

CERVICAL DYSPLASIA WITH HR HPV Testing

I. DEFINITION:

- A. Dysplasia is abnormal growth of the cells of the cervix. If it is not treated, dysplasia may develop into cervical cancer.
- B. Intraepithelial lesions (cervical dysplasia) represent a disturbance of cellular growth and development caused by human papillomavirus (HPV), particularly high-risk HPV (HR-HPV). Most HR HPV laboratory tests detect 13 or 14 different types which are responsible for the majority of 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

- 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

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
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 (Reflexive)
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. Follow either of the hyperlinks noted here for management algorithms. (See website <http://www.asccp.org/asccp-guidelines> and select “The updated algorithms in PDF” link located in the Management Guidelines section). The following website may be typed into the web browser to access to the algorithms if the link to the website is not available. <http://www.asccp.org/asccp-guidelines> . Once on the website select “The updated algorithms in PDF” link located in the Management Guidelines section.

- B. Women younger than the age of 21 with an abnormal Pap follow the American Society for Colposcopy and Cervical Pathology, (ASCCP) Algorithms for the age group of 21-29 for the appropriate result.
- C. Perform pregnancy test, if indicated.
- D. Other findings – follow-up:
1. Unsatisfactory for evaluation
 - a. Repeat cytology between 2-4 months, unless HR HPV-positive, then repeat Pap can be performed or client may be sent for colposcopy.
 - b. If repeat Pap smear at 2-4 months is unsatisfactory then colposcopy is indicated.
 2. Cytology NILM but endocervical component/transformation zone absent
 - a. Age 21-29 years: routine screening.
 - b. Age 30 years & up: routine screening if HR HPV-negative. If HR HPV-positive then follow algorithm for NILM and HR HPV positive patient over 30.
 3. Negative for intraepithelial neoplasia or malignancy
 - a. Organisms will be reported as appropriate:
 - Trichomonas vaginalis
 - Fungal organisms as Candida
 - Coccobacillus
 - Actinomycosis
 - Cellular changes, herpes

- Inflammation
 - Atrophy with inflammation
 - Radiation
- b. 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.
4. Leukoplakia
- a. Cervical white plaque visible with the naked eye, unable to be removed with swab.
- b. Refer to private physician or dysplasia clinic for treatment using ODH Form 399.
5. Cervical lesion/tags that are of irregular size, discolored, friable, ulcerative, aged/thickened
- a. For county health department clients, refer the client to the Advance Practice Nurse for your clinic.
- b. For Take Charge! clients, refer for evaluation to private physician or to the OU Physicians Dysplasia Clinic at 405-271-0478 (clients should call 405-271-8707) when normal Pap test results are received.
- c. Refer for evaluation for dysplasia.
- E. Patient Education, Consultation, and Referral
1. Use pamphlets to review findings with client. Educate client on HPV results, transmission, and progression of the disease.
2. All women 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.
3. Women 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 women who smoke a referral to smoking cessation hotline or provider.
4. 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.
5. 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.
6. Women can be referred to private provider, Federally Qualified Health Center (FQHC), Oklahoma Cares, or Take Charge! Program.
7. Document consultation and referral in the women's record.

F. Referral

1. 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.
2. Refer for colposcopy and/or LEEP according to clinical and funding to:
 - Private Provider/FQHC
 - Oklahoma Cares
 - Take Charge! Program (Case management provided by County Health Department)
3. Utilize ODH Form 399 for all referrals.
4. Advise the woman to take “over-the-counter” Ibuprofen or Tylenol just before her dysplasia appointment.
 - a. Aspirin should not be used.
 - b. Instruct the woman to bring extra medications for use before or after procedure, if needed.
 - c. Refer the woman to the Family Planning Nurse Practitioner for any contraception management changes.
 - d. The woman will receive written instructions prior to her dysplasia services appointment.

G. Women who decline further evaluation and/or treatment for abnormal liquid-based Pap test and 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 women who return for program services after declining further diagnosis or treatment for cervical dysplasia, follow cervical cancer screening guidelines.
5. If the severity of the dysplasia is increasing, the woman should be informed and encouraged to seek diagnostic or treatment procedures.

REFERENCES:

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