# Revised Cervical Ca Management Guidelines Issued

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MINNEAPOLIS — The American Society for Colposcopy and Cervical Pathology has issued new consensus guidelines on the management of women with abnormal cervical screening tests and cervical intraepithelial neoplasia, emphasizing changes for special populations such as adolescents and immunosuppressed women, Nancy R. Berman announced at the annual meeting of the Association of Reproductive Health Professionals.

Since the initial 2001 consensus guidelines were published, there has been an increase in understanding of the natural history of cervical intraepithelial neoplasia (CIN) and how best to manage women with human papillomavirus–associated lesions. The revised guidelines reflect this increased knowledge and experience (Am. J. Obstet. Gynecol. 2007;197:346-55).

One new area of emphasis is the management of women aged 20 years and younger, who have a high prevalence of HPV infection and minor-grade cytologic abnormalities but who are at very low risk for invasive cervical cancer. It is now clear that the vast majority of HPV infections in this population clear spontaneously and are of little clinical significance, so procedures such as colposcopy for minor abnormalities should not be done.

"We need to leave adolescents alone; just let them get infected and clear," said Ms. Berman, who is a member of the HPV expert committee of the Association of Reproductive Health Professionals.

Another change in the guidelines is in the management of postmenopausal or immunosuppressed women with atypical squamous cells of undetermined significance (ASCUS).

The 2001 guidelines recommended a course of intravaginal estrogen followed by repeat cervical cytology for postmenopausal women, and colposcopy referral for all immunosuppressed women.

In contrast, the new guidelines state that postmenopausal and immunosuppressed women should be managed in the same manner as women in the general population, according to Ms. Berman, who is a nurse practitioner with an internal medicine group practice in Southfield, Mich.

The prior recommendation for immunosuppressed women was based on early studies showing a very high prevalence of high-risk strains of HPV in HIV-positive women with ASCUS, as well as a high prevalence of CIN grade 2 or higher lesions. However, newer studies indicate that this is not always the case, and that HIV-positive women with ASCUS are similar to HIV-negative women with ASCUS, she said.

**'We need to leave adolescents alone; just let them get infected and clear.' The vast majority of HPV infections in adolescents clear spontaneously, have little clinical significance.**

The management of pregnant women with low-grade squamous intraepithelial lesions (LSIL) also has been revised. According to the 2001 guidelines, these women were treated according to recommendations for high-grade squamous intraepithelial lesions (HSIL).

The new guidelines, which were finalized at ASCCP's 2006 consensus conference, state that colposcopy is preferred for pregnant, nonadolescent women; that endocervical curettage is unacceptable for pregnant women; and that deferring colposcopy until 6 weeks post partum is acceptable.

Management algorithms as well as the guidelines were published in the Journal of Lower Genital Tract Disease (2007;11:201-22) and can be found on the ASCCP Web site at www.asccp.org/consensus.shtml.

The revised guidelines further state that for pregnant women with LSIL without suspected CIN 2-3 or cancer at the initial colposcopy, postpartum follow-up is recommended, and that additional colposcopic and cytologic examinations during pregnancy are unacceptable.

The guidelines were formulated by a group of 146 experts from 29 professional organizations, federal agencies, and national and international health organizations, who met for the ASCCP consensus conference in September 2006.

Ms. Berman disclosed that she is a consultant and speaker for Digene Corp. and a speaker for Merck & Co. ■