Management of Abnormal Pap Test Results

MANAGEMENT OF ABNORMAL PAP TEST RESULT			
Return to routine screening: Patient returns to three-year interval Pap testing and is defined as from the date of the last NILM [negative for intraepithelial lesion or malignancy] specimen regardless of age and/or any previous testing interval.			
Unsatisfactory: Repeat Pap but not before three months.			
Transformational zone absent (SNTZ) is a lab code (now modified): Absence of endocervical glandular cells/ transformation zone component. *Specimen still considered satisfactory for evaluation and does not require repeat.*			
Atypical squamous cells of undetermined significance(ASC-US)			
Patients ≤24 years: If screened, with ASC-US result, repeat Pap test every 12 months for two years (two tests): • At 12 months: ONLY high-grade lesions refer for colposcopy. • At 24 months: Negative → return to routine screening. ASC-US or greater → refer for colposcopy no later than three years after initial ASC-US result date; otherwise Pap test must be repeated.			
Patients 25-29 years: Repeat Pap test every six months for one year (two tests). These tests must be at least six months apart. • If both repeat results are negative → follow up is routine screening (every three years). • If either repeat result is ASC-US or greater → refer for colposcopy no later than three years after initial ASC-US result date; otherwise Pap test must be repeated.			
Patients ≥ 30 years: (*The lab will automatically perform HPV reflex testing*) • HPV Negative* → risk level equivalent to NILM. Follow-up is routine screening • HPV Positive → refer for colposcopy no later than three years after initial ASCUS result date; otherwise Pap test must be repeated. • HPV Indeterminate → manage as per lab instructions.			
Low-grade squamous intraepithelial lesion (LSIL)			
Patients ≤24 years: If screened with LSIL result: Repeat Pap test every 12 months for two years (two tests): • At 12 months: ONLY high-grade lesions refer for colposcopy • At 24 months: Negative → follow up is routine screening ASC-US or greater→refer for colposcopy no later than three years after initial LSIL result date; otherwise Pap test must be repeated.			
Patients 25-49 years: Repeat Pap test every six months for one year (two tests). These tests must be at least six months apart. • If both repeat results are negative → follow up is routine screening. • If any either repeat is ASC-US or greater → refer for colposcopy no later than three years after initial LSIL result date; otherwise Pap test must be repeated.			
Patients ≥50 years: *(The lab will automatically perform HPV reflex testing)* • HPV Negative* → risk level is equivalent to NILM. Follow-up is routine screening. • HPV Positive → refer for colposcopy no later than three years after initial LSIL result date; otherwise Pap test must be repeated. • HPV Indeterminate → manage as per lab instructions.			
******The risk of CIN3+ over three years is virtually the same for HPV negative patients as for patients with negative cytology in the absence of HPV testing.*			
High-grade squamous intraepithelial lesion (HSIL)	**ASC-H**	**Atypical glandular cells (AGC), adenocarcinoma in situ**	**Squamous carcinoma, adenocarcinoma, other malignancy**
Refer all ages for colposcopy.			Refer all ages to specialist
Patients with cytologically benign endometrial cells			
Endometrial sampling is required if there is abnormal bleeding, the woman is asymptomatic and post-menopausal. Also consider endometrial sampling if the woman is asymptomatic, pre-menopausal and at increased risk for endometrial cancer due to chronic unopposed estrogen stimulation.			

Table 5: Management of Abnormal Pap Test Result