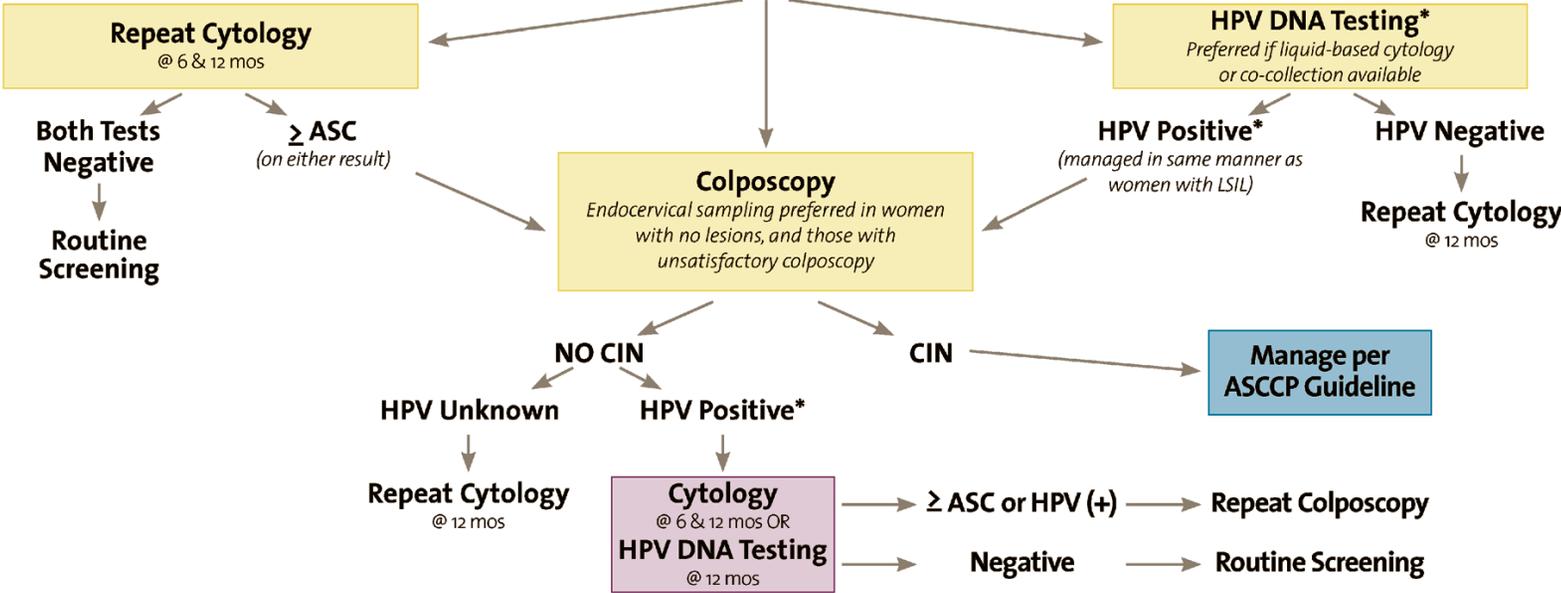


Management of Women with Atypical Squamous Cells of Undetermined Significance (ASC-US)

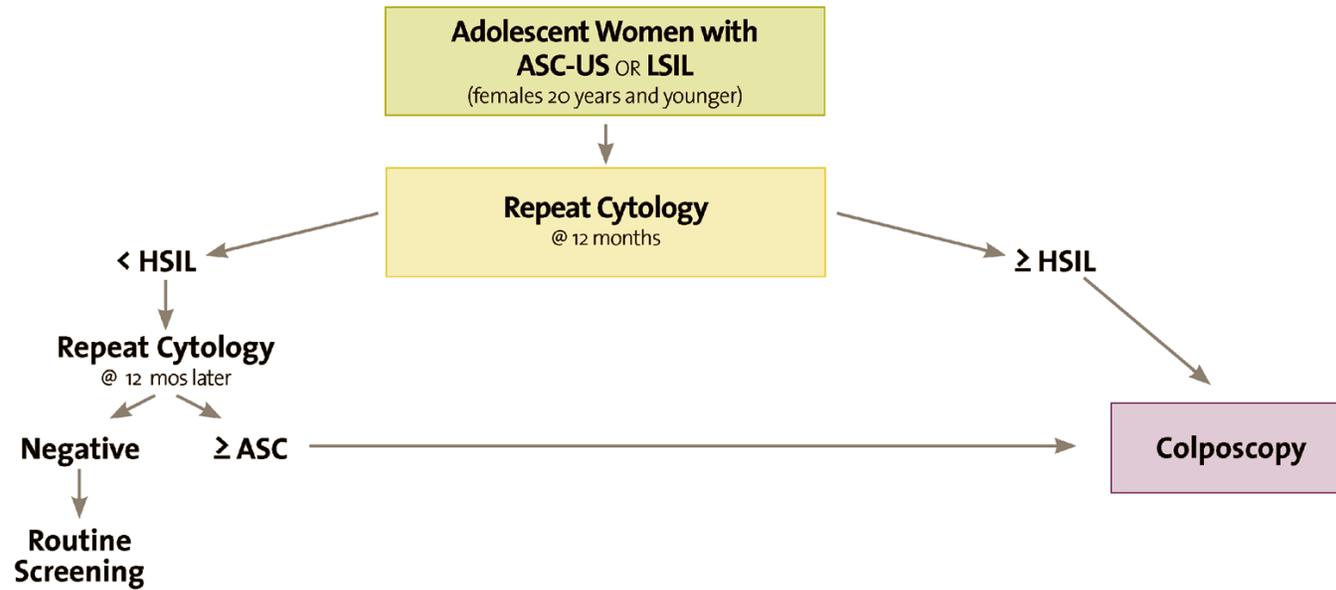


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* Test only for high-risk (oncogenic) types of HPV

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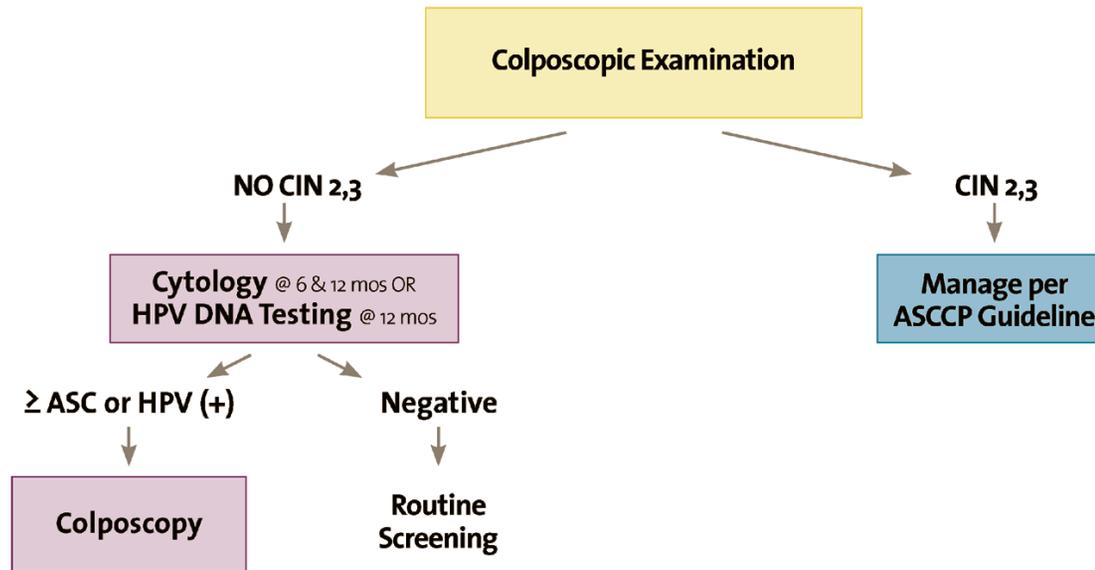
Management of Adolescent Women with Either Atypical Squamous Cells of Undetermined Significance (ASC-US) or Low-grade Squamous Intraepithelial Lesion (LSIL)



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Management of Women with Atypical Squamous Cells: Cannot Exclude High-grade SIL (ASC - H)

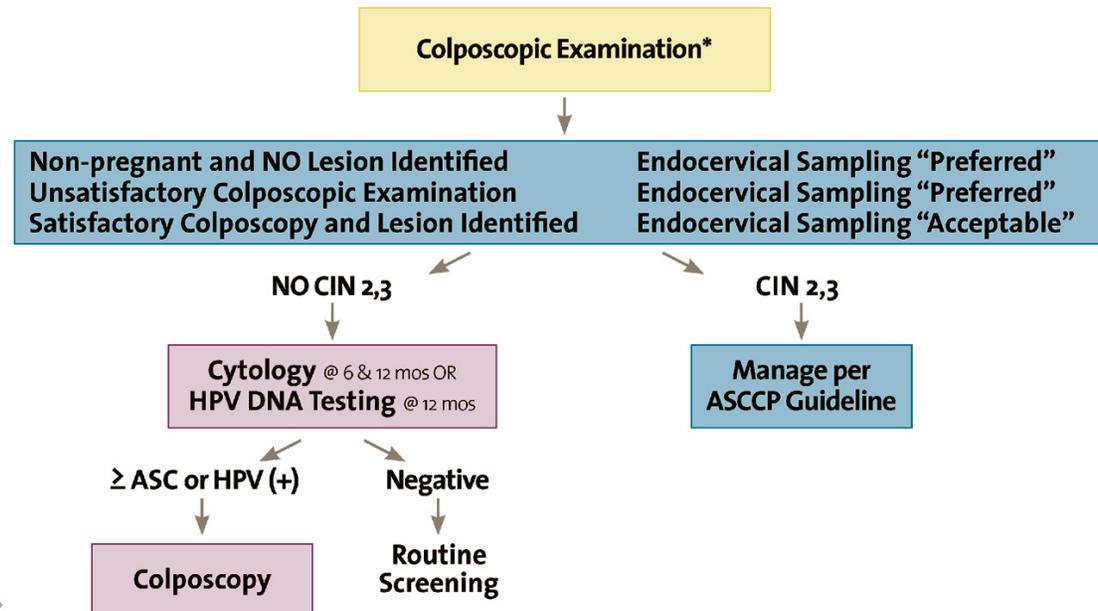


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Screening Guidelines for Cervical Cancer in Guam

Management of Women with Low-grade Squamous Intraepithelial Lesion (LSIL) *



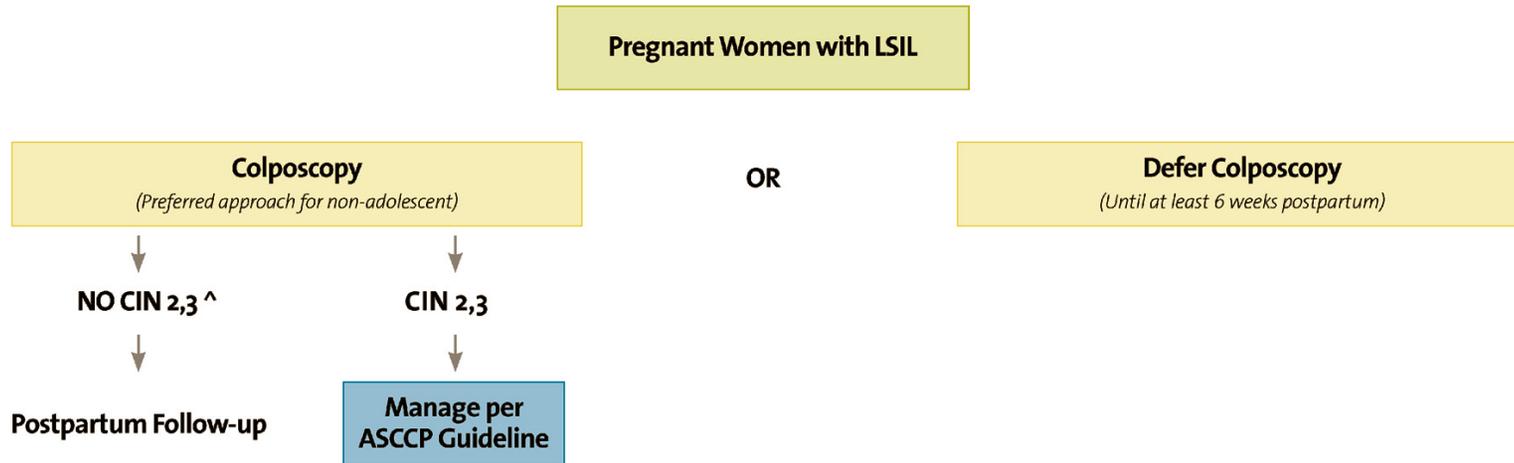
* Management options may vary if the woman is pregnant, postmenopausal, or an adolescent - (see text)



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Management of Pregnant Women with Low-grade Squamous Intraepithelial Lesion (LSIL)

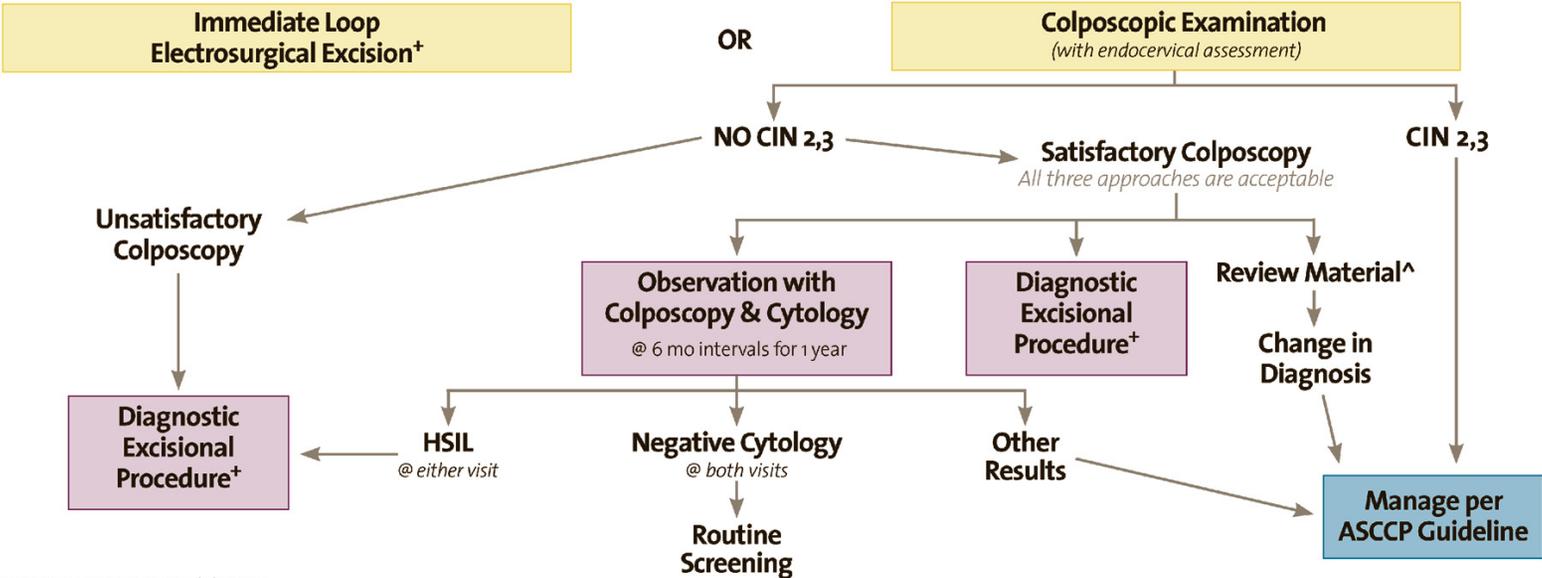


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[^] In women with no cytological, histological, or colposcopically suspected CIN 2,3 or cancer

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Management of Women with High-grade Squamous Intraepithelial Lesion (HSIL) *



+ Not if patient is pregnant or an adolescent

^ Includes referral cytology, colposcopic findings, and all biopsies

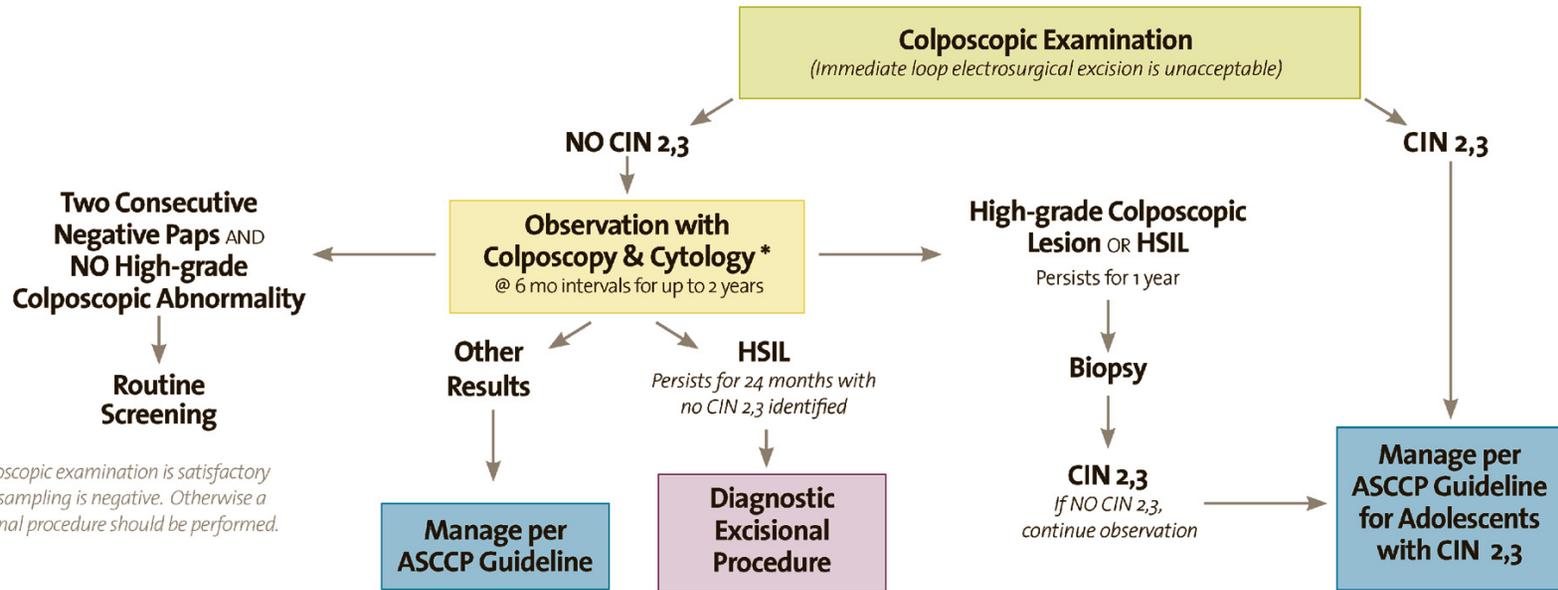
* Management options may vary if the woman is pregnant, postmenopausal, or an adolescent



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Management of Adolescent Women (20 Years and Younger) with High-grade Squamous Intraepithelial Lesion (HSIL)



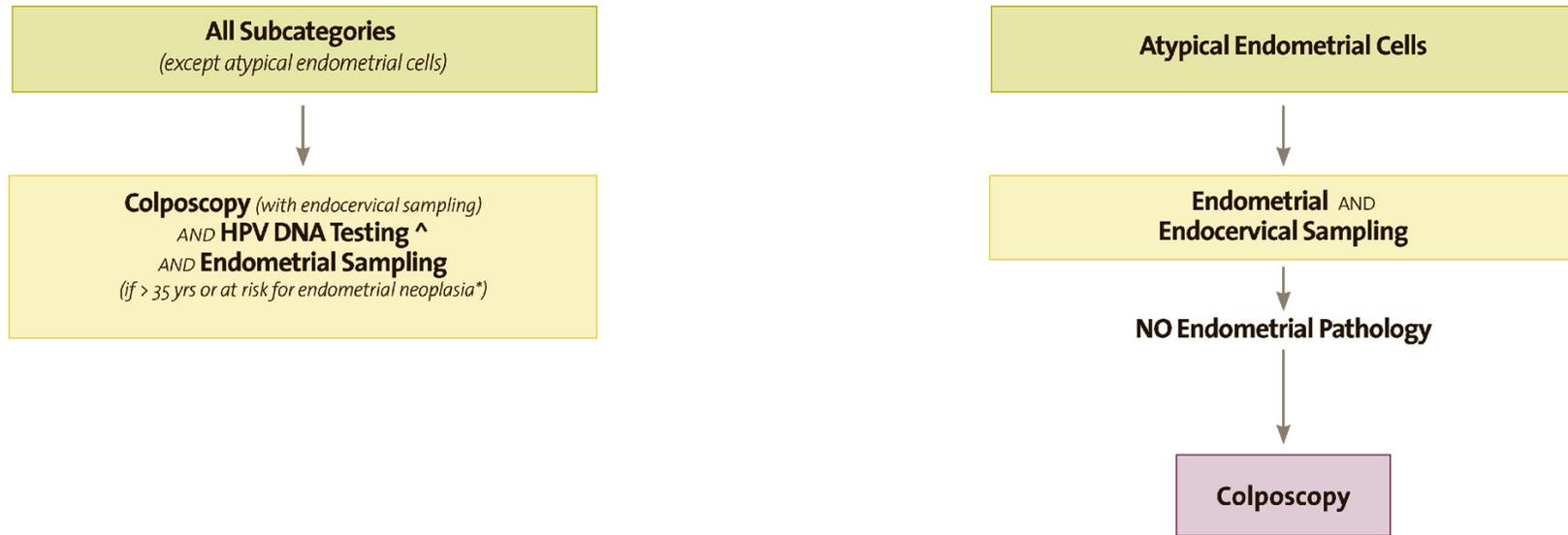
* Provided the colposcopic examination is satisfactory and endocervical sampling is negative. Otherwise a diagnostic excisional procedure should be performed.



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Initial Workup of Women with Atypical Glandular Cells (AGC)



^ If not already obtained. Test only for high-risk (oncogenic) types.

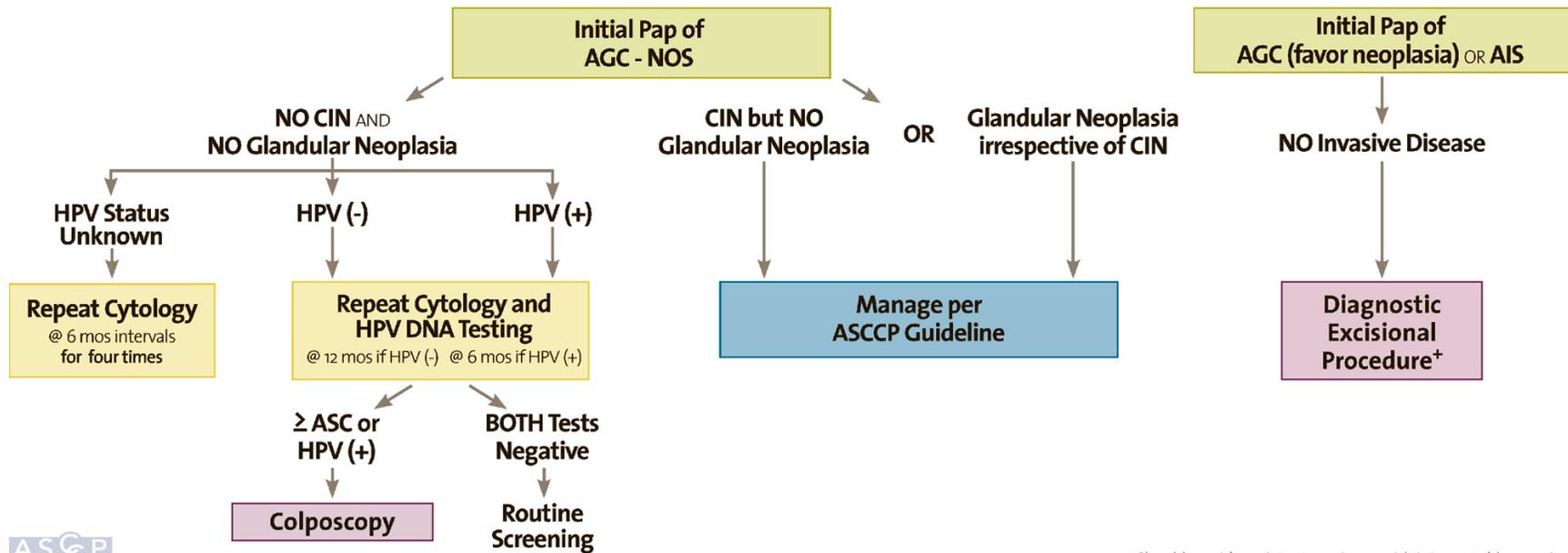
* Includes unexplained vaginal bleeding or conditions suggesting chronic anovulation.



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Subsequent Management of Women with Atypical Glandular Cells (AGC)

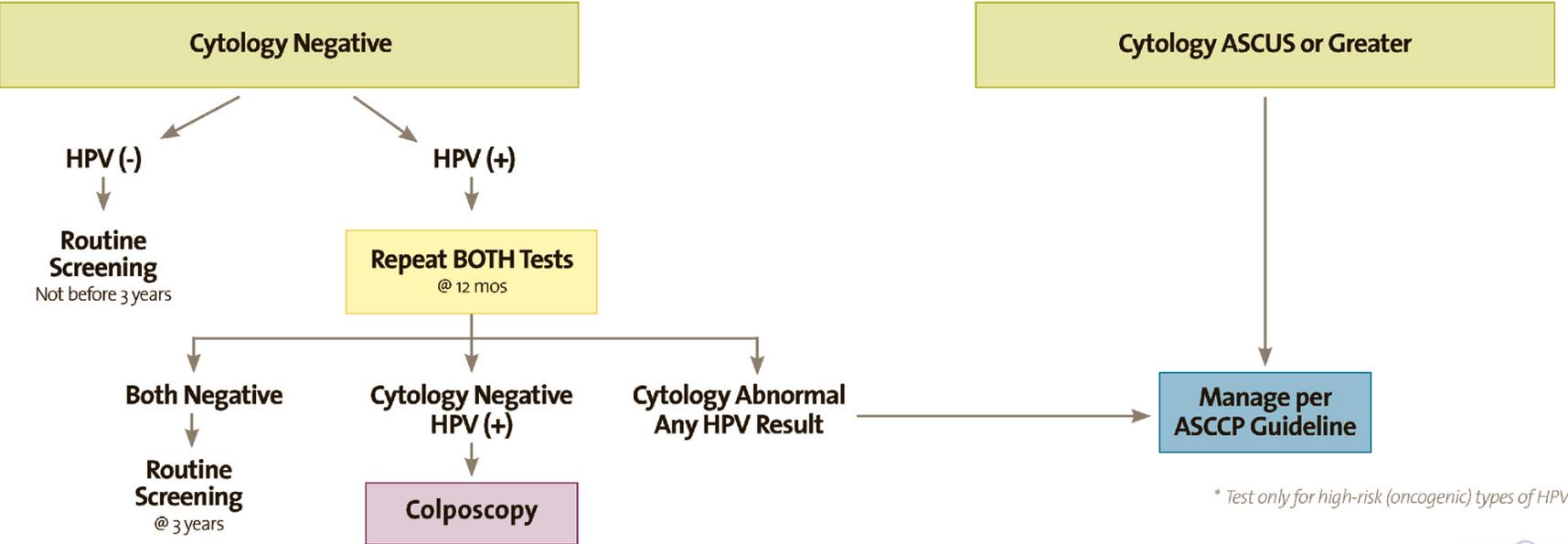


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+ Should provide an intact specimen with interpretable margins. Concomitant endocervical sampling is preferred.

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Use of HPV DNA Testing * as an Adjunct to Cytology for Cervical Cancer Screening in Women 30 Years and Older



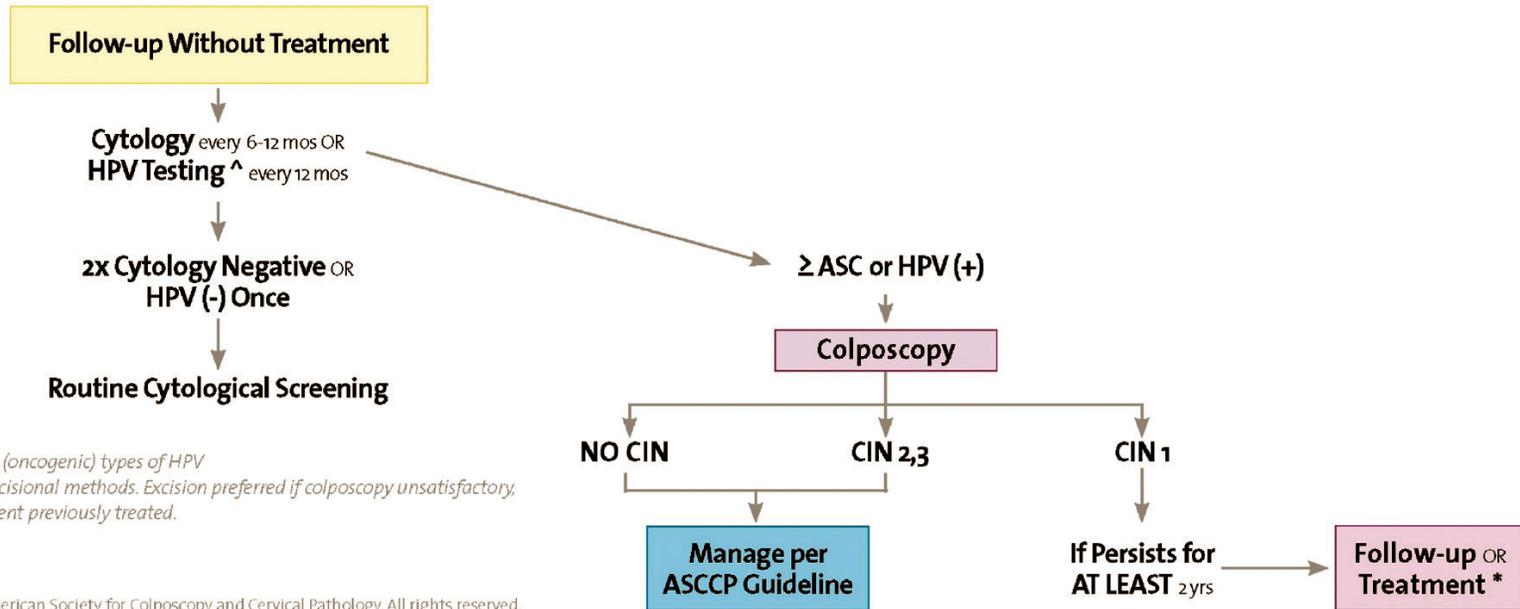
* Test only for high-risk (oncogenic) types of HPV



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Management of Women with a Histological Diagnosis of Cervical Intraepithelial Neoplasia Grade 1 (CIN 1) Preceded by ASC-US, ASC-H or LSIL Cytology



[^] Test only for high-risk (oncogenic) types of HPV

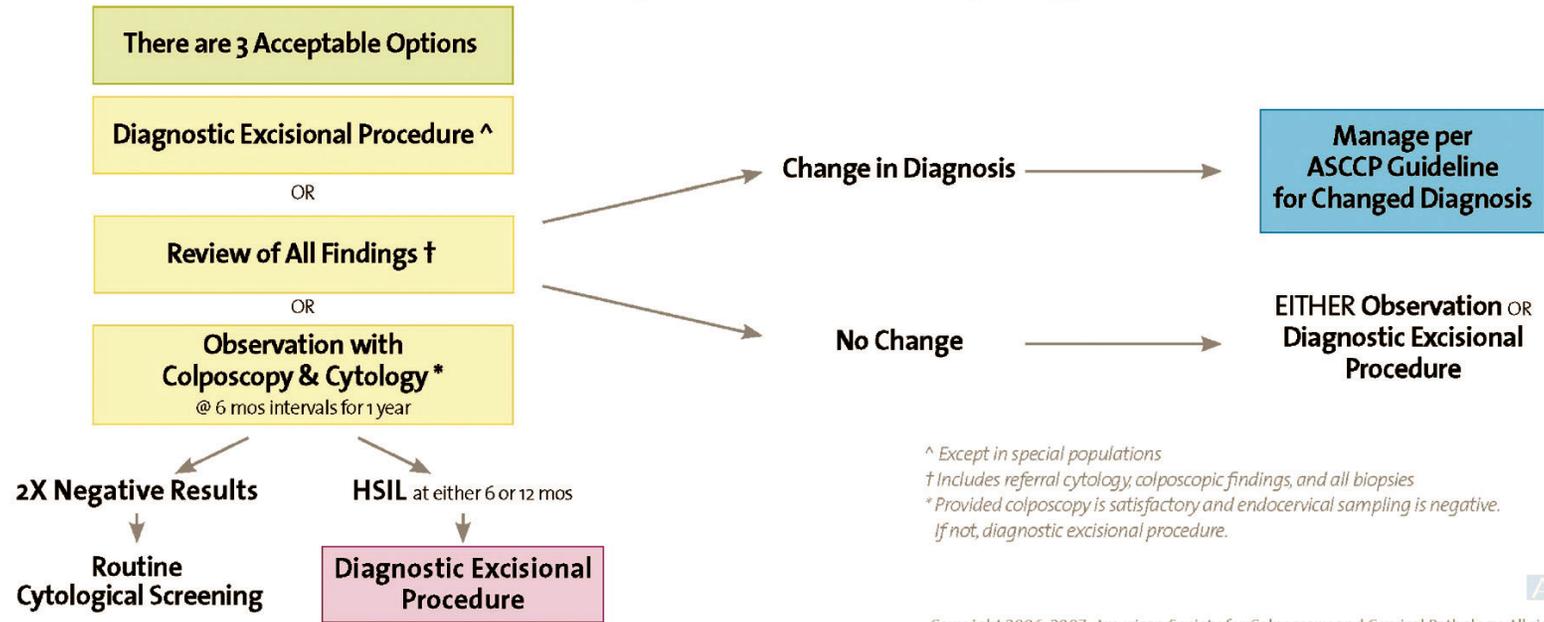
^{*} Either ablative and excisional methods. Excision preferred if colposcopy unsatisfactory, ECC is positive, or patient previously treated.



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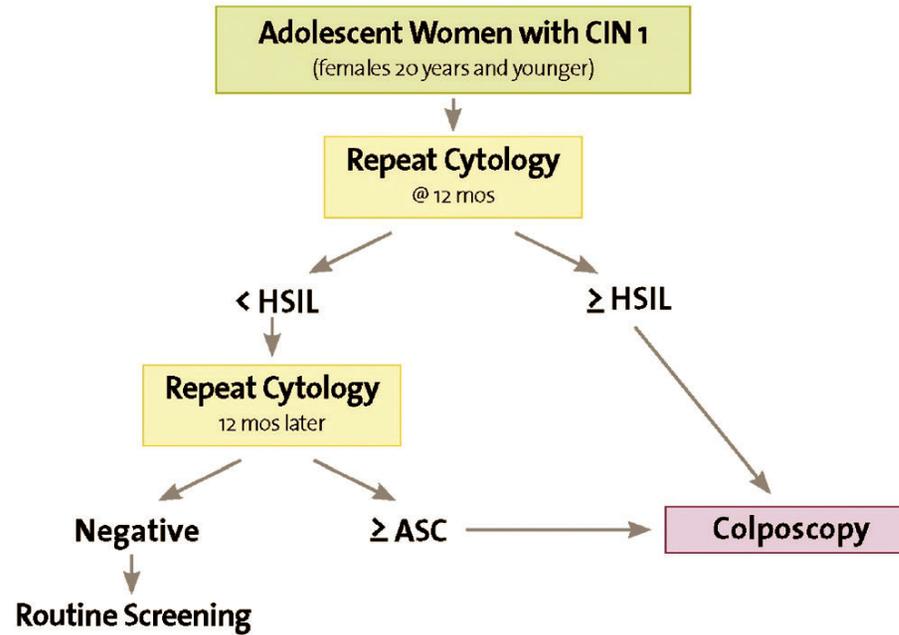
Management of Women with a Histological Diagnosis of Cervical Intraepithelial Neoplasia - Grade 1 (CIN 1) Preceded by HSIL or AGC-NOS Cytology



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Management of Adolescent Women (20 Years and Younger) with a Histological Diagnosis of Cervical Intraepithelial Neoplasia - Grade 1 (CIN 1)

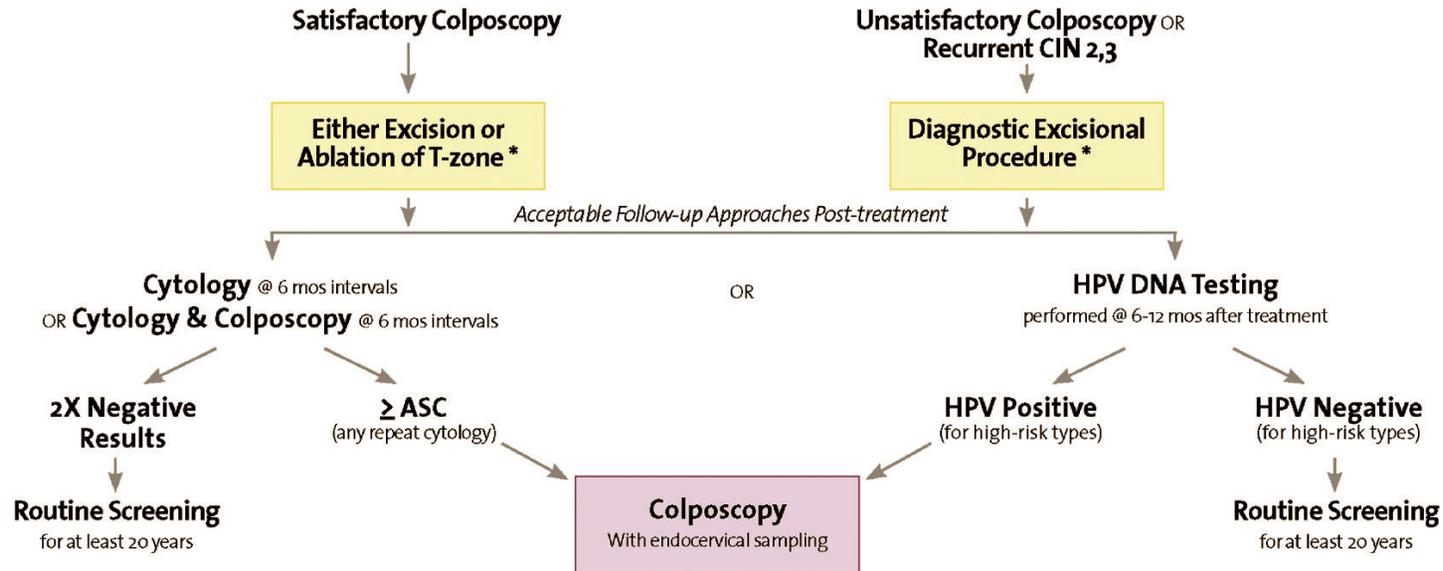


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Management of Women with a Histological Diagnosis of Cervical Intraepithelial Neoplasia - (CIN 2,3) *

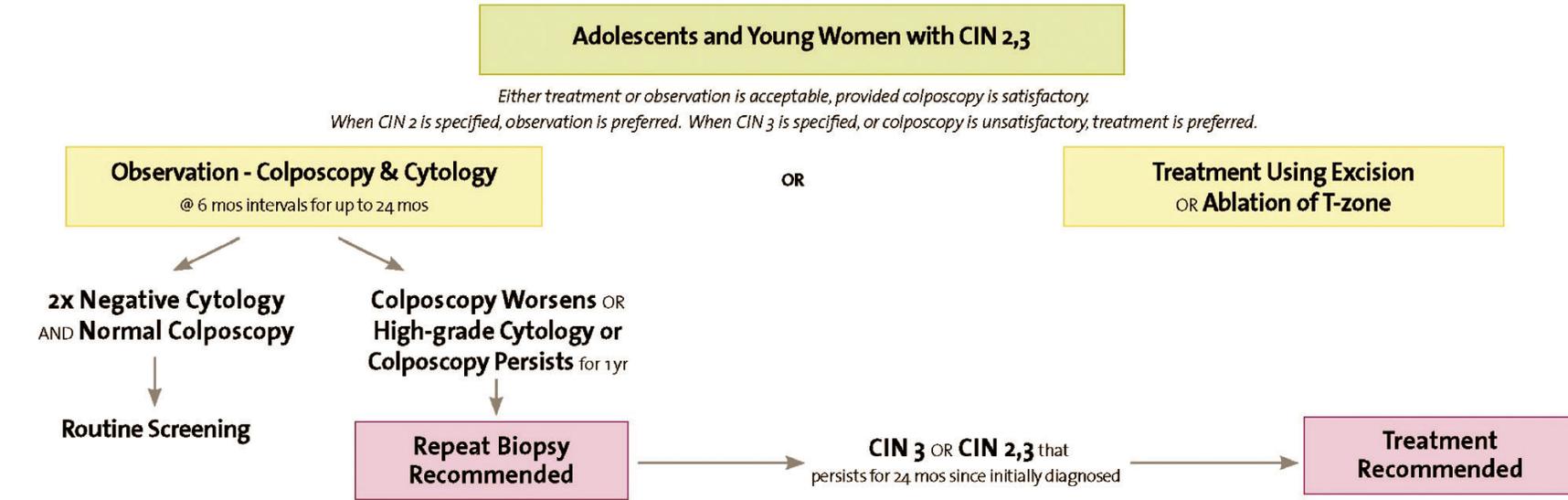


*Management options will vary in special circumstances

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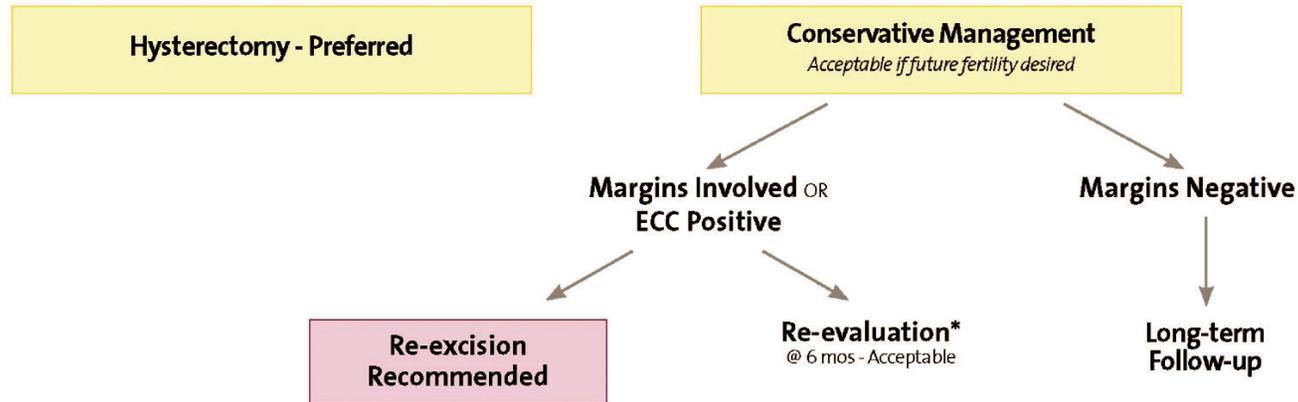
Management of Adolescent and Young Women with a Histological Diagnosis of Cervical Intraepithelial Neoplasia - Grade 2,3 (CIN 2,3)



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Management of Women with Adenocarcinoma in-situ (AIS) Diagnosed from a Diagnostic Excisional Procedure



* Using a combination of cytology, HPV testing, and colposcopy with endocervical sampling

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Screening Guidelines for Cervical Cancer in Guam

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Wright, Thomas C. Jr. MD 1; Massad, L. Stewart MD 2; Dunton, Charles J. MD 3; Spitzer, Mark MD 4; Wilkinson, Edward J. MD 5; Solomon, Diane MD 6. 2006 Consensus Guidelines for the Management of Women With Cervical Intraepithelial Neoplasia or Adenocarcinoma In Situ. *Journal of Lower Genital Tract Disease*. 11(4):223-239, October 2007.