

# NCSP Guidelines for managing women with abnormal cervical cytology

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# NCSP Guidelines

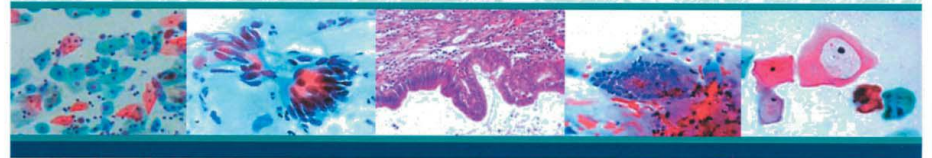
## Sept 2008

hrHPV Testing was  
introduced on  
**October 2009** for  
women in selected  
clinical groups

### Guidelines for Cervical Screening in New Zealand

Incorporating the Management of Women with Abnormal Cervical Smears

PART B: The Guidelines



# hrHPV Testing in New Zealand

1. Triage of Women 30 years and over with ASC-US or LSIL (who have not had an abnormal cytology sample within the last 5 years)
2. Follow-up of women treated for high-grade squamous lesions (Test of cure)
3. Post-colposcopy management of women with discordant results: e.g. high-grade cytology and negative satisfactory colposcopy (specialist testing)

# Women with unsatisfactory cervical smears

*Report:* Unsatisfactory

*Rec:* Repeat cervical cytology within 3 months

Refer for colposcopy after three consecutive unsatisfactory smear reports

## Women with **normal** or no previous cervical smears

*Report:* Negative for intra-epithelial lesion or malignancy  
(squamous or glandular)

*Rec:* Repeat cytology in three years unless....

.....this is the first smear, or more than 5 years has elapsed  
since the previous smear: then

*Rec:* Repeat cytology in 12 months

# Women with **low-grade** squamous abnormalities

*Report:* Atypical squamous cells of undetermined significance (ASC-US)  
or Low grade squamous intraepithelial lesions (LSIL – CIN1)

## **Rec: 1. Women 20-29 yrs**

- with no previous abnormal in last 5 years: **Repeat cervical cytology in 12 months.....next slide**
- with a previous abnormal in last 5 years: **Referral for colposcopy**

## **2. Women 30+yrs**

- with no previous abnormal in the last 5 years: **Reflex HrHPV test .....next slide**
- with a previous abnormal in 5 last years: **Referral for colposcopy**

# Women with low-grade squamous abnormalities (cont.)

## **Women 20-29 years**

with 12 month repeat smear after first ASC-US/LSIL

*Report: negative* further repeat sample in 12 months

*Report: any abnormality* referral to colposcopy

## **Women 30+ years**

*HrHPV Test: negative* repeat cytology in 12 months

*HrHPV Test: positive* referral to colposcopy

## Women with **high-grade** squamous abnormalities

*Report:* Atypical squamous cells, possible high-grade (ASC-H)

*Rec:* Refer to colposcopy

*Report:* HSIL

*Rec:* Refer for colposcopy

*Report:* SCC or HSIL with features suspicious of invasion

*Rec:* Urgent referral to experienced colposcopist or  
gynaecologic oncologist



# Case 1

- 35 years of age
- normal NCSP history, regular three yearly samples
- asymptomatic, normal clinical examination
  
- Cytology: ASC-US
- *What should happen next??*

# Case 1

- 35 years of age
- normal NCSP history, regular three yearly samples
- asymptomatic, normal clinical examination
  
- Cytology: ASC-US
- High-risk HPV test: Detected
- Recommendation: Refer for colposcopy
  
- Colposcopic findings: Low-grade changes observed
- Punch biopsy taken: CIN1 confirmed
- Referred to sample-taker for 2 annual follow-up cytology samples
- Both negative so returned to three yearly screening.

# Case 2

- 31 years of age
- cytology 3 years previously was normal, but one sample 7 years previously showed ASC-US
- asymptomatic, normal clinical examination
  
- Cytology: ASC-US
- High-risk HPV test: Not Detected
- Recommendation: Repeat cytology in 12 months
  
- Repeat cytology: LSIL
- Refer to colposcopy

# Case 3

- 22 years of age
- Asymptomatic, cervix appears normal
- First cervical cytology sample
  
- Cytology: LSIL
- Repeat cytology: ASC-US
  
- Referral to colposcopy

# Case 4

- 42 years of age
- CIN 2 treated 10 years previously. Normal annual cytology samples since.
- Asymptomatic, cervix appears normal
- Cytology: HSIL
- Referral to colposcopy
- At colposcopy: HSIL seen and confirmed on biopsy
- Treated with a LLETZ: CIN 3, completely excised
- Post-treatment colposcopy at about 8 months, then repeat cytology plus hrHPV test (first pair of Test of cure) at 12 months

# Case 5

- 23 years of age
- First cytology sample
- Asymptomatic, cervix appears normal
- Cytology: Atypical Squamous Cells, possible high-grade (ASC-H)
- Recommendation: Referral to colposcopy
- Colposcopy satisfactory (SCJ fully visualised)
- Minor changes only seen: Cervical biopsy inflammation only
- hrHPV test: Detected (Specialist ordered)
- MDM discussion: recommends LLETZ: HSIL on histology

# Case 6

- 63 years of age
- LSIL 15 years previously: normal samples since.
- Two recent episodes of vaginal bleeding, cervix looks normal
  
- Cytology: Normal (atrophy)
- Recommendation: **Referral to colposcopy**
  
- Colposcopy difficult because of marked atrophy. SCJ not fully visualized. Colposcopic impression: HSIL
- **Biopses: CIN 3. Repeat cytology: HSIL, possible invasion**
- Cone performed because upper limit of SCJ not seen: HSIL with focus of SCC in the endocervical canal

# Women with histologically confirmed LSIL

- Treatment not recommended as such lesions are considered to be an expression of a productive HPV infection
- Refer back to smear-taker for **repeat cytology at 12 and 24 months.**

If both repeat samples **negative** **return to routine screening**

If either repeat sample shows **any abnormality** then **refer back to colposcopy**



# Women with histologically confirmed HSIL

Women with histologically confirmed CIN 2 or 3 should be treated

Exceptions: 1. CIN2/3 in pregnancy

2. Women under 25 years of age with CIN2

**LLETZ:** excisional treatment

Most lesions are treated this way in New Zealand

**Cone Biopsy:** may be used if there is

1. Extensive HSIL
2. Failure to visualize the upper limit of the transformation zone with high-grade cytology
3. Suspicion of early invasive cancer on cyto/colp/histo
4. Suspected presence of a glandular lesion on cyto/histo

# Follow-up after treatment

## Women treated for CIN 2 or 3

- colposcopy +/- cytology at about 8 months (6-12 months) post-treatment
  - cytology and HPV Test @12 months after treatment (Test of Cure – first round)
- If both negative, repeat cyto and HPV Test@ 12 months (Test of Cure – second round)
- If both negative again, return to 3 yearly screening
  - If any tests are abnormal/positive, return to colposcopy
- any abnormal smear within 5 years after treatment: referred to colposcopy

# Women with glandular abnormalities

*Report:* Atypical glandular cells (AGC) or endocervical adenocarcinoma in situ (AIS)

*Rec:* Refer to an experienced colposcopist or gynaecological oncologist

*Report:* Adenocarcinoma

*Rec:* Urgent referral to gynaecological colposcopist or a gynaecologic oncologist

# Special clinical circumstances

## Pregnancy

Cervical cytology taken as per NCSP guidelines

Low-grade cytology: as per guidelines

High-grade cytology: refer for colposcopy

Colposcopy: **aim is to exclude invasive cancer**

- biopsy if invasion suspected otherwise treatment deferred until after delivery
- May need further colposcopies during pregnancy

# Special clinical circumstances

## Immunosuppressed women

Refer all abnormalities for colposcopy

Assessment and treatment should be by an experienced colposcopist

The whole of the lower genital tract needs evaluating

Treatment should be by excisional methods

Follow-up after treatment should include colposcopy as well as cytology

Follow-up should be annual and indefinite

## Special clinical circumstances

### Post-menopausal women and women over 40 years with normal endometrial cells

#### Normal endometrial cells

Normal endometrial cells in **pre-menopausal women** are rarely associated with endometrial pathology such as endometrial carcinoma and if asymptomatic, **no further investigation** is recommended.

Normal endometrial cells in **post-menopausal women** is more often associated with significant endometrial pathology and **further investigation should be considered**: management is determined by the clinician, considering clinical symptoms, LMP, HRT, use of contraceptives etc

Women with symptoms of uterine pathology require investigation regardless of cervical smear results

**Atypical endometrial cells** Urgent referral to an experienced colposcopist

# Special clinical circumstances

## Women who have had a hysterectomy

Subtotal hysterectomy: **routine screening**

Total hysterectomy for benign reasons:

if **benign and normal smears** in previous 5 years, **no further smears**

if smear history is unknown then **baseline vault smear**

if **normal**, **no further smears**

if **CIN 1 on histology** at any time in past then

**3 yearly vault smears until 70 years**

Total hysterectomy for CIN 2 or 3:

if **HSIL on histology** at any time then **annual vault smears until 70 yrs HPV testing for test of cure** can occur at 12 months after treatment

Total hysterectomy for genital malignancy:

**on-going surveillance from a gynaecological oncologist**

# Clinical Practice Guidelines for Cervical Screening in New Zealand

<https://www.nsu.govt.nz/health-professionals/national-cervical-screening-programme>

Will be revised when HPV testing is introduced as the primary screening test in 2021