CERVICAL DYSPLASIA WITH HR HPV TESTING

I. DEFINITION

A. Dysplasia is growth of abnormal cells of the cervix. If it is not treated, cervical dysplasia may develop into cervical cancer.

B. Intraepithelial lesions (cervical dysplasia) represent a disturbance of cellular growth and development caused by high-risk human papillomavirus (HR HPV). Most HR HPV laboratory tests detect approximately 13 different types, which are responsible for most cervical cancers.

1. Intraepithelial lesions are classified using the Bethesda System as either squamous or glandular.

2. Squamous lesions are divided into low-grade lesions or high-grade lesions depending on degree of involvement of the squamous epithelium.

3. Pre-malignant glandular lesions are described as atypical glandular cells or adenocarcinoma in situ.

II. CLINICAL FEATURES SEEN ON LABORATORY STUDIES

A. Findings of the liquid-based Pap test include SATISFACTORY or UNSATISFACTORY for evaluation AND:

1. Negative for intraepithelial neoplasia or malignancy (NILM).

2. NILM but EC/TZ Absent.

3. Atypical squamous cells of undetermined significance (ASC-US).

4. Atypical squamous cells cannot rule out HSIL (ASC-H).

5. Low-grade squamous intraepithelial lesions (LSIL).

6. High-grade squamous intraepithelial lesions (HSIL).

7. Atypical glandular cells (AGC).

8. Atypical glandular cells not otherwise specified (AGC-NOS).

9. Atypical endocervical cells (AGC-endocervical).

10. Atypical endometrial cells, (AGC-endometrial).

11. Atypical glandular cells, favor neoplastic process.

12. Adenocarcinoma in-situ (AIS).

13. Squamous cell carcinoma (SCC), or invasive adenocarcinoma.

B. Findings of HR HPV test include:

1. Positive.

2. Negative.

3. Unsatisfactory for Evaluation (see Dysplasia III.D.1).

III. MANAGEMENT PLAN

A. Assure that all cervical cancer screening test results have been received.

Age	Type of Report to Expect
Less than 21 years	No report as no screening indicated
Age 21-29 (with anything except ASCUS for age 25-29)	Liquid Based Pap Test Report, No HR HPV Report
Age 25-29 with ASC-US Pap Result	Liquid based Pap Test Report and HR HPV Report
Age 30-65	Liquid Based Pap Test Report and HR HPV Report
Over 65 Years of age	Liquid Based Pap Test Report and HR HPV Report

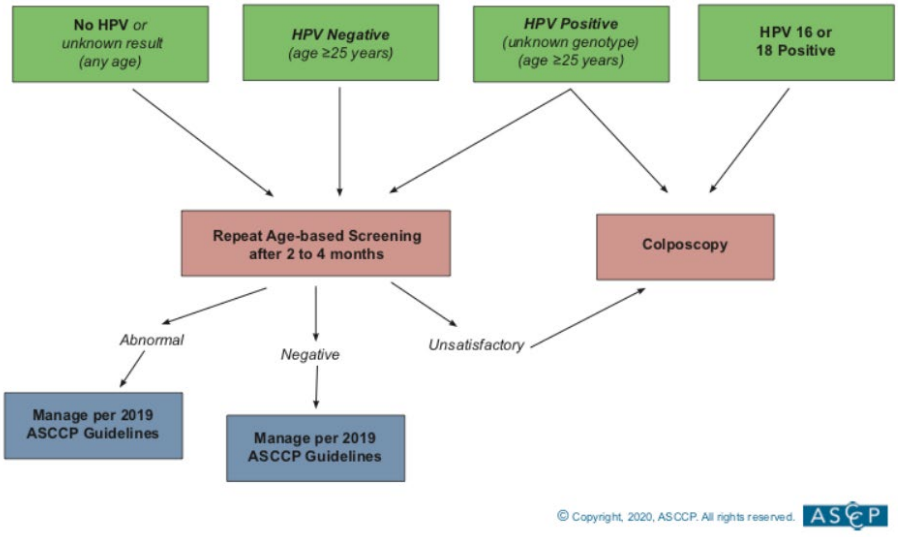
Follow or refer according to findings of liquid-based Pap test and HR HPV test results. The new guidelines rely on Risk-Based Management. (See website https://www.asccp.org/guidelines " and go to Management Guidelines. Using the web-based version of the ASCCP app is free while those for cell phones require purchase to use.

B. Perform pregnancy test, if indicated.

C. Other findings–follow-up: Ages 21-29, 30-65, and 65+

Unsatisfactory Cytology

Figure 5: Unsatisfactory Cytology



1. Unsatisfactory for evaluation:

    a. Repeat age-based screening between 2-4 months, unless HR HPV-positive, then repeat Pap can be performed or patient may be sent for colposcopy. Those **testing positive** for HR HPV **16** or **18** should be sent for **colposcopy** without the need for additional Pap test.

    b. If repeat Pap smear at 2-4 months is unsatisfactory, then colposcopy is recommended.

2. Cytology NILM but endocervical component/transformation zone absent.

    a. Ages 21-29 years: Continue age-based routine screening.

    b. Ages 30+ years: Utilize HR HPV testing to determine next steps
        1. If HPV testing was not performed, then ideal subsequent step is having the specimen HPV tested. If that is not possible, then cytology is repeated in 3 years.
        2. Negative HPV testing should result in a continuation of routine age-based screening.
        3. Positive HPV testing should cause either repeat HPV-based testing at 1 year mark or genotyping of the HPV to allow for triage based on the results.

D. Negative for intraepithelial neoplasia or malignancy.

1. Other findings will be reported as appropriate:

    a. Trichomonas vaginalis.

    b. Fungal organisms as Candida.

    c. Coccobacillus.

    d. Actinomycosis.

    e. Cellular changes, herpes.

    f. Inflammation.

    g. Atrophy with inflammation.

    h. Radiation.

2. Consult with APRN and refer to private physician for treatment, if needed, using ODH Form 399 or treat according to physician approved protocol, if available.

E. Leukoplakia:

1. Cervical white plaque visible with the naked eye, unable to be removed with swab.

2. Refer to private physician or dysplasia clinic for evaluation and treatment using

ODH Form 399.

F. Cervical lesion/tags that are of irregular size, discolored, friable, ulcerative, aged/thickened:

1. County health department patients, refer the client to the Advance Practice Nurse for your clinic.

2. Refer patient to BCC OK Cares by calling or having the patient call 1-866-550-5585 or via secure email to OKCares@health.ok.gov.

3. Refer for evaluation for dysplasia.

4. If the patient is not eligible for BCC OK Cares, then send a completed 1341 & 1342 to Take Charge! via secure email at CancerPCP@health.ok.gov or call 888-669-5934 to get help when an abnormal patient Pap test is received.

IV. CLIENT EDUCATION

A. Use pamphlets to review findings with client. Educate client on HPV results, transmission, and progression of the disease.

B. All patients with Pap test results indicating cervical dysplasia or who have a diagnosis of cervical cancer on cervical biopsy should be informed of the association between cervical cancer and HIV. HIV testing should be offered for consideration.

C. Patients should be informed of the risk factors for cervical cancer including smoking, having HIV, using birth control for five or more years, given birth to three or more children and having several sexual partners. Offer patients who smoke a referral to smoking cessation hotline or provider.

D. They should be told an abnormal Pap smear does not mean they have cervical dysplasia or cancer, but abnormal or cancerous cells might be present, and colposcopy is necessary to look for any abnormal cells.

E. If the liquid-based Pap test suggests a potential carcinoma, recommend the woman seek immediate evaluation with a physician such as a gynecologic oncologist who has expertise in evaluating and treating this condition.

F. Patients can be referred to private provider, Federally Qualified Health Center (FQHC), Oklahoma Cares, or Take Charge! Program.

G. Document consultation and referral in the patient's record.

V. CONSULTATION/REFFERAL

A. The treatment recommendation will be based on the information gathered from the history, liquid-based Pap test, HR-HPV testing, biopsy report, and findings on examination.

B. Refer for colposcopy and/or LEEP according to clinical and funding to:

1. Private Provider/FQHC.

2. Oklahoma Cares.

3. Take Charge! Program (Case management provided by County Health Department).

C. Utilize ODH Form 399 for all private provider/FQHC referrals. Utilize ODH Form 1341 & 1342 for Take Charge! Contact BCC OK Cares at 1-866-550-5585 for information on how to proceed.

D. Advise the woman to take “over-the-counter” Ibuprofen or Tylenol just before her dysplasia appointment.

1. Aspirin should not be used.

2. Instruct the woman to bring extra medications for use before or after procedure, if needed.

3. Refer the woman to the Family Planning Nurse Practitioner for any contraception management changes.

4. The woman will receive written instructions prior to her dysplasia services appointment.

E. Patients who decline further evaluation and/or treatment for abnormal liquid-based Pap test and/or positive HR HPV test:

1. Assure the woman fully understands the results of the liquid-based Pap test and HR HPV results and the recommendations.

2. Document the patient education and her response in the record. Follow the program guidelines for repeat liquid-based Pap testing.

3. No other county health department or OSDH services should be withheld because of refusal of further evaluation and/or treatment unless program clinical guidelines prohibit those services.

4. For patients who return for program services after declining further diagnosis or treatment for cervical dysplasia, repeat the recommendation for colposcopy and perform Pap/HPV testing only if the woman declines referral for colposcopy.

5. If the severity of the dysplasia is increasing, or Pap/HPV testing remain abnormal the woman should be informed and encouraged to seek diagnostic or treatment procedures.

REFERENCES:

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