

## Repeats and Recommendations

### Conventional Cervico-Vaginal Cytology

Diagnosis	Recommendation
Unsatisfactory*	Repeat test no sooner than 8 weeks
Negative for intraepithelial lesion and malignancy & Satisfactory Test	Cytology every 2 years after 3 consecutive annual negative Pap tests
ASC-US	Repeat test twice at 6 month intervals. 2 abnormal (ASCUS or LSIL) within a 2 year period warrants colposcopy.
ASC-US post-menopausal with atrophy	May be treated with short course of vaginal estrogen. Repeat test one week after completion.
ASC-H	Colposcopy & investigation
AGC-NOS, AGC-EC, AGC-EM, AGC-Favor Neoplastic	Colposcopy & investigation
AIS	Colposcopy & investigation
LSIL	Repeat test twice at 6 month intervals. 2 abnormal (ASCUS or LSIL) within a 2 year period warrants colposcopy.
HSIL & Carcinoma	Colposcopy & investigation
Endometrial cells in women over 40 years old	Interpret in light of clinical situation**

\*Please inform patient that this repeat is not due to abnormal findings.

\*\*"Most clinicians understand that benign appearing endometrial cells on Pap tests from women older than 40 years usually are not from cancer or hyperplasia. In most women, they are physiologic (the woman is still cycling, either naturally or because of HRT) or a result of benign endometrial pathology (e.g. an endometrial polyp). For this reason, an endometrial sample is not indicated for all women with this diagnosis. The woman's physician, who knows her menstrual or menopausal status, clinical risk factors for endometrial cancer, and whether she is taking HRT, should use his or her clinical judgment to decide whether to take a histologic endometrial sample." (Browne et al. 2005)

NOTE: *These are guidelines only; more detailed repeats or recommendations may be made at the pathologist's discretion.*

**The suspicious cervix (cervix appears abnormal on visual inspection) should be investigated colposcopically and/or biopsied and abnormal bleeding investigated by appropriate referral regardless of the cytologic findings.**

## Indications for Colposcopy

### I Abnormal Cytology

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| 1) Atypical Squamous Cells of Undetermined Significance (ASC-US) and/or Low Grade Squamous Intraepithelial Lesion (LSIL) | Repeat smear twice at 6 month intervals. Any 2 abnormal (ASCUS or LSIL) within a 2 year period warrants colposcopy. |
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| 2) Atypical Squamous Cells Cannot Exclude HSIL (ASC-H) | } On ONE (1) occasion |
| 3) Atypical Glandular Cells (AGC)                      |                       |
| 4) Adenocarcinoma in situ (AIS)                        |                       |
| 5) High Grade Squamous Intraepithelial Lesion (HSIL)   |                       |

### II Carcinoma

### III Questionable Lesion of Cervix

### IV DES Exposure

Note:

*Genital tract condylomata – Pap smear should be taken and managed as per Repeats and Recommendations.*