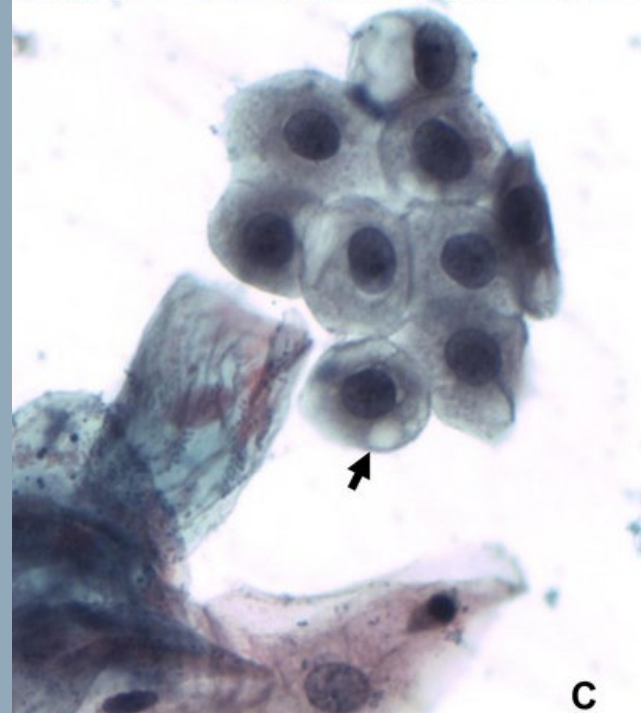
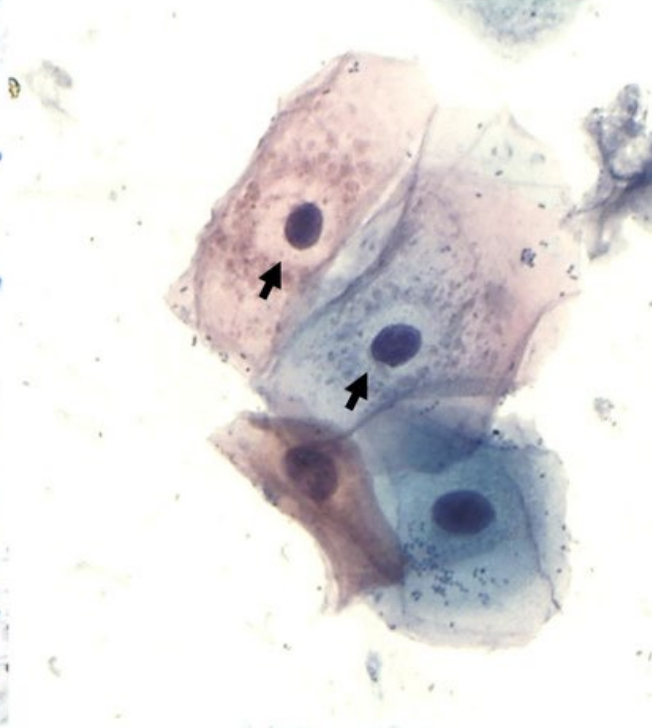
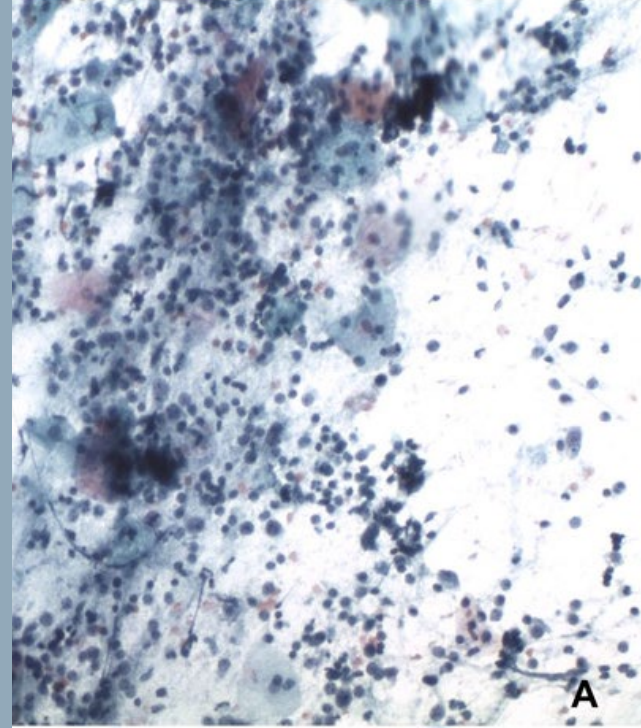

Clinical Updates:

Managing PAP Results

Paige Hennen, APRN, CNP

OB/GYN



C

Objectives

At the conclusion of this presentation, participants should be more comfortable managing PAP results. Participants should also be able to find management guidelines and help patients determine next steps.

Who do we listen to ???



ACS
(American Cancer Society)

ASCCP
The American Society for Colposcopy and Cervical Pathology

AGOG (American College of OB/Gyn)

USPSTF
(US Preventative Service task force)



Mobile App - ASCCP

The Why?

- ❑ Cervical cancer is still the #2 cause of cancer in women, 2nd to breast cancer.
- ❑ With our current screening guidelines, we are seeing less cervical cancer and decreased mortality.
- ❑ Women are the only ones being *routinely* screened; however, we know that more than 60% of the population is carrying HPV.
- ❑ Appropriate screening and early intervention decreased morbidity and mortality.

Current Screening Guidelines

Population*	Recommendation	ASCCP SITE/APP
Aged less than 21 years	No screening	
Aged 21–29 years	Cytology alone every 3 years [‡]	REFLEX TESTING
Aged 30–65 years	Any one of the following: <ul style="list-style-type: none"> • Cytology alone every 3 years • FDA-approved primary hrHPV testing alone every 5 years • Cotesting (hrHPV testing and cytology) every 5 years 	Lack of HPV only tests at this point
Aged greater than 65 years	No screening after adequate negative prior screening results [§]	D
Hysterectomy with removal of the cervix	No screening in individuals who do not have a history of high-grade cervical precancerous lesions or cervical cancer	D

Abbreviations: FDA, U.S. Food and Drug Administration; hrHPV, high-risk human papillomavirus testing.

*These recommendations apply to individuals with a cervix who do not have any signs or symptoms of cervical cancer, regardless of their sexual history or HPV vaccination status. These recommendations **do not apply** to individuals who are at high risk of the disease, such as those who have previously received a diagnosis of a high-grade precancerous cervical lesion. These recommendations also do not apply to individuals with in utero exposure to diethylstilbestrol or those who have a compromised immune system (eg, individuals with human immunodeficiency virus).

Disclaimer: Pay attention to new partner status, distant Hx of abnormal PAP's, immunocompromised status, new symptoms, etc.



90% of HPV viruses will clear in 2 years, especially in younger women

HPV 16/18 are highest risk

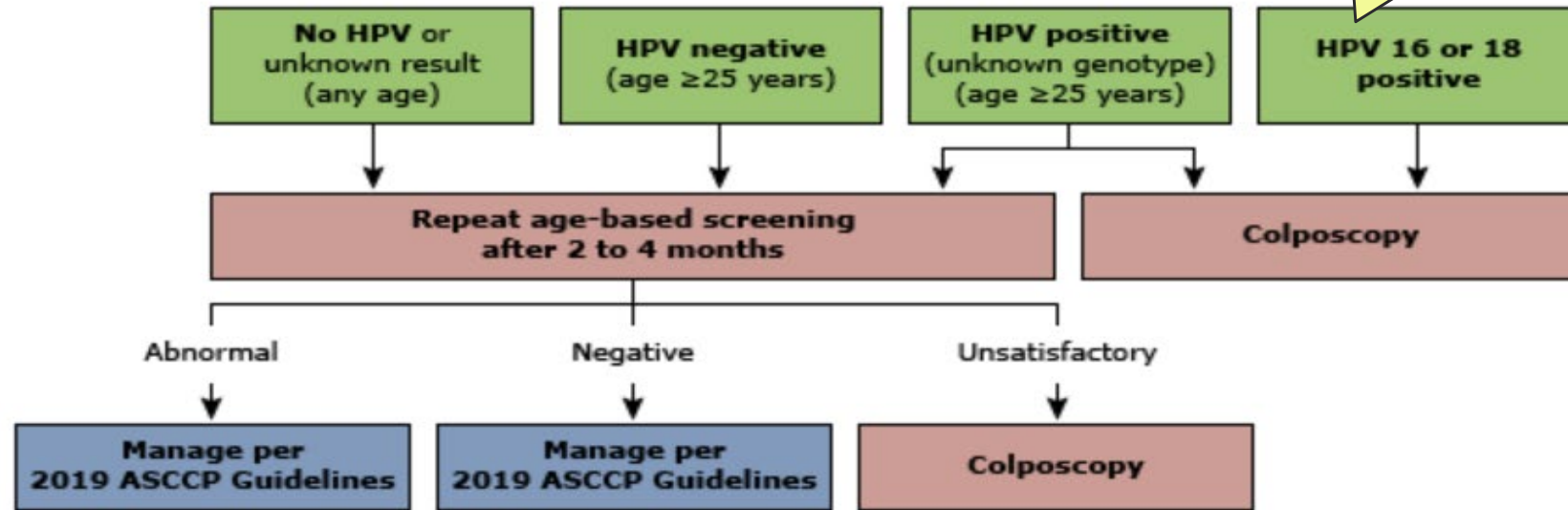
An absent ECTZ does not always warrant a repeat PAP

HPV testing is always preferred once someone has had an abnormal pap

New sexual partners warrants more frequent PAP's

Type 16 HPV accounts for about 50% of cervical cancer

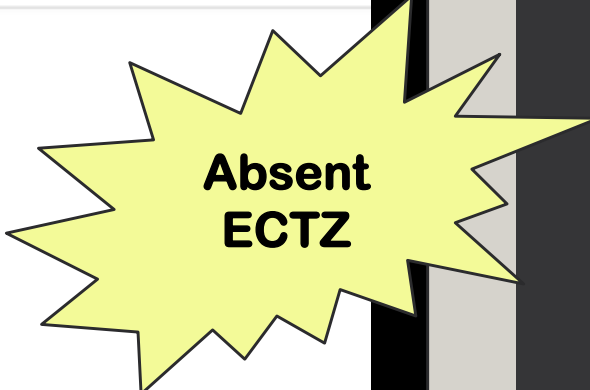
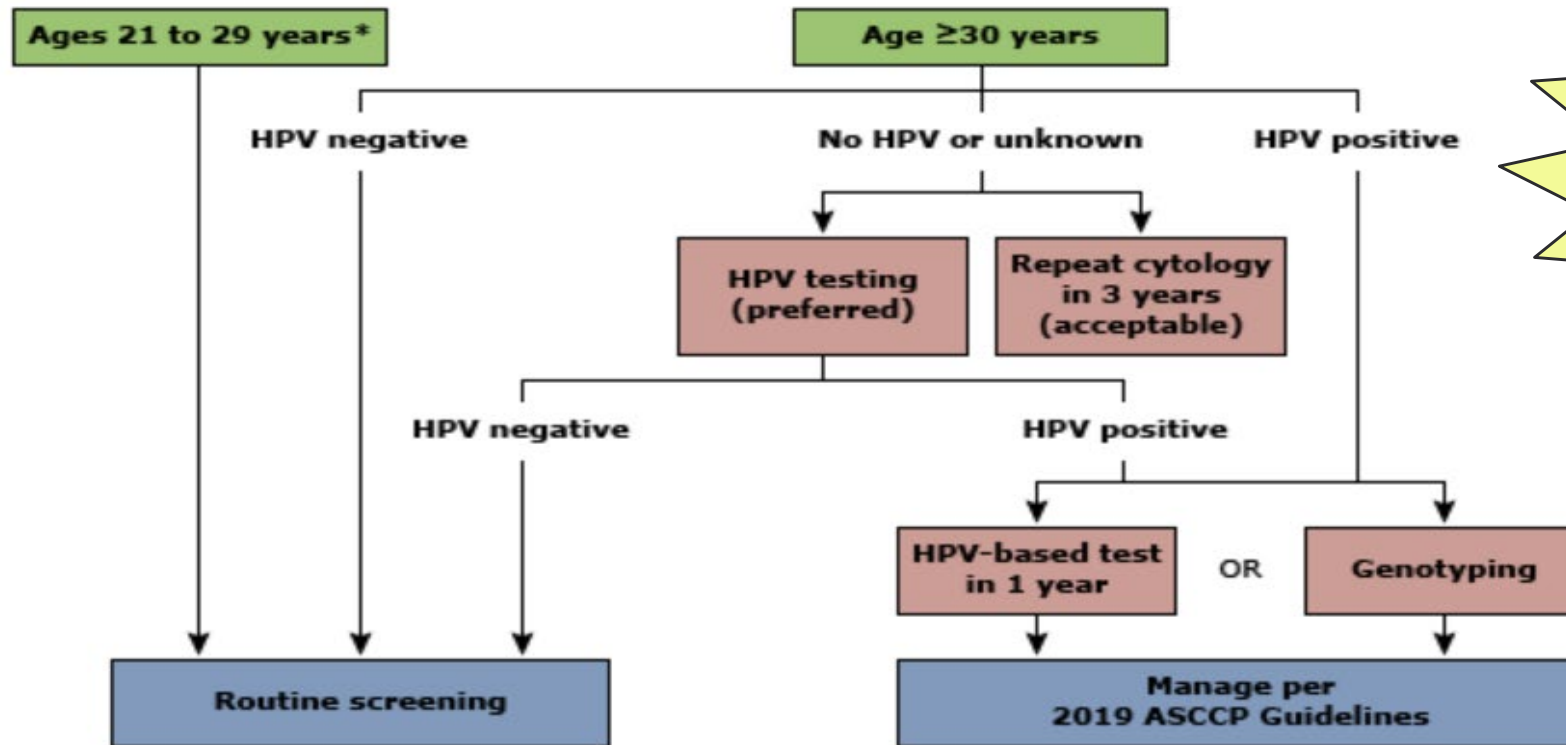
Clinical management of unsatisfactory cervical cytology



This algorithm describes the steps involved in clinical management of unsatisfactory cytology. Note that "unknown genotype" refers to both HPV testing without genotyping and HPV testing where genotyping is negative for HPV 16 and 18 but positive for other high-risk HPV types.

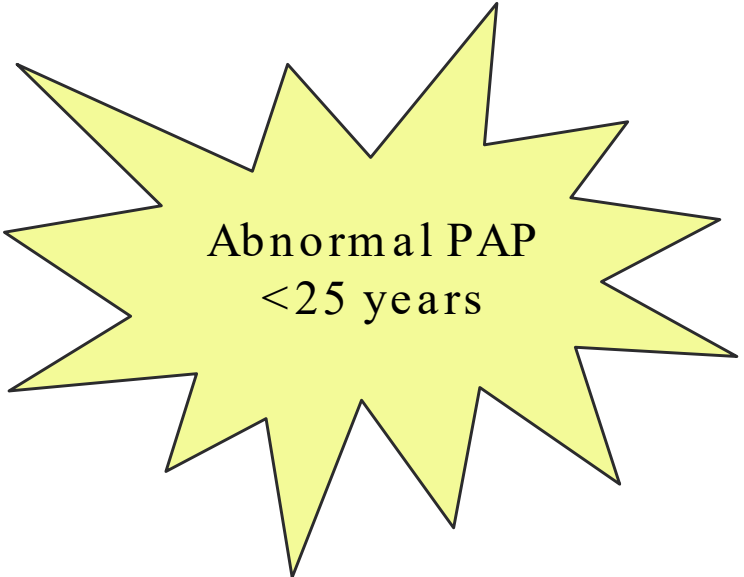
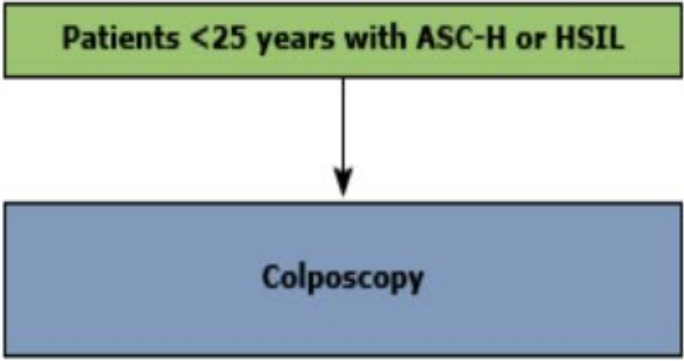
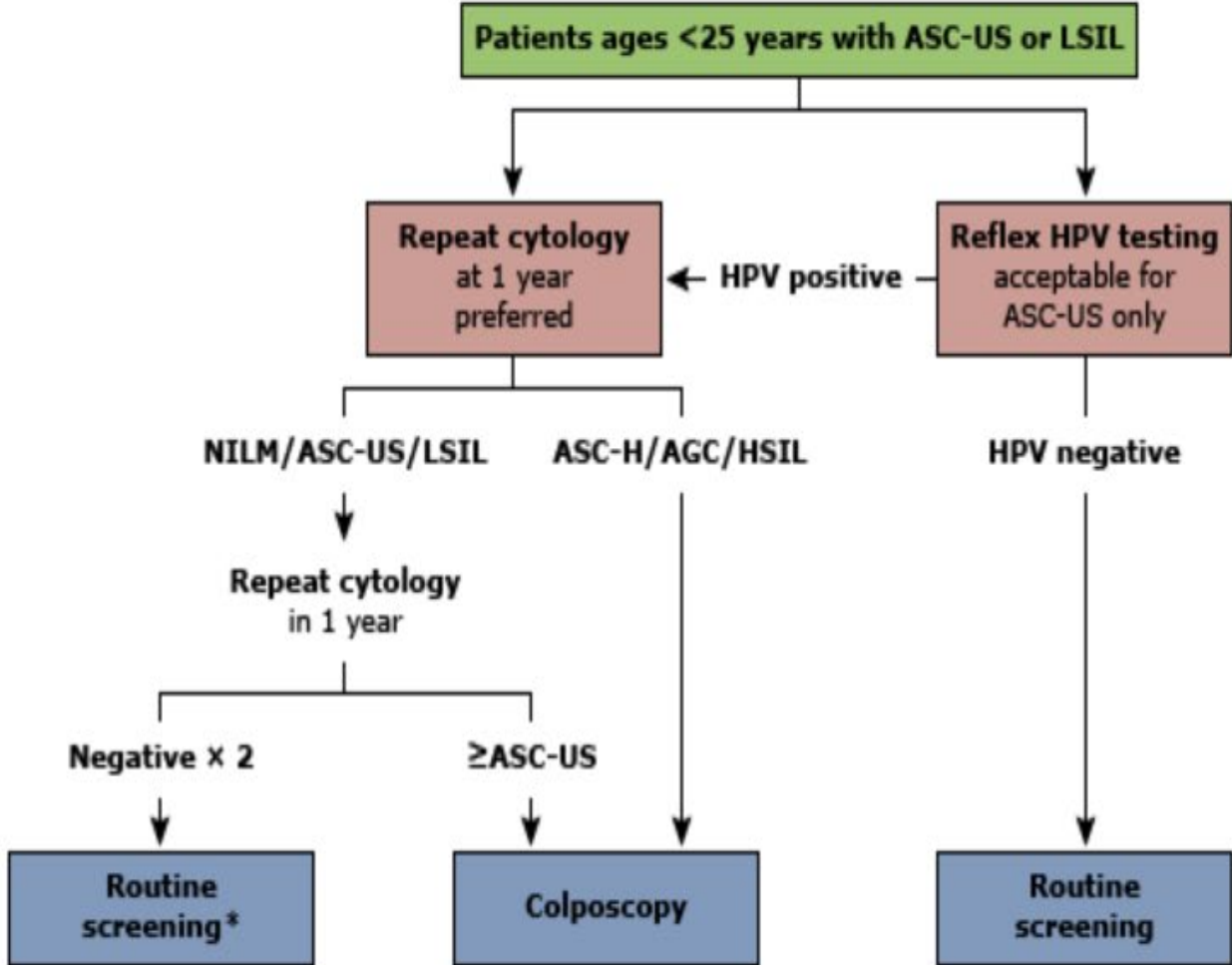
Patients <25 years inadvertently screened for HPV may be managed differently; see related UpToDate content.

Clinical management of cytology that is negative for intraepithelial lesion or malignancy, with absent transformation zone or endocervical cells



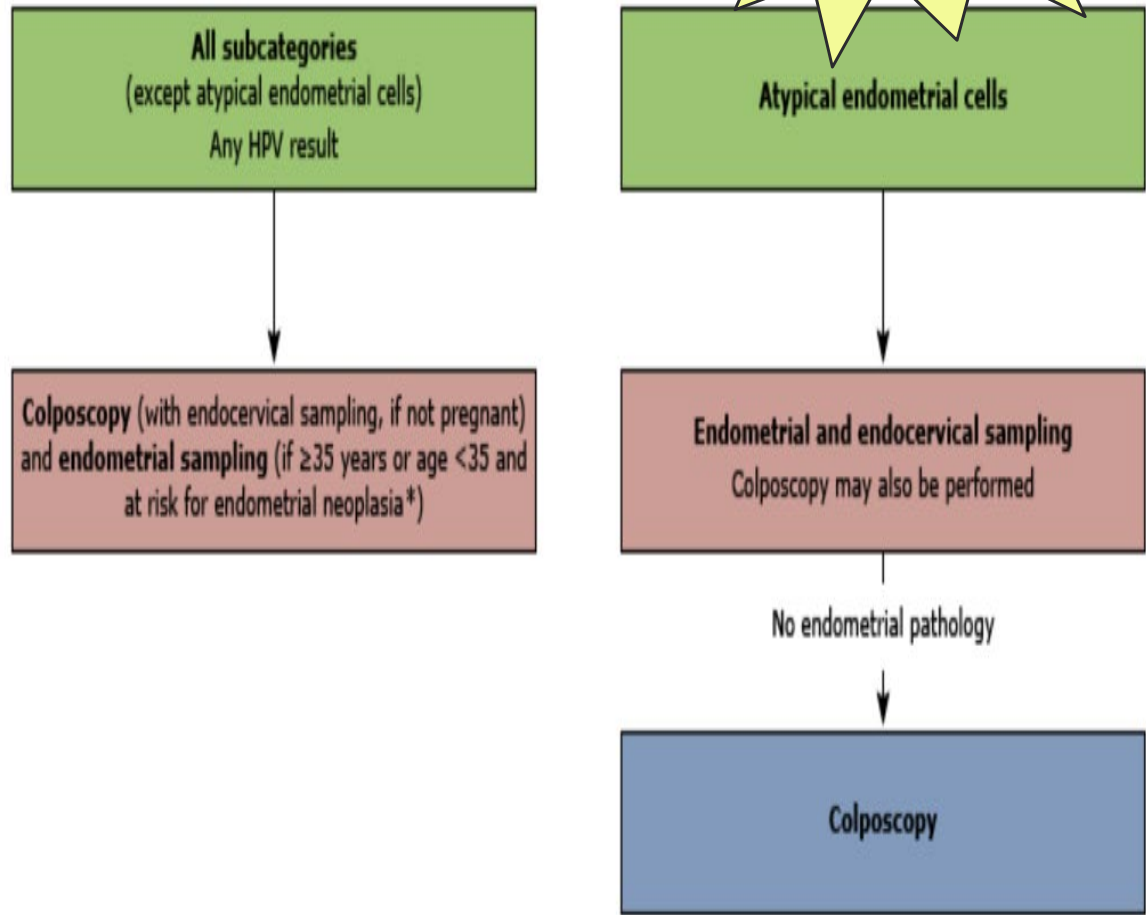
This algorithm describes the steps involved in clinical management of cytology that is negative for intraepithelial lesion or malignancy, but with absent transformation zone or endocervical cells.

Management of cytologic abnormalities in patients younger than 25 years



This algorithm describes management of cytologic abnormalities in patients younger than 25 years.

Initial workup of AGC found on cervical cytology



This algorithm describes the initial workup of AGC found on cervical cytology.

Benign Endometrial Cells-

Often associated with typical shedding, especially premenopausal. **If BEC are found with postmenopausal or, morbidly obese, or with irregular cycles-workup is always warranted!**

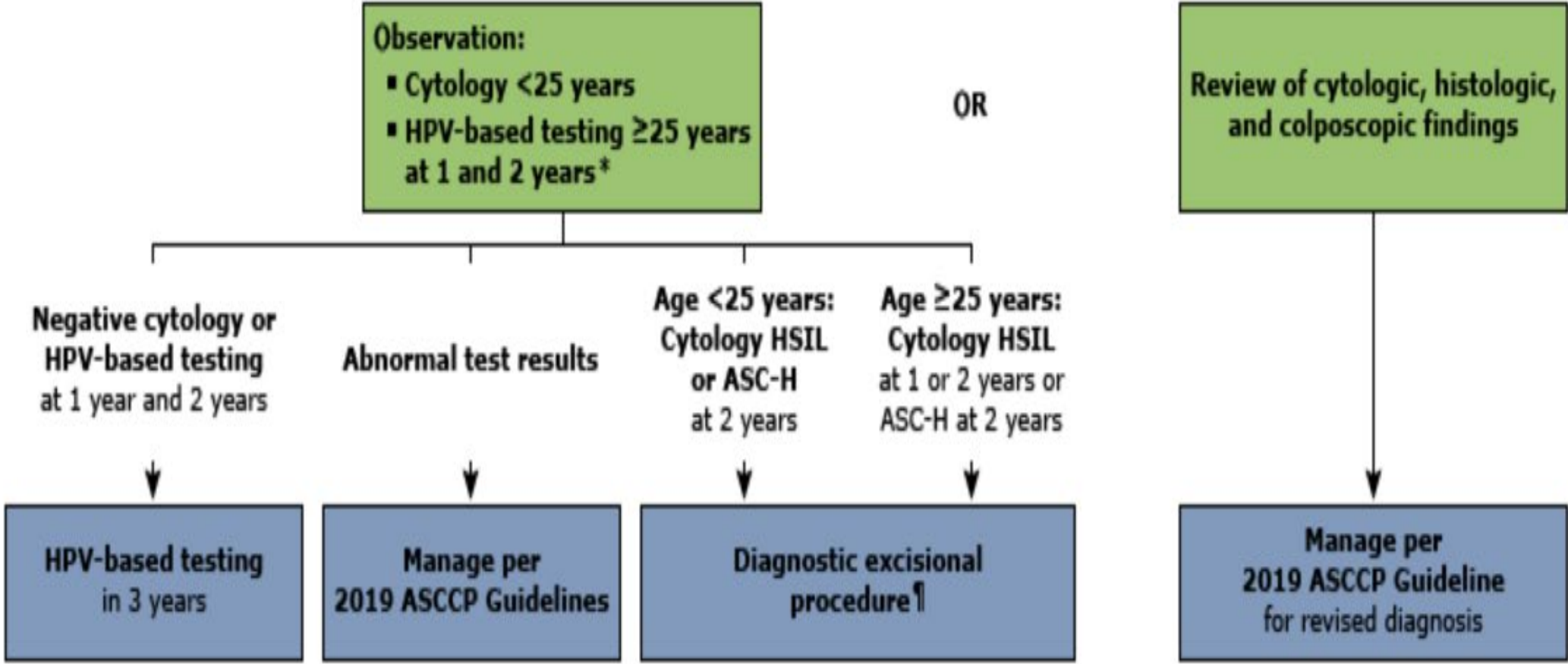
Reactive changes/inflammation –

Most patients with reactive changes due to inflammation will not have an organism identified on their cervical cytology test; **further sampling is not required.**

Actinomyces –

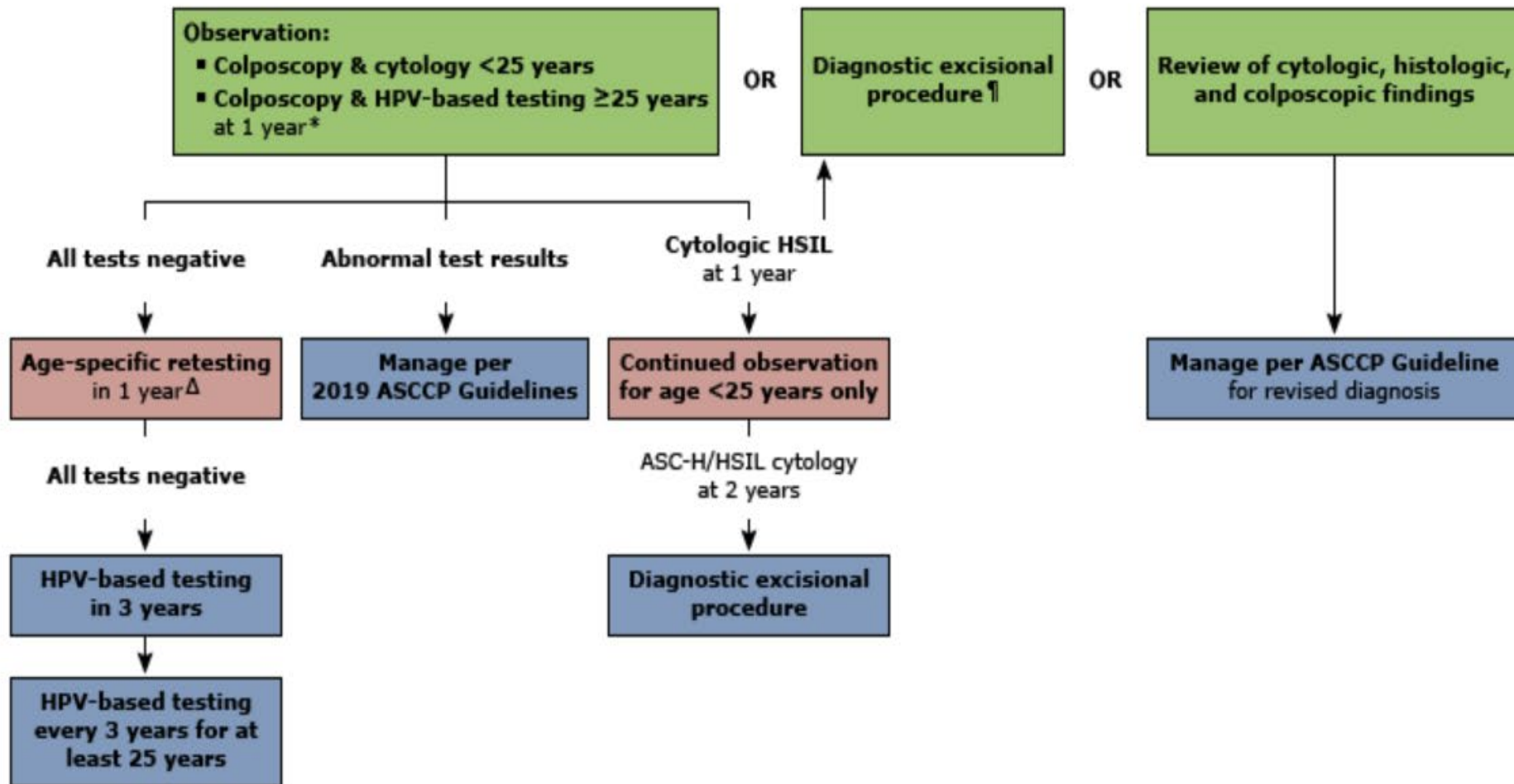
Actinomyces may be identified on cervical cytology tests, typically in patients who have an intrauterine device. Cervical cytology is not the most specific test for *actinomyces*. For patients who are found to have *actinomyces* on a Pap test, we **evaluate for symptoms of pelvic inflammatory disease** and perform a cervical culture for *actinomyces*.

Management of histologic LSIL (CIN 1) preceded by ASC-H cytology



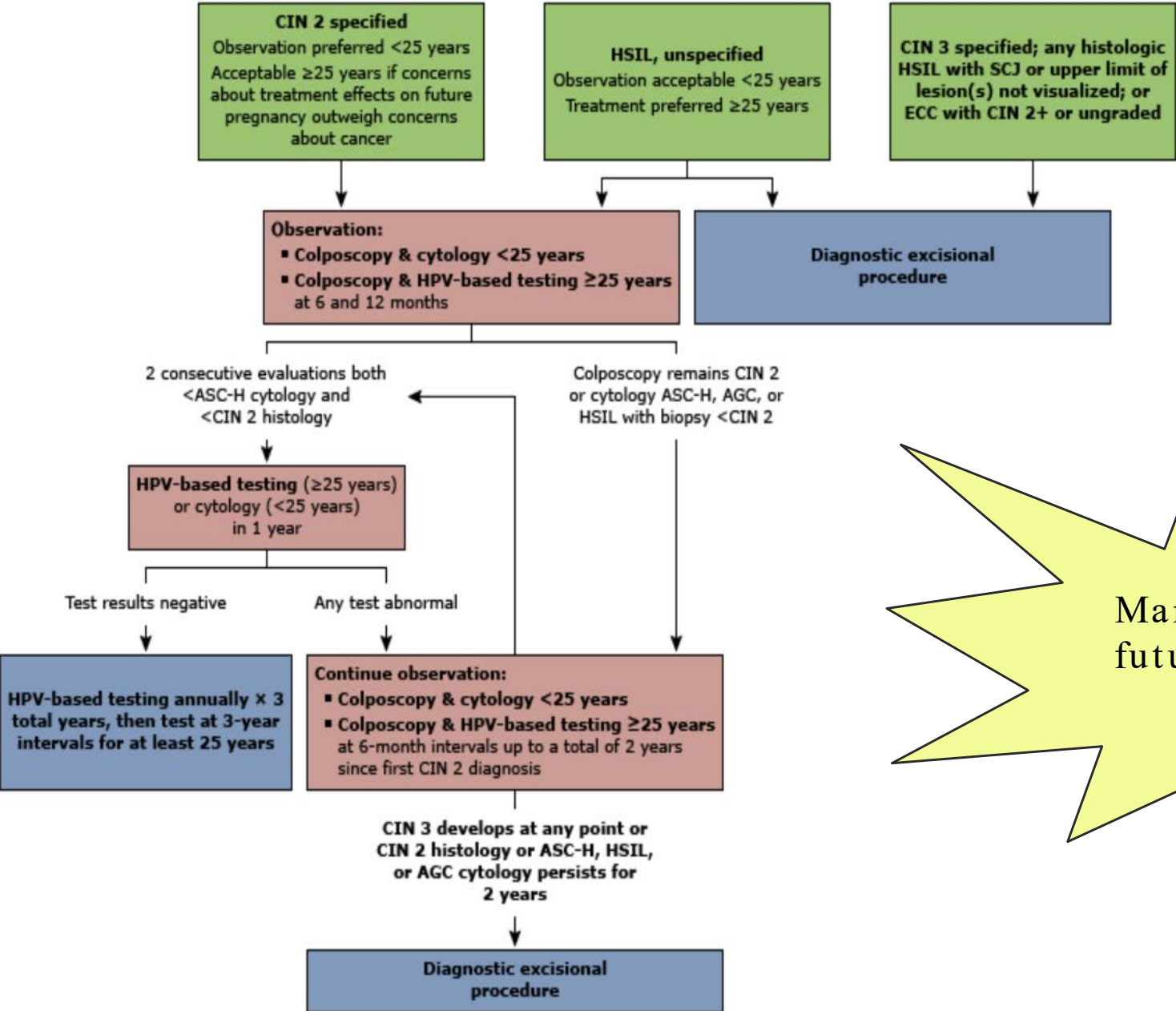
This algorithm describes management of histologic LSIL (CIN 1) preceded by ASC-H cytology.

Management of histologic LSIL (CIN 1) preceded by HSIL cytology



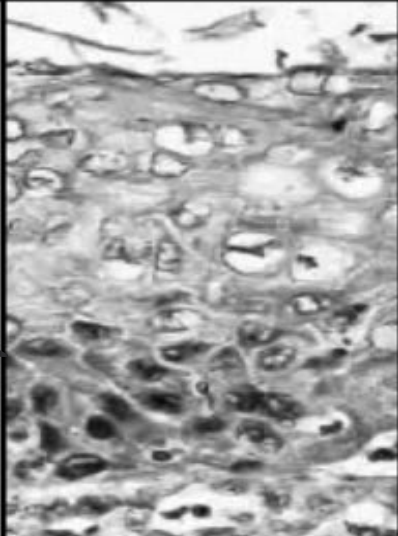
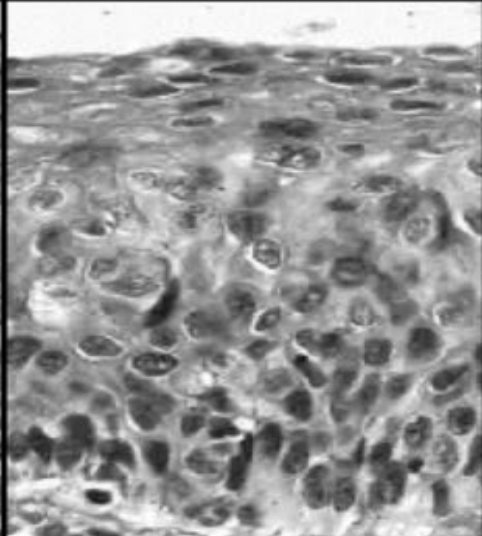
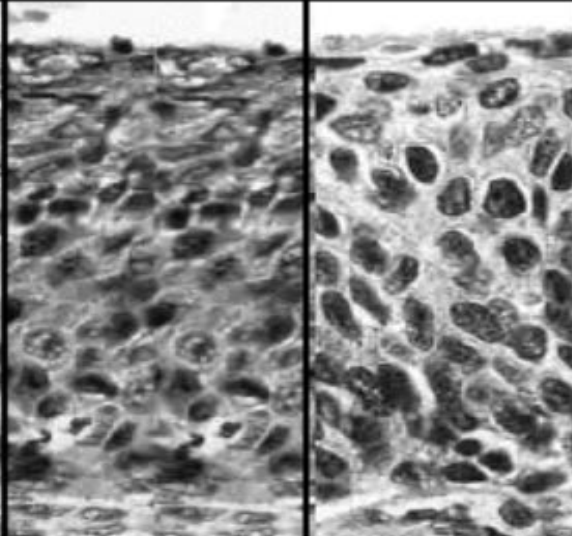
This algorithm describes management of histologic LSIL (CIN 1) preceded by HSIL cytology.

Management of CIN 2 in patients whose concerns about the effects of treatment on a future pregnancy outweigh their concerns about cancer



Management when future pregnancy is planned

Terminology and histology of cervical intraepithelial neoplasia

LAST System [1]	Cytology	LSIL	HSIL	
	Histology	LSIL	p16 staining should be performed*	HSIL
Bethesda Classification System [2]	Cytology	LSIL	HSIL	
	Histology	CIN 1	CIN 2	CIN 3
Previous terminology		Mild dysplasia	Moderate dysplasia	Severe dysplasia Carcinoma in-situ
				

Streamlining Terminology

Terminology regarding cytologic and histologic precancerous changes of the uterine cervix. The corresponding terminology from the previous classification systems is shown. Images of the histologic correlates for each category are also shown.

References:

- Up to Date
- ASCCP.org

Please feel free to reach out and message me w/ questions regarding management of PAP results .

Also, E-CONSULTS are a great way to review PAP results/follow up needs with us!

Thank you!

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