

Il nuovo documento post-colposcopia. commento dai professionisti

Ginecologi

Mario Sideri

*Preventive Gynecology Unit
Istituto Europeo di Oncologia
Milano*

INTRODUZIONE

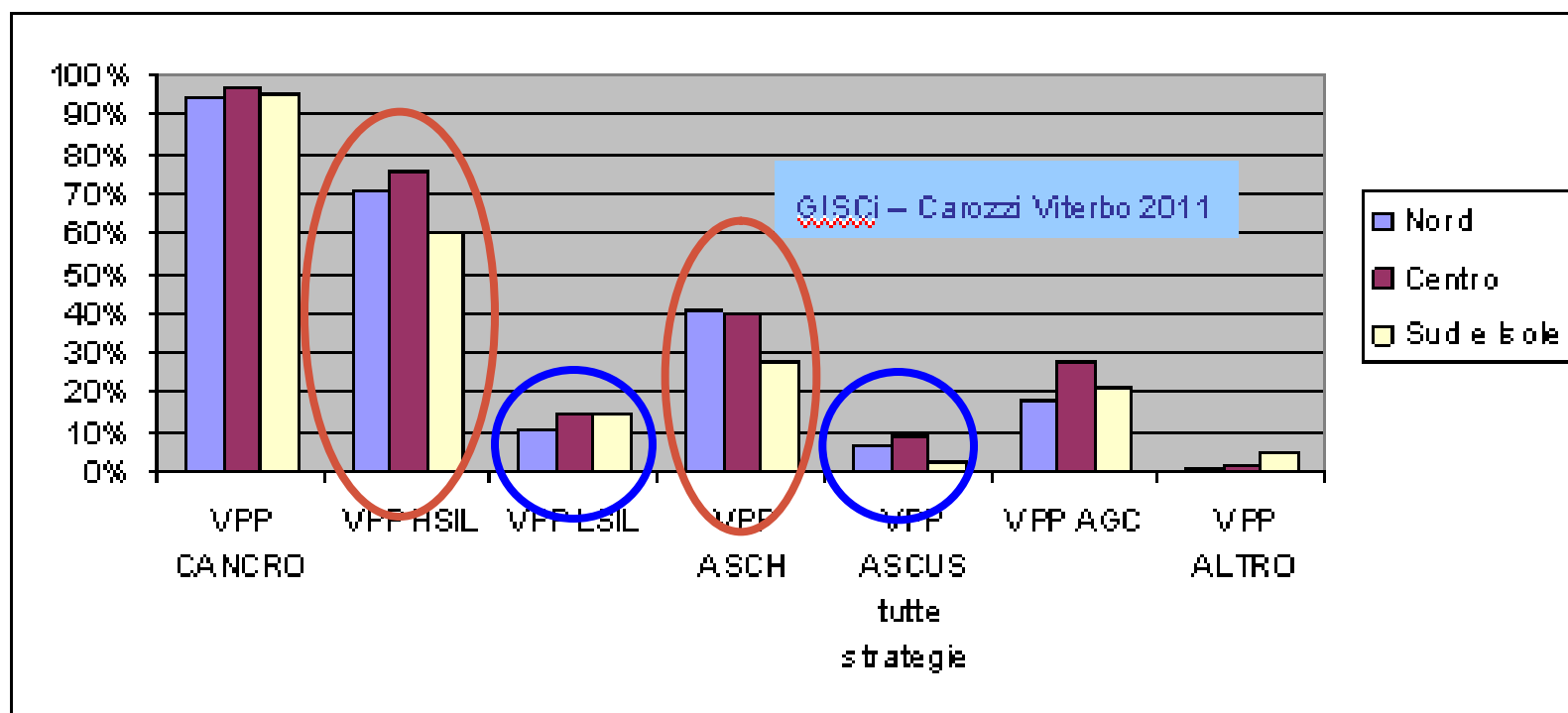
Le indicazioni si differenziano a seconda del rischio di CIN2+ ricavato in base ai dati disponibili.

I dati della citologia di primo livello suggeriscono due gruppi di rischio diversi:

- **ASC-US ed L-SIL**
- **ASC-H e HSIL.**

Questa divisione è in accordo con il VPP di queste categorie citologiche nei programmi di screening italiani (figura 1).

Figura 1 - VPP per citologia > ASC-US (Survey Gisci 2009)



PAP DI SCREENING AGC

Vista la non trascurabile componente di rischio *non HPV correlata* nelle lesioni ghiandolari, non sono state prodotte indicazioni particolari per la gestione delle donne con citologia di base AGC.

INTRODUZIONE

Per approfondimento di II° livello negativo per Cin2+ si intende:

- un esame colposcopico negativo
- una colposcopia con prelievo bioptico e risultato istologico negativo per CIN2 +.



The society for lower genital tract disorders since 1964.

Algorithms

Updated Consensus Guidelines for
Managing Abnormal Cervical Cancer
Screening Tests and Cancer Precursors

American Society for Colposcopy and Cervical Pathology

General Principles

Guidelines based on KPNC series
(>1 million co-testings)

Screening guidelines include pap
smear only or co-testing

No follow up shorter than 12 months

An “app” has been developed to cope
with algorithm complexity

Definitions

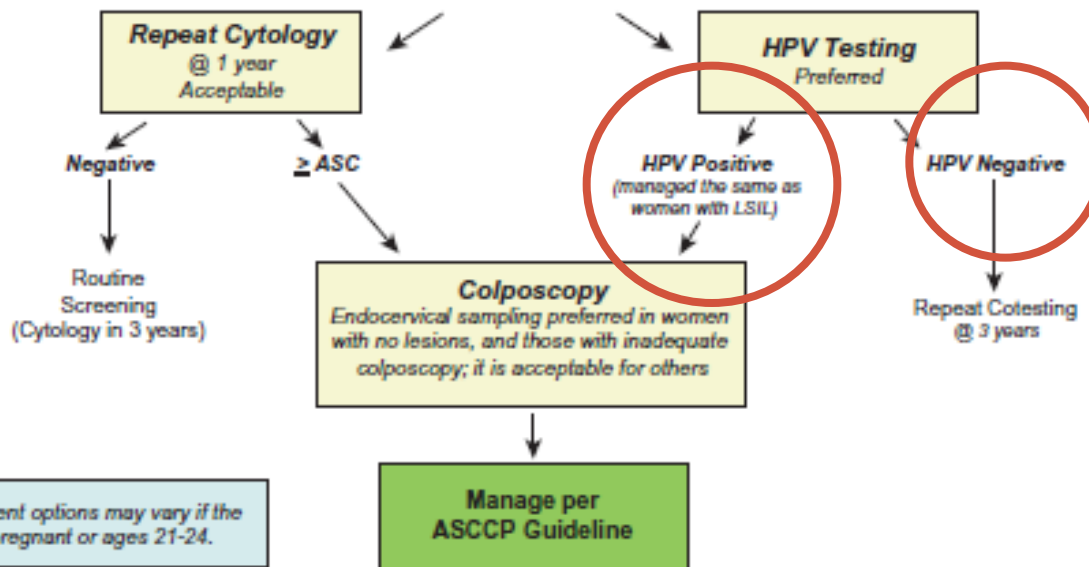
Terms Utilized in the Consensus Guidelines

- **Colposcopy** is the examination of the cervix, vagina, and, in some instances the vulva, with the colposcope after the application of a 3-5% acetic acid solution coupled with obtaining colposcopically-directed biopsies of all lesions suspected of representing neoplasia.
- **Endocervical sampling** includes obtaining a specimen for either histopathological evaluation using an endocervical curette or a cytobrush or for cytological evaluation using a cytobrush.
- **Endocervical assessment** is the process of evaluating the endocervical canal for the presence of neoplasia using either a colposcope or endocervical sampling.
- **Diagnostic excisional procedure** is the process of obtaining a specimen from the transformation zone and endocervical canal for histopathological evaluation and includes laser conization, cold-knife conization, loop electrosurgical excision procedure (LEEP), and loop electrosurgical conization.
- **Adequate colposcopy** indicates that the entire squamocolumnar junction and the margin of any visible lesion can be visualized with the colposcope.
- **Endometrial sampling** includes obtaining a specimen for histopathological evaluation using an endometrial aspiration or biopsy device, a "dilatation and curettage" or hysteroscopy.

ASC-US/ HPV-hr negativo

si ribadisce, come già riportato nel documento operativo GISCi per l'applicazione nei programmi di screening del sistema Bethesda del 2006 (9), che in caso ASC-US con test HPV-hr negativo la donna debba rientrare nei normali intervalli di screening.

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



© Copyright, 2013, American Society for Colposcopy and Cervical Pathology. All rights reserved. ASCCP

HPV-hr come triage di donne con LSIL

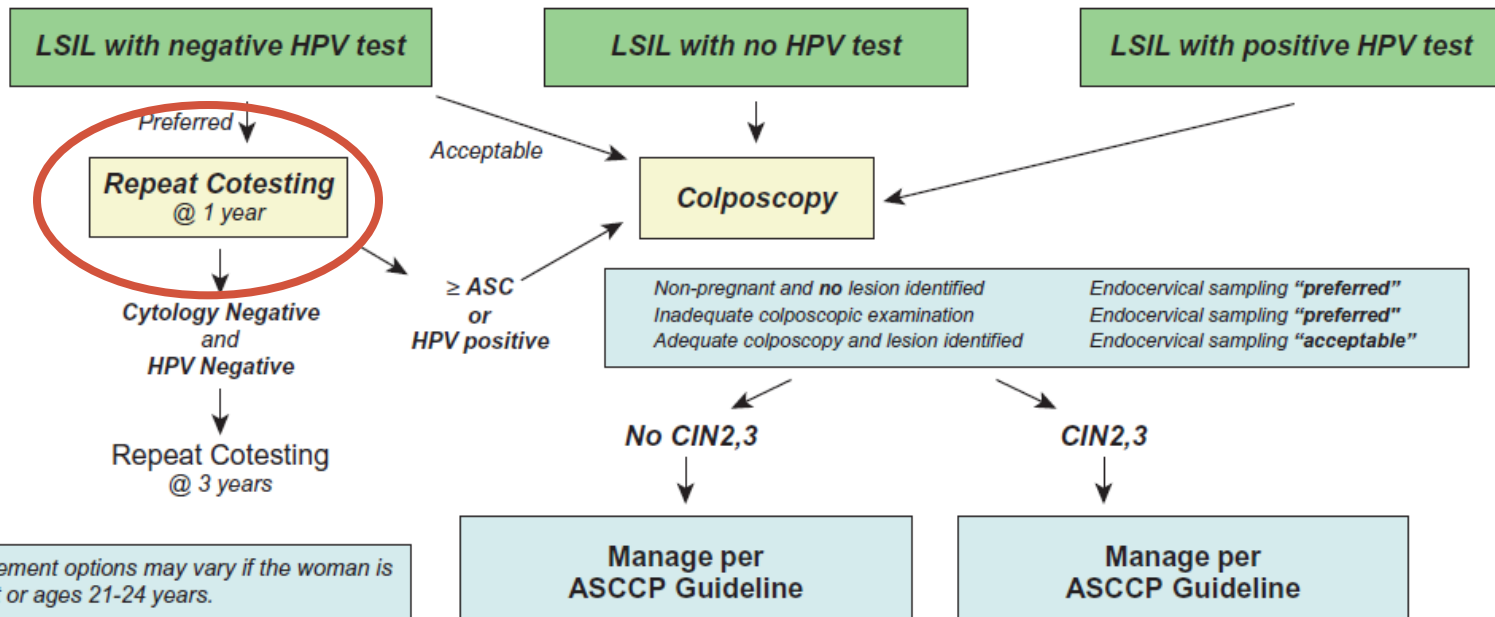
L'introduzione del triage HPV-hr per LSIL è consigliabile per le donne di età ≥ 35 anni solo per i programmi in cui la citologia LSIL ha un basso VPP ($< 5-10\%$) e dopo un pilota che valuti la proporzione locale di HPV-hr+ nelle LSIL .

Gestione delle donne con citologia LSIL e HPV-hr come test di triage

In caso di test HPV-hr negativo la donna rientrerà nello screening.

In caso di test HPV-hr positivo la donna va a colposcopia

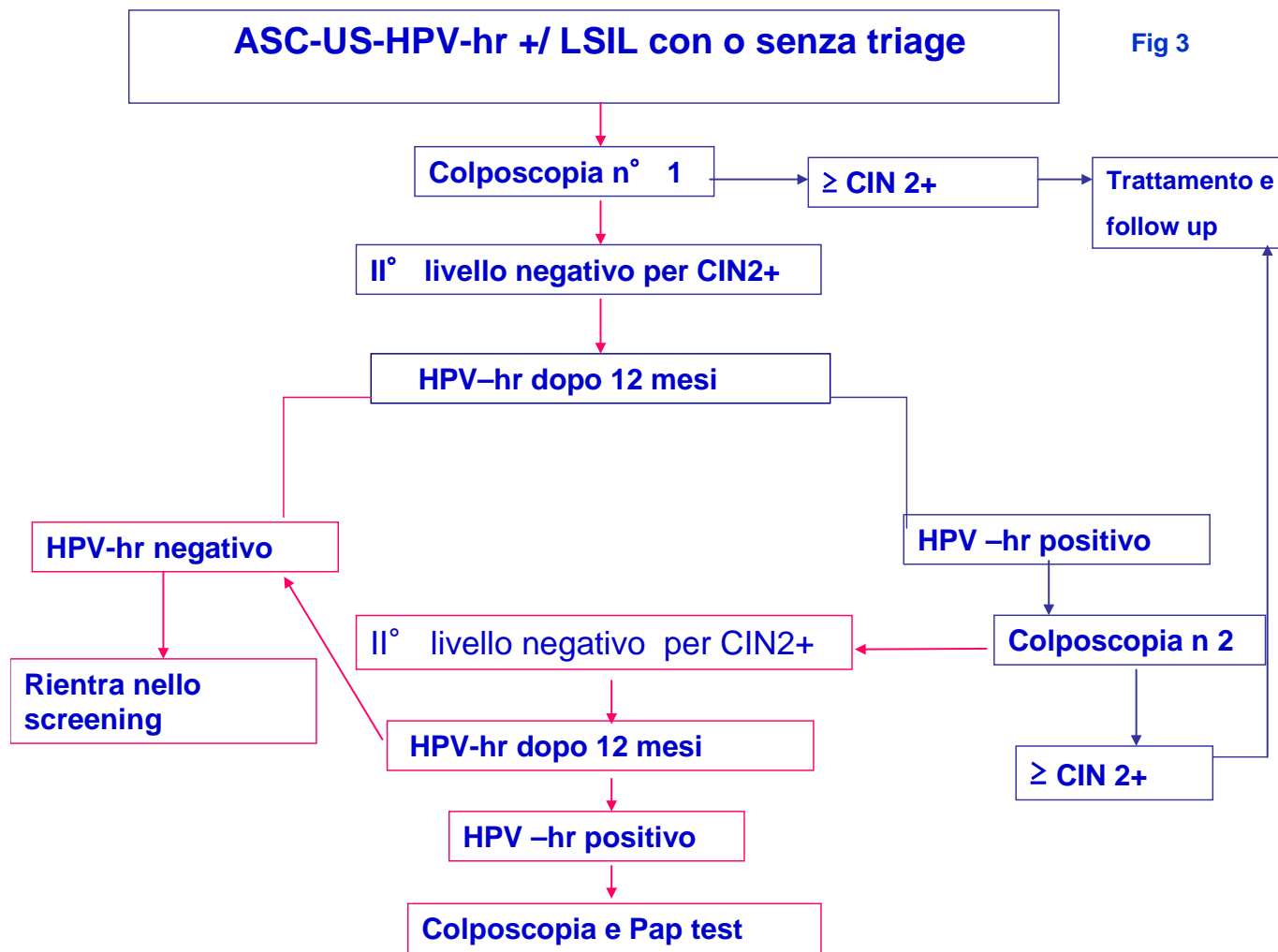
Management of Women with Low-grade Squamous Intraepithelial Lesions (LSIL)*



* Management options may vary if the woman is pregnant or ages 21-24 years.

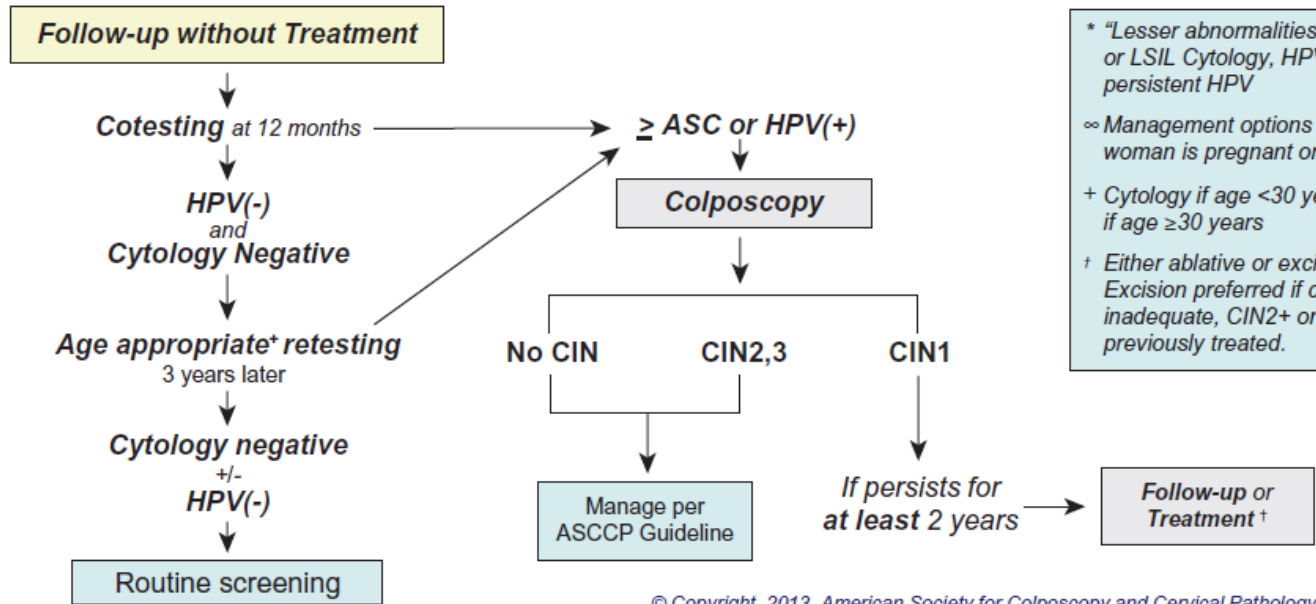
ASC-US HPV-hr+ // LSIL

Queste donne sono gestite nello
stesso modo



Controlli ad 1 anno con HPV
 Se positivo colposcopia
 Se negativo (un test) rientro a screening

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

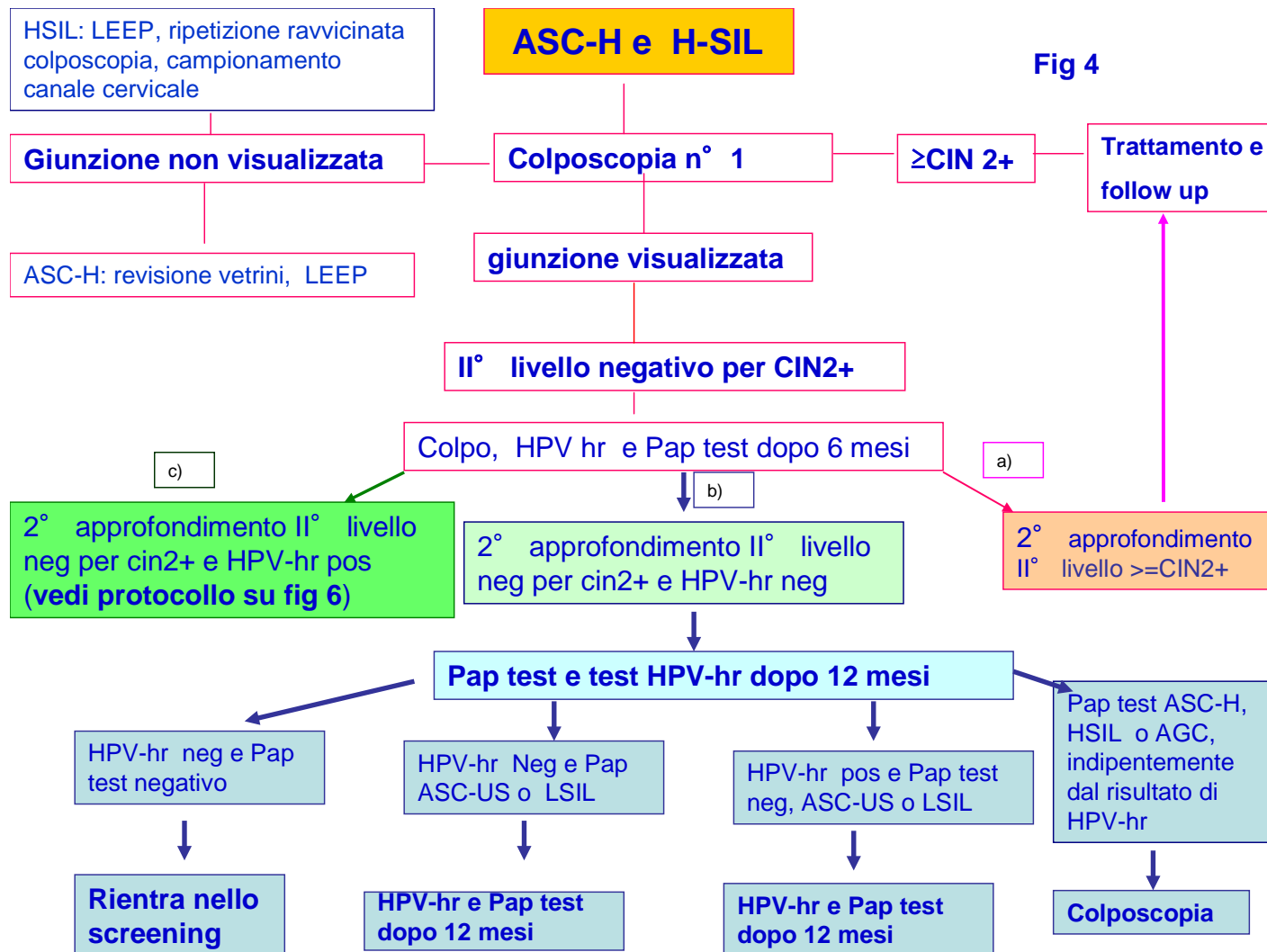


* “Lesser abnormalities” include ASC-US or LSIL Cytology, HPV 16+ or 18+, and persistent HPV

∞ Management options may vary if the woman is pregnant or ages 21-24.

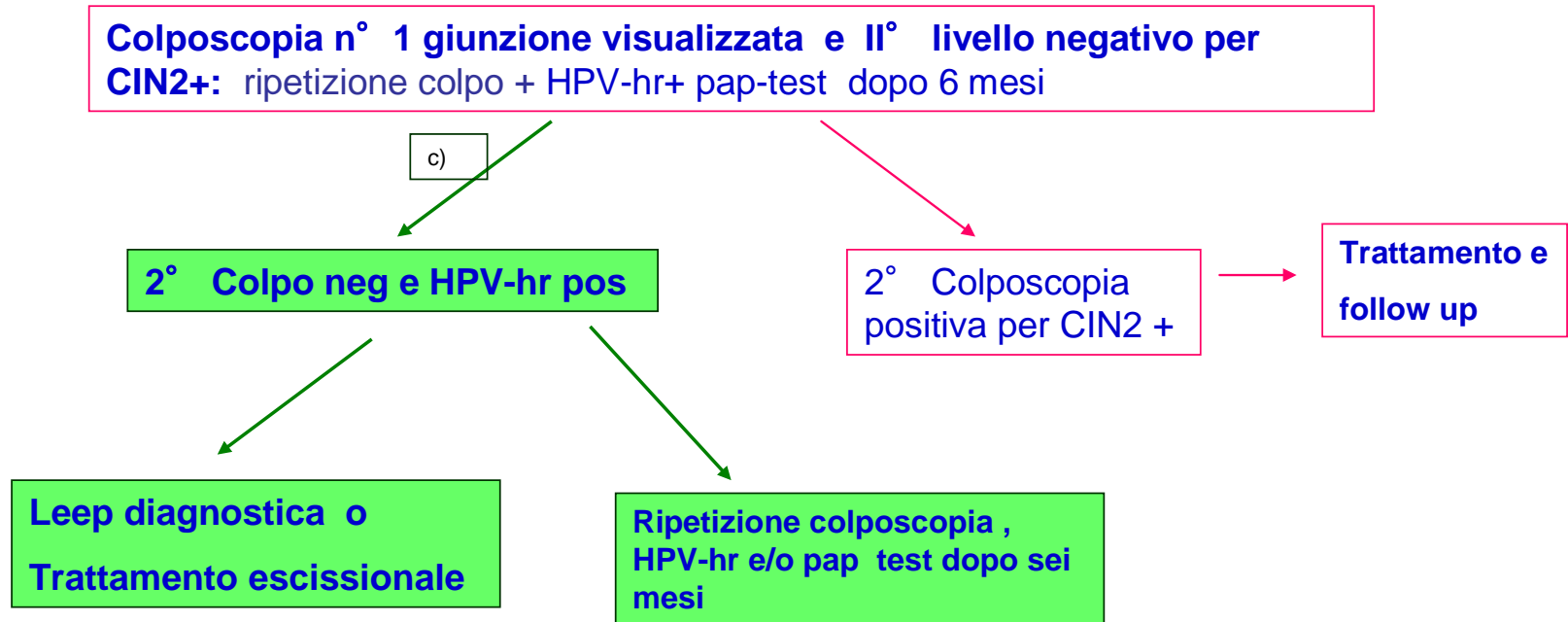
+ Cytology if age <30 years, cotesting if age ≥30 years

† Either ablative or excisional methods. Excision preferred if colposcopy inadequate, CIN2+ on ECC, or previously treated.

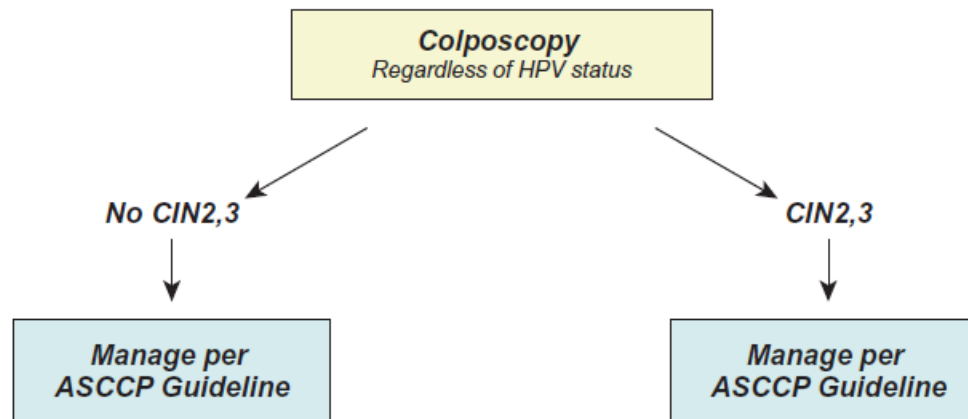


ASC-H e H-SIL

Fig 5

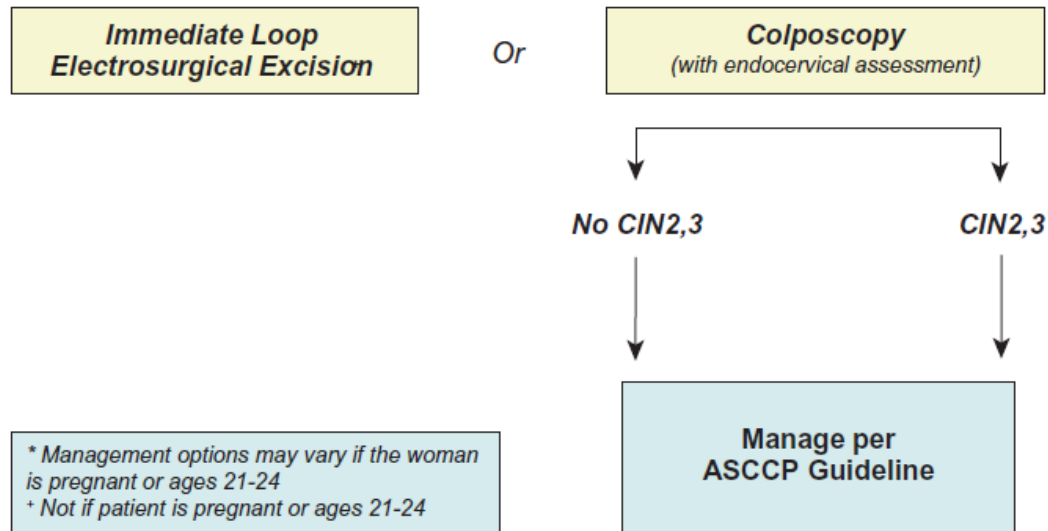


**Management of Women with Atypical Squamous Cells:
Cannot Exclude High-grade SIL (ASC-H)***

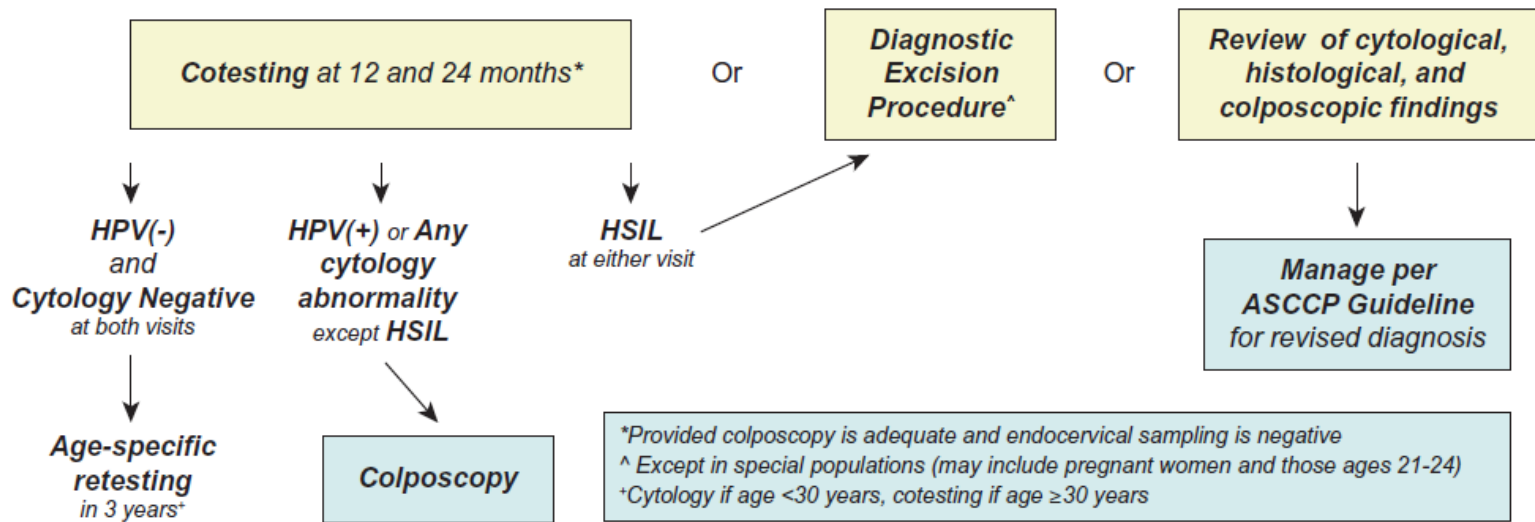


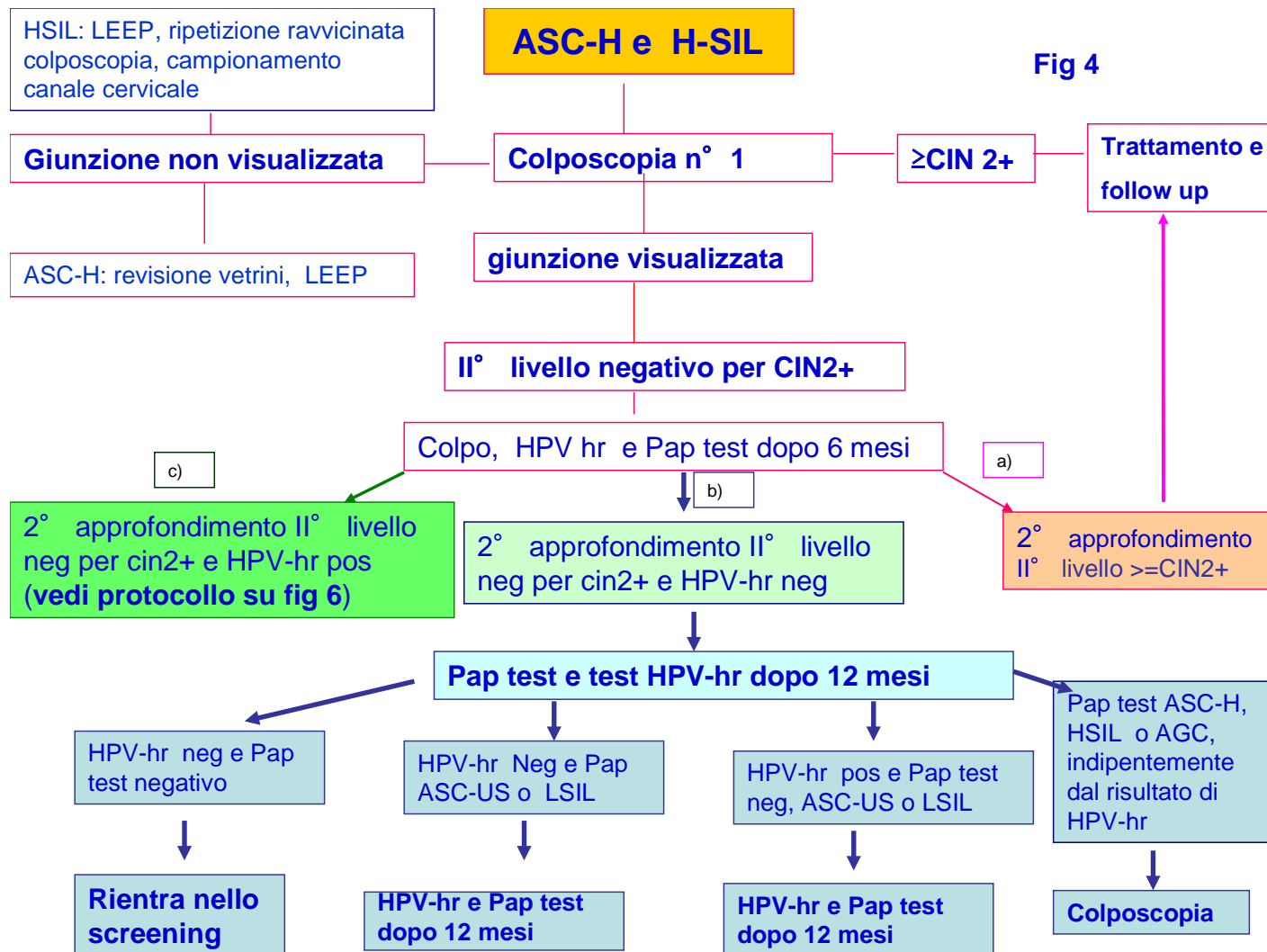
* Management options may vary if the woman is pregnant or ages 21-24 years.

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



Management of Women with No Lesion or Biopsy-confirmed Cervical Intraepithelial Neoplasia — Grade 1 (CIN1) Preceded by ASC-H or HSIL Cytology





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 *

Cotesting at 12 and 24 months

2x Negative Results

Repeat cotesting in 3 years

Routine screening

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

Diagnostic Excisional Procedure †

Any test abnormal

Colposcopy With endocervical sampling

© Copyright, 2013, American Society for Colposcopy and Cervical Pathology. All rights reserved. **ASCP**