



CERVICAL DYSPLASIA IN PREGNANCY

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HUMAN PAPILLOMA VIRUS (HPV)

- Generally divided into oncogenic and non-oncogenic (in immuno-competent patients).
- Usually necessary, but not sufficient for development of cancer.

HUMAN PAPILLOMA VIRUS (HPV)

- Infections can be transient or persistent.
 - Small percentage are persistent.
 - Persistence of 1-2 years predicts risk of CIN 3 or cancer
- Cofactors which increase persistence:
 - Smoking, immunocompromise.
- HPV detection in age >30 more likely to represent persistence.

OBSTETRICS & GYNECOLOGY

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Current Commentary

2012 Updated Consensus Guidelines for the Management of Abnormal Cervical Cancer Screening Tests and Cancer Precursors

L. Stewart Massad, MD, Mark H. Einstein, MD, Warner K. Huh, MD, Hormuzd A. Katki, PhD, Walter K. Kinney, MD, Mark Schiffman, MD, Diane Solomon, MD, Nicolas Wentzensen, MD, and Herschel W. Lawson, MD, for the 2012 ASCCP Consensus Guidelines Conference

A group of 47 experts representing 23 professional societies, national and international health organizations, and federal agencies met in Bethesda, MD, September 14-15, 2012, to revise the 2006 American Society for Colposcopy and Cervical Pathology Consensus Guidelines. The group's goal was to provide revised evidence-based consensus guidelines for managing women with abnormal cervical cancer screening tests, cervical intraepithelial neoplasia (CIN) and adenocarcinoma in situ (AIS) following adoption of cervical cancer screening guidelines incorporating longer screening intervals and co-testing. In addition to literature review, data

guidelines prescribed similar management for women with similar risks for CIN 3, AIS, and cancer. Most prior guidelines were reaffirmed. Examples of updates include: Human papillomavirus-negative atypical squamous cells of undetermined significance results are followed with co-testing at 3 years before return to routine screening and are not sufficient for exiting women from screening at age 65 years; women aged 21-24 years need less invasive management, especially for minor abnormalities; postcolposcopy management strategies incorporate co-testing; endocervical sampling reported as CIN 1 should be managed as CIN 1; unsatisfactory cytology should be repeated in most circum-

WHY DO WE SCREEN, WHY DO WE TREAT?

- 50% of women diagnosed with cervical cancer have never been screened.
- 10% of women diagnosed with cervical cancer have not been screened within 5 years.
- In a cohort of untreated patients with CIN 3, the cumulative incidence of invasive cancer over 30 years is 30.1%

HOW IS PREGNANCY DIFFERENT?

- It may be the the first time (or the only time) a woman seeks care.
- The endocervix is particularly friable, limiting your evaluation to the ectocervix.

GUIDING PRINCIPLES FOR ALL PATIENTS

- Cervical cancer prevention results in benefits and harms.
- Attempts to achieve 0% cervical cancer may result in unbalanced harm.
- Prevention should focus HPV-related abnormalities likely to progress to invasive cancer.

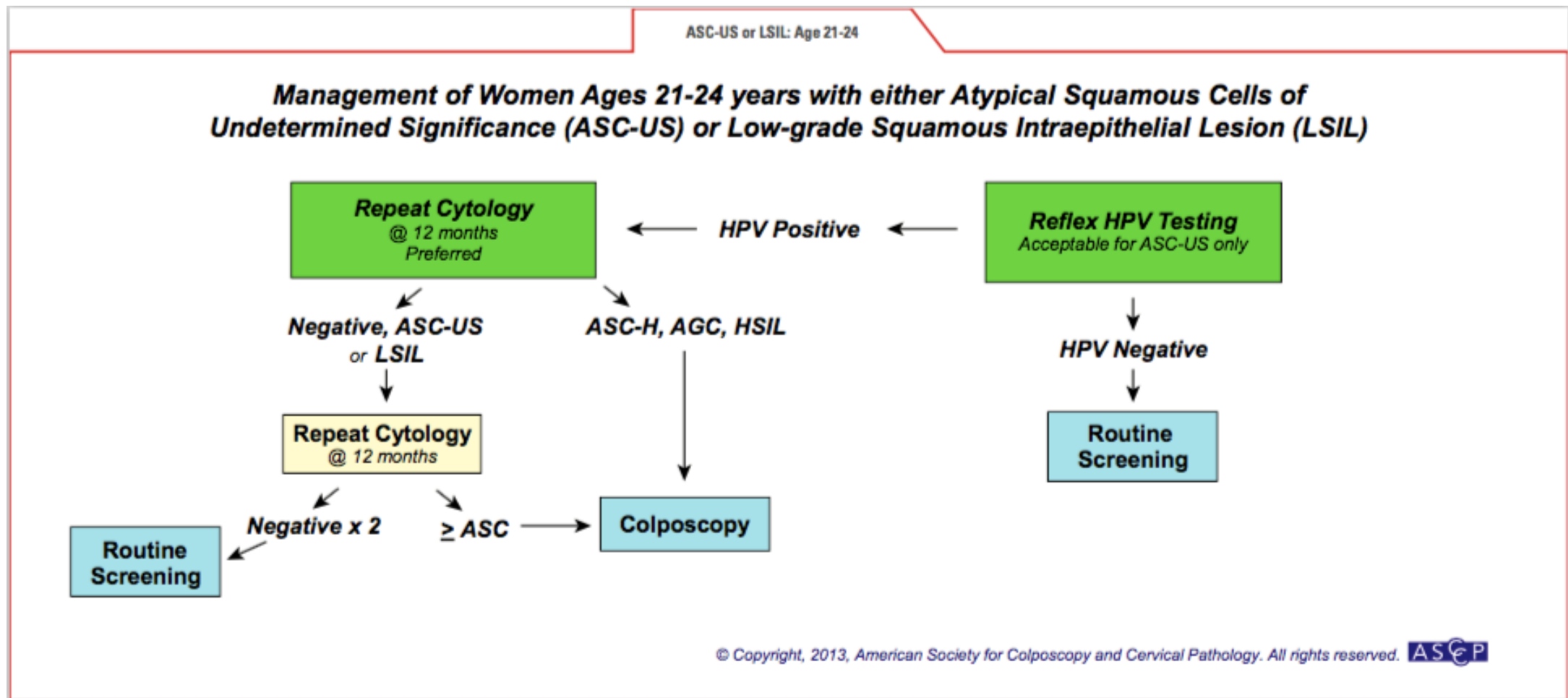
HOW IS PREGNANCY DIFFERENT?

- The goal is to not miss invasive cancer
- Diagnostic excisional procedures carry a much greater risk of bleeding and can potentially result in pregnancy complications:
 - cervical insufficiency
 - PPROM
 - preterm labor

HOW TO APPROACH SCREENING, FOLLOW-UP, AND MANAGEMENT:

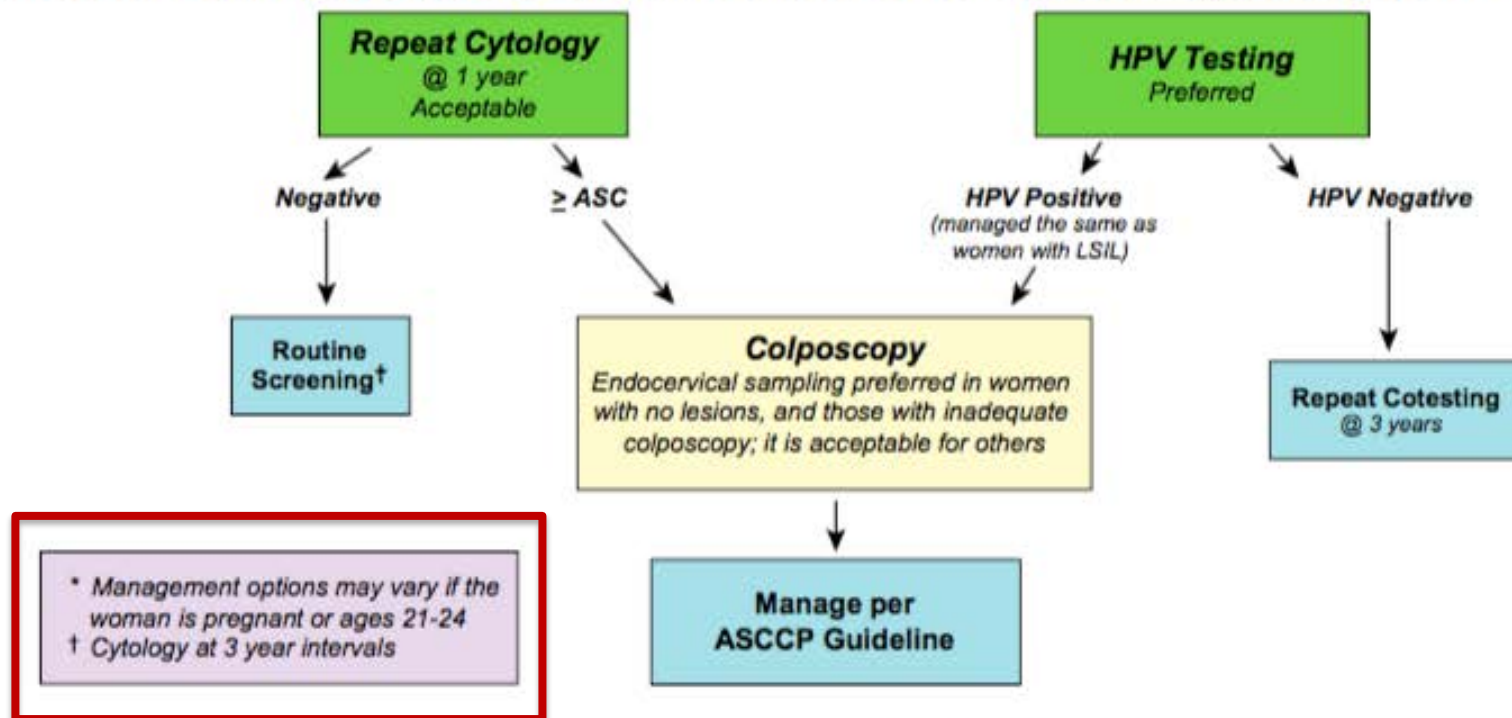
- Questions to ask:
 - What is their age group (21-24, 25-29, ≥ 30)?
 - Is this their first pap smear?
 - Is this routine screening or follow-up?
 - Have they had prior treatment(s)
- Determine whether the patient is at the beginning, middle, or end of an algorithm.

ASC-US OR LSIL: AGE 21-24



ASC-US: AGE ≥ 25

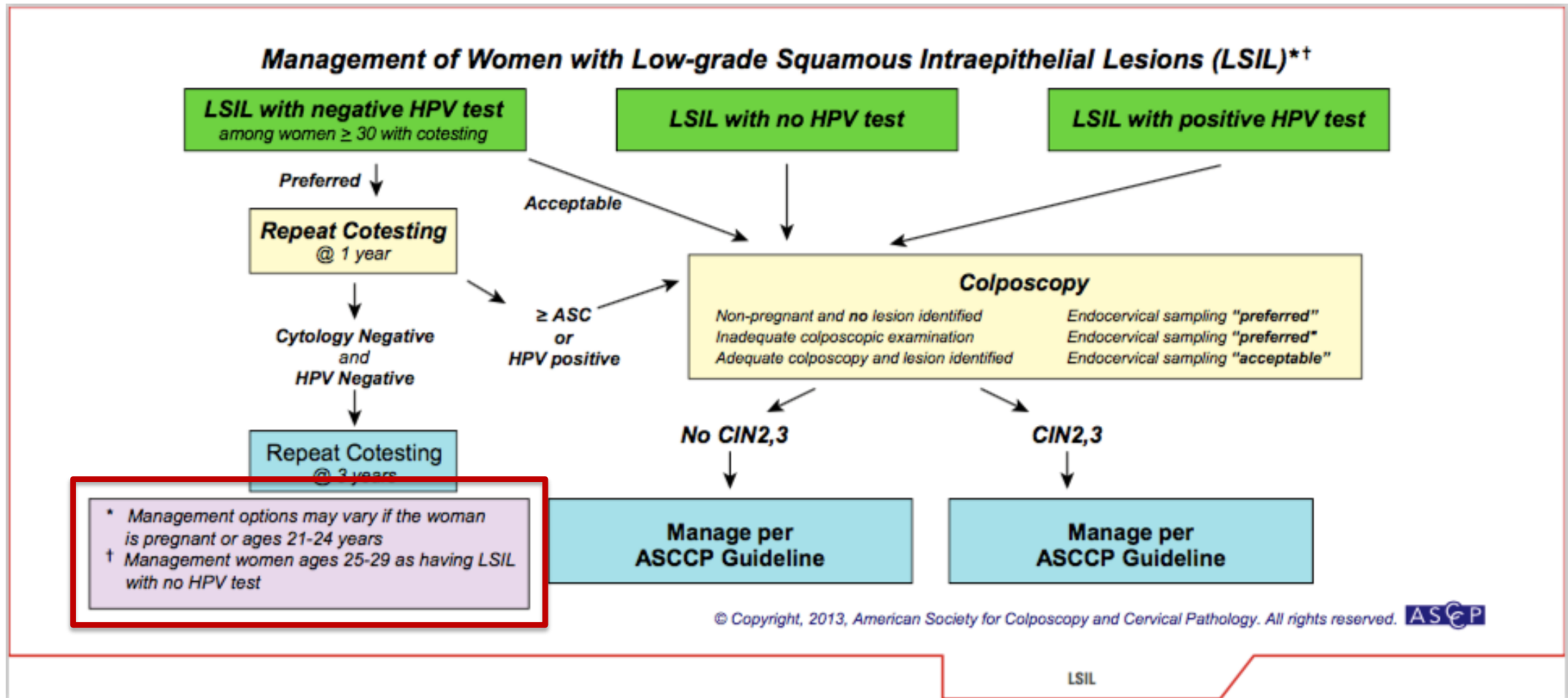
Management of Women with Atypical Squamous Cells of Undetermined Significance (ASC-US) on Cytology*



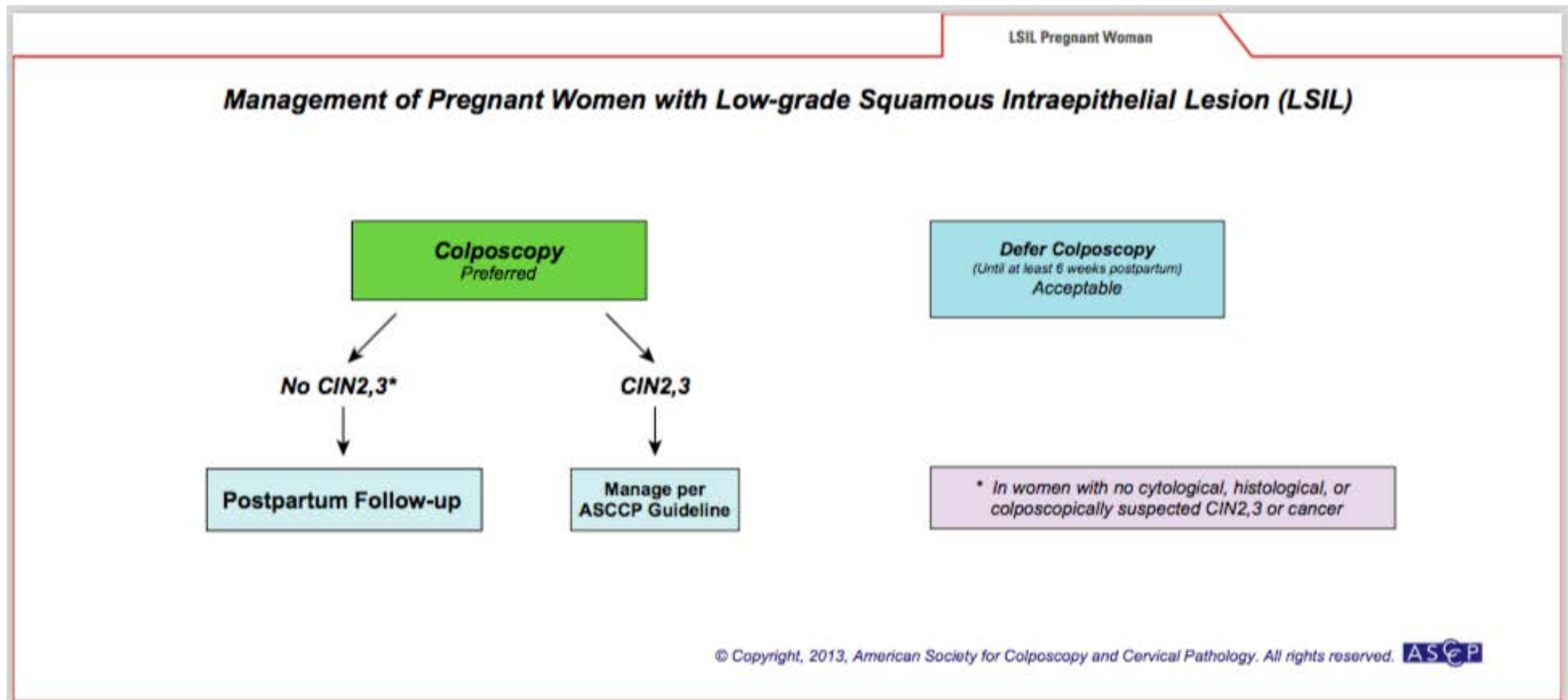
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ASC-US

LSIL: AGE ≥ 25



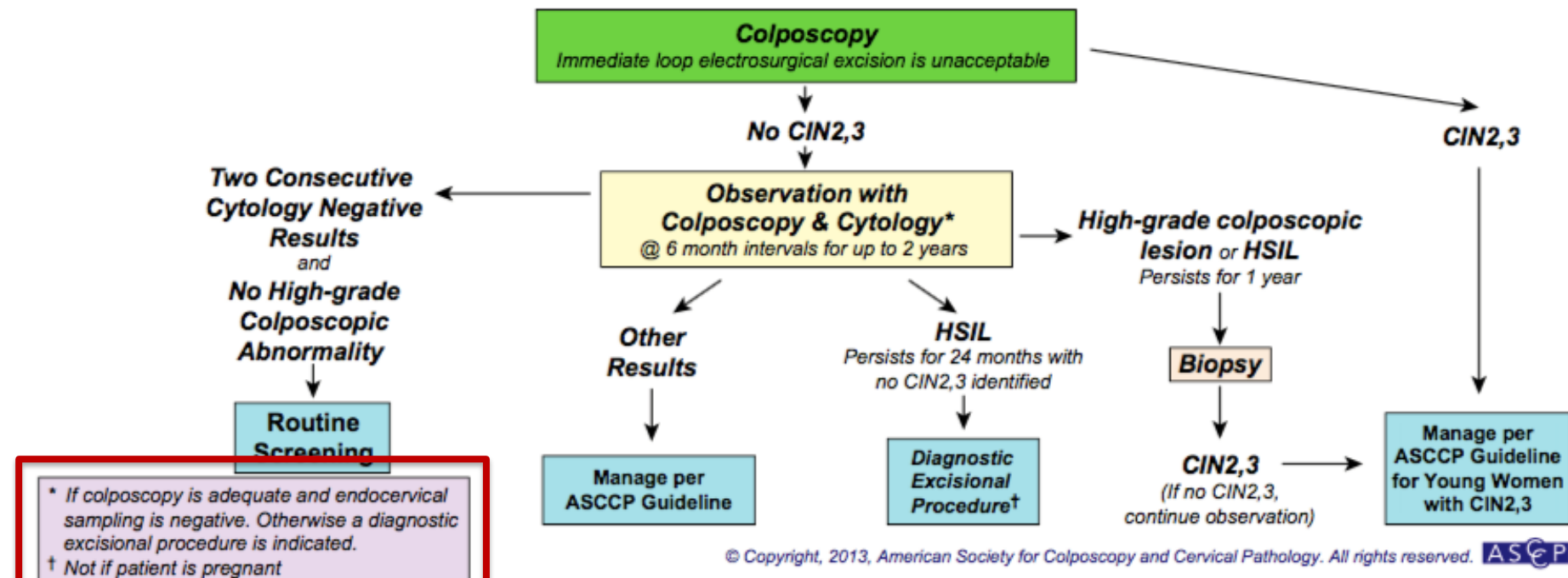
LSIL: PREGNANT WOMEN



ASC-H: AGE 21-24

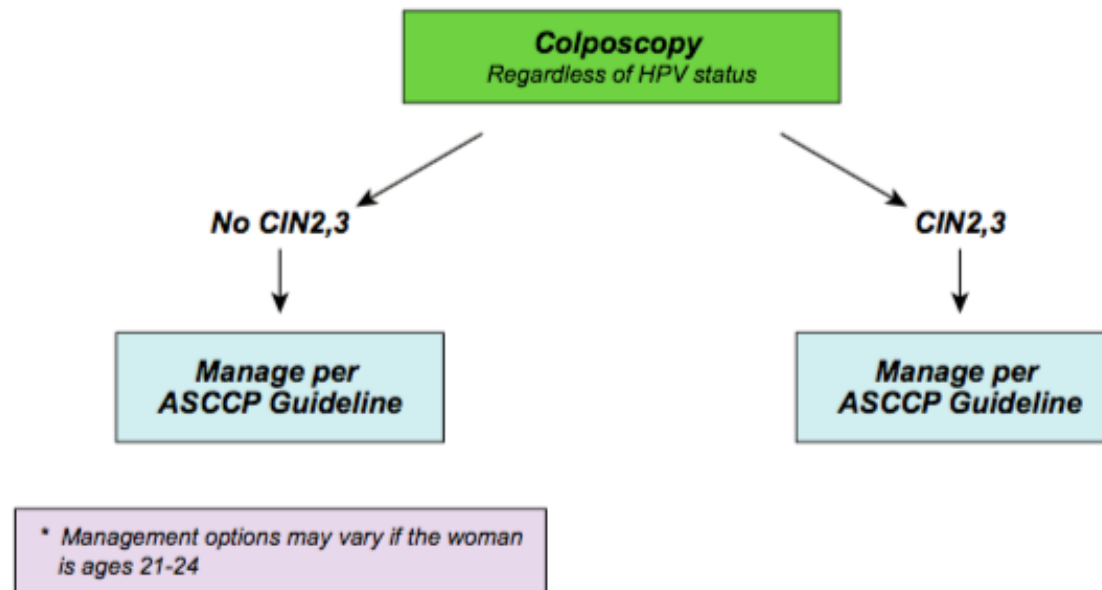
ASC-H and HSIL: Age 21-24

Management of Women Ages 21-24 yrs with Atypical Squamous Cells, Cannot Rule Out High Grade SIL (ASC-H) and High-grade Squamous Intraepithelial Lesion (HSIL)



ASC-H: AGE ≥ 25

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

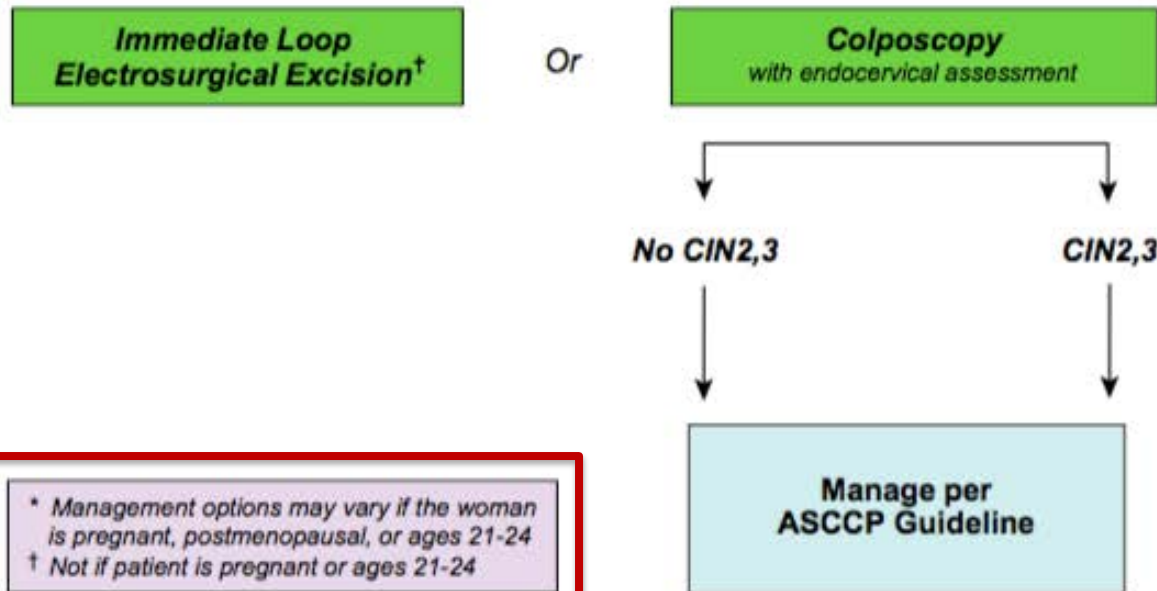


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ASC-H

HSIL: AGE ≥ 25

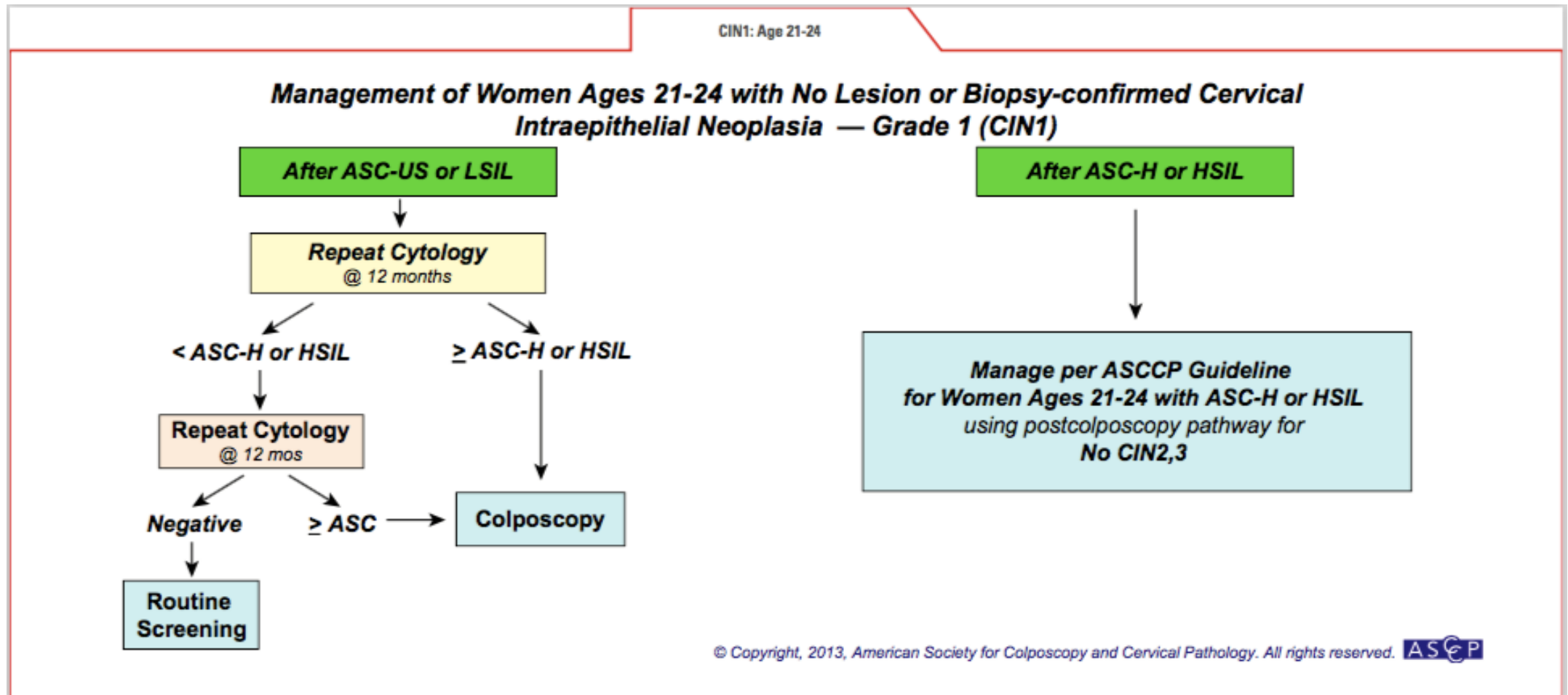
Management of Women with High-grade Squamous Intraepithelial Lesions (HSIL)*



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HSIL

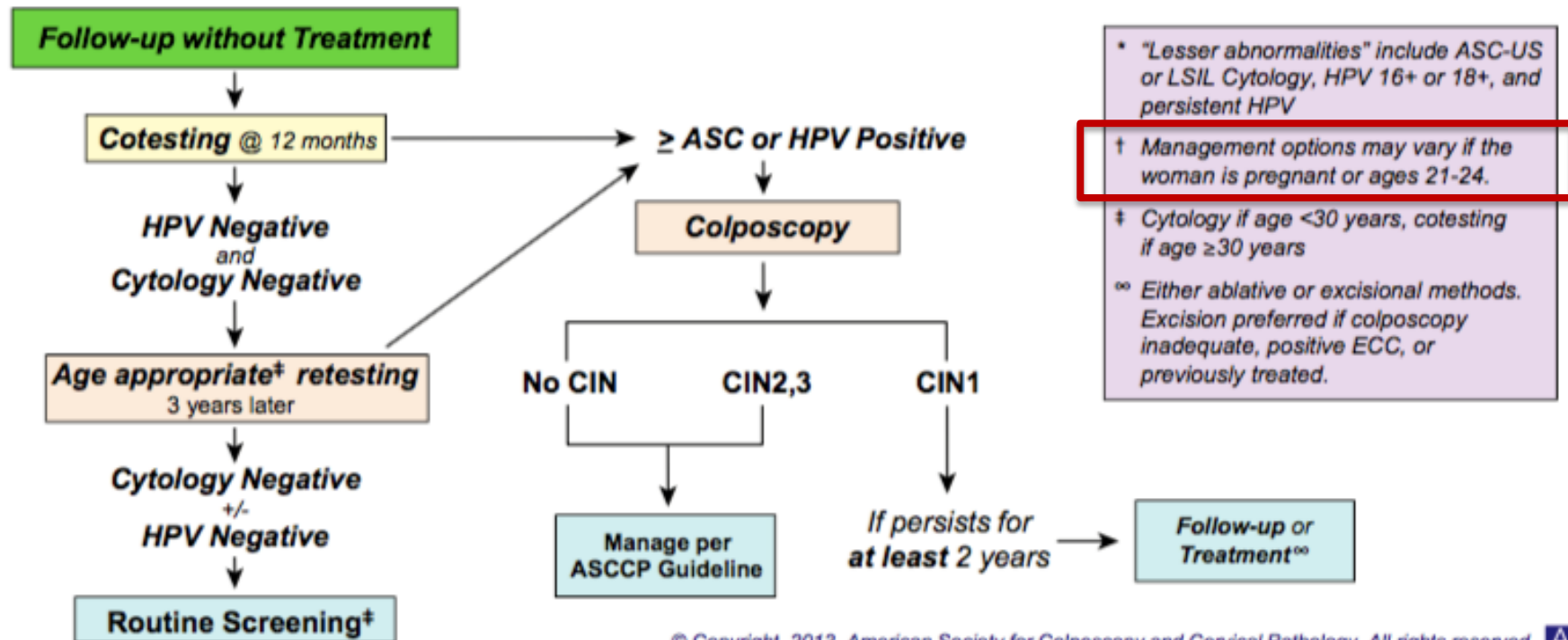
CIN 1: AGE 21-24



CIN 1: AGE ≥ 25

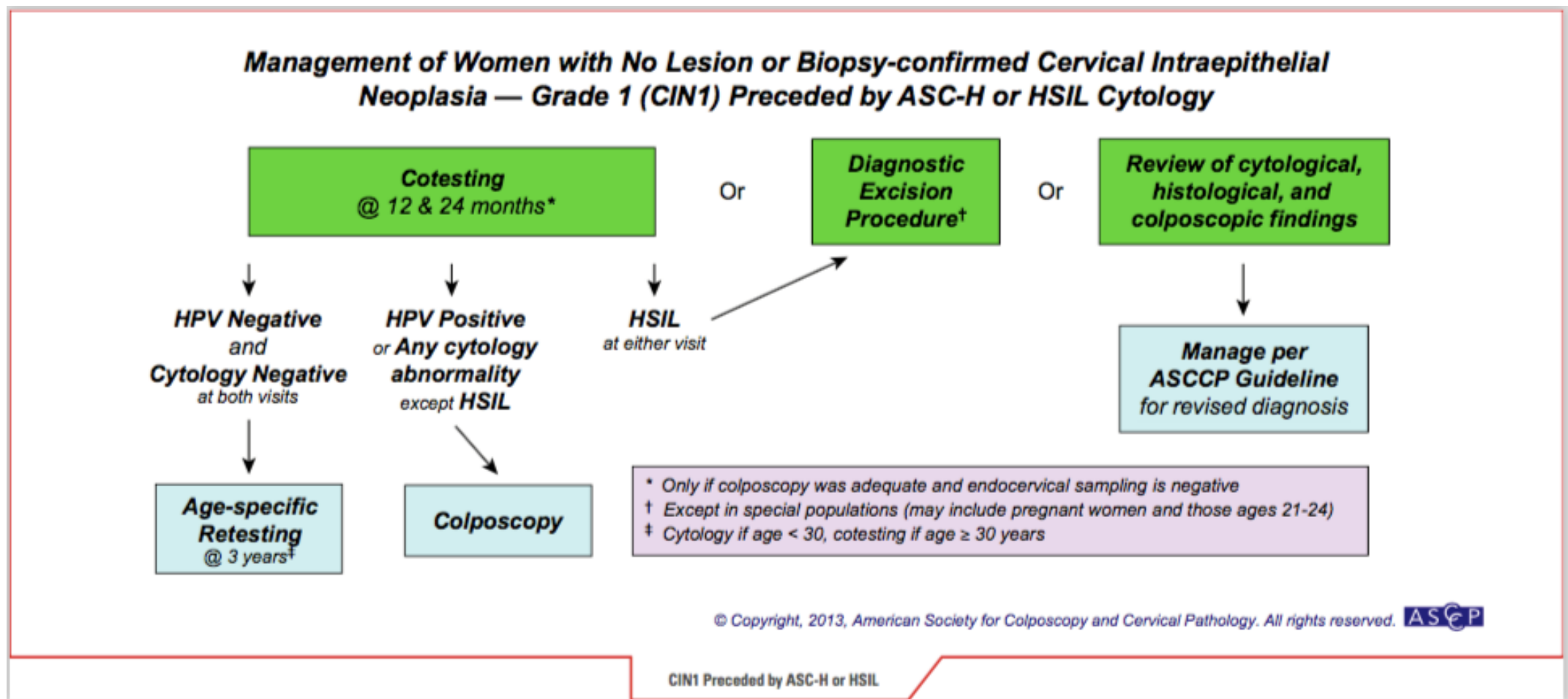
CIN1 Preceded by Lesser Abnormalities

Management of Women with No Lesion or Biopsy-confirmed Cervical Intraepithelial Neoplasia — Grade 1 (CIN1) Preceded by “Lesser Abnormalities” *†



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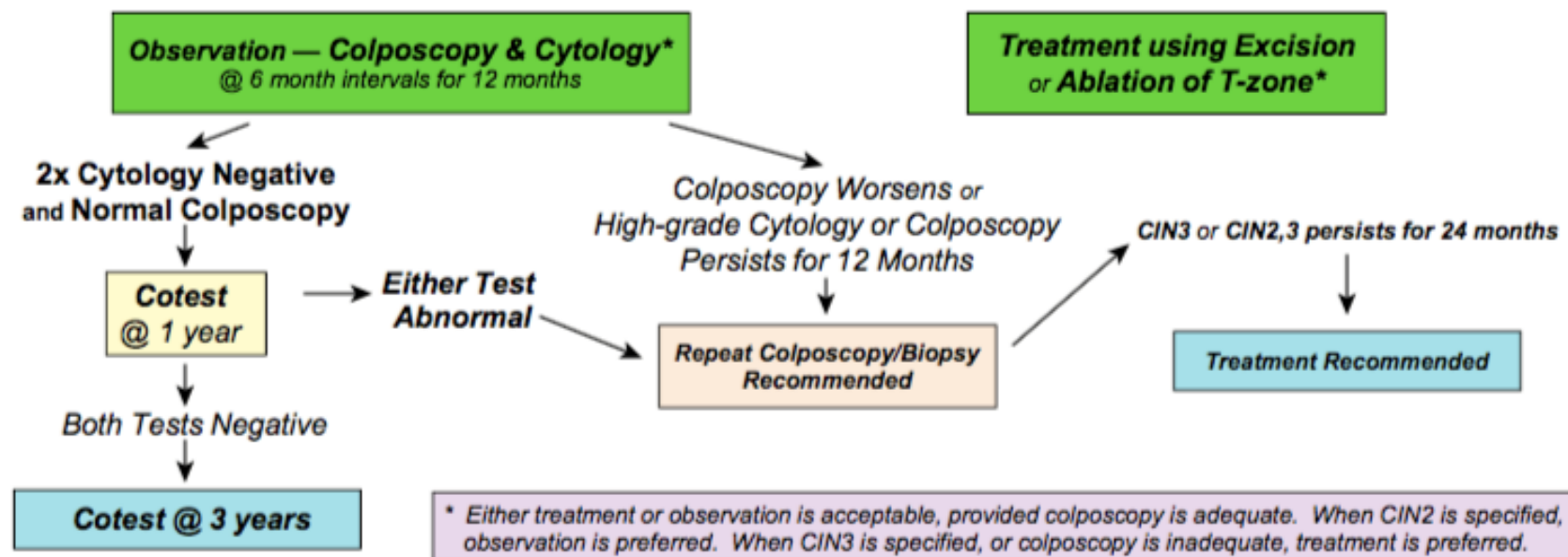
CIN 1: PRECEDED BY ASC-H OR HSIL



CIN 2,3: AGE 21-24

CIN2,3 in Young Women

Management of Young Women with Biopsy-confirmed Cervical Intraepithelial Neoplasia — Grade 2,3 (CIN2,3) in Special Circumstances*



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CIN 2,3: AGE ≥ 25

Management of Women with Biopsy-confirmed Cervical Intraepithelial Neoplasia — Grade 2 and 3 (CIN2,3)*

* Management options will vary in special circumstances or if the woman is pregnant or ages 21-24

† If CIN2,3 is identified at the margins of an excisional procedure or post-procedure ECC, cytology and ECC at 4-6mo is preferred, but repeat excision is acceptable and hysterectomy is acceptable if re-excision is not feasible.

Adequate Colposcopy

Either Excision† or Ablation of T-zone*

2x Negative Results

**Repeat cotesting
@ 3 years**

Routine Screening

Inadequate Colposcopy or Recurrent CIN2,3 or Endocervical sampling is CIN2,3

Diagnostic Excisional Procedure†

**Cotesting
@ 12 & 24 months**

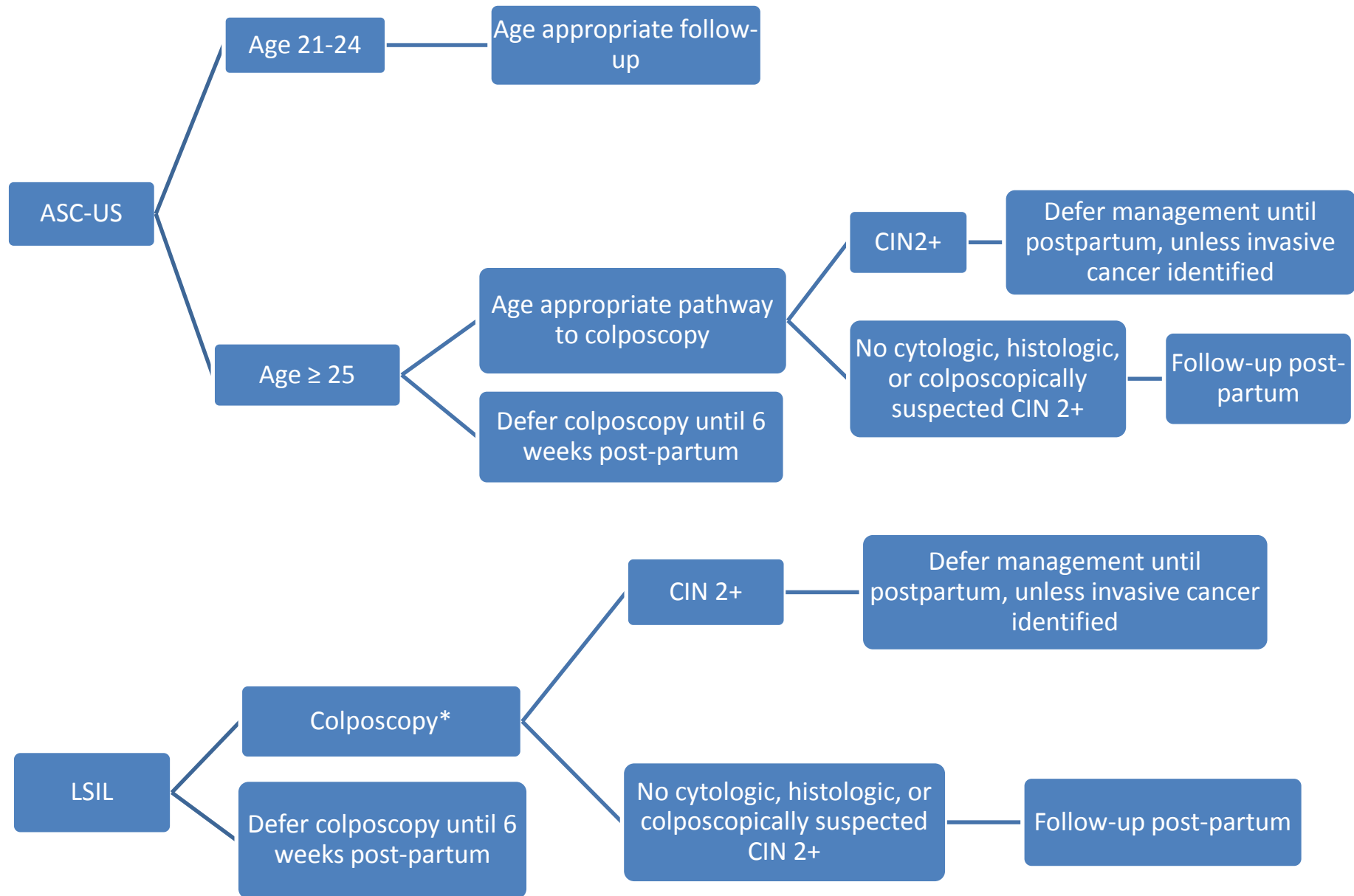
Any Test Abnormal

**Colposcopy
With endocervical sampling**

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CIN2,3 Management

PREGNANT WOMEN: MY INTERPRETATION



PREGNANT WOMEN: MY INTERPRETATION

- Colposcopy for everything > LSIL, regardless of age.
- DO NOT collect ECC
- Follow-up CIN 1, 2, 3 postpartum
- Only do an excisional procedure if invasive cancer suspected.
 - Consult with MFM first

ASCCP ALGORITHMS MOBILE APP

IPHONE, IPAD AND ANDROID

AVAILABLE THROUGH ITUNES AND GOOGLE PLAY FOR \$9.99

Carrier 4:03 PM

Patient Information Home

ASCCP The society for lower genital tract disorders since 1964

Key Patient Information

Age:

HPV Status: ? - +

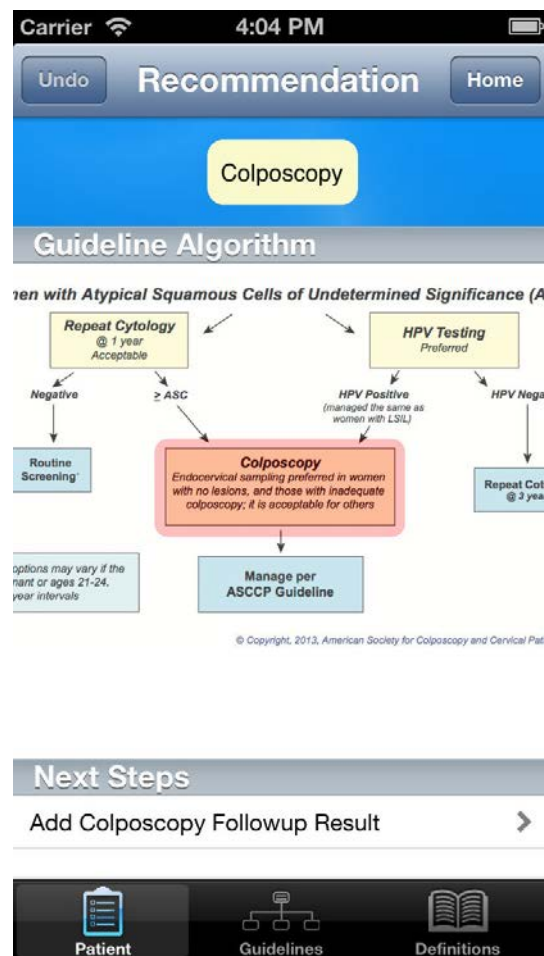
Pregnant: No Yes

Initial Testing Information

Cytology Results:

NEXT

Patient Guidelines Definitions



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Guidelines Algorithms

Cytology Algorithms - 24

LSIL

LSIL Pregnant Woman

ASC-H

ASC-H and HSIL: Age 21-24

HSIL

AGC

AGC Subsequent Management

Histology Algorithms

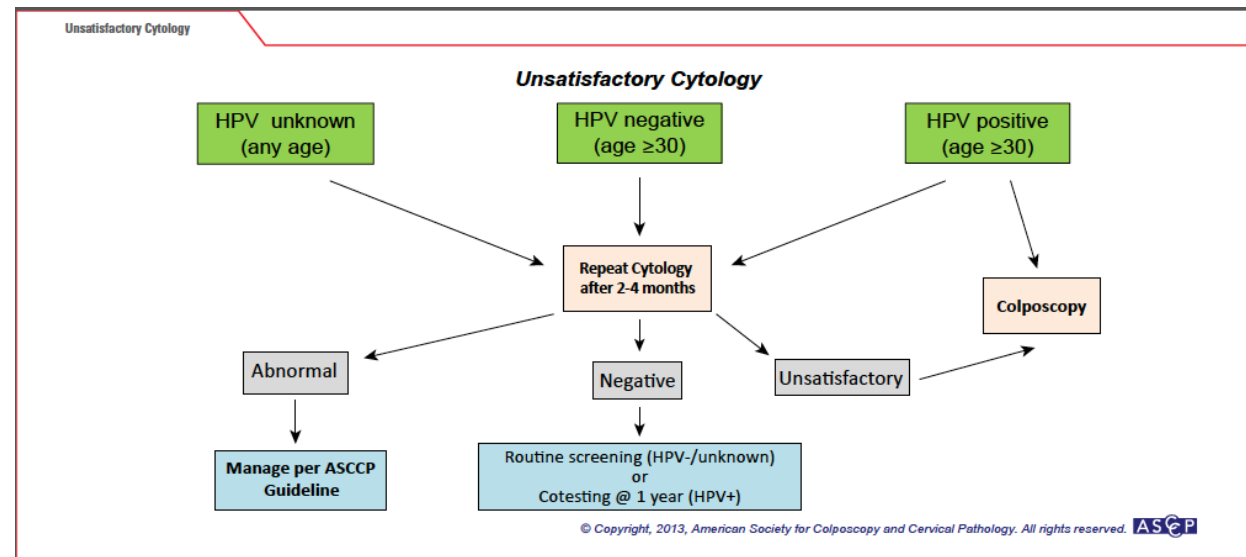
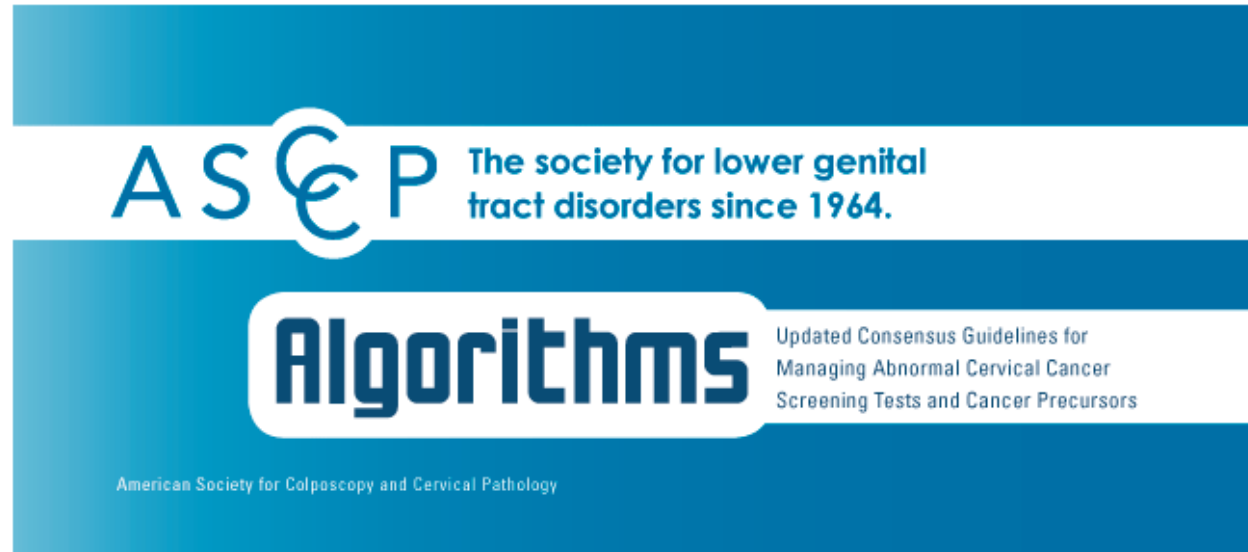
LAST Terminology

CIN1 Preceded by Lesser Abnormalities

Patient Guidelines Definitions

ASCCP ALGORITHMS BOOKLET

AVAILABLE TO MEMBERS AND NON-MEMBERS FOR \$7.00



ASCCP ALGORITHMS FREE PDF

[HTTP://WWW.ASCCP.ORG](http://www.asccp.org)

The screenshot shows the ASCCP website homepage. At the top, the browser address bar displays www.asccp.org/Default.aspx. The main banner features "CERVICAL CANCER AWARENESS MONTH" with a large green ribbon graphic that says "HOPE MATTERS". A red arrow points from this banner down to the "GUIDELINES" section. The "GUIDELINES" section includes the ASCCP logo and the text "The society for lower genital tract disorders since 1964." Below this, it says "Algorithms" and "View Guideline »". Another red arrow points from the "GUIDELINES" section to the "MEMBERSHIP" section, which features a photo of a woman and the text "Join ASCCP »". To the right of the "MEMBERSHIP" section is the "JOURNAL" section, titled "JOURNAL OF Lower Genital Tract Disease", with a "Latest Issue »" link. On the far right, there is a "UPCOMING MEETINGS" section listing the "ASCCP2018 Annual Meeting" (April 18-21, 2018, Las Vegas, NV) and "Comprehensive Colposcopy" (July 25-28, 2018, Denver, CO; October 24-27, 2018, Atlanta, GA). At the bottom right is the "ASCCP STORE" section, featuring a book titled "MODERN COLPOSCOPY" with a "NEW" badge.

Homepage - ASCCP

www.asccp.org/Default.aspx

CERVICAL CANCER AWARENESS MONTH

HOPE MATTERS

ASCCP has many ways you can get involved with spreading awareness about cervical cancer.

[Find Out More](#)

UPCOMING MEETINGS

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ASCCP STORE

MODERN COLPOSCOPY
NEW
Textbook & Atlas
THIRD EDITION

GUIDELINES

ASCCP The society for lower genital tract disorders since 1964.

Algorithms

[View Guideline »](#)

MEMBERSHIP

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JOURNAL

JOURNAL OF Lower Genital Tract Disease

[Latest Issue »](#)

www.asccp.org/asccp-guidelines