


## Case Six

- A 32-year-old. She is in Pap follow up. Pap history is as follows:
  - 2019 Negative HPV-Negative
  - 2020 ASCUS HPV-Negative
- What is your management plan?
  - A- Refer for colposcopy
  - B. Cotest in 3 years
  - C. Cotest in 1 year

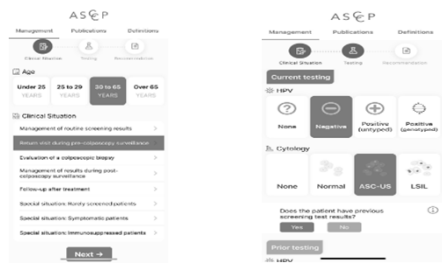


**Table 2C**  
Secondary and 3-year risks of CIN 3+ for results obtained in follow-up of HPV-positive NILM

History	Current HPV result	Current cytology	CIN 3+ risk	CIN 3+ risk	Recommended management	Recommended surveillance
			%	95% CI		years
HPV-positive NILM	HPV-positive	NILM	25.627	11	Colposcopy	100
HPV-positive NILM	HPV-negative	NILM	1.84	0.3	Colposcopy*	100
HPV-positive NILM	HPV-negative	ASC-US	17	6.8	Colposcopy	Special situation
HPV-positive NILM	HPV-negative	ASC-US	41	16.9	Colposcopy*	42
HPV-positive NILM	HPV-negative	ASC-US	9	3.62	Colposcopy	75
HPV-positive NILM	HPV-negative	ASC-US	23.941	11	Colposcopy	100
HPV-positive NILM	HPV-positive	NILM	15.969	7.7	Colposcopy	40
HPV-positive NILM	HPV-positive	ASC-US	4.933	1.1	Colposcopy	100
HPV-positive NILM	HPV-positive	ASC-US	2.733	0.2	Colposcopy	100
HPV-positive NILM	HPV-positive	ASC-US	14.45	1.4	Colposcopy	40
HPV-positive NILM	HPV-positive	ASC-US	204	6.46	Colposcopy*	40
HPV-positive NILM	HPV-positive	ASC-US	100	10	Colposcopy	100
HPV-positive NILM	HPV-positive	ASC-US	1.9	0.07	Colposcopy	100
HPV-positive NILM	Concurrent negative	-	10.522	10	Colposcopy	30
HPV-positive NILM	Concurrent negative	-	3.477	0.9	Colposcopy	30
	Real		46.281	1.98		

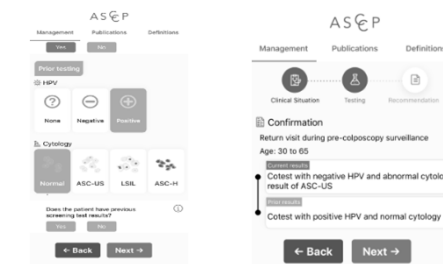
HPV immunocompromised patients were not used for results in 100%.  
The risk of developing the recommended management is listed.  
When to be managed by Table 2C:  
Patients who are HPV-positive and are referred to the table.  
The first column applies for the current visit use HPV-positive NILM. The second and third columns apply for the subsequent visit use HPV-negative NILM. The fourth column applies for the subsequent visit use HPV-positive NILM. The fifth column applies for the subsequent visit use HPV-negative NILM. The sixth column applies for the subsequent visit use HPV-positive NILM. The seventh column applies for the subsequent visit use HPV-negative NILM. The eighth column applies for the subsequent visit use HPV-positive NILM. The ninth column applies for the subsequent visit use HPV-negative NILM. The tenth column applies for the subsequent visit use HPV-positive NILM. The eleventh column applies for the subsequent visit use HPV-negative NILM. The twelfth column applies for the subsequent visit use HPV-positive NILM. The thirteenth column applies for the subsequent visit use HPV-negative NILM. The fourteenth column applies for the subsequent visit use HPV-positive NILM. 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The ninety-ninth column applies for the subsequent visit use HPV-negative NILM. The hundredth column applies for the subsequent visit use HPV-positive NILM.

### Clinical Scenario #6: 32yo ASCUS-, prior NILM+ Return visit during pre-colposcopy surveillance




The screenshot shows the ASCEP interface with 'Current testing' set to 'None', 'HPV' as 'Negative', and 'Cytology' as 'ASC-US'. The 'Management' tab is active, showing options like 'Refer for colposcopy' and 'Cotest in 3 years'.

### Clinical Scenario #6: 32yo ASCUS-, prior NILM+ Return visit during pre-colposcopy surveillance



The screenshot shows the 'Confirmation' screen with the recommendation: 'Return visit during pre-colposcopy surveillance'. It lists 'Age: 30 to 65', 'Cotest with negative HPV and abnormal cytology result of ASC-US', and 'Cotest with positive HPV and normal cytology'.

### Clinical Scenario #6: 32yo ASCUS-, prior NILM+ Return visit during pre-colposcopy surveillance



The screenshot shows the 'Recommendation' section with '1-year follow-up\*' and a 'Risk' section. A bar chart shows the 5-year risk of CIN3+ is 2.6%\*. The 'References' section lists relevant literature.

## Case Seven

### Immunocompromised patients

- Spectrum of diseases
  - HIV
  - Stern cell transplant
  - Organ transplant
  - Systemic lupus erythematosus
  - Inflammatory bowel disease
  - Rheumatologic disease

# Case Seven

31 year old

Medical history:

- BTL in 2017
- IDDM X 15 years controlled using an insulin pump.
- Recent diagnosis of Lupus and was started on Imuran 6 month ago.

Pap history:


- 2015 NIL HPV-
- 2020 LSIL HPV Negative

## Case Seven

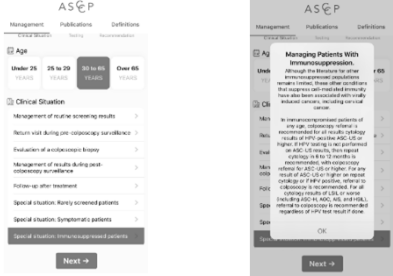
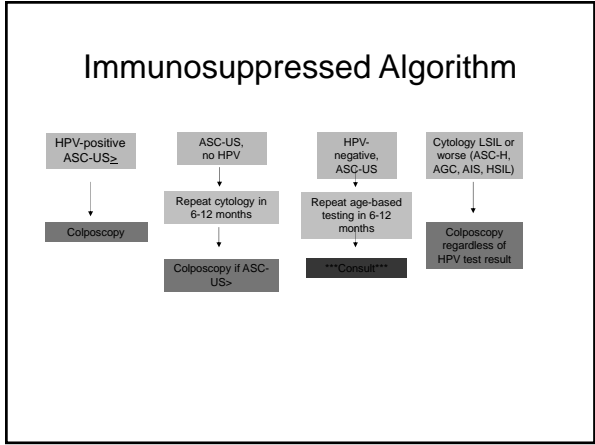
### Azathioprine (Imuran)

What are your recommendations for this 31 year old with history of NIL HPV- with current LSIL HPV-?

A. Cotest in one year  
 B. Cytology in 6 months  
 C. Refer for colposcopy  
 D. Consult for guidance



### Clinical Scenario #7: 31yo LSIL-, prior NIL- Special Situation Immunosuppressed Patients

# Case Eight


43 year old

Pap history as follow:

5/2019 ASCUS HPV +  
 7/2019 Colposcopy CIN 1  
 7/2020 LSIL HPV +

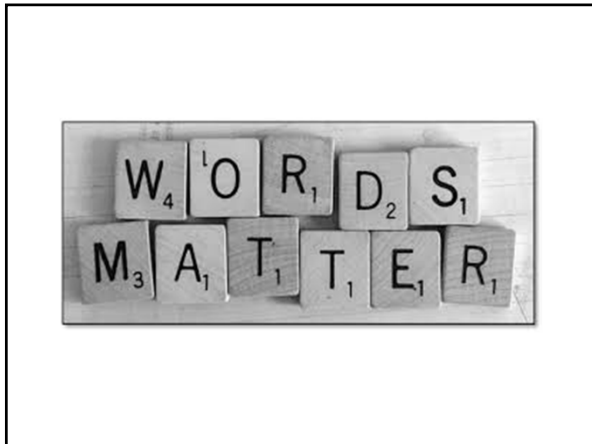
You previously counseled her on the need for referral for colposcopy and she is on the list for Dr. Thomas's upcoming colposcopy clinic

Today you discuss the new guidelines with her and recommendations of cotest in one year instead of colposcopy



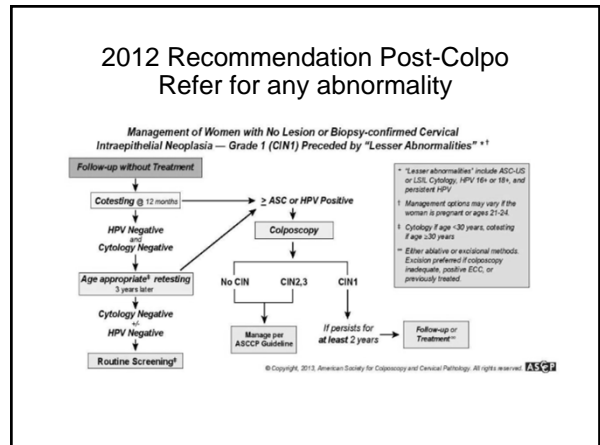
## One Voice One Voice with One Message

- ADPH is in alignment with the ASCCP National guidelines to safely triage individuals with abnormal cervical cancer screening results
- In an attempt to lessen the amount of invasive procedures (Colpo/ LEEP) we now use a risk based model that uses the current screening test and biopsy results, while also considering personal factors such as age and immunosuppression
- We have to counsel each patient on the results and what that means;
- Normal vs low grade disease vs high grade disease



### Clinical Scenario #8: 43yo LSIL+, Colpo LSIL, prior ASCUS+ Management during Post-Colposcopy Surveillance

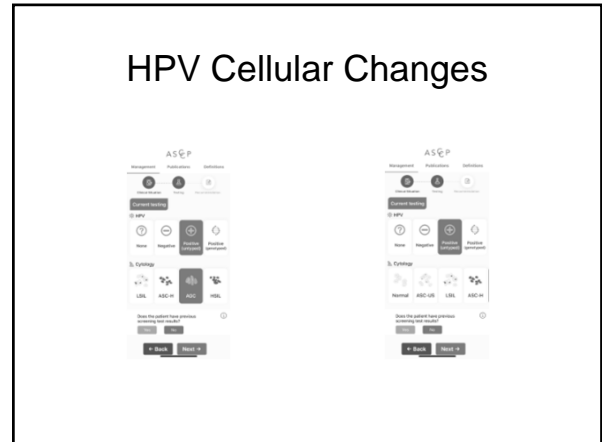
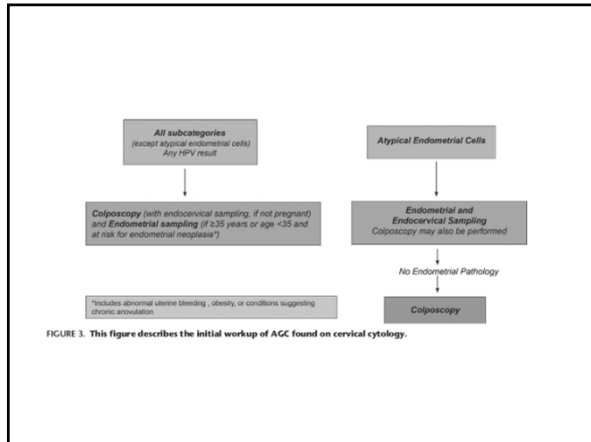
### Clinical Scenario #8: 43yo LSIL+, Colpo LSIL, prior ASCUS+ Management during Post-Colposcopy Surveillance



## Case Nine

- 33 year old LMP 9-25-20. BMI 47. BTL 2018. Reports occasional post coital bleeding and AUB x 5 months. Non Smoker. PCOS. Pelvic exam WNL.
- Pap results: AGC HPV+
- What is the next step?
  1. Colposcopy
  2. Colposcopy with EMB
  3. Repeat pap in 1 year





### Clinical Scenario #9: 33 yo AGC+ Management of routine screening results

## Case Ten

28 year old. Currently on Depo but thinking about seeking pregnancy within a year.  
2020 Pap: LSIL HPV+

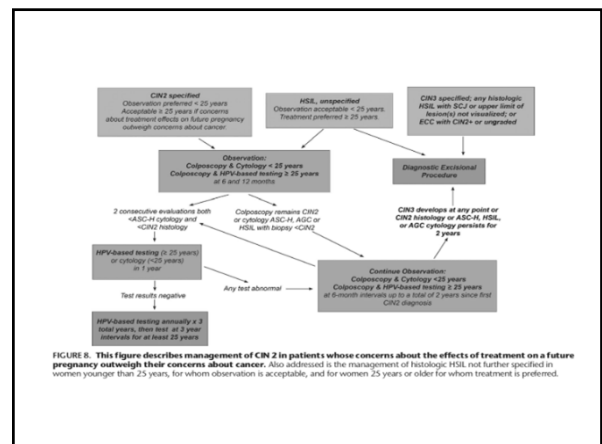
What are your recommendations?

- A- Cotest one year
- B- Cotest 6 months
- C- Refer for colposcopy

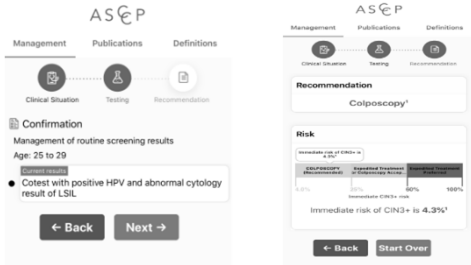
Understand the risks that are associated with pregnancy after a LEEP (loop electrosurgical ex...

- Her colposcopy results are ECC benign and Bx moderate high grade CIN 2 with P16 that supports the diagnosis of high grade. What is your plan of care?
- A- Refer for LEEP
- B- Cotest in 6 months
- C- Colposcopy and cotest in 6 months

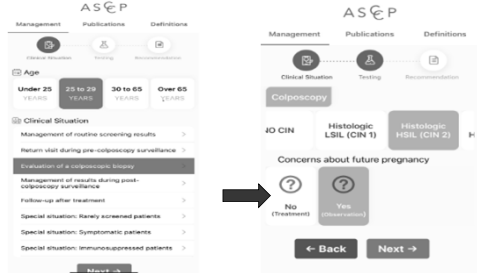
## Case Ten



**Clinical Scenario #10: 28yo LSIL+  
Management of routine screening results**



**Clinical Scenario #10: 28 yo LSIL+, Bx  
HSIL  
Evaluation of a colposcopic biopsy**



**Clinical Scenario #10: 28yo Bx HSIL,  
future pregnancy  
Evaluation of a colposcopic biopsy**

