cancer almost zero. Virus is highly likely to clear. If ASC, LSIL or HPV+: If no visible lesion, repeat pap in 6 and 12 months or just test HPV in 12 months. Can follow CIN 1, 2 similarly. Do not screen with HPV assay.

ASC (.2% risk of cancer, 6-12% risk of dysplasia) → Repeat pap at 6 months **OR** immediate colpo **OR** do HPV test:

- If ASC and HPV - (55% will be-, 2% risk of dysplasia): repeat pap and HPV in one year. If +HPV → colpo then.
- If HPV + (25% will have dysplasia): colpo.

ASC-H (70% HPV+, 10-90% have dysplasia), **LSIL** (15-30% have dysplasia), **HPV+** (13% become CIN 2,3) → colpo, ECC, Bx:

- If Bx is Negative or CIN I (60% will regress,) → Pap in 6 and 12 months, **OR** pap and HPV at 12 months, **OR** treat by excision or ablation. If any follow-up pap or HPV is positive: Repeat colpo.
- Unsatisfactory colpo for ASC-H or ASC-NOS x 2: leep cone.
- Untreated CIN 1 follow-up: pap at 6 and 12 months, with colpo for any higher lesion, **OR** HPV test at 12 months, and colpo if positive.
- Bx shows CIN 2 (40% regress), or CIN 3 (not seen to regress): excise or ablate.
 - If positive margin: 10% recur. Pap, ECC and HPV test in 6 months by ECC brush.
 - If negative margin: pap and HPV in 6 months, then yearly if normal.
- Follow up after treatment: Pap + HPV test in 6 and then yearly if both neg. Repeat colpo for any ASC or higher.

Post-Colpo follow-up:

- **No lesion seen and ECC- with ASC-H, LSIL, or ASC-and-HPV +** → repeat pap and HPV in 12 months. Annual pap if HPV-. Recolpo if HPV +.
- **LSIL:** conservative follow-up preferred repeat pap and HPV at 12 months. Annual pap if HPV-. Recolpo if HPV +.
- **HSIL:** treat lesions and do pap and HPV assay at 6 months. Annual pap if HPV-. Recolpo if HPV +.

HSIL pap: (70% have dysplasia; 2% cancer; time from HSIL to cancer is 8-12 years). Do ECC and colposcopy of cervix and vagina:

- No colpo findings or Bx only CIN 1 (35% with real dysplasia): re-review pap or do large cone if unsatisfactory colpo.
- Age under 30 and no lesion seen, ECC negative: re-colpo in 6 months with Pap and HPV test.
- Biopsy, ECC and plan ablation **OR** excisional leep all lesions, with post treatment ECC.
- If cone for SIL has + margin (12% recur): repeat pap and HPV in 3 months
- Follow up after treatment: Pap + HPV in 6 and 12 months, no colpo.
- Hysterectomy for Gyn indications and recurrent lesion or if unable to resect.

AGC NOS (40% have SIL, 2% have AIS, 1% cancer) Most have no visible lesion. Do ECC and Colpo.

- Endometrial Bx for all AEC, all AGC over age 35, and for any age with bleeding, obesity, oligo-ovulation.
- If negative ECC, no lesion: Pap + ECC every 6 months for two years.
- If negative ECC, no lesion, and HPV-: Pap + HPV at 12 months, only once.
- If AGC NOS x 2: cone.

AGC favor lesion (90% have SIL) → colpo, ECC (are insensitive), and HPV test.

- If negative ECC and no lesion: Do surgical cone.

AIS (50% have SIL, 40% have cancer) → surgical cone + post-ECC and Endometrial Bx,

- AIS with negative margins → pap, HPV test, ECC every 6 months until hysterectomy after fertility is complete. (25% recur, 2% new cancer)
- AIS with positive margins (80% residual lesion) → re-cone until negative, then above.
- If invasion: plan radical hysterectomy.

Pregnant women with ASC, LSIL, CIN 2, 3 → Colpo. Goal is to rule out cancer. Biopsy only lesions suspicious for invasion. Consider excision of cancer lesion. If no cancer or if unsatisfactory visualization of SCJ or lesion, colpo every 3 months. Recolpo and treat 8-10 wks post-partum. Do not treat during pregnancy. No ECC during pregnancy.

ECC brush is equal to ECC sharp curettage. ECC brush must be negative prior to all ablations, and for all unsatisfactory colpo views.