

A summary of the management of asymptomatic women with screen detected abnormalities to assist medical practitioners in taking appropriate action on receipt of Pap smear reports.

Pap smear report	Management
Negative smear within normal limits	Repeat Pap smear in 2 years
Negative smear within normal limits and no endocervical cells present	Repeat Pap smear in 2 years
Negative with inflammation	Repeat Pap smear in 2 years
Unsatisfactory	Repeat Pap smear in 6-12 weeks, after appropriate treatment where indicated
Possible low grade squamous intraepithelial lesion Low grade squamous intraepithelial lesion (LSIL)	Repeat Pap smear at 12 months. If the woman is 30+ years, and has no negative cytology in previous 2-3 years, repeat Pap smear in 6 months or immediate colposcopy. See management pathway flow chart.
Possible high grade squamous intraepithelial lesion. High grade squamous intraepithelial lesion (HSIL)	Refer for colposcopy
Glandular abnormalities including adenocarcinoma in situ	Refer for colposcopy which should be performed by a gynaecologist with expertise in suspected malignancies or by a gynaecological oncologist
Invasive squamous cell carcinoma (SCC) or adenocarcinoma	Refer to a gynaecological oncologist

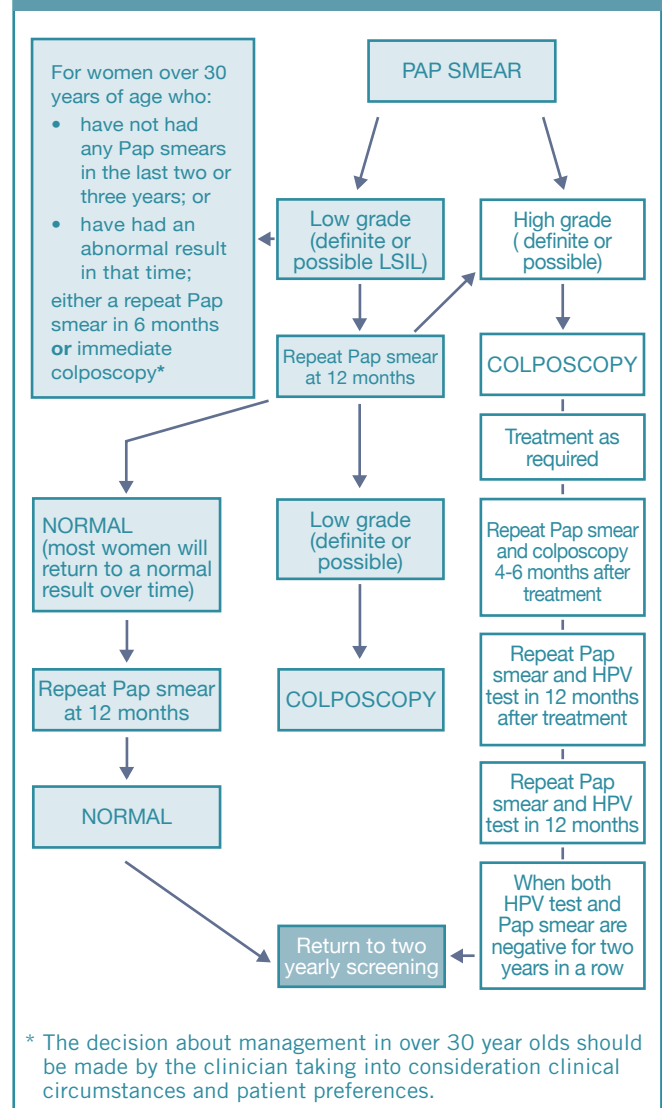
*Note: Investigate any symptoms that are not readily explained, such as post-coital or intermenstrual bleeding. A negative Pap smear must not be taken as reassurance in these circumstances. Further investigation may involve referral to a gynaecologist.*

## Post treatment of high grade lesion

A woman who has had treatment for HSIL should have a colposcopy and cervical cytology at 4-6 months after treatment. Cervical cytology and HPV testing should be done at 12 months after treatment and annually until the woman has tested negative by both tests on two consecutive occasions. When all four tests are negative as indicated below, the woman can then return to the usual two yearly screening interval.

Time since treatment	Pap smear	Colposcopy	HPV typing
4-6 months	✓	✓	
12 months	Negative		Negative
24 months	Negative		Negative

## Pathway for the management of abnormal Pap smear results



## Applying the guidelines in special circumstances

### Abnormality during pregnancy

The investigation of screen-detected abnormalities during pregnancy should follow the same guidelines as for the non-pregnant woman. In general, women who present with a low-grade abnormality should have a repeat smear in 12 months. High-grade lesions need early referral for colposcopic assessment, preferably by a colposcopist experienced in assessing the pregnant cervix.

### Immunosuppressed women

NB. Immunosuppression is defined as:

- CD4 count of < 400 in HIV-positive women; or
- Transplantation with immunosuppressive therapy > 3 years.

If an immunosuppressed woman has a screen-detected abnormality she should be referred for colposcopy, even if the lesion is low-grade.

*The management of these women is complex and should be carried out in specialist centres.*

## Women exposed in utero to diethylstilboestrol (DES)

DES-exposed women should be offered annual cytological screening and colposcopic examination of both the cervix and the vagina.

### Previous hysterectomy

#### 1. For documented benign reasons (e.g. menorrhagia, fibroids)

- No further smears required if previous smears were negative.

#### 2. Unknown smear history

- Baseline smear: if negative, no further smears required.

#### 3. Subtotal hysterectomy

- Continue normal routine surveillance.

#### 4. Hysterectomy after CIN 2 or 3

- These women require continued screening because of their increased risk of vaginal neoplasia. The role of HPV testing in this situation requires further investigation.

## FURTHER INFORMATION

[www.cancerscreening.gov.au](http://www.cancerscreening.gov.au) - you can order free copies of publications from this website

[www.healthinsite.gov.au](http://www.healthinsite.gov.au)

State/Territory Cervical Screening Program  
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Translating & Interpreting Service 13 14 50