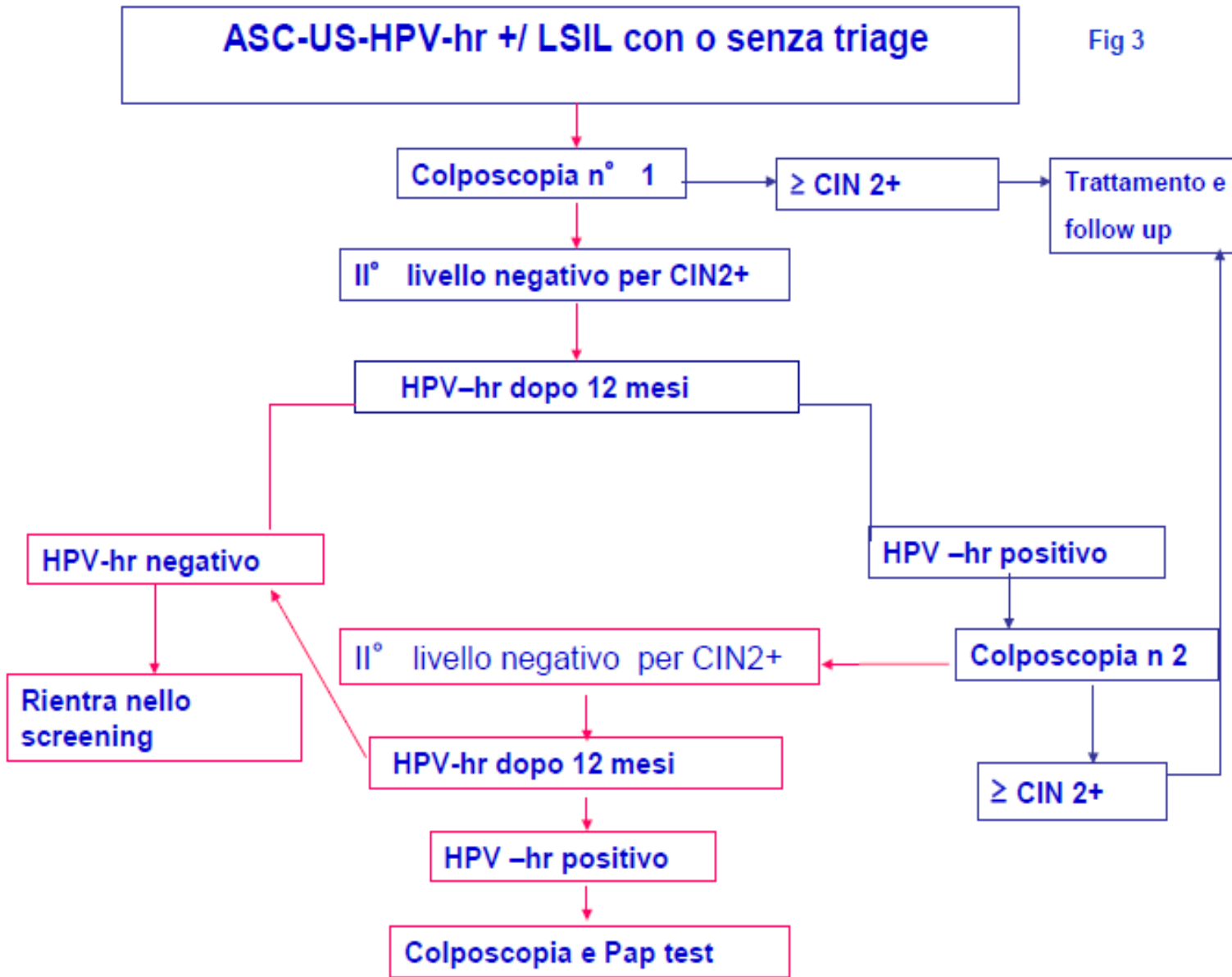


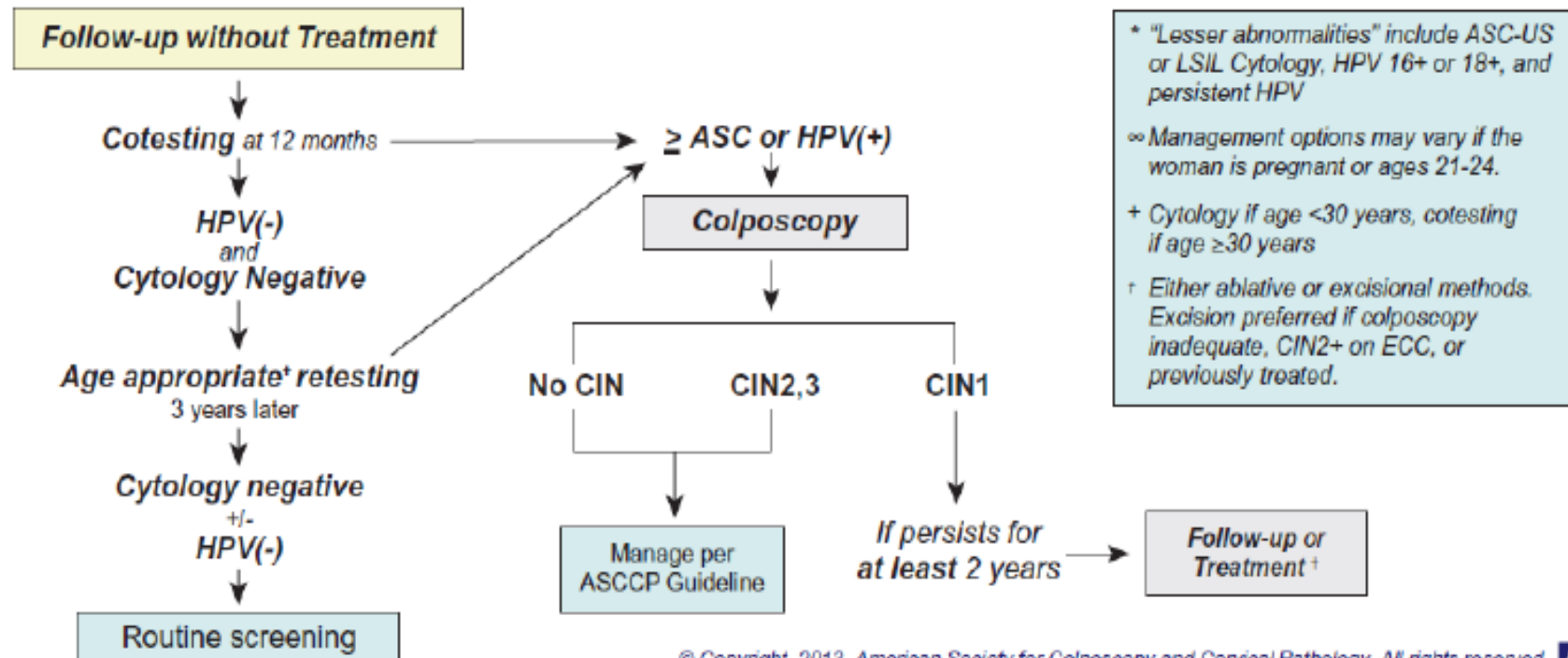
GESTIONE DELLE DONNE ASC-US, L-SIL E
TEST HPV-HR POSITIVO

Dott. Tiziano MAGGINO
Direttore Dip. Materno-infantile
Ospedale dell'Angelo
Zelarino-VENEZIA



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”^{*∞}



Adherence to Follow Up

- ▶ 390 out of 2400 (16%) women that develop invasive cervical cancer in England each year previously received treatment for cervical precancer
(WP Soutter Int. J. Cancer 2006)
- ▶ Short term default rates of women with low grade cytological abnormalities in randomized trials reach 21–28%
(Flennelyg et al. Br Med J. 1994)
(Shafi Mi et al. Br J. Obstet. Gynec 1997)
- ▶ Studies exploring the value of patient chosen protocols for low grade lesions describe even higher default rates of 31,7–63%
(Kitchener HL et al. Br J. Obstet. Gynec 2004)
(Hartz LE et al. Obstet Gynecol 2001)

What is the Appropriate Management for a patient with CIN1 on Colposcopy

Follow-up/Intervention after diagnosis of CIN1 at Colposcopy

	Sensitivity for Detecting >CIN1	Referral Rate for Colposcopy
HPV test at 12 months	92%	55%
HPV at 6 months	90,9%	62,4%
Cytology at 6-12 months	85%	60%
Cytology at 6-12-18 months	95%	Not available
HPV test +cytology at 12 months	94,8%	64,1%



ANTI-TUMOUR TREATMENT

Management of minor cervical cytological abnormalities: A systematic review and a meta-analysis of the literature

Review: Management of Minor Cervical Abnormalities
 Comparison: Immediate colposcopy vs surveillance
 Outcome: Default

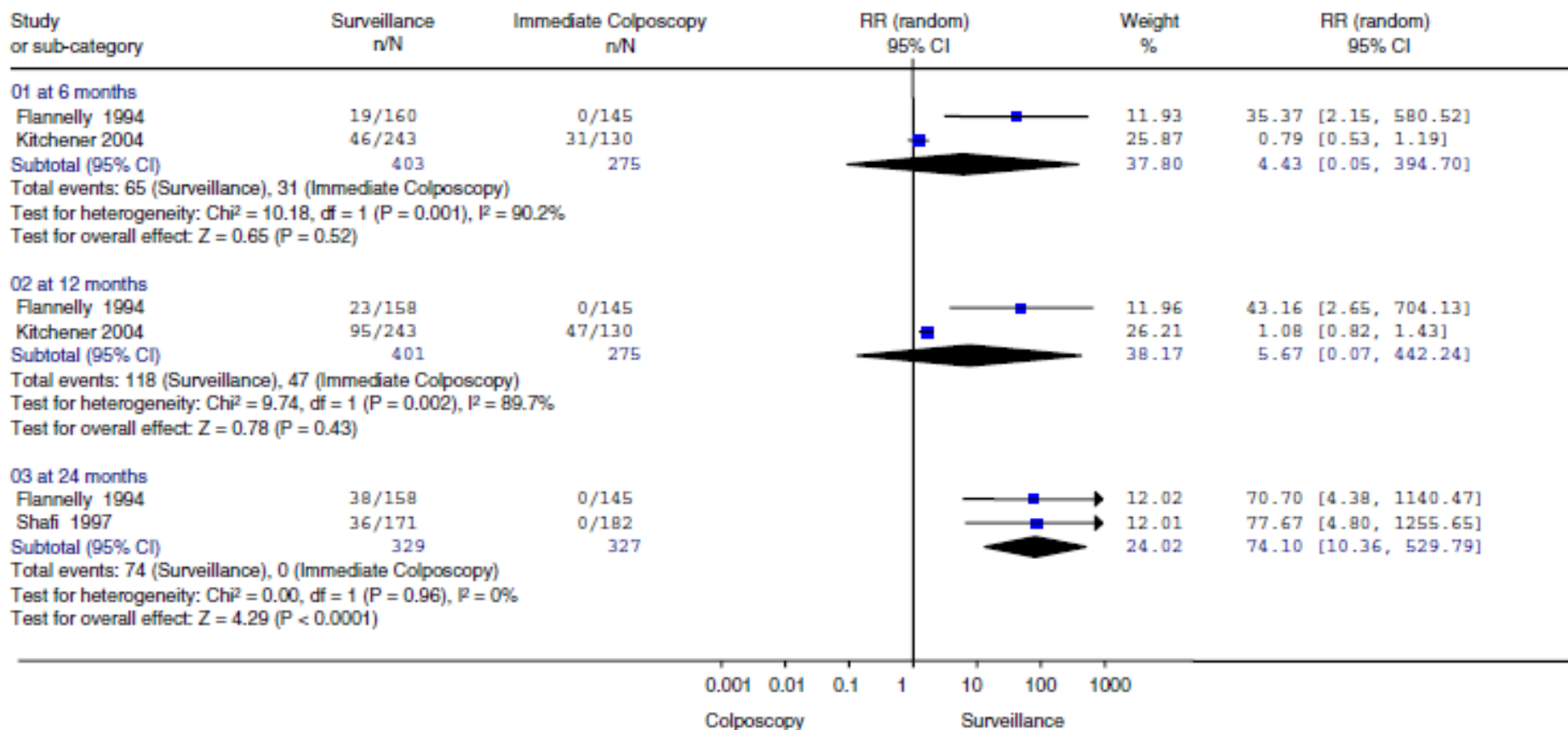


Figure 1 The total effect of the meta-analysis of colposcopy ± treatment vs surveillance for default rate.

Review: Management of Minor Cervical Abnormalities
 Comparison: Immediate colposcopy vs surveillance
 Outcome: Presence of HPV / koilocytic atypia in histology

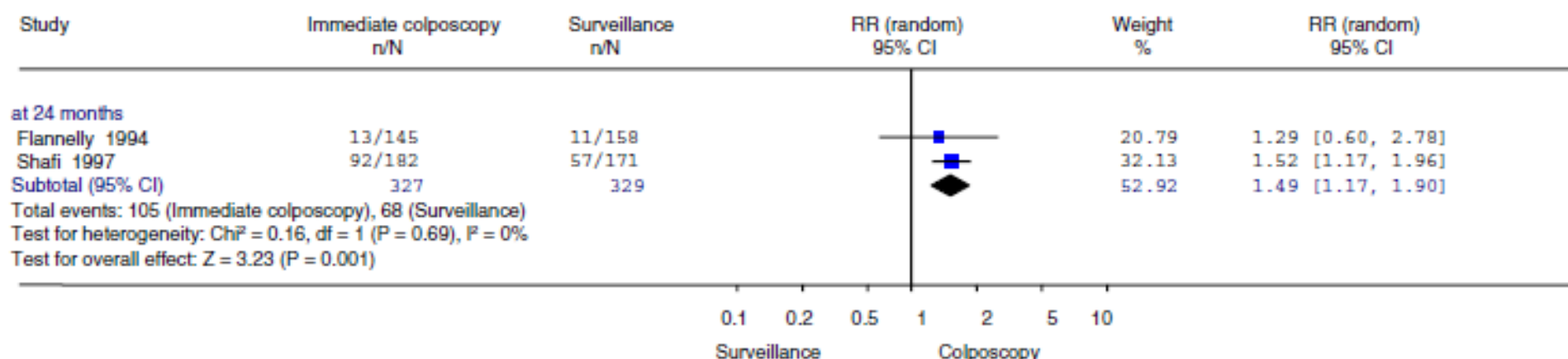


Figure 2 The total effect of the meta-analysis of colposcopy ± treatment vs surveillance for presence of HPV/koilocytic atypia in histology.

Review: Management of Minor Cervical Abnormalities
 Comparison: Immediate colposcopy vs surveillance
 Outcome: Presence of CIN 1 in histology

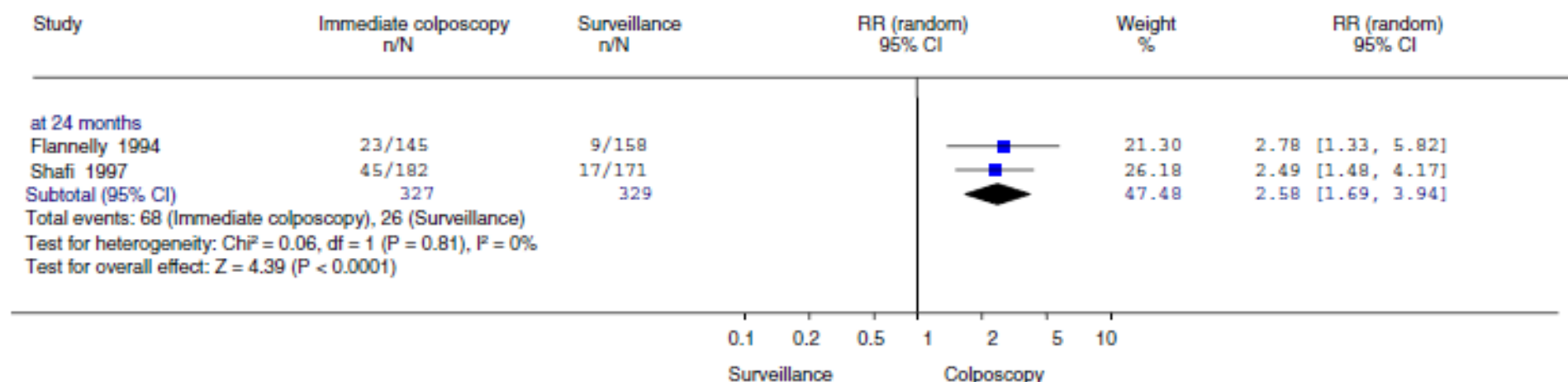


Figure 3 The total effect of the meta-analysis of colposcopy ± treatment vs surveillance for presence of CIN 1 in histology.

RACCOMANDAZIONE GISCI (Figura 3):

In caso di approfondimento di 2° livello negativo per CIN2+, la donna viene richiamata dopo un anno per effettuare un test HPV-hr.

Livello III Forza A

In caso di test HPV-hr negativo, la donna rientra nel normale intervallo di screening.

Livello I Forza A

In caso di HPV-hr positivo la donna viene inviata in colposcopia

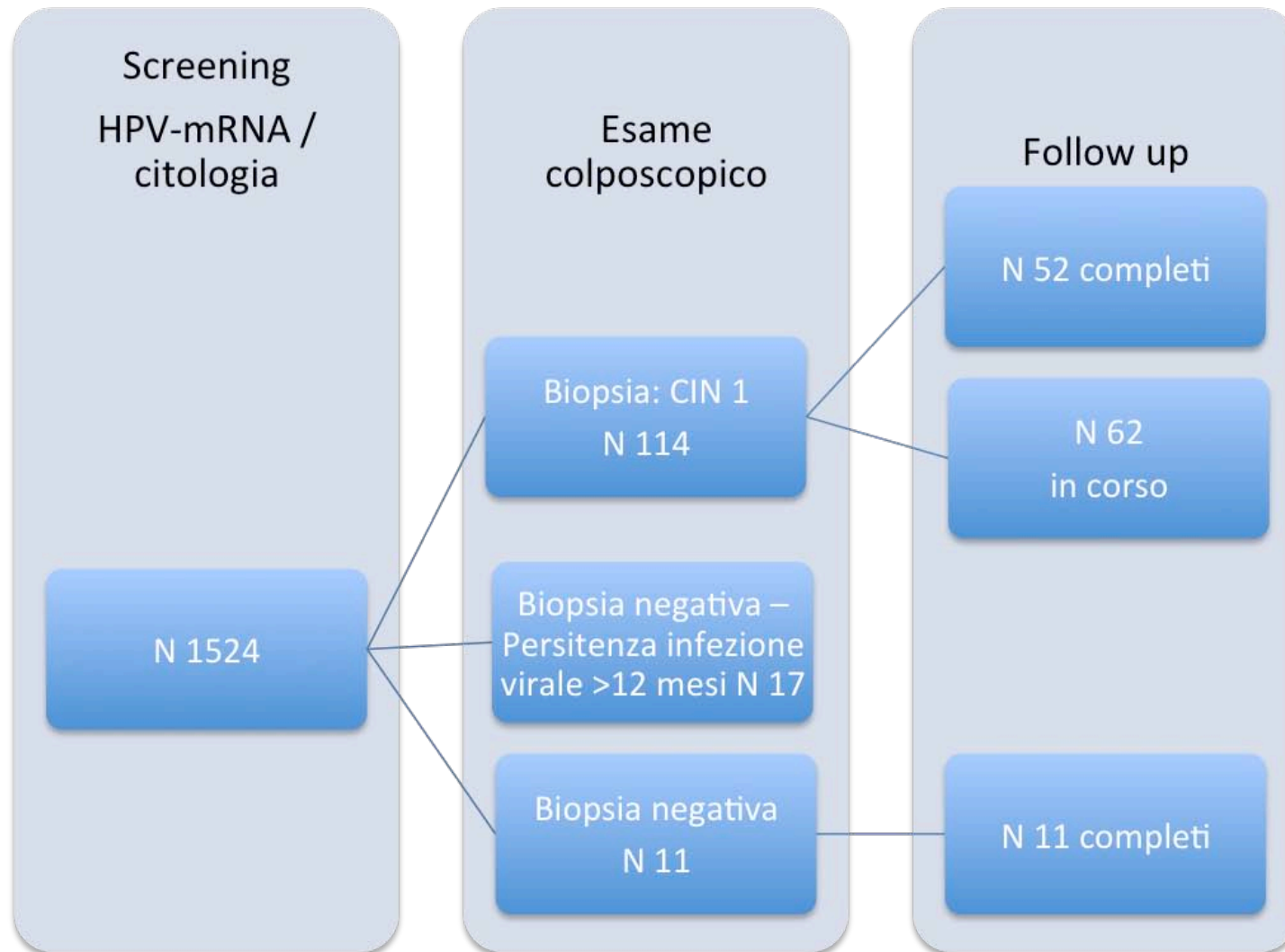
Livello III Forza B

In quest'ultimo caso, se il 2° livello è negativo per CIN2+, la donna verrà invitata a ripetere un test HPV-hr dopo 12 mesi. In caso di positività di questo ulteriore test HPV-hr la donna sarà invitata a ripetere una colposcopia e il Pap test.

Tale protocollo di follow-up che utilizza il test HPV-hr dopo un approfondimento di 2° livello negativo per CIN2+, può essere adottato anche nel caso in cui non sia stato effettuato un triage iniziale con HPV-hr

Design dello studio

Ambulatorio di Patologia Cervicale – U.O. Ginecologia e Ostetrica
Ospedale dell'Angelo – Dati aggiornati Maggio 2015




Gruppo CIN 1- Follow up conservativo



Grado	Regression e	Persistenza	CIN2+
CIN 1	91%	9%	0

Gruppo con infezione virale HPV persistente – esito controllo colposcopico/biopsia



Grado	Negativo	CIN1+
N 17	94%	6%*

* 1/17 CIN 2

Gruppo biopsia negativa

Grado	Persistenza della negatività	Progression e >CIN1
<CIN 1	93%	7%