Current BC Cancer Agency Colposcopy Program Guidelines

Indications for Cervical Smears in Colposcopy Clinics

- Pregnancy
- Referral cytology outside BC
- Clinical discretion
- No previous Pap smear history in BC
Current BC Cancer Agency Colposcopy Program Guidelines

Management of Women with Cervical Cytological Abnormalities
Mild Squamous Dyskariosis persistent over 2 Years

Colposcopic Examination

Satisfactory colposcopy with lesion identified – endocervical sampling “acceptable”

Satisfactory colposcopy with no lesion identified – endocervical sampling “preferred”

Unsatisfactory colposcopy exam – endocervical sampling “preferred”

No CIN/Cancer

Cytology in 6-12 mos with GP

CIN/Cancer

Manage per guideline
Current BC Cancer Agency Colposcopy Program Guidelines

Management of Women with Cervical Cytological Abnormalities

\( \geq \) Moderate Squamous Dyskariosis

Colposcopic Examination with Endocervical Assessment

*see & treat acceptable if compatible lesion identified

Satisfactory Colposcopy

- No CIN or CIN 1 on Biopsy
  - Review of Material if > 2 Grades discrepancy (use BCCA form)
  - No Change > moderate > 1 grade
    - Diagnostic Excisional Manage per Procedure
  - Change in Diagnosis
    - Diagnostic Excisional Diagnosis

- Biopsy Confirmed CIN 2,3
  - Manage per Guideline

Unsatisfactory Colposcopy

- No Lesion Identified
  - Review of Material^  
  - No Change (or review not possible or only biopsy-confirmed CIN 1)
    - Manage per Procedure
  - Change in Diagnosis
    - Diagnosis

- Biopsy Confirmed CIN (of any grade)
  - Manage per Guideline*

^includes referral cytology, colposcopic findings and all biopsies

*management options may vary if the woman pregnant, postmenopausal, or an adolescent
Current BC Cancer Agency Colposcopy Program Guidelines

Management of Women with Cervical Cytological Abnormalities

Atypical Glandular Cells

All Subcategories (except atypical endometrial cells)

Colposcopy (with endocervical sampling/"ecc preferred" and endometrial sampling [if > 35 yrs or abnormal bleeding])

Referring Pap Mild Glandular Atypia

Neoplasia (CIN or AIS) → Manage per Guideline

No neoplasia

Repeat Pap smear @ 6 mos Intervals for Four Times

Referring Cytology > Moderate Glandular Atypia

Neoplasia

Negative

CIN 1 → Path review

>/= CIN 2, 3 AIS → Excisional Tx

Path review

No change → Change manage per Guideline

Excisional Tx

Neoplasia

Negative

AIS

Path review

Excisional Tx

Change

Manage per guideline

Excisional Tx

No change

Excisional Tx
Current BC Cancer Agency Colposcopy Program Guidelines

Management of Pregnant Women with Abnormal Cervical Cytology

Final COLPO Evaluation
- based on colpo impression, biopsy, +/- cytology

Mild Squamous Dyskariosis
- Protocol Suggest Post-partum visit

>/>= Moderate & Severe
- Colposcopy every 4 mos
- Limited Excisional Treatment if Concerns re invasion

-No treatment in pregnancy unless suspect invasion
-Cervical biopsy safe in pregnancy if required for diagnosis or suspicion of microinvasion/invasion