

YKHC Abnormal Cytology Guideline

3/26/2013

YKHC providers follow ASCCP Updated Consensus Guidelines from March 2013 except where deviations are clinically indicated and documented. In this revision, the cytology and histology guidelines have been merged and labeled using a tab system. Some of these pages give options for treatment, often labeling them as preferred or acceptable. The following algorithm pages have options defined as the standard for YKHC.

<http://ykhcintranet.ykhc.org/apps/libraryapp/index.cfm?fuseaction=Document.ShowDocumentDetail&id=1681>

ASC-US: Management of women with atypical squamous cells of undetermined significance (ASC-US)

The recommended action for women with a Pap test result of ASC-US is to obtain a reflex high risk HPV test. This is the right side of the algorithm. A negative HPV test will result in a one year follow up and a positive test requires a colposcopy.

LSIL: Management of women with Low-grade Squamous Intraepithelial Lesions (LSIL)

LSIL with a negative HPV test should be followed with repeat contesting in 1 year.

LSIL Pregnant Woman: Management of Pregnant Women with Low-grade Squamous Intraepithelial lesion (LSIL)

A colposcopy should be performed on all of these patients unless the patient presents for care after 28 weeks. The colposcopy should be performed after delivery in that case.

Other: There are a few other areas where options are equally presented. The colposcopist will discuss these options with the patient to determine a course of action. In women who desire further child bearing, the least invasive option is usually the best option.

Massad, L 2012 Updated Consensus Guidelines for the Management of Abnormal Cervical Cancer Screening Tests and Cancer Precursors. Obstetrics & Gynecology. 121(4):829-846, April 2013