

# ASCCP Management Guidelines App Quick Start Guide

2019 ASCCP Risk-Based Management  
Consensus Guidelines For Abnormal  
Cervical Cancer Screening Tests

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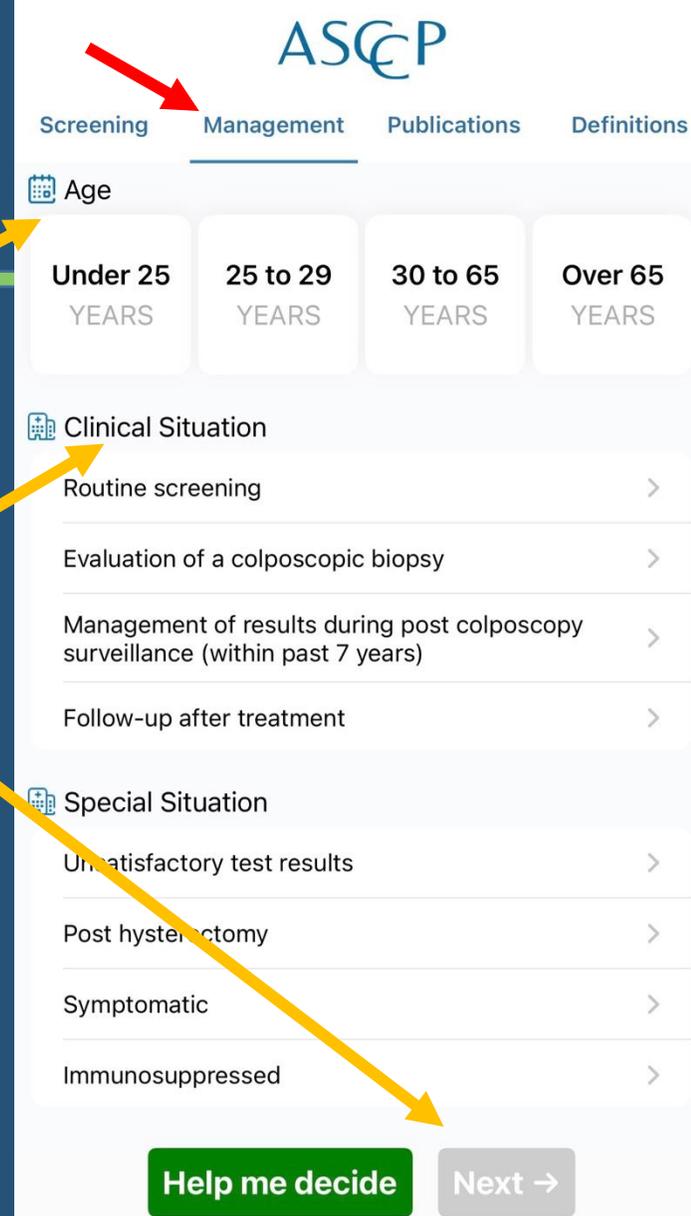


Improving lives through the prevention and  
treatment of anogenital & HPV-related diseases

# How to Use the App

## Management tab

- Click on the management tab (red arrow) to
  - Enter the patient's age
  - Choose a clinical situation
- Tap “Next” to continue



# How to Use the App

## Management tab

- 1st line under the management tab shows where you are in the process
- You can start over at any time by touching the management tab (red arrow)

ASCP

Screening Management Publications Definitions

Clinical Situation Testing Recommendation

Current HPV

HPV 16+

HPV 18+

HPV+ (untyped)

HPV+ (31/33/35/39/45/51/52/58/68)

HPV+ (16/18 negative, other high risk positive)

HPV+ (56/59/66)

HPV-

None

← Back Next →



# Clinical Scenario

- 23-year-old patient who was found to have an ASC-US cytology result with a positive high-risk HPV on their 1st screening exam
- What should you do next?
- Enter the patients age and clinical scenario then tap “Next”



ASCP

Screening Management Publications Definitions

Age

Under 25 YEARS 25 to 29 YEARS 30 to 65 YEARS Over 65 YEARS

Clinical Situation

Routine screening >

Evaluation of a colposcopic biopsy >

Management of results during post colposcopy surveillance (within past 7 years) >

Follow-up after treatment >

Special Situation

Unsatisfactory test results >

Post hysterectomy >

Symptomatic >

Immunosuppressed >

Help me decide Next →

# Clinical Scenario

## Current testing

- 23-year-old patient who was found to have an ASC-US cytology result with a positive high-risk HPV on their 1st screening exam
- Enter the cytology and HPV results
- Tap “Next”



ASCP

Screening Management Publications Definitions

Clinical Situation Testing Recommendation

Current Cytology

Normal ASC-US LSIL ASC-H

Current HPV

None HPV- HPV+

Prior History

Does the patient have abnormal results on the most recent prior screening? Leave blank if history is unknown.

Normal

ASC-US

LSIL

# Clinical Scenario

## Confirmation

- Make sure the information entered is correct
- Tap “Next”



The screenshot shows the ASCCP mobile application interface. At the top, the ASCCP logo is displayed. Below it, there are navigation tabs: Screening, Management, Publications, and Definitions. The 'Management' tab is selected. A progress indicator shows three steps: Clinical Situation, Testing, and Recommendation. The 'Clinical Situation' step is highlighted. Below the progress indicator, the text reads: 'Age: Under 25' and 'Clinical Situation: Routine screening'. There are two sections for results: 'Current results' and 'Prior results'. The 'Current results' section is highlighted and contains the text: 'Cotest with positive HPV and abnormal cytology result of ASC-US'. The 'Prior results' section is highlighted and contains the text: 'Unknown'. At the bottom of the screen, there are two buttons: 'Back' and 'Next'. A red arrow points to the 'Next' button.

# Clinical Scenario

## Recommendation

- Recommendation for the time and type of follow-up
- Algorithm (if available) for review
- "Back" button to change select data or "Start Over" button to clear the data and begin again
- Hyperlinked reference to full text article



ASCCP

Screening Management Publications Definitions

Clinical Situation Testing Recommendation

ASC-US / HPV positive with no history of abnormal re...

**1 year follow up<sup>1</sup>**

Repeat cytology testing at 1 and 2 years.<sup>1</sup>

Cytology screening at follow-up visit.<sup>1</sup>

Figure 12: Management of Patients Ages < 25 years with Cytologic Abnormalities

← Back Start Over

References

1. Perkins RB, Guido RS, Castle PE, et al. 2019 ASCCP risk-based management consensus guidelines for abnormal cervical cancer screening tests and cancer precursors. J Low Genit Tract Dis 2020;24:102-31.

# Clinical Scenario 2

- 26-year-old patient who was found to have ASC-US cytology with a positive high-risk HPV (untyped) on their 1st known screening exam

ASCP

Screening Management Publications Definitions

Age

Under 25 YEARS 25 to 29 YEARS 30 to 65 YEARS Over 65 YEARS

Clinical Situation

Routine screening >

Evaluation of a colposcopic biopsy >

Management of results during post colposcopy surveillance (within past 7 years) >

Follow-up after treatment >

Special Situation

Unsatisfactory test results >

Post hysterectomy >

Symptomatic >

Immunosuppressed >

Help me decide Next ->



# Clinical Scenario 2

- 26-year-old patient who was found to have ASC-US cytology with a positive high-risk HPV (untyped) on their 1st known screening exam
- Enter the cytology and HPV results
- Tap “Next”



## Current Results

A Positive HPV Result needs further testing for triage. What other results does this patient have, if any?

Normal

ASC-US

LSIL

ASC-H

HSIL

AGC

Dual Stain Negative

Dual Stain Positive

## Prior History

Does the patient have abnormal results on the most recent prior screening? Leave blank if history is unknown or if last screen was more than approximately 5 years ago.

HPV Positive

# Clinical Scenario 2

## Recommendation

- Recommendation for the type of follow-up
- Patients risk on a risk bar
- "Back" button to change select data or "Start Over" button to clear the data and begin again
- Hyperlinked reference to full text article



The screenshot shows the ASCCP Risk-Based Management Consensus Guidelines web application. The top navigation bar includes "Screening", "Management", "Publications", and "Definitions". Below this is a flow diagram with three steps: "Clinical Situation", "Testing", and "Recommendation". The current scenario is "HPV Positive ASC-US". The recommended management is "Colposcopy<sup>1</sup>". A risk bar shows the distribution of immediate CIN3+ risk: 4.0% (Colposcopy Recommended), 25% (Expedited Treatment or Colposcopy Acceptable), 60% (Expedited Treatment Preferred), and 100% (Total risk). The immediate risk of CIN3+ is 4.4%<sup>1</sup>. The "Special populations" dropdown is set to "Over 65". At the bottom, there are "Back" and "Start Over" buttons, and a "References" section with two hyperlinked articles.

ASCCP

Screening Management Publications Definitions

Clinical Situation Testing Recommendation

HPV Positive ASC-US

**Colposcopy<sup>1</sup>**

Risk

Management Option	Risk Percentage
COLPOSCOPY (Recommended)	4.0%
Expedited Treatment or Colposcopy Acceptable	25%
Expedited Treatment Preferred	60%
Total Immediate CIN3+ risk	100%

Immediate risk of CIN3+ is 4.4%<sup>1</sup>

Special populations

Over 65

← Back Start Over

References

1. Egemen D, Cheung LC, Chen X, et al. Risk estimates supporting the 2019 ASCCP Risk-Based Management Consensus Guidelines. *J Low Genit Tract Dis* 2020;24:132-43.
2. Perkins RB, Guido RS, Castle PE, et al. 2019 ASCCP risk-based management consensus guidelines for abnormal cervical cancer screening tests and cancer precursors. *J Low Genit Tract Dis* 2020;24:102-31.

# Clinical Situation

 Clinical Situation

- Routine screening >
- Evaluation of a colposcopic biopsy >
- Management of results during post colposcopy surveillance (within past 7 years) >
- Follow-up after treatment >

 Special Situation

- Unsatisfactory test results >
- Post hysterectomy >
- Symptomatic >
- Immunosuppressed >

**Help me decide** Next →

- Important step in the process
- See the User Guide at [www.asccp.org/UserGuide](http://www.asccp.org/UserGuide) for definitions of these situations



# How to Use the App

## Screening

- Click on the Screening tab to find
  - Hyperlinks to current screening recommendations and statements of endorsements/opinions of guidelines



### USPSTF Screening Guidelines

ASCCP endorses the United States Preventative Services Task Force (USPSTF) cervical cancer screening guidelines.

[uspreventiveservicestaskforce.org](https://www.uspreventiveservicestaskforce.org)

### ACS Screening Guidelines

ASCCP supports the American Cancer Society (ACS) cervical cancer screening guidelines.

[cancer.org](https://www.cancer.org)

### ACOG Practice Advisory

ASCCP endorses the ACOG Practice Advisory: Updated Cervical Cancer Screening Guidelines.

[acog.org](https://www.acog.org)

### ASCCP Statement

The ASCCP Cervical Cancer Screening Task Force Endorsement and Opinion on the American Cancer Society Updated Cervical Cancer Screening Guidelines.

[journals.lww.com](https://journals.lww.com)

# How to Use the App

## Publications

- Click on the Publications tab to find
  - Publications associated with these guidelines
  - Cytology figures
  - Histology figures
  - Data tables
  - Older cytology algorithms



Publications  
Cytology Figures

Unsatisfactory Cytology

NILM but EC/TZ Absent

Cytologic Abnormalities: Age <25

AGC

AGC Subsequent Management

Histology Figures

LSIL (CIN1) Preceded by ASC-H

LSIL (CIN1) Preceded by HSIL

HSIL (CIN2, CIN3)

LSIL (CIN1) Age <25

HSIL (CIN2) Age <25 or future fertility

AIS Management

Figure 2

2012 Cytology Figures

ASC-US

LSIL

LSIL, Pregnant Women

# How to Use the App

## Definitions

- Click on the Definitions tab to find
  - Definitions of terms
  - A summary of changes
  - Frequently asked questions



**Colposcopy:** The 6 major areas of colposcopy include the following: (1) general assessment (are the cervix and squamocolumnar junction fully visible?), (2) evaluation for presence of any acetowhite lesions (biopsy should be taken of ALL acetowhite areas, usually 2-4 biopsies), (3) description of normal colposcopic findings (biopsy may be deferred if no lesions are seen, cytology is < HSIL, and HPV type is not HPV 16/18/45), (4) description of abnormal colposcopic findings, (5) description of other/miscellaneous findings, and (6) reporting of the colposcopic impression, defined as the highest-grade impression of any visible lesion on the cervix. Note, ECC is recommended if SCJ is not fully visualized (2012 guidelines), and is recommended when HPV18 or 45 are present (2019 and SGO guidelines).

**Colposcopy standards:** this term refers to the ASCCP Colposcopy Standards that provide evidence-based recommendations for the practice of colposcopy

**Cotesting:** this term refers to screening or surveillance performed with both cytology and HPV testing.

**Dual Stain:** p16/ki67 Dual Stain (Cintec-plus) is an alternative to conventional cytology (the Pap test) for the triage of patients with an HPV positive screening test. Dual staining of cytology specimens detects a marker of HPV-related oncogene activity (p16) and a marker of cell proliferation (Ki-67) which, when detected in the same cell, are strongly associated with precancerous cellular changes (CIN3+).

**Excisional treatment:** this term includes procedures that remove the transformation zone and produce a specimen for histologic analysis, such as Loop Electrosurgical Excision Procedure (LEEP), Large Loop Excision of the Transformation Zone (LLETZ), and cold knife conization.

**Expedited treatment:** this term means treatment without confirmatory colposcopic biopsy (e.g., see and treat).

**Extended genotyping:** this term refers to HPV testing that identifies additional high-risk types beyond HPV 16 and 18. Results may be reported individually or in grouped categories, providing more precise risk assessment and management compared with pooled hrHPV testing.

**HPV:** this term refers to Human Papillomavirus. Within this

# For Additional Information

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- Definitions tab
- App User Guide - <https://www.asccp.org/mobile-app/user-guide/>
- **Questions?** Contact [info@asccp.org](mailto:info@asccp.org)

