

Algorithm, Adequacy of follow-up for Cervical Cancer Screening

Pap Test Results	Recommendations
Negative for Intraepithelial Lesion or Malignancy	Follow up as per clinic guidelines.
ASC-US Atypical Squamous Cells of Undetermined Significance	Liquid-based Pap: HPV DNA high risk reflex test performed on original Pap test specimen. Conventional Pap: HPV DNA high risk test specimen is obtained using the HPV collection device.
ASC-US with Positive HPV	Colposcopy.
ASC-H Atypical Squamous Cells, cannot exclude HSIL	Colposcopy.
AGC (Atypical Glandular Cells) EC (Atypical Endocervical) NOS (Not otherwise specified)	Colposcopy with endometrial sampling.
AGC (Atypical Glandular Cells) Cannot exclude Endocervical AIS	Colposcopy with endometrial sampling.
AGC-EM Atypical Glandular Cells – Endometrial	Colposcopy and endometrial sampling.
LSIL Low Grade Squamous Intraepithelial Lesion	Colposcopy.
HSIL High Grade Squamous Intraepithelial Lesion	Colposcopy with endocervical sampling.
CA-in-situ/CA Carcinoma-in-situ and Squamous Cell Carcinoma	Colposcopy with endocervical sampling.

Note: Refer all patients requiring colposcopy to the Regional Care Coordinator.

A diagnostic work-up must be scheduled when there is a Pap test/HPV result requiring colposcopy/MD consult per ADH policy. Adequacy of follow-up for abnormal cervix with a negative Pap test is not addressed in the Bethesda 2001 Chart. The time from an abnormal Pap test or positive HPV test to the final diagnosis should be no more than 60 days. The final diagnosis is the pathology with the most severe result. Results of surgical tissue pathology, which may include conization, LEEP/LLETZ, or hysterectomy, must be entered in the online data system.

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