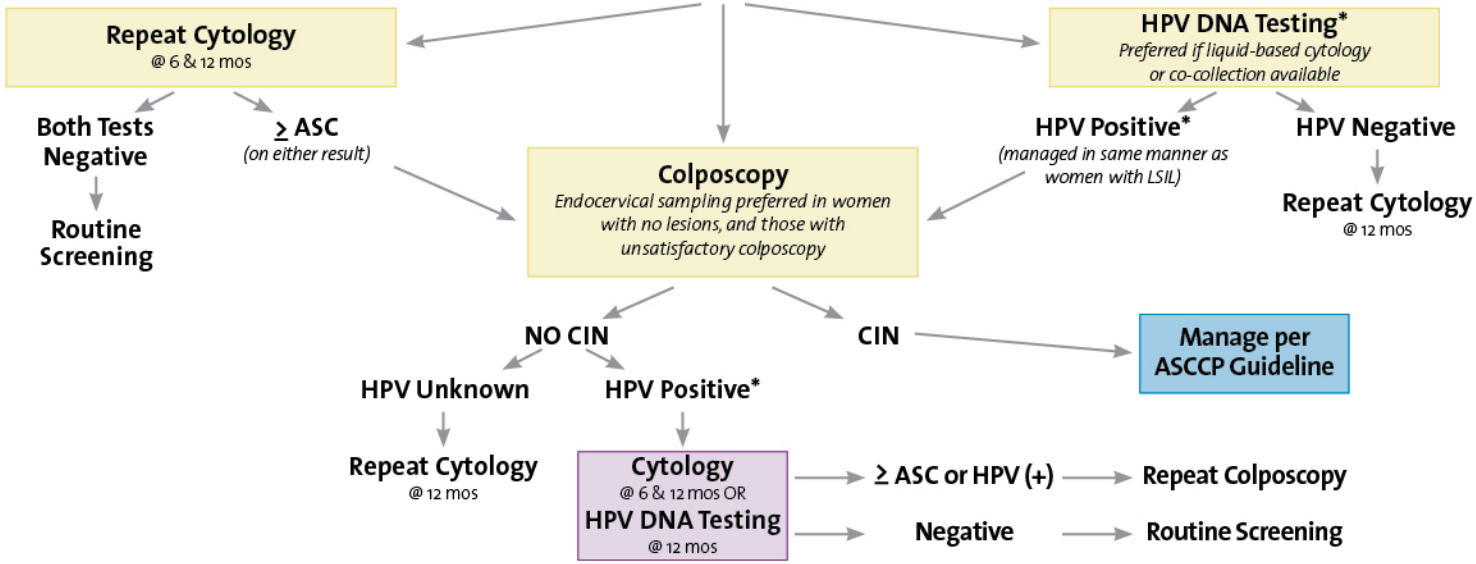
Management of Women with Atypical Squamous Cells of Undetermined Significance (ASC-US)



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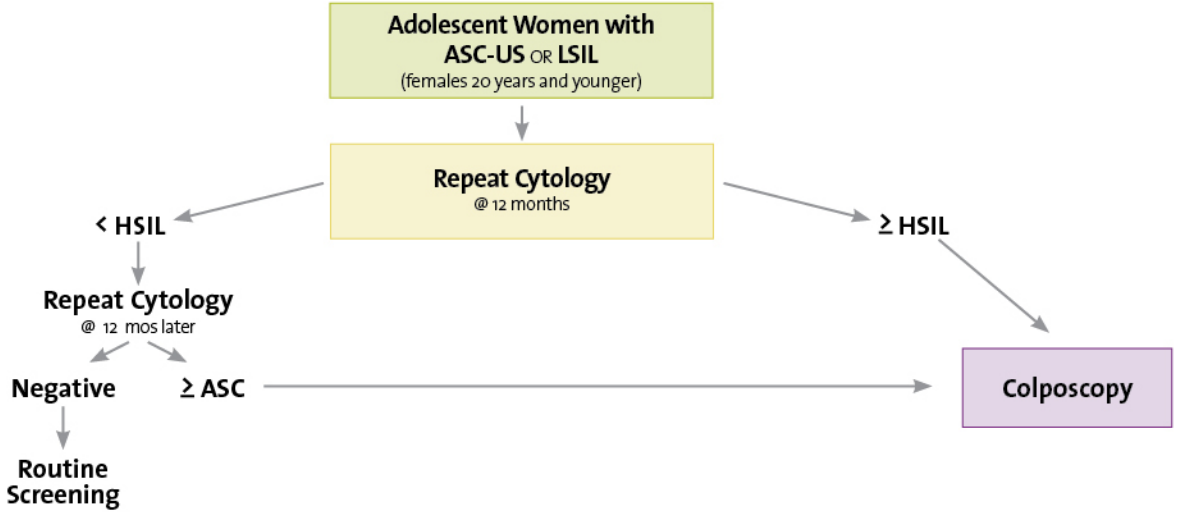
*Test only for high-risk (oncogenic) types of HPV

Management of Adolescent Women with Either Atypical Squamous Cells of Undetermined Significance (ASC-US) or Low-grade Squamous Intraepithelial Lesion (LSIL)



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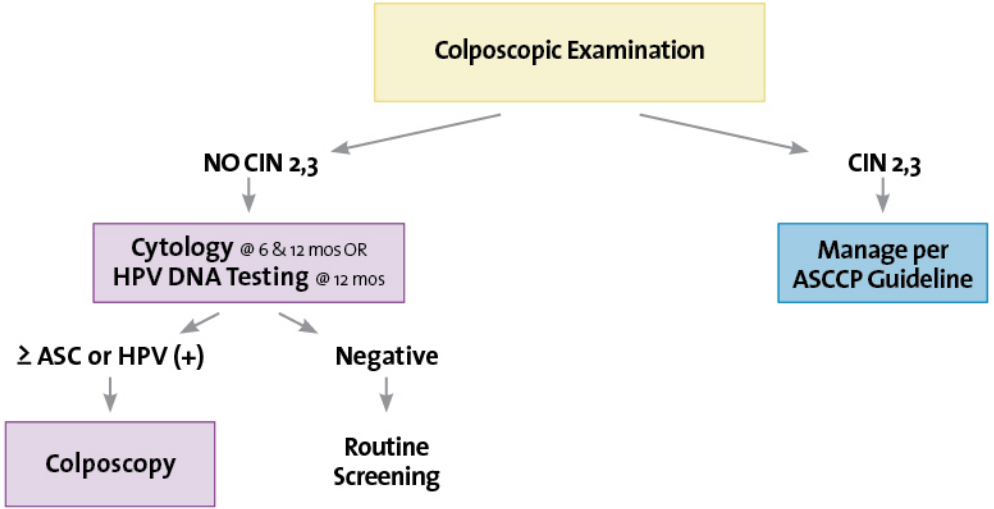
Management of Women with Atypical Squamous Cells: Cannot Exclude High-grade SIL (ASC - H)



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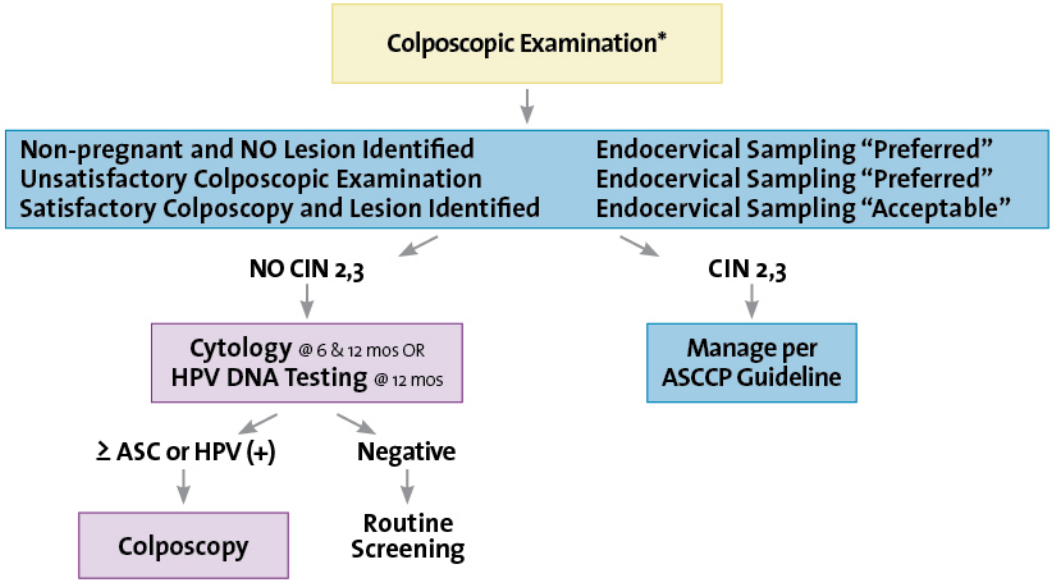
Management of Women with Low-grade Squamous Intraepithelial Lesion (LSIL) *



Management options may vary if the woman is pregnant, postmenopausal, or an adolescent - (see text)

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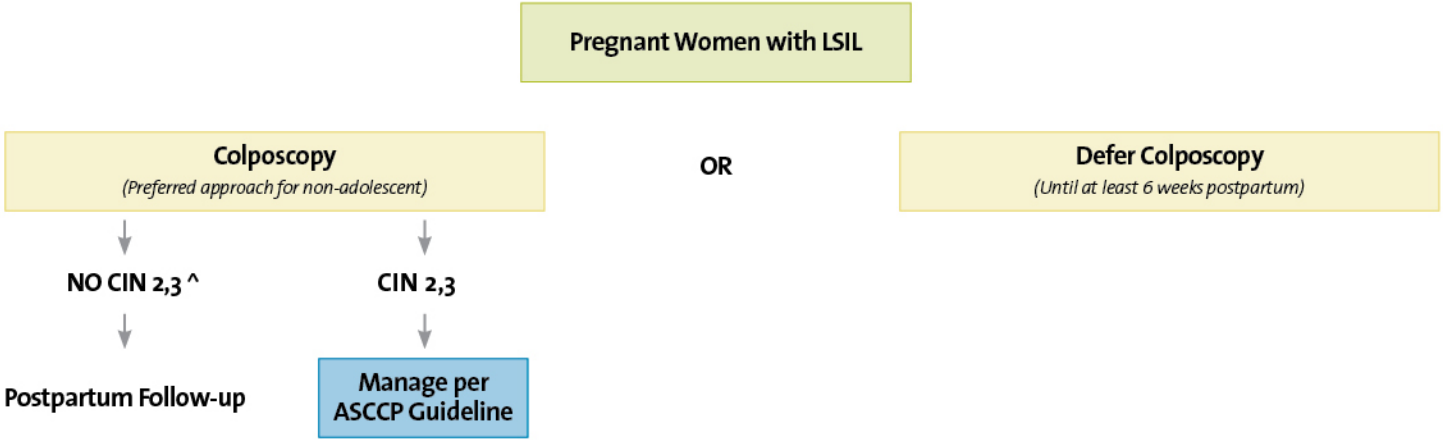
Management of Pregnant Women with Low-grade Squamous Intraepithelial Lesion (LSIL)



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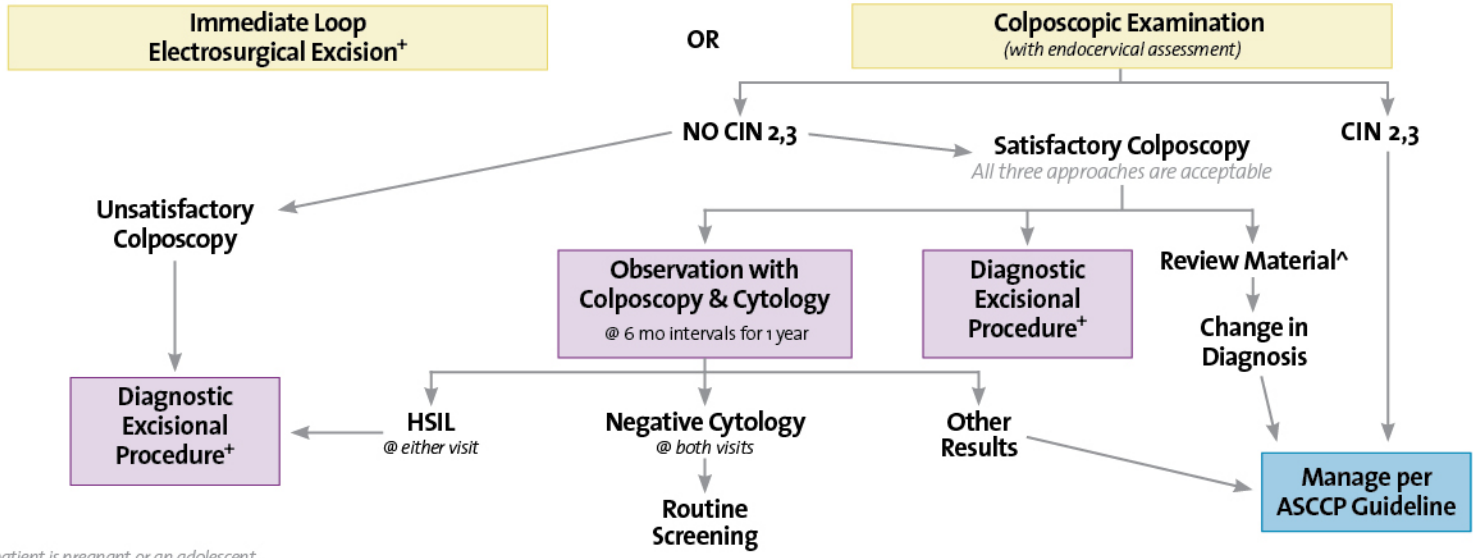
^ *In women with no cytological, histological, or colposcopically suspected CIN 2,3 or cancer*

Management of Women with High-grade Squamous Intraepithelial Lesion (HSIL) *



+ Not if patient is pregnant or an adolescent

^ Includes referral cytology, colposcopic findings, and all biopsies

* Management options may vary if the woman is pregnant, postmenopausal, or an adolescent

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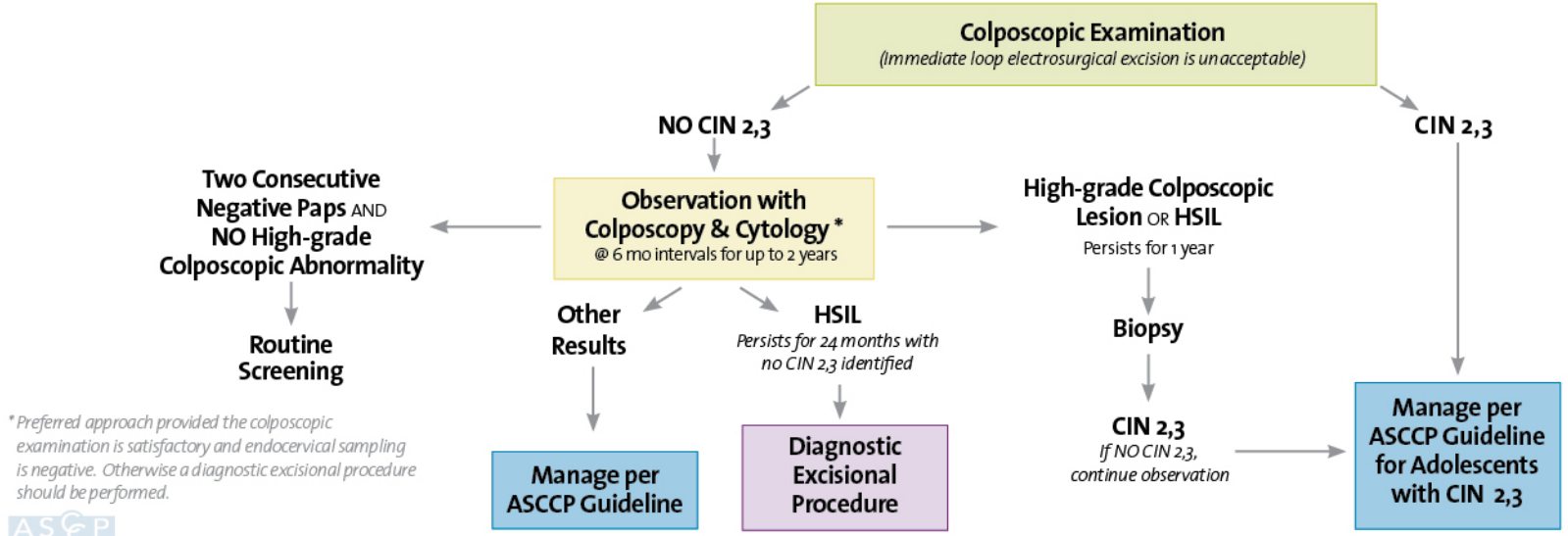
Management of Adolescent Women (20 Years and Younger) with High-grade Squamous Intraepithelial Lesion (HSIL)



*Preferred approach provided the colposcopic examination is satisfactory and endocervical sampling is negative. Otherwise a diagnostic excisional procedure should be performed.

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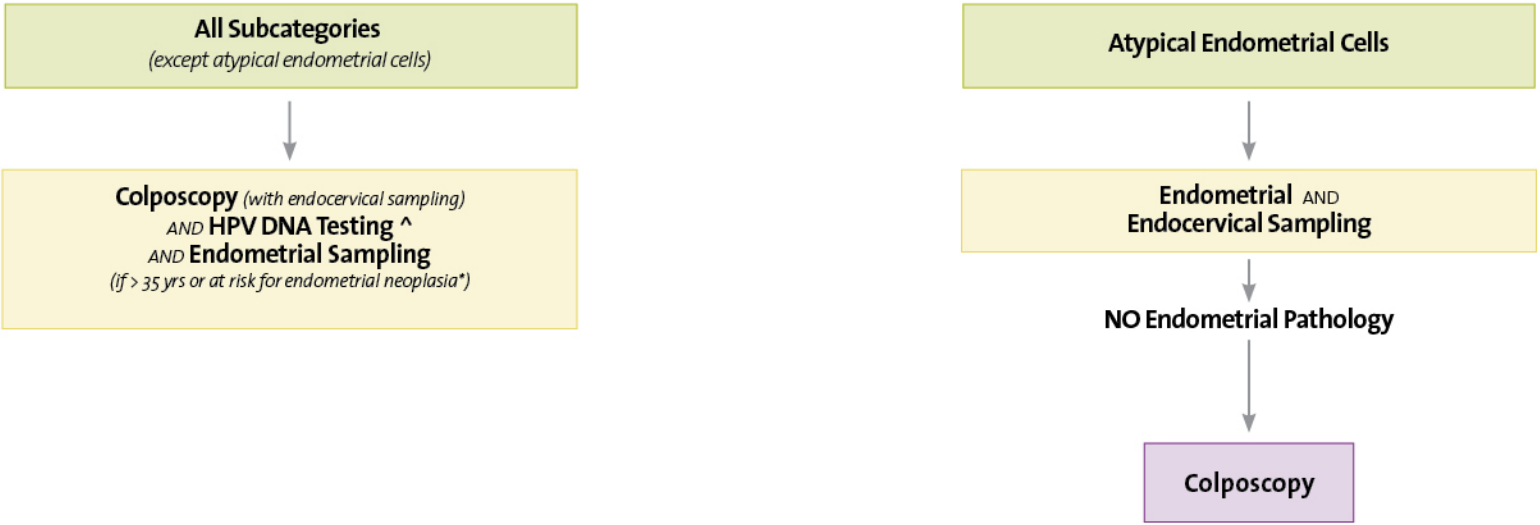
Initial Workup of Women with Atypical Glandular Cells (AGC)



^ *If not already obtained. Test only for high-risk (oncogenic) types.*
* *Includes unexplained vaginal bleeding or conditions suggesting chronic anovulation.*

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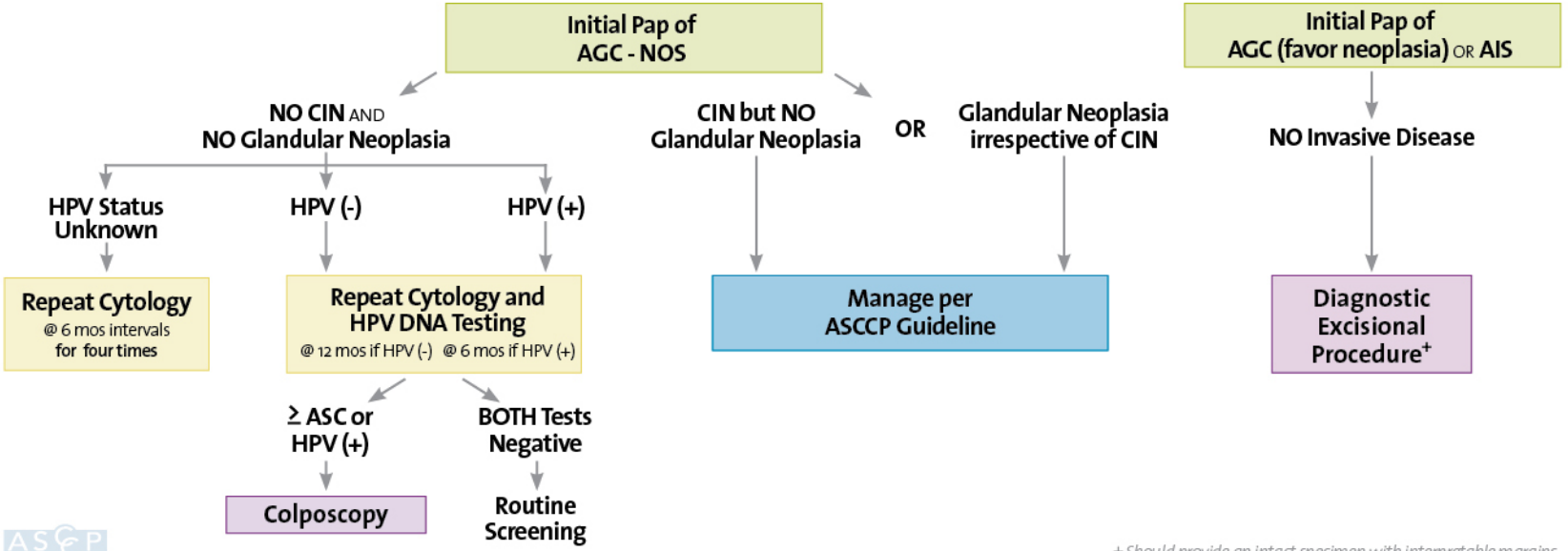
Subsequent Management of Women with Atypical Glandular Cells (AGC)



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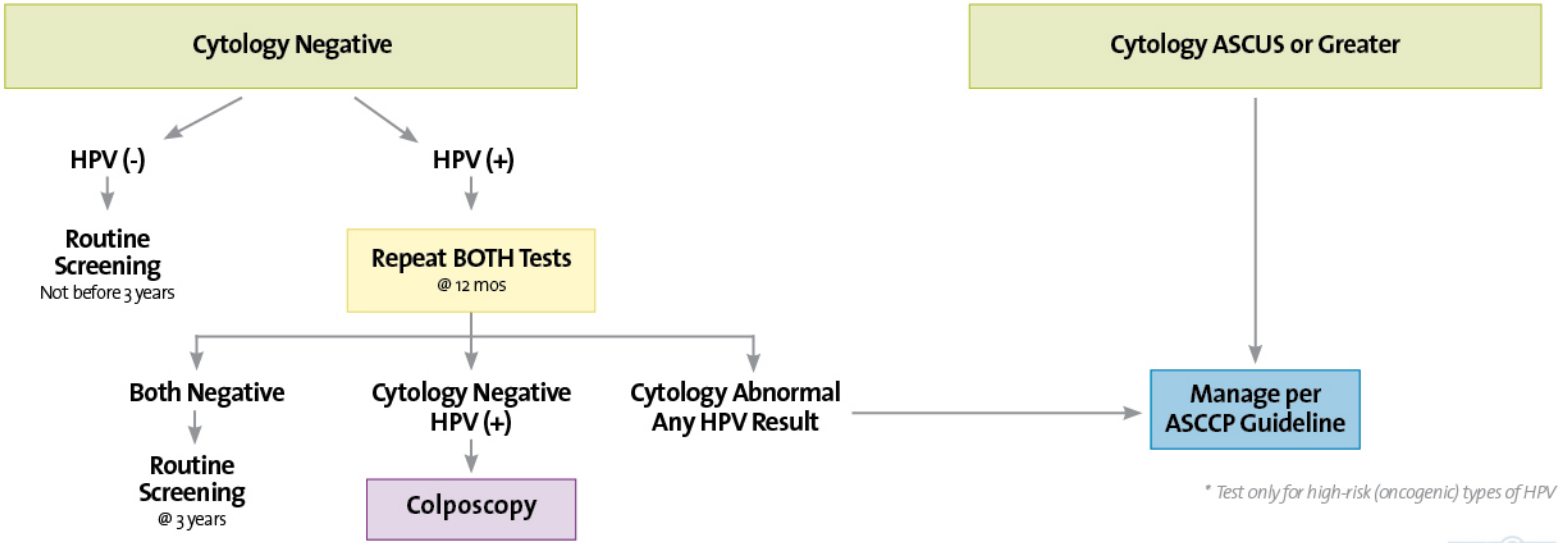
+ Should provide an intact specimen with interpretable margins. Concomitant endocervical sampling is preferred.

Use of HPV DNA Testing * as an Adjunct to Cytology for Cervical Cancer Screening in Women 30 Years and Older



* *Test only for high-risk (oncogenic) types of HPV*

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