

## Bethesda 2001 Recommendations overview

Diagnosis	Recommendations
Negative for Intraepithelial lesion or Malignancy	Follow up as per clinic guidelines
ASC-US Atypical Squamous Cells of Undetermined Significance	Repeat Pap or Colposcopy or DNA for high risk HPV Reflex testing for HPV is preferred choice
ASC-H Atypical Squamous cells, can not exclude HSIL	Colposcopy
AGC ( Atypical Glandular Cells) EC (Atypical Endocervical) NOS (Not otherwise specified)	Colposcopy with endocervical sampling
AGC (Atypical Glandular Cells) Cannot exclude Endocervical AIS	Colposcopy with endocervical sampling
AGC-EM Atypical Glandular Cells - Endometrial	Endometrial Sampling Add Colposcopy in women older than 35 or with unexplained vaginal bleeding
LSIL Low Grade Squamous Intraepithelial lesion	Colposcopy
HSIL High Grade Squamous Intraepithelial lesion	Colposcopy with Endocervical Assessment
Ca-in-situ, CA Carcinoma-in-situ and Carcinoma	Colposcopy with Endocervical Assessment

Source: Thomas C. Wright Jr; J. Thomas Cox; L. Stewart Massad; Leo B. Twiggs; Edward J. Wilkinson. 2002. 2001 Consensus Guidelines for the Management of Women With Cervical Cytological Abnormalities. JAMA 287:2120-2129