

Flow Diagrams of the Management of Cervical Cytology Findings

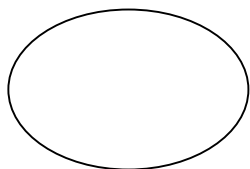
Cervical Cancer Minimal Elements

DHMH, CCSC—October 2004

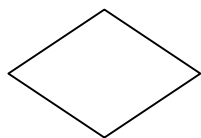
Definitions of Symbols



Indicates a Pap test, a diagnostic procedure, or treatment is to be performed.



Indicates the result of a diagnostic procedure or Pap exam.



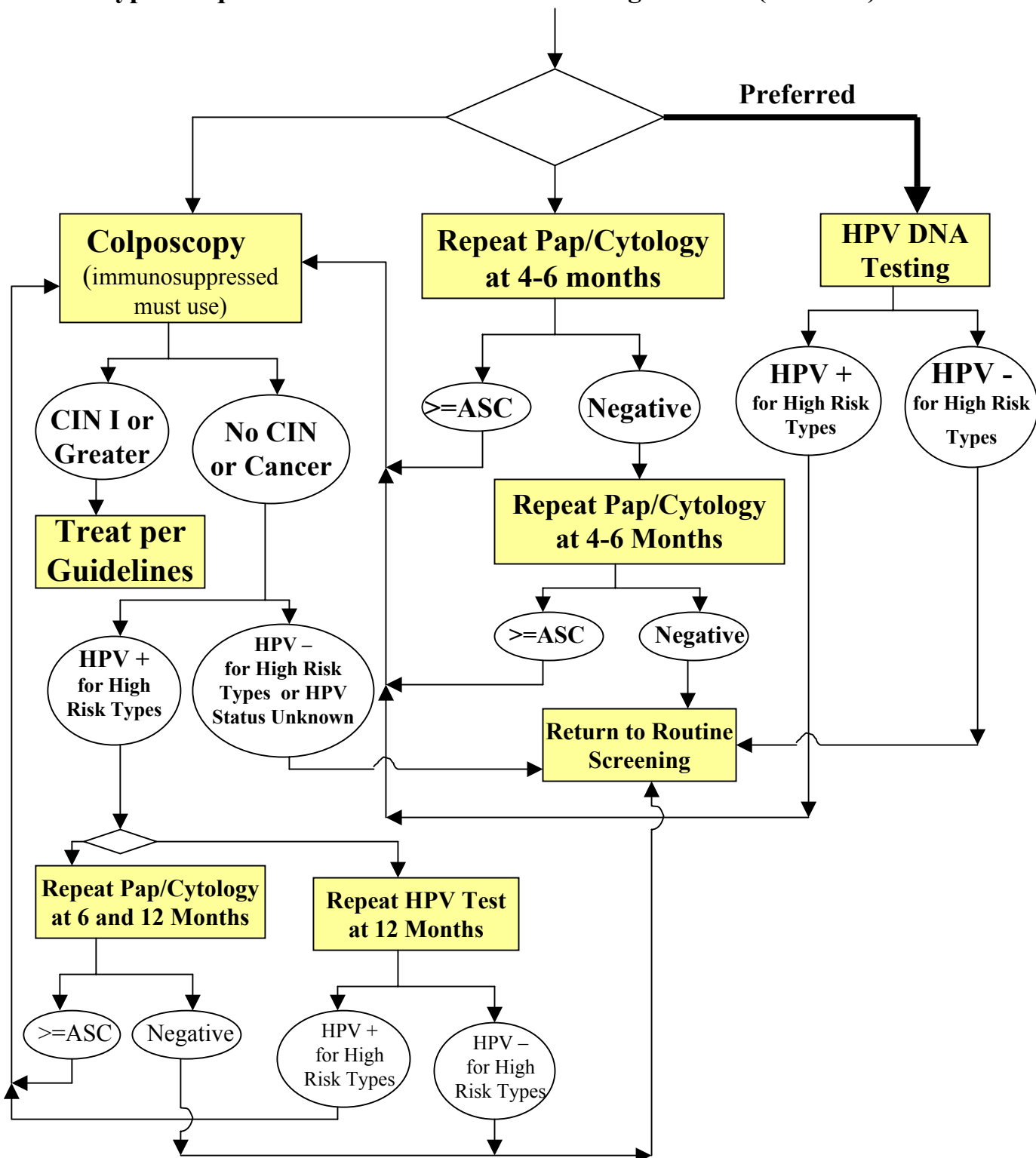
Indicates a choice of acceptable procedures



The flow from test results to appropriate action

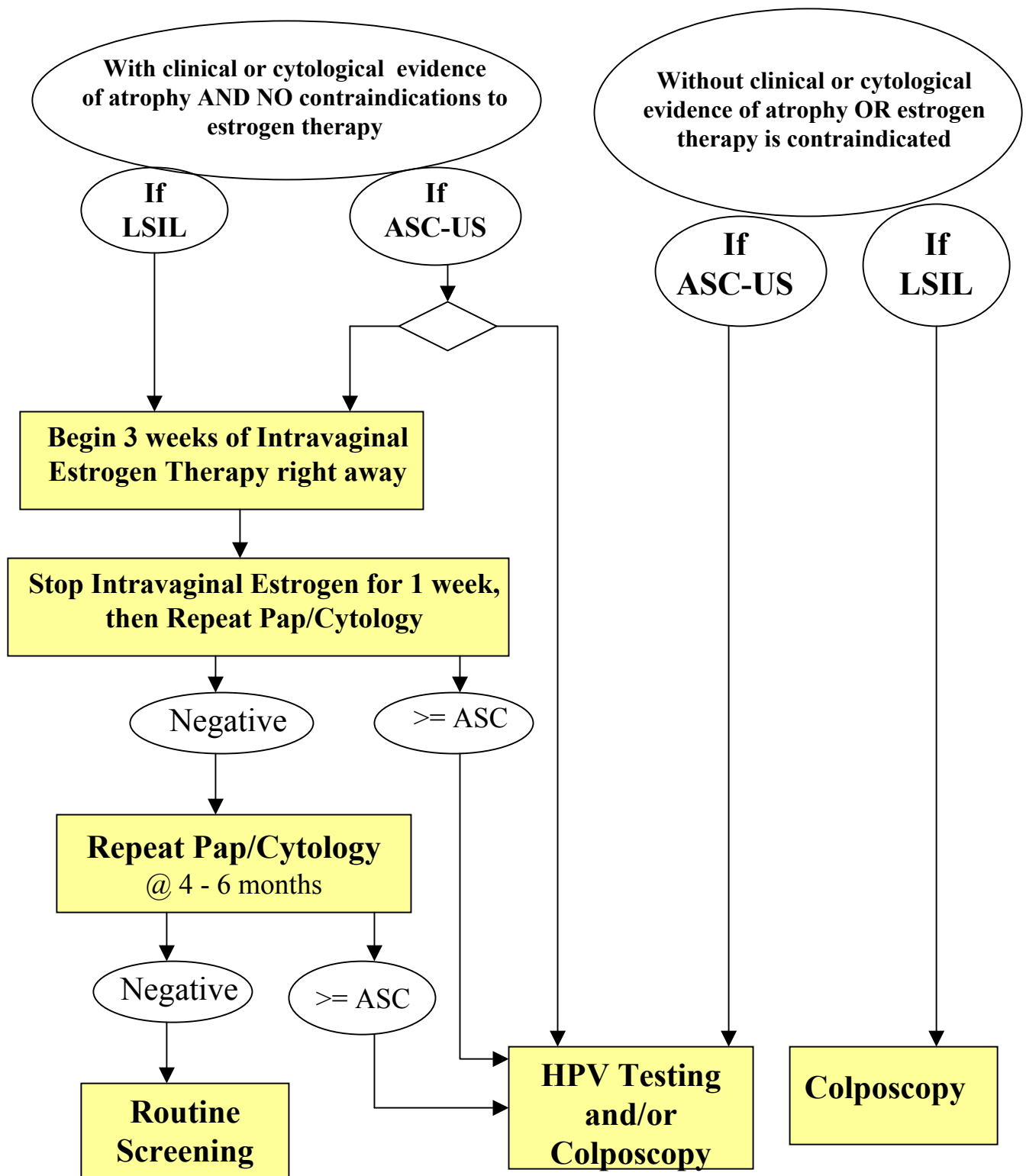
Management of PRE-MENOPAUSAL Women with:

- Atypical Squamous Cells of Undetermined Significance (ASC-US)



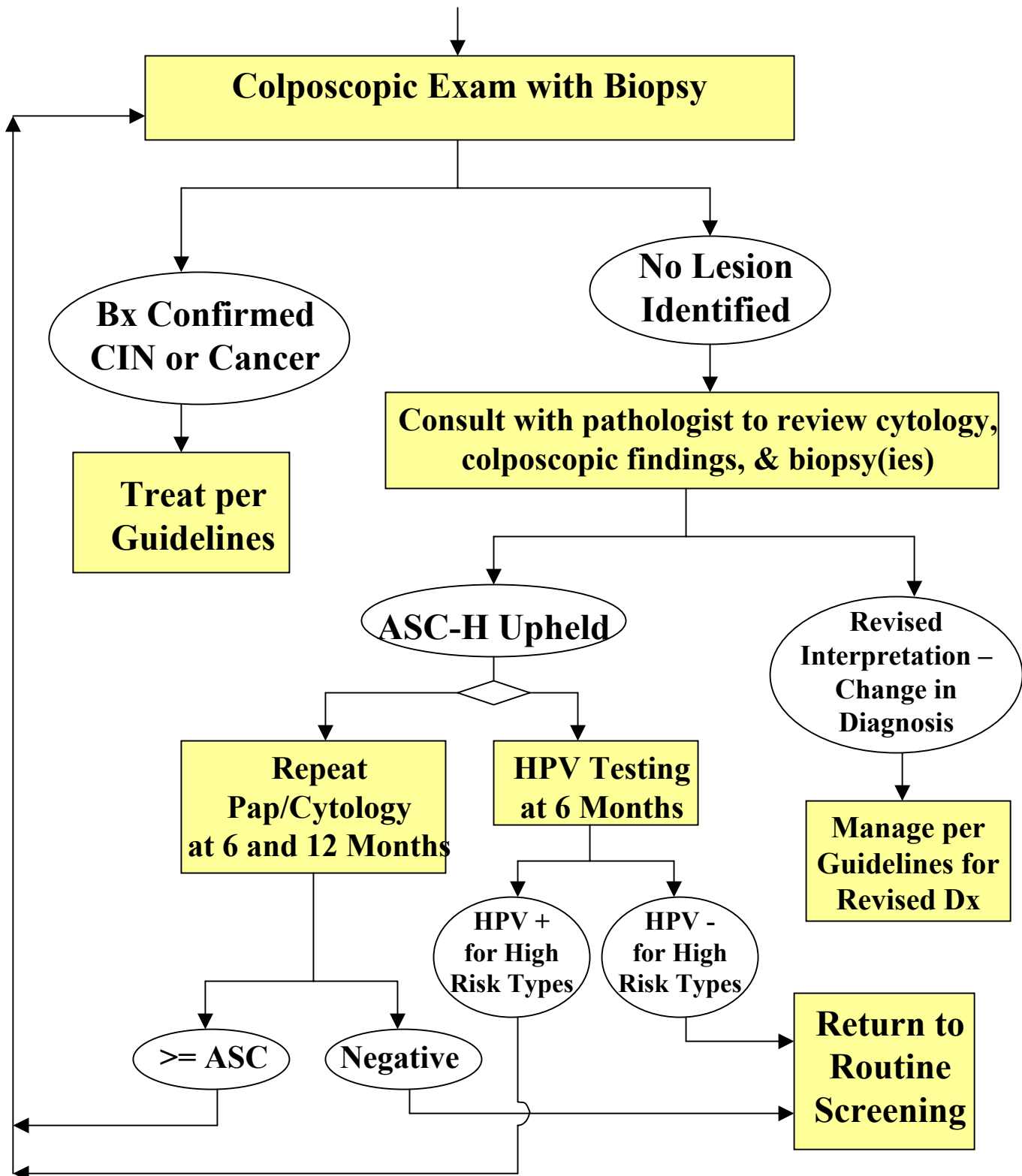
Management of POST-MENOPAUSAL Women with:

- Low Grade Squamous Intraepithelial Lesions (LSIL) or
- Atypical Squamous Cells of Undetermined Significance (ASC-US)

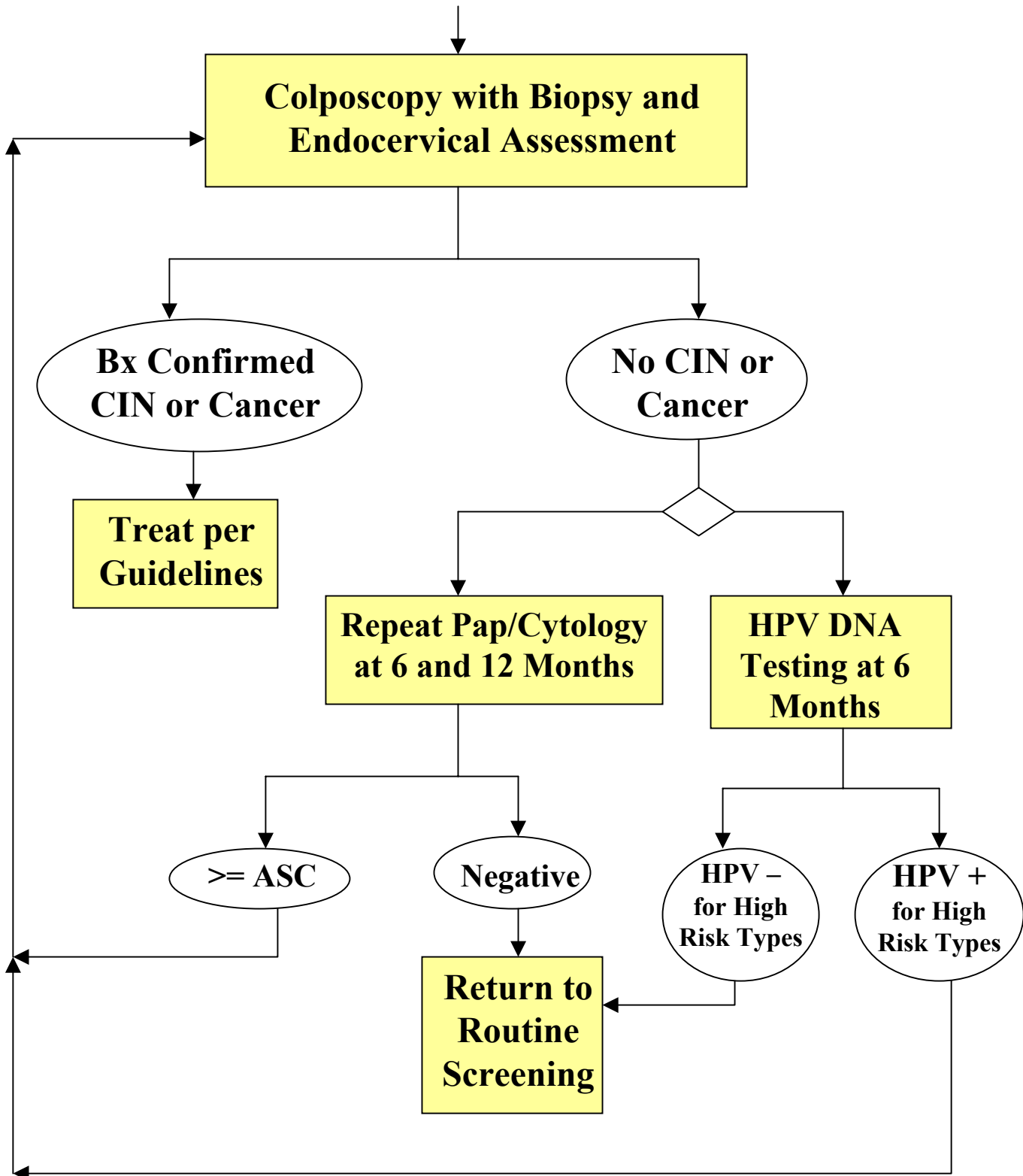


Management of Women with:

-- Atypical Squamous Cells – Cannot Exclude High Grade SIL (ASC-H)

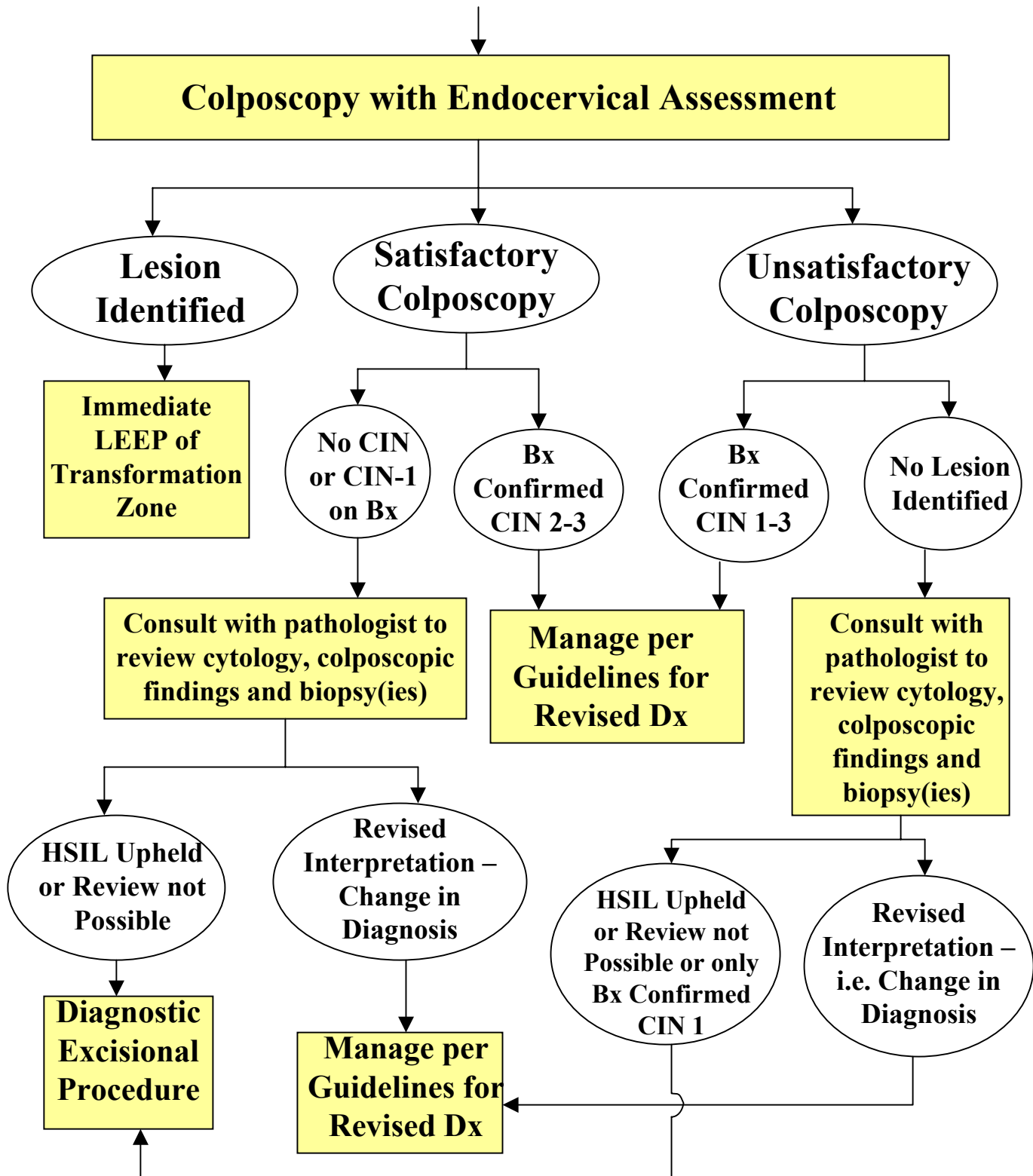


Management of PRE-MENOPAUSAL Non-Pregnant Women with:
-- Low Grade Squamous Intraepithelial Lesion (LSIL)



Management of Women with:

-- High Grade Squamous Intra-Epithelial Lesion (HSIL) Who are NOT Currently Pregnant and are Not Considering Becoming Pregnant



Management of Other Women with High Grade Squamous Intra-Epithelial Lesion (HSIL)

Women Who are Pregnant:

**Colposcopy by experienced clinician who knows the changes expected in pregnancy;
biopsy only lesions suspicious for high-grade dysplasia or carcinoma;
no endocervical curettage.**

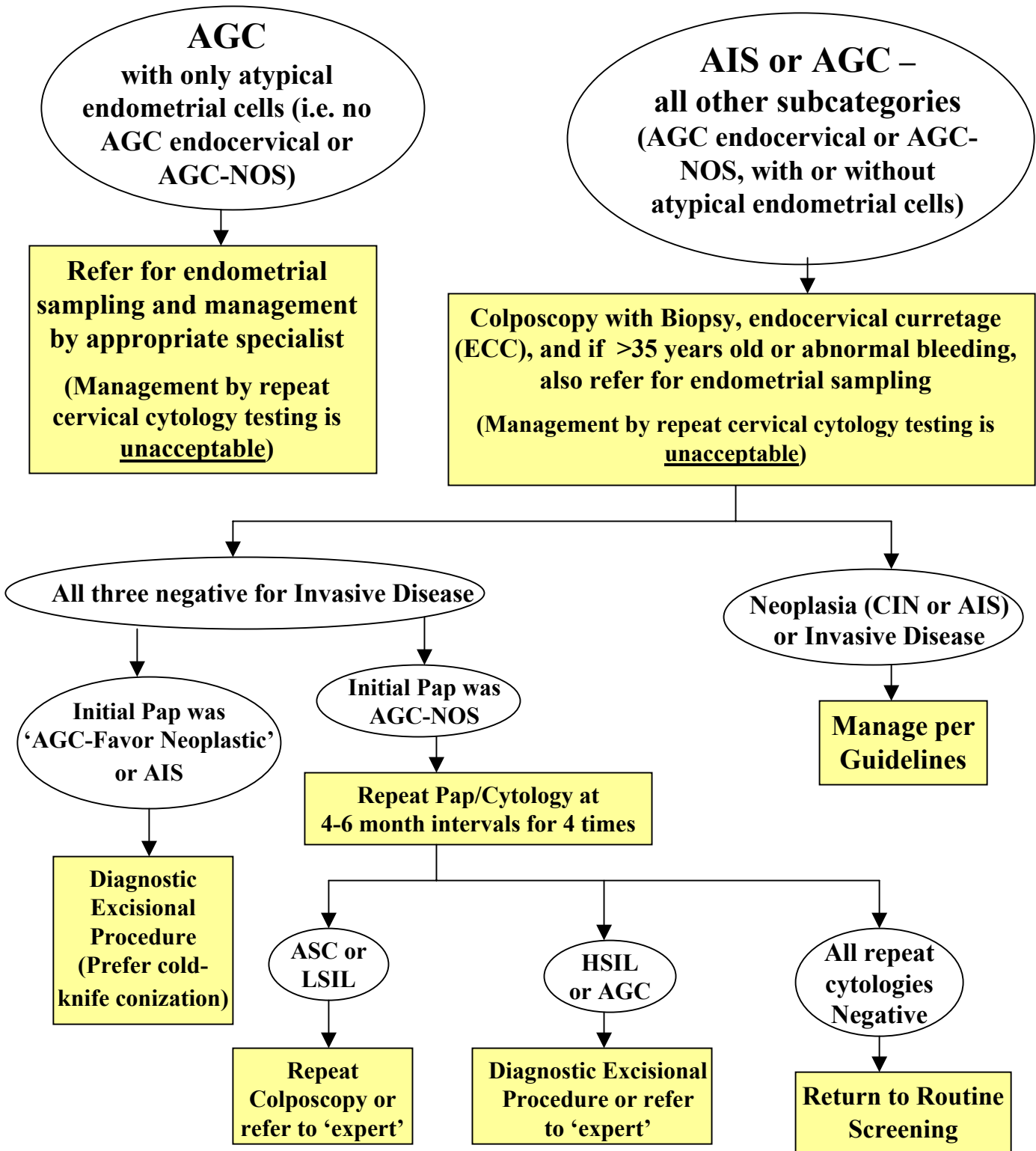
If unsatisfactory colposcopy, repeat colposcopy in 6-12 weeks.

Young Women of Reproductive Age without CIN-2 or CIN-3

Observe with Colposcopy and Cytology at 4-6 Month Intervals for One Year

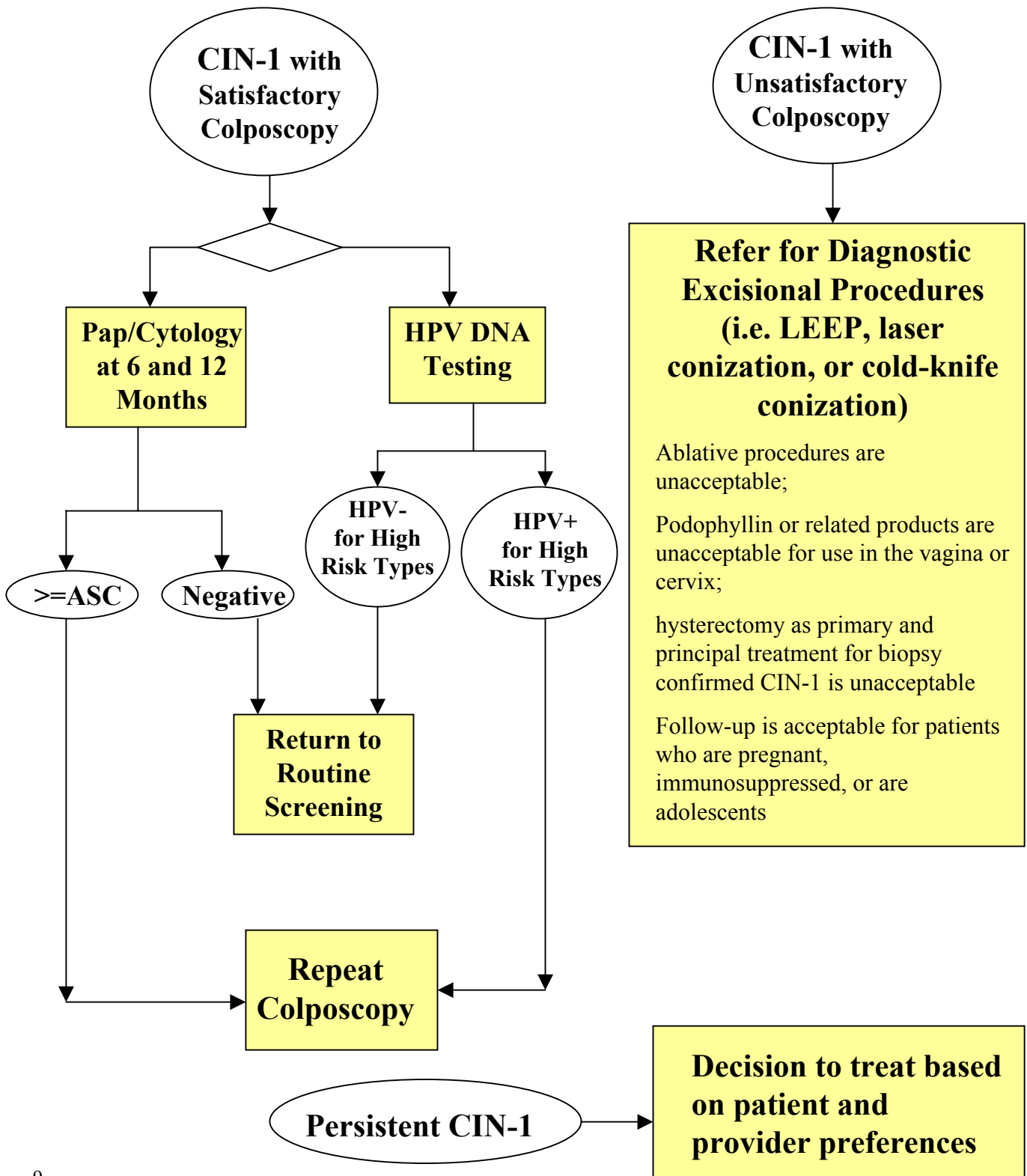
Management of Women with:

- Atypical Glandular Cells (AGC) or
- Adenocarcinoma in Situ (AIS)



Management of Women with:

- Biopsy Confirmed Cervical Intraepithelial Neoplasia (CIN): CIN-1
- Persistent CIN-1



Treatment of Women with:

-- Biopsy Confirmed Cervical Intraepithelial Neoplasia (CIN): CIN-2 or CIN-3

--Recurrent CIN-2 or CIN-3

