

ASCCP Colposcopy Standards; WG3: Colposcopy Procedures and Adjuncts

Charge 1: Define colposcopy procedures: Recommendations for elements of minimally acceptable and comprehensive practice are presented.

Recommendation	Minimum Colposcopy Practice	Comprehensive Colposcopy Practice
#1 Pre-colposcopy Evaluation	Evaluate and document at least the following: <ul style="list-style-type: none"> • Indications for colposcopy • LMP • Pregnancy status • Menopausal status • Hysterectomy status 	Evaluate and document at least the following: <ul style="list-style-type: none"> • Medical history including immunocompromised state • Review of systems • History of cervical cytology, colposcopy, and/or treatment • HPV vaccination status • Gender of sexual partners • STI history / risks / testing if indicated • HIV status • Gravity/parity • Indications for colposcopy • LMP • Contraception • Pregnancy status • Menopausal status • Hysterectomy status • Smoking history
	Obtain informed consent.	Obtain informed consent.
#2 Examination	Examine vulva and vagina grossly.	Examine vulva and vagina grossly and/or with magnification as indicated
	Examine the cervix with magnification after application of dilute acetic acid.	Examine the cervix with multiple magnifications after application of dilute acetic acid. <ul style="list-style-type: none"> • Use both white light and a red-free (blue or green) filter • Include upper vagina in exam

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#3. Documentation	Document findings at least in text format.	Document findings using a diagram or photograph, annotated if possible. Import findings into electronic medical record.
	Document squamocolumnar junction (SCJ) visibility (fully / partial / not visible)	Document cervix visibility (fully / partial / not visible). Document SCJ visibility (fully / partial / not visible), and whether cervical manipulation is needed to completely visualize the SCJ, e.g. using an applicator stick or endocervical speculum.
	Document colposcopic findings. <ul style="list-style-type: none"> • Acetowhitening present (Yes / No) • Lesion present (Yes / No) 	Document colposcopic findings. <ul style="list-style-type: none"> • Acetowhitening present (Yes / No) • Lesion present (Yes / No)
		If lesion(s) present, document: <ul style="list-style-type: none"> • Extent lesion visualized (Fully / partial) • Location of each lesion (clock face, at the SCJ, satellite) • Size of each lesion (number of cervical quadrants, percentage of surface area of transformation zone occupied by lesion) • Description of lesion (color, vascular changes, margins/borders, contour)
	Document colposcopic impression (Normal or benign / LSIL /HSIL/ Cancer).	Document colposcopic impression (Normal or benign / LSIL /HSIL/ Cancer).
#4. Biopsy	If biopsies are taken, take biopsies at the SCJ. <ul style="list-style-type: none"> • Multiple biopsies (2-4) should be taken targeting all acetowhite areas, metaplastic and higher grade. 	If biopsies are taken, take biopsies at the SCJ and document their location. <ul style="list-style-type: none"> • Multiple biopsies (2-4) should be taken targeting all acetowhite areas, metaplastic and higher grade.

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	Document whether endocervical sampling performed.	Document whether endocervical sampling performed and method curette vs brush or both.
#5. Post-procedure	Plan to notify patient of results and management.	Plan to notify patient of results and management. Document how patient will be notified of result and management plan.

Rationale: The elements listed under “Minimum Colposcopy Practice” are intended to represent the basic components of the colposcopy exam needed to arrive at an appropriate diagnosis and communicate the findings in the medical record. “Comprehensive Colposcopy Practice” should be seen as a practice model for thorough colposcopic evaluation and is appropriate for consultation. This practice model promotes a more complete evaluation and in depth communication of findings.

In the absence of RCTs or other strong evidence in the literature, this recommendation is of necessity based on expert opinion. The elements of the “Minimum Colposcopy Practice” and “Comprehensive Colposcopy Practice” listed above were informed by the practice patterns of at least 80% of colposcopists who responded to the ASCCP Survey and who perform at least 6 exams per month plus recommendations from the work group and members of the colposcopy standards steering committee.

Charge 2: Evaluate colposcopy adjuncts

Recommendation #6: Evidence is insufficient to recommend for or against the use of any adjunct in colposcopic practice.

Rationale: Literature was reviewed on colposcopic adjuncts including but not limited to florescence, reflectance and electrical impedance spectroscopy, dynamic spectral imaging and optical coherence tomography. We found no randomized controlled trials comparing colposcopy alone with colposcopy using the adjunct. Studies examined had methodological concerns. Moreover, only one of the adjunctive techniques, dynamic spectral imaging, is currently available in the U.S.