

**13.2 Abnormal (Non-menopausal) Classification and Management  
of Pap Smear Results for Epithelial and Glandular Changes**

<b>CYTOLOGY RESULTS</b>	<b>PATIENT MANAGEMENT</b>
Unsatisfactory Cytology	1. HPV unknown (any age): repeat cytology after 2-4 months – if abnormal manage per ASCCP guideline  2. HPV negative (age $\geq$ 30): repeat cytology after 2-4 months – if negative – routine screening (HPV neg/unknown) or Co-testing @ 1 year (HPV pos)  3. HPV positive (age $\geq$ 30) either repeat cytology after 2-4 months – if unsatisfactory refer for colposcopy  <p align="center"><b>OR</b></p> Refer for colposcopy
Pap NILM but EC/TZ Absent/Insufficient	1. Ages 21-29 – routine screening  2. Age $\geq$ 30 years <ul style="list-style-type: none"> <li>• HPV unknown – repeat Pap in 3 years</li> </ul>
Cytology Negative, but HPV Positive (Age $\geq$ 30)	1. Repeat co-testing in 1 year <ul style="list-style-type: none"> <li>• Cytology neg and HPV neg – repeat co-testing @ 3 years</li> <li>• If cytology <math>\geq</math> ASC or HPV pos – refer for Colposcopy</li> </ul> 2. HPV DNA testing <ul style="list-style-type: none"> <li>• HPV 16 or 18 Positive – refer for colposcopy</li> <li>• HPV 16 or 18 Negative – repeat co-testing at 1 year</li> </ul>
<b>Epithelial Changes</b>	
Atypical Squamous Cells of Undetermined Significance (ASC-US) on cytology	Repeat Pap at 1 year <ul style="list-style-type: none"> <li>• if Negative: routine screening (Pap in 3 years)</li> <li>• if <math>\geq</math> ASC: refer for colposcopy;</li> </ul> <p align="center"><b>OR</b></p> Perform HPV DNA testing <ul style="list-style-type: none"> <li>• if HPV positive (managed the same as women with LSIL): refer for colposcopy</li> <li>• if HPV negative: repeat co-testing at 3 years</li> </ul>
Atypical Squamous Cells of Undetermined Significance (ASC-US) or LSIL; <b>21 to 24 years of age</b>  Do we have to do both Pap and HPV testing? Or is it acceptable to just do repeat Pap?	Repeat cytology in 12 months <ul style="list-style-type: none"> <li>• If Negative, ASC-US or LSIL: repeat cytology at 12 months               <ul style="list-style-type: none"> <li>- If repeat cytology @ 12 months is negative x 2: routine screening</li> <li>- If <math>\geq</math> to ASC: refer for colposcopy</li> </ul> </li> <li>• If ASC-H, AGC, HSIL: refer for colposcopy</li> </ul> <p align="center"><b>OR</b></p> Reflex HPV Testing (Acceptable for ASC-US only)

	<ul style="list-style-type: none"> <li>• If HPV positive: repeat cytology @ 12 months</li> <li>• If HPV negative: routine screening</li> </ul>
LSIL – females $\geq$ 25	<ol style="list-style-type: none"> <li>1. LSIL with negative HPV test: repeat co-testing @ 12 months (preferred) <ul style="list-style-type: none"> <li>• If Pap Negative and HPV Negative: repeat co-testing @ 3 years;</li> <li>• If <math>\geq</math> ASC or HPV positive: refer for colposcopy.</li> </ul> <p style="text-align: center;">OR</p> Refer for colposcopy (acceptable) </li> <li>2. LSIL with no HPV test: refer for colposcopy</li> <li>3. LSIL with positive HPV test: refer for colposcopy</li> </ol>
Atypical Squamous Cells: Cannot Exclude High-grade SIL (ASC-H) females $\geq$ 25 years of age	Refer for colposcopy regardless of HPV status
Atypical Squamous Cells: Cannot Exclude High-grade SIL (ASC-H) and High-grade Squamous Intraepithelial Lesion (HSIL): females 21-24 years of age	Refer for colposcopy (Immediate loop electrosurgical excision is unacceptable)
Pregnant women with LSIL	Refer for colposcopy OR Defer colposcopy until at least 6 weeks postpartum
High grade SIL (HSIL)	Immediate Loop Electrosurgical Excision OR Colposcopy examination with endocervical assessment
Squamous cell carcinoma	Refer for expert consultation
<b>Glandular Changes</b>	
Atypical Glandular Cells (AGC)	<ol style="list-style-type: none"> <li>1. All subcategories (except atypical endometrial cells) <ul style="list-style-type: none"> <li>• Refer for colposcopy (with endocervical sampling) and endometrial sampling (if <math>\geq</math> 35 years or at risk for endometrial neoplasia)</li> </ul> </li> <li>2. Atypical Endometrial Cells <ul style="list-style-type: none"> <li>• Endometrial and Endocervical Sampling</li> </ul> </li> </ol>
Adenocarcinoma	Refer for expert consultation
<b>Other</b>	
Pap smear results normal – visual cervical lesion	Refer for colposcopy
Mild, moderate inflammation. Shifts in flora/fungal are not diagnostic	No follow-up required

Source: American Society for Colposcopy and Cervical Pathology, 2012

**NOTE:** See ASCCP Guidelines in Appendix D