

Pap Smear Management Update

**Satellite Conference and Live Webcast
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Faculty

**Laurie Stout, BSN, RN
Nurse Consultant
Bureau of Family Health Services
Alabama Department of Public Health**

**Grace Thomas, MD, FACOG
Assistant State Health Officer
Bureau of Family Health Services
Alabama Department of Public Health**

Success Story

- **Pap smear screening is a success story in this country**
- **With the advent of HPV testing, it has taken screening and treatment to a new level**

Change in Guidelines

- **In March 2013, the American Society for Colposcopy and Cervical Pathology (ASCCP) released their updated consensus guidelines for managing abnormal cervical cancer screening tests and cancer precursors**

ASCCP Guidelines

- **The group consisted of 47 experts representing 23 professional societies, national and international health organization and federal agencies**

– Source: ASCCP Press Release; March 21, 2013

ASCCP Guidelines

- **In addition to data review for specific issues, data from approximately 1.4 million women provided evidence on risk of pre-cancer and invasive cancer over an eight year period of abnormal tests and follow-up**

– Source: ASCCP Press Release; March 21, 2013

ASCCP Guidelines

- This led to the changes we are discussing today

ASCCP Guidelines – What Has Changed

- Examples of updates include:
 - “Cytology reported as unsatisfactory requires repeat, even if HPV negative”
 - “HPV negative and ASCUS results are insufficient to allow exit from screening at age 65 years”

ASCCP Guidelines – What Has Changed

- “Cytology reported as negative but lacking endocervical cells can be managed without early repeat”
- “More strategies incorporate co-testing to reduce follow-up visits”

ASCCP Guidelines – What Has Changed

- “Pap - only strategies are now limited to women younger than 30 years, but co-testing is expanded even to women younger than 30 years in some circumstances”
- “Women aged 21 – 24 years are managed conservatively”

Managing Non-Compliant Patients – No Follow-Up

- Patients referred for colposcopy, who do not keep appointment(s) or follow-up as recommended, remain at risk for cervical dysplasia
- Counsel upon return for services and offer to repeat smear
 - 3 - 6 months (6 months preferred)

Managing Non-Compliant Patients – No Follow-Up

- If 2 consecutive negative results are identified, consult Dr. Thomas for recommendations

Managing Non-Compliant Patients – No Follow-Up

- **Rationale for management:**
 - Repeating the smear within a 6 month time frame will supply the referral provider with the most current results

Managing Non-Compliant Patients – No Follow-Up

- Patients with 2 consecutive negative results may be allowed to return to routine screening, however, this is based on the recommendation of Dr. Thomas

Post-Colposcopy – Non-Compliant Patients

- If patient received colposcopy, but did not follow-up with referral provider, follow the UAB post colposcopy guidelines
- Guidelines are based on colpo results and age of the patient

Managing Non-Compliant Patients – Case Study

- 28 year old referred for LSIL
- Colpo results indicated CIN I
- Patient did not return to referral provider for post - colpo care due to financial constraints
- What management is required?

Managing Non-Compliant Patients – Case Study

- Follow UAB guidelines
 - “Patients with cervical cytologic findings compatible with ASC-US (on two occasions 12 months apart), ASC-US(HPV+), or LSIL found to have CIN 1 or less on colposcopic evaluation and biopsy will be advised to return to their provider/clinic to have either co-testing if ≥ 30 years of age or cytology if younger than 30 years of age”

Managing Discordant Results

- If there is a discrepancy between pap smear and colposcopy results such as HSIL pap/negative colpo, and no treatment or plan of care was provided by the referral MD, consult Dr. Thomas for recommendations
- Prior protocol required annual smears

Managing Discordant Results

- **Management**
 - Attempt to obtain management plan from provider
 - Consult Dr. Thomas for recommendation

Screening Guidelines Low-Risk Patients

- **21 - 29 years of age**
 - Cytology every 3 years
- **New protocol**
 - 21 - 24 years of age
 - HPV not done if ASCUS is identified

Screening Guidelines Low-Risk Patients

- 25 - 29 years of age
 - Reflex HPV is done if ASCUS is identified

Screening Guidelines Low-Risk Patients

- **30 years and older**
 - Perform co-test every 5 years
 - Screening should be discontinued after age 65 years in women with evidence of adequate negative prior screening results and no history of CIN 2 or worse

Screening Guidelines Low-Risk Patients

- **“Adequate negative prior screening results are defined as three consecutive negative cytology results or two consecutive negative co-test results within the previous 10 years, with the most recent test performed within the past 5 years”**

– Source: ACOG Practice Bulletin No. 131, Nov. 2012, Screening for Cervical Cancer

Screening Guidelines High-Risk Patients

- **Annual smears are required for**
 - Women who are infected with human immunodeficiency virus (HIV)

Screening Guidelines High-Risk Patients

- CDC recommends that women infected with HIV should have cervical cytology screening twice in the first year after diagnosis and annually thereafter

Screening Guidelines High-Risk Patients

- Women who are immunosuppressed
- Examples
 - Women who have received chemotherapy if within 5 years of treatment
 - Have received organ transplant
 - Those with chronic steroid use

Screening Guidelines High-Risk Patients

- Annual smears are required for:
 - Woman who were exposed to diethylstilbestrol (DES) in utero
 - Diagnosed with cervical cancer
 - If age 24 and younger, use cytology only
 - If 25 and older, reflex if ASCUS

Screening Guidelines High-Risk Patients

- New Protocol
 - Co-test at 12 and 24 months required for
 - Known diagnosis
 - Women previously treated for CIN 2, CIN 3 (per biopsy / pathology); OR

Screening Guidelines High-Risk Patients

- Verbal history of ablative treatment (laser; cryotherapy) or LEEP whose records are not obtainable

Screening Guidelines High-Risk Patients

- New Protocol
 - If all results are negative, go to age - based screening every 3 years
 - Continue screening for 20 years after the initial post - treatment surveillance period, even if it requires screening past age 65

Unsatisfactory Results

- If HPV positive or negative, repeat cytology in 2 - 4 months
- If negative cytology, negative HPV – go to routine screening based on age
- If abnormal cytology, follow protocol based on result
- If remains unsatisfactory, refer for evaluation / colpo

Unsatisfactory Results

- Insufficient squamous cells is often the cause of an unsatisfactory result
- Optimal results can be obtained with the use of extended - tip spatulas, spatulas plus brushes, and brooms, which all appear to help minimize unsatisfactory results

– Source: ASCCP

Unsatisfactory Results

- When using two of these devices, the ectocervical device (or spatula) is to be used first

– Source: ASCCP

ASCUS / LSIL Results In Patients 21 - 24 Years of Age

- New protocol
 - Reflex HPV testing will not be done
- Repeat cytology at 12 and 24 months
- If negative x 2, go to routine screening based on age

ASCUS / LSIL Results In Patients 21 - 24 Years of Age

- If first smear is negative, ASCUS, or LSIL repeat until 2 consecutive negative results, then go to routine screening based on age
- If ASCUS or worse at 24 months, refer for colposcopy

ASCUS / LSIL Results In Patients 21 - 24 Years of Age

- If ASC - H or worse, including “cannot exclude a more severe lesion”, refer for colposcopy

ASCUS / LSIL Results In Patients 21 - 24 Years of Age

- HPV is prevalent in this age group with ASCUS or LSIL results
- HPV is a transient infection that often clears on its own by the body's immune system within a 2 year time frame
- It is reasonable to monitor these young patients over this time

ASCUS Results In Patients 25 - 29 Years of Age

- Perform HPV reflex
- ASCUS / HPV negative
 - Repeat co-test in 3 years
 - Life long risk
- ASCUS / HPV positive
 - Refer for colpo

Who Is At Life Long Risk?

- ASCUS / HPV negative
- Negative cytology / HPV positive that converts to negative
- If subsequent results indicate > ASCUS OR HPV positive, refer for colposcopy

Who Is At Life Long Risk?

- ASCUS / HPV negative - Kaiser Permanente Study “found that while the absolute risk of CIN 3+ was low after HPV negative ASCUS, it was more comparable to CIN 3+ risk among women with negative cytology alone than those with a negative co - test, suggesting a 3 year interval for follow-up”

Who Is At Life Long Risk?

- “In addition, women over 60 years of age with HPV negative ASCUS had a higher risk for cervical cancer during follow-up than women with negative co-testing, suggesting that they need continued screening.”

– Kaiser Permanente Study

Who Is At Life Long Risk?

- Negative cytology / HPV positive - “Despite negative cytology, women with oncogenic HPV are at higher risk for later CIN 3+ than women with negative HPV tests
- The risk of CIN 3+ in HPV positive but cytology negative women is sufficient to justify early return for retesting”

ASCUS Results In Patients 30 Years and Older

- Identified via screening co-test
- ASCUS / HPV negative
 - Repeat co-test in 3 years
 - Life long risk
- ASCUS / HPV positive
 - Refer for colpo

ASCUS Results In Post-Menopausal Women

- ASCUS / HPV negative
 - Under 65 years of age
 - Repeat co-test in 3 years
 - Life long risk
 - If 65 and older
 - Repeat co-test in one year

ASCUS Results In Post-Menopausal Women

- If negative results
 - Repeat co-test in 3 years
 - Life long risk

LSIL – 25 Years and Older

- Refer for colposcopy
- We omitted the reflex HPV in the October revision
- Our data indicated that most of the cases were HPV positive prompting referral, therefore, there was no significant cost savings by triaging with HPV

LSIL – Postmenopausal

- Perform reflex HPV
- HPV negative
 - Repeat cytology in 12 months
 - If negative
 - Repeat co-test every 3 years
 - Life long risk

LSIL – Postmenopausal

- HPV positive
 - Refer for colpo

Hysterectomy

- **“Women should continue to be screened if they have had a total hysterectomy and have a history of CIN 2 or higher in the past 20 years or cervical cancer ever”**

– Source: ACOG Practice Bulletin No. 131, Nov. 2012, Screening for Cervical Cancer

UAB Colposcopy Screening Guidelines

- **Have been updated based on the new ASCCP guidelines**
- **When post-colposcopy management is not provided or available, utilize UAB guidelines**

Patient Counseling

- **ASCUS / HPV negative**
 - **In general, patients may be informed of this finding at the time of their routine visit**
- **Unless this result is identified in a post-colpo / treatment setting, a tickler is not required**

Patient Counseling

- **HPV vaccination**
 - **It is important to counsel patients age 19 - 26 about receiving the series**
- **Statewide program going on now to provide counties with the HPV vaccine**

Patient Counseling

- **Over 18,000 doses have been distributed to countries through this initiative**

Take Home Points

- **Cervical cancer was once the leading cause of cancer death in women in the United States**
- **Between the 1950s and 1990s, the death rate declined by almost 70%**
 - American Cancer Society
- **Most cervical cancer occurs in women who either never screened or inadequately screened (ACOG)**

Take Home Points

- HPV infections are commonly acquired by young women shortly after the initiation of sexual intercourse, but, in most cases, they are cleared by the immune system within 1 - 2 years without producing pre-cancerous or cancerous changes

Take Home Points

- Risk of neoplastic transformation increases in those women with persistent infections
- Counsel patients to get screened
 - Screening offers the best chance for early detection of cervical cancer and successful treatment

Take Home Points

- Getting the HPV vaccine before being exposed to HPV will prevent some HPV
- Complete the pap requisition completely
- Include pertinent information regarding prior disease / diagnosis
 - LEEP, hysterectomy, etc

Pap Case Study: #1

- 30 year old G0 P0
- History of abnormal pap results since 2007
- Most recent pap result indicates HSIL, cannot exclude a more severe lesion
- Referred to UAB

Pap Case Study: #1

- Colposcopy indicates carcinoma in situ CIN III involving glands
- High grade dysplasia focally present at inked specimen margins
- LEEP performed
- UAB recommended repeat pap in 6 months with endocervical sampling

Pap Case Study: #1

- Will a good cervical sampling of ECC at HD be adequate?

Pap Case Study: #1

- Response
 - No, the endocervical curettage (ECC) cannot be done by the HD
 - It requires collection of tissue of the endocervical component

Pap Case Study: #2

- 23 year old
- Had LSIL results in 2012
- Referred to GYN with repeat pap in 2013 with LSIL result
- Colpo was recommended
 - Patient non-compliant

Pap Case Study: #2

- Co-test done by ADPH at annual visit with negative pap / negative HPV results
- What is next step?

Pap Case Study: #2

- Recommendation
 - Repeat pap and HPV in one year

Pap Case Study: #3

- 23 year old
- Had ASCUS/HPV positive results in 2011
- Colpo indicated
 - Endocervical - no dysplasia
 - Ectocervical - atypical squamous metaplasia with mild epithelial dysplasia

Pap Case Study: #3

- Repeat smear in 2012
 - Negative pap / HPV positive
- Second colpo
 - Same results
- Repeat smear at ADPH in 2013
 - Pap negative / HPV positive
- What is next step?

Pap Case Study: #3

- Answer
 - Refer for colpo

Pap Case Study: #4

- 35 year old
- 2011 - LSIL pap
 - No colposcopy
- 2012 - ASCUS / HPV positive
 - No colposcopy
- 2013 - Negative pap / HPV positive
- What is next step?

Pap Case Study: #4

- Answer
 - Refer for colposcopy
 - Stress the importance of colpo and that these results reflect persistent disease

Pap Case Study: #5

- 24 year old
- 2008 - LSIL
 - Cannot exclude a more severe lesion
 - Age 19
- 2009 – LSIL
 - Cannot exclude a more severe lesion

Pap Case Study: #5

- Age 20
- Patient did not follow-up with referral MD
- 2013 - Age 24
- Pap done at ADPH indicated ASCUS / HPV negative
- What is next step?

Pap Case Study: #5

- Answer
 - Given the backdrop, albeit the patient was less than 21 years old at the time, recommend repeat pap with HPV in 12 months

Pap Case Study: #6

- 23 year old
- HSIL pap in 2011
 - Did not get recommended colposcopy
- 2013 - Annual exam
 - No cervical lesions
 - Negative pap / negative HPV results

Pap Case Study: #6

- Denies abnormal paps since 2011
- What is next step?

Pap Case Study: #6

- Answer
 - Repeat pap and HPV in one year
 - If both are negative, may go to age based screening

Pap Case Study: #7

- 35 year old
- 2012 - Pap results received from private MD office
 - Negative pap / HPV positive
- 2013 - ADPH pap results
 - Negative pap / HPV positive
- What is next step?

Pap Case Study: #7

- Answer
 - Based on the age of the patient and persistent HPV status, refer for colposcopy

Pap Case Study: #8

- 25 year old with following history
 - 2008 - ASCUS / HPV positive
 - 2009 - ASCUS
 - 2010 - Negative pap
 - 2013 - ASCUS / HPV negative
- What is next step?

Pap Case Study: #8

- Answer
 - Repeat pap and HPV test in 3 years

Pap Case Study: #9

- 22 year old patient seen last month for annual exam
- Pap results indicate ASCUS
 - Cannot exclude a more severe lesion
- Based on the new guidelines, what management do we follow?

Pap Case Study: #9

- Response
 - A patient of any age with the results ASCUS, cannot exclude a more severe lesion, are to be referred for colposcopy
 - Make sure to read the pap report in its entirety

Pap Case Study: #10

- A 60 year old woman presents for her annual exam
- She reports that at age 48 she had a hysterectomy for cervical cancer

Pap Case Study: #10

- She has been without evidence of disease since then and wonders if she needs annual screening and HPV testing
- How do you counsel her?
 - Source: The Female Patient; Vol. 35, January 2010; Update on Cervical Cancer Screening

Pap Case Study: #10

- Response
 - This patient is considered high-risk based on the history of cervical cancer, despite the hysterectomy
 - Annual smears of the vaginal cuff should be performed

Pap Case Study: #10

- **In all cases, the nurse and nurse practitioner should document pertinent history on the pap smear requisition**

– Source: *The Female Patient*; Vol. 35, January 2010; Update on Cervical Cancer Screening