

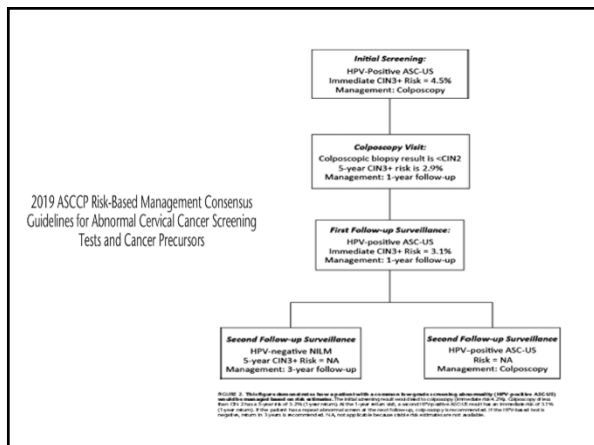


### Case one

Ms. S is 32 years old, G2 P2, LMP 10/25/20, she has a negative medical history, is a nonsmoker and has completed the HPV series. She reports no abnormal pap history but there are no records for review. Her pap returns ASCUS HPV+ what are the current recommendations?

- A. Refer for colposcopy
- B. Repeat cotest one year

no records



**TABLE 1A**  
Incidence and 5-Year Risks of CIN 3+ for Abnormal Screening Results, When There Are No Known Prior HPV Test Results

Screening	Current HPV result	Current overall result	n	%	CIN 3+ Immediate risk, %	CIN 3+ 5-year risk, %	Recommendation	5-year CIN 3+ risk, %
Unknown	HPV-negative	ASC-US	1,288,013	95	1.80	0.62	Colposcopy	1.00
Unknown	HPV-positive	ASC-US	23,510	1.6	3.5	0.69	Colposcopy	1.00
Unknown	HPV-negative	ASC-US	3,706	0.23	0.2	0.8	Colposcopy	1.00
Unknown	HPV-positive	ASC-US	76	0.00	26	1.9	Colposcopy	1.00
Unknown	HPV-negative	ASC-US	2,210	0.13	2.7	1.3	Colposcopy	1.00
Unknown	HPV-positive	ASC-US	183	0.01	42	2.7	Colposcopy	1.00
Unknown	HPV-negative	ASC-US	1,426,019	92	1.87	0.61	Colposcopy	1.00
Unknown	HPV-positive	ASC-US	23,586	1.7	3.5	0.69	Colposcopy	1.00
Unknown	HPV-negative	ASC-US	3,782	0.24	0.2	0.8	Colposcopy	1.00
Unknown	HPV-positive	ASC-US	81	0.00	26	1.9	Colposcopy	1.00
Unknown	HPV-negative	ASC-US	3,000	0.20	2.9	1.3	Colposcopy	1.00
Unknown	HPV-positive	ASC-US	176,462	1.3	3.0	0.73	Colposcopy	1.00
Total			1,746,462	100	1.87			

**JOURNAL OF LOWER GENITAL TRACT DISEASE**

### How to Use the New App Management Tab

- Click on the management tab (red arrow) to
- Enter the patient's age
- Choose a clinical situation
- Tap the "Next" button to continue

### Web Application

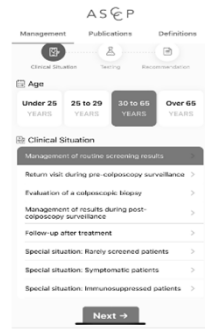
Age: 30 to 65

**Clinical situation**

- Management of routine screening results
- Return visit during pre-colposcopy surveillance
- Evaluation of a colposcopic biopsy
- Management of results during post-colposcopy surveillance
- Follow-up after treatment
- Special situation: Rarely screened patients
- Special situation: Symptomatic patients
- Special situation: Immunosuppressed patients

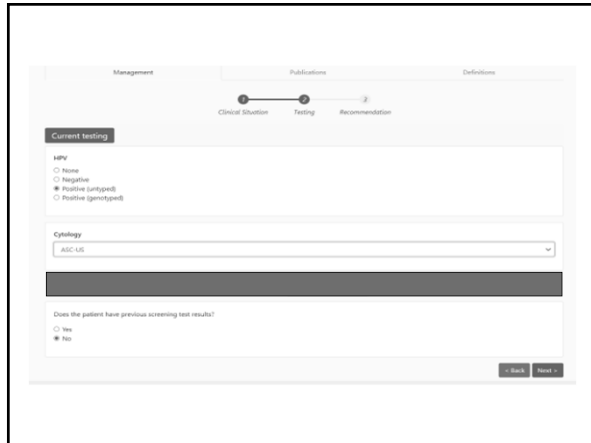
### Clinical Scenario #1

- 32 yo ASCUS Pap test result with a positive high-risk HPV on her screening exam
- What should you do next?
- Enter the patients age and clinical situation then tap "Next"



### Definitions for Clinical Situations Listed

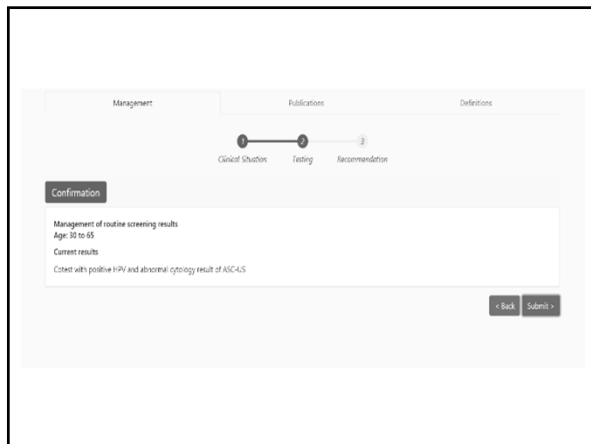
- **Management of routine screening results:** Management of HPV and/or cytology results obtained during routine cervical cancer screening.
- **Return visit during pre-colposcopy surveillance:** Management of HPV and/or cytology results obtained in patients where prior screening results did not result in colposcopy, but where risk was too high to return to routine screening.
- **Evaluation of a colposcopic biopsy:** Management of biopsy results after colposcopy.
- **Management of results during post-colposcopy surveillance:** Management of current HPV and/or cytology results for patients who previously were triaged to 1-year, 3-year or 5-year follow-up after colposcopy.
- **Follow-up after treatment:** Management of current HPV and/or cytology results for patients who have previously been treated for dysplasia.



### Clinical Scenario #1

#### Current Testing

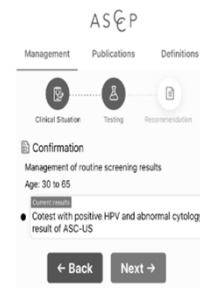
- Enter the HPV+ and ASCUS cytology results
- Tap "No" for previous screening
- Tap "Next"



### Clinical Scenario #1

#### Confirmation

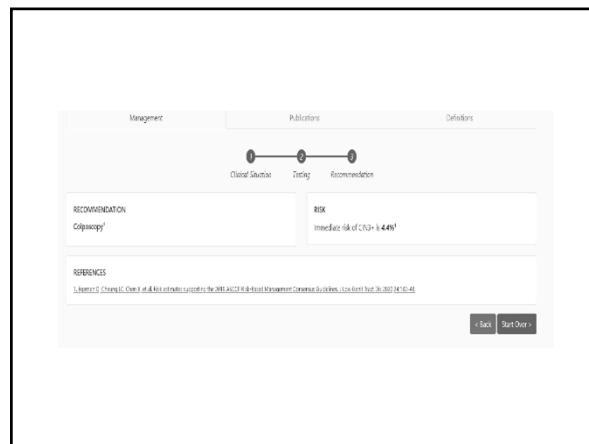
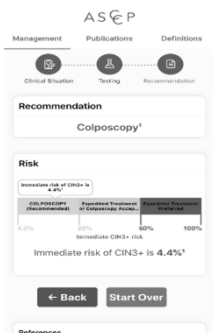
- Make sure the information entered is correct
- Tap "Next"



### Clinical Scenario #1

#### Recommendation

- Recommendation for the type of follow-up
- Patient's risk on a risk bar
- "Back" button to change select data or a "Start Over" button to clear the data and begin again
- Hyperlinked reference to full text article



### Case One



- Ms. S underwent colposcopy and the results were ECC benign and Bx CIN 1. You explain to her that her management plan will be cotest in one year
- Her cotest is repeated in one year at her annual exam
- This year her results returned ASCUS HPV+ again

### Case One

- Ms. S is in for counseling of her pap results and recommendations. According to the 2019 ASCCP guidelines what are the next steps of care?
- A. Refer back to colposcopy
- B. Cotest in one year



#### 2019 ASCCP Risk-Based Management Consensus Guidelines for Abnormal Cervical Cancer Screening Tests and Cancer Precursors

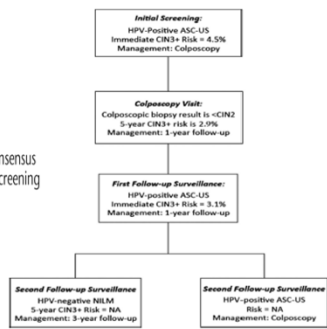


TABLE 4A  
Immediate and 5-Year Risks of CIN 3+ Postcolposcopy at Which CIN 2+ Was Not Found, After Referral for Low-Grade Results

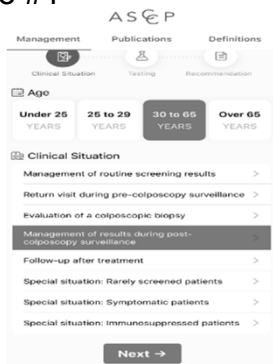
History: colposcopy result	History: HPV result	Current colposcopy result	Current HPV result	n	CIN 3+ cases	CIN 3+ immediate risk, %	5-year CIN 3+ risk, %	Recommended management	Recommendation confidence score, %
Low grade*	<CIN 2	HPV-negative	NILM	32,381	55	0.18	0.42	3-y follow-up	99
Low grade*	<CIN 2	HPV-negative	ASC-US/LSIL	2,937	14	0.45	0.92	1-y follow-up	93
Low grade*	<CIN 2	HPV-negative	High grade†	489	25	4.1	1.6	Colposcopy	Special situation
Low grade*	<CIN 2	HPV-negative	ALL‡	35,603	69	0.19	0.51	3-y follow-up	73
Low grade*	<CIN 2	HPV-positive	NILM	9,312	19	0.2	0.2	1-y follow-up	100
Low grade*	<CIN 2	HPV-positive	ASC-US/LSIL	13,941	21	1.5	0.9	1-y follow-up	100
Low grade*	<CIN 2	HPV-positive	High grade†	1,204	22	1.8	2.3	Colposcopy	94
			Total§	58,550	100				

100% recommendation confidence score is not exact but rounds to 100%.  
 The risk determining the recommended management is bolded.  
 \*Who can be managed by Table 4A?  
 Patients who are recommended for 1-year follow-up surveillance after less than CIN 2 colposcopy results following a low-grade (i.e., ASC-US, LSIL, negative HPV test result or HPV-positive NILM) screening result can be managed by Table 4A. This table addresses both a current cotest result or primary HPV test with cytology stage for HPV-positive tests.  
 †The first column indicates that the HPV test returning the patient to colposcopy was low-grade (i.e., HPV-negative NILM, or ASC-US or LSIL, cytology negative for HPV test result) and the second column presents the colposcopic biopsy diagnosis. The first and fourth columns represent current screening results obtained at the colposcopy visit. The following columns show the final sample size (n), risk category and each screening result as a percentage (% of total screened), number of observed CIN 3+ cases, CIN 3+ immediate and 5-year risks, recommended management, and "Recommendation confidence score" for corresponding management. (See detailed explanation of each column, refer to Methods section.)  
 ‡In contrast, primary follow-up after a CIN 2 finding after low-grade screening result can be managed as follows: those with high-grade cytology are recommended to have colposcopy; those with low-grade cytology are recommended to be followed-up in 1 year and those with a negative cotest can return in 3 years.  
 §Postcolposcopy low-grade test result corresponds to either ASC-US/LSIL, regardless of HPV test result or HPV-positive NILM.  
 ¶High grade corresponds to ASC-H/AGC/HSIL+.  
 ††HPV-negative ALL, i.e., primary HPV screening.  
 ‡‡HPV-negative ALL is excluded from the total to avoid duplication.

### Clinical Scenario #1 Part 2

#### Clinical Situation

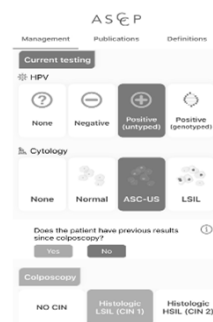
- 32 yo ASCUS+ s/p colpo LSIL, CIN 1
- Management of results during post-colposcopy surveillance



### Clinical Scenario #1 Part 2

#### Current Testing

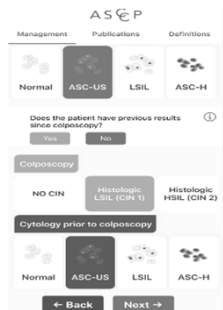
- s/p colpo 1 year follow-up cotest:
- HPV positive, ASCUS cytology
- Colposcopy results:
- Cx Bx- LSIL
- ECC- Benign



### Clinical Scenario #1 Part 2

#### Cytology prior to Colposcopy

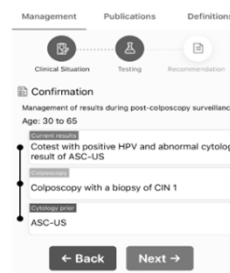
- Original indication for colpo
- ASCUS pap



### Clinical Scenario #1 Part 2

#### Confirmation

- Make sure the information entered is correct
- Tap "Next"



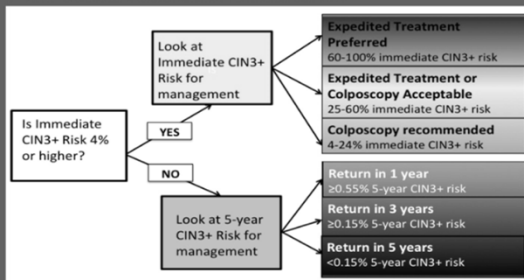
### Clinical Scenario #1 Part 2

#### Recommendation

- Recommendation for the time and type of follow-up
- Patient's risk on a risk bar
- "Back" button to change select data or a "Start Over" button to clear the data and begin again
- Hyperlinked reference to full text article



### Patients stratified into risk levels



Perkins RB et al. J Low Genit Tract Dis. 2020;24(2):102-131.

### Case One

- You follow these guidelines and repeat the second follow up surveillance cotest in one year.
- Current history includes the following:
  - 2018 ASCUS HPV+ with COLPO CIN 1
  - 2019 ASCUS HPV + (first surveillance cotest post colposcopy)
  - 2020 NIL/HPV+ (second surveillance cotest)

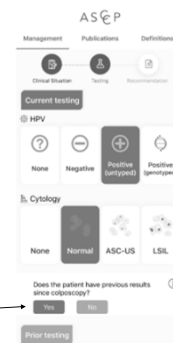
**What is your management plan in this 32 year old with the above history?**

- A. Repeat cotest in one year
- B. Refer to colposcopy

### Clinical Scenario #1 Part 3

#### Current Testing

- Management of results during post-colposcopy surveillance
- 2<sup>nd</sup> Surveillance Cotest:
- NILM, HPV +
- Does the patient have previous results since colposcopy?
- Yes



### Clinical Scenario #1 Part 3

#### Previous Results

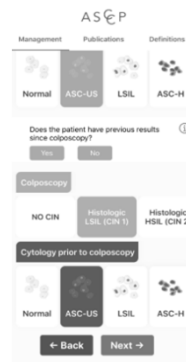
- Entry of Previous Results since Colposcopy
- ASCUS, HPV+
- 1<sup>st</sup> Surveillance Cotest post-colpo



### Clinical Scenario #1 Part 3

#### Pathology Results

- No additional testing results to add
- Colposcopy results
- Results indicating colposcopy



### Clinical Scenario #1 Part 3

#### Confirmation

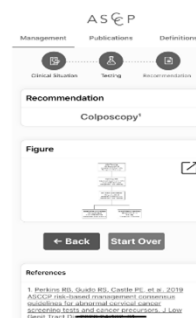
- Make sure the information entered is correct
- Tap "Next"



### Clinical Scenario #1 Part 3

#### Recommendation

- Recommendation for the type of follow-up
- Algorithm (if available) for review
- "Back" button to change select data or a "Start Over" button to clear the data and begin again
- Hyperlinked reference to full text article



**Case one**

Current history:

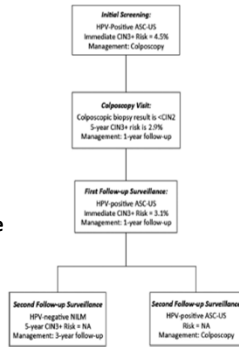
- 2018 ASCUS HPV+ with COLPO CIN 1
- 2019 ASCUS HPV + (first surveillance cotest post colposcopy)
- 2020 NIL/HPV+ (second surveillance cotest)

**Second follow up Surveillance**

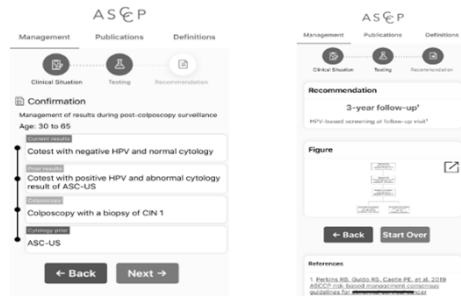
What if the results were NIL HPV - ?

OR

ASCUS HPV- /LSIL HPV-?



**What if??? NILM, HPV negative**



**What if??? ASCUS or LSIL, HPV negative**



**What if the algorithm doesn't give guidance?**

