ALGORITHM 1: PAP & HIGH-RISK HPV SCREENING GUIDELINES

Women under 30 years
Cytology negative
High-risk HPV not recommended

Liquid-based cytology every 1-2 years

There is no role for the use of routine HPV DNA testing in women in this age group

Women 30 years and older
Cytology negative
High-risk HPV negative

No previous history of CIN 2 or 3, HIV, immunosuppression or DES exposure in utero

Liquid-based cytology and high-risk HPV testing every 3 years

No

Women 30 years and older
Cytology negative x3 consecutive screens

Repeat liquid-based cytology & high-risk HPV testing in 12 months

Cytology negative
High-risk HPV negative

Cytology negative
High-risk HPV positive

Cytology ASC-US
High-risk HPV negative

Cytology negative
High-risk HPV positive

Liquid-based cytology and high-risk HPV testing every 3 years

Rescreen with liquid-based cytology & high-risk HPV DNA in 12 months

Colposcopy*

* Post-colposcopy follow-up per ASCCP guidelines
ALGORITHM 2: SCREENING GUIDELINES FOR WOMEN WITH HYSTERECTOMY AND OLDER WOMEN

Women with supracervical hysterectomy (cervix still intact)

Document & confirm

- Screen according to the guidelines for women without hysterectomy

Women with complete hysterectomy (cervix removed)

- History of benign disease such as fibroids or endometriosis and no prior abnormal Pap tests or cervical cancer

- History of DES exposure, pre-cancerous lesions or any GYN cancer

- Cytology negative x3 consecutive screens and no abnormal Pap tests in the last 10 years*

- History of cervical cancer, HIV, immunosuppression or DES exposure in utero

- May choose to continue screening

- History of cervical cancer, HIV, immunosuppression or DES exposure in utero

- May discuss discontinuation of screening with patient

- Continue Pap testing of the vaginal cuff according to diverse management guidelines

- May discuss discontinuation of screening with patient

- Continue Pap tests as long as physically able

Women older than 70 years with an intact uterus and cervix

- If

Women older than 70 years with an intact uterus and cervix

- If

Women older than 70 years with an intact uterus and cervix

- If

* Risk factors for the development of cervical carcinoma should be assessed on an ongoing basis and taken into consideration when deciding how often and for how long to screen older Women.
ALGORITHM 3: AGE SPECIFIC MANAGEMENT OF ASC-US PAP FINDINGS

- **Women over 20 years**
  - Cytology ASC-US
  - High-risk HPV negative
    - **Repeat liquid-based cytology & high-risk HPV DNA in 12 months**
      - **Result**
        - **Cytology ASC-US or greater**
          - **High-risk HPV negative**
            - **Colposcopy***
        - **Cytology ASC-US or greater**
          - **High-risk HPV positive**
            - **Colposcopy***
        - **Cytology negative**
          - **High-risk HPV positive**
            - **Colposcopy***
          - **Cytology negative**
            - **Repeat liquid-based cytology in 12 months**
  - **Cytology ASC-US or greater**
    - **High-risk HPV negative**
      - **Colposcopy***
    - **High-risk HPV positive**
      - **Colposcopy***
  - **Cytology ASC-US or greater**
    - **High-risk HPV not done**
      - **Repeat liquid-based cytology in 12 months**
  - **Cytology ASC-US or greater**
    - **High-risk HPV not recommended**
      - **Repeat only liquid-based cytology in 12 months**
        - **High-risk HPV not recommended**
          - **Colposcopy***

* Post-colposcopy follow-up per ASCCP guidelines

- **Women 20 years and under**
  - Cytology ASC-US
    - **High-risk HPV not recommended**
      - **Repeat only liquid-based cytology in 12 months**
        - **High-risk HPV not recommended**
          - **Colposcopy***
ALGORITHM 4: MANAGEMENT OF AGC PAP FINDINGS

Women any age
Cytology AGC or AIS

yes

Colposcopy* (with endocervical sampling)
AND
High-risk HPV DNA testing
AND
Endometrial sampling**
**If >35 years OR at any age if at risk for endometrial neoplasia

Endometrial sampling
AND
Endocervical sampling

result

result

No endometrial pathology

Endometrial abnormalities

yes

Colposcopy* AND high-risk HPV DNA testing

Follow-up as appropriate for endometrial pathology

*Close post-colposcopy follow-up per ASCCP guidelines is essential in the management of AGC Pap findings
ALGORITHM 5: MANAGEMENT OF OTHER PAP FINDINGS - PART I

Specimen unsatisfactory for evaluation (unsatisfactory indicates >75% of cells are not interpretable)

- Repeat liquid cytology in 3-6 months
  - If
    - Previously obscured by inflammation, attempt to clear inflammatory process prior to repeat
    - Cytology repeatedly unsatisfactory
      - Manage result per guidelines
      - Refer for further gynecologic evaluation, possible colposcopy

Endocervical cells/transformation zone not present with intact cervix

- May repeat cytology in 12 months UNLESS one or more of the following exist
  - Significant clinical history such as abnormal bleeding, discharge or spotting
  - A positive high-risk HPV result within the past 12 months
  - Inability to clearly visualize or sample the endocervical canal
  - Insufficient frequency of previous screening
  - Immuno-suppression
  - Previous abnormal cytology without 3 subsequent negative results
  - Previous cytology with unexplained glandular abnormality

- Rescreen postpartum

- Repeat liquid cytology in 3-6 months
  - If pregnant
    - Manage result per guidelines
  - Repeat cytology In 6 months

- Previously obscured by inflammation, attempt to clear inflammatory process prior to repeat
  - Cytology repeatedly unsatisfactory
    - Refer for further gynecologic evaluation, possible colposcopy
ALGORITHM 6: MANAGEMENT OF OTHER PAP FINDINGS - PART II

Blood or obscuring inflammation

- Review clinical history*
  - If negative:
    - Cytology otherwise negative
    - Repeat liquid-based cytology in 12 months if patient does not meet high risk criteria**
  - If positive:
    - Cytology unsatisfactory for evaluation
    - Repeat liquid-based cytology in 3-6 months

Atrophy

- Normal in postmenopausal women but result may show ASC-US
  - If positive:
    - In setting of ASC-US, perform high-risk HPV testing
    - May administer 0.3mg conjugated estrogen vaginally at bedtime for 4 weeks (if not contraindicated)
    - Repeat cytology one week post treatment

Trichomonas Infection

- Evaluate for symptoms, perform wet mount and/or culture if available
  - If evaluation not possible:
    - Antibiotic treatment is reasonable if trichomonas detected on cytology

Benign appearing endometrial cells in a woman over 40 years

- Note LMP. In the absence of risk factors for endometrial cancer, continue routine care per guidelines.

* Review clinical history- if significant positives on cancer screening (e.g. abnormal bleeding, spotting, discharge, post coital staining) further evaluation is needed, including possible colposcopy, endocervical curettage or endometrial biopsy

** See Algorithm 4

*** Post-colposcopy follow-up per ASCCP guidelines

If cytology after estrogen reveals ASC-US or greater, refer for colposcopy*