

**Initial Management of Abnormal Cervical Cytology
(Pap Test) and HPV Test in Adult and Adolescent
Females**

Scope and Target Population:

Any woman who has undergone cervical cytological analysis (Pap test) and has received an abnormal result.

Aims:

1. All women age 21 years and older with an ASCUS cervical cytological result will receive appropriate clinical follow-up.
2. All adult women age 21 years and older with a high-grade squamous intraepithelial lesion (HSIL) cervical cytological result will have a colposcopy with endocervical curettage (ECC) or LEEP.
3. All women age 21 years or older with a low-grade squamous intraepithelial lesion (LSIL) cervical cytological result will have a colposcopy.

Clinical Highlights:

- ASCUS as an initial cytology result in women age 21 and older necessitates HPV testing. If HPV testing is unavailable, a repeat Pap test in six months or immediate colposcopy is recommended.
- AGC as an initial cytology result requires a colposcopy and endocervical curettage (ECC) and possible endometrial biopsy. AGC cytology results can, in some cases, be indicative of extracervical malignancy. Follow-up is mandatory.
- LSIL as an initial cytology result in an adult generally warrants a colposcopy. Special considerations may be made for adolescents who have had a Pap test performed.
- HSIL as an initial cytology result requires colposcopy in adolescents, or colposcopy with endocervical curettage (ECC) or loop electrosurgical excision (LEEP) in adults.
- Although cervical cancer screening in adolescents is not recommended, if a test is performed and shows ASCUS or LSIL cytological screening results, the HPV regression rate is so high that conservative management without colposcopy is recommended.

Additional Background:

The Bethesda system for reporting Pap smear results was instituted to help bring uniformity to the reporting of Pap smear results. The Bethesda system introduced new terminology which has led to some confusion regarding the appropriate management of abnormal results not only for patients but also providers. Studies have thoroughly documented that follow-up of abnormal Pap smear results has been less than satisfactory. Therefore, it is imperative to not only have a clear approach to follow-up abnormal Pap smear results based on the Bethesda system, but to also have clear procedures to encourage 100% follow-up of such results.