

ASCCP Colposcopy Standards, WG1, Role of colposcopy, benefits, potential harms, and terminology

Final recommendations and rationale

Charge: To define ASCCP terminology for colposcopic practice

Recommendation: The following standardized ASCCP terminology was developed.

Rationale: The ASCCP Colposcopy Standards Committee, Working Group 1 has developed recommendations for standardized descriptive terminology for colposcopic practice within the United States. The goal is to simplify and clarify reporting of colposcopic findings by a diverse group of colposcopists practicing across the US, in order to enhance standardized documentation of colposcopic appearances. An objective of these recommendations is to have them widely adopted by US colposcopists in the diverse work environments that they make up. The 2011 International Federation for Cervical Pathology and Colposcopy (IFCPC) terminology was used as a template for the creation of the ASCCP terminology. The committee felt that it would be most translatable to have a terminology that is used worldwide. A literature review was carried out to identify studies that evaluate the accuracy and usefulness of current terminology. A survey of the ASCCP membership was designed and carried out, with questions specific to member's current use of terminology and preferences regarding updating the terminology. The survey results informed the modifications of the IFCPC terminology for United States use. The Colposcopy Standards Steering Committee and Working Group 1, made up of experts in colposcopy from across the United States, provided input on areas without scientific data available to guide the decision making (i.e. expert opinion). Ultimately, the IFCPC terminology was adapted to fit colposcopic practice in the United States.

Category	Features/Criteria	Details
General assessment	Visualization of the cervix	Fully visualized Not fully visualized due to: ____
	Visualization of the squamocolumnar junction	Fully visualized Not fully visualized
Acetowhite changes	Any degree of whitening after application of 3-5% acetic acid	Yes/No
Normal colposcopic findings	Original squamous epithelium: mature, atrophic	
	Columnar epithelium	

	<p>Ectopy/ectropion</p> <p>Metaplastic squamous epithelium</p> <p>Nabothian cysts</p> <p>Crypt (gland) openings</p> <p>Deciduososis in pregnancy</p> <p>Submucosal branching vessels</p>	
Abnormal colposcopic findings	Lesion(s) present (acetowhite or other)	Yes/No
	Location of each lesion	<p>Clock position</p> <p>At the SCJ (yes/no)</p> <p>Lesion visualized (fully/not fully)</p> <p>Satellite lesion</p>
	Size of each lesion	<p>Number of cervical quadrants the lesion involves</p> <p>Percentage of surface area of transformation zone occupied by lesion</p>
	Low-grade features	<p>Acetowhite</p> <ul style="list-style-type: none"> • Thin/translucent • Rapidly fading <p>Vascular patterns:</p> <ul style="list-style-type: none"> • Fine mosaic • Fine punctation <p>Margins/border:</p> <ul style="list-style-type: none"> • Irregular/geographic border <p>Contour:</p> <ul style="list-style-type: none"> • Condylomatous/raised/papillary • Flat
	High-grade features	<p>Acetowhite</p> <ul style="list-style-type: none"> • Thick/dense • Rapidly appearing/slowly fading • Cuffed crypt (gland) openings • Variegated red and white <p>Vascular patterns:</p> <ul style="list-style-type: none"> • Coarse mosaic

		<ul style="list-style-type: none"> • Coarse punctation <p>Margins/border:</p> <ul style="list-style-type: none"> • Sharp border • Inner border sign (Internal margin) • Ridge sign • Peeling edges <p>Contour:</p> <ul style="list-style-type: none"> • Flat <p>Fused papillae</p>
	Suspicious for invasive cancer	<p>Atypical vessels Irregular surface Exophytic lesion Necrosis Ulceration Tumor or gross neoplasm May not be acetowhite</p>
	Nonspecific	<p>Leukoplakia Erosion Contact bleeding Friable tissue</p>
	Lugol's staining	<p>Not used Stained Partially stained Nonstained</p>
Miscellaneous findings	<p>Polyp (ectocervical or endocervical) Inflammation Stenosis Congenital TZ Congenital anomaly Post-treatment consequence (scarring)</p>	
Colposcopic Impression (highest grade)	<p>Normal/benign Low-grade High-grade Cancer</p>	

Charge: To define a *comprehensive* set of colposcopic criteria

Recommendation: An ideal, or comprehensive colposcopic exam would include the cervix visibility, squamocolumnar junction visibility, presence of acetowhitening, presence of a lesion and if so, the color/contours/borders/vascular changes, the size(s) of lesion(s), other features, and the colposcopic impression. A diagram annotating the findings could also be included.

Rationale: Colposcopy is a skill that requires training and experience. Working group 1 of the ASCCP Colposcopy Standards Project has designated a set of criteria that would be ideally noted at every colposcopic exam. An aspiration would be to have all colposcopists report the comprehensive criteria, while at minimum colposcopists should report the core criteria (see below).

Comprehensive criteria for reporting findings at colposcopic exam:

- Cervix visibility (fully/not fully)
- SCJ visibility (fully/not fully)
- Acetowhitening (yes/no)
- Lesion(s) present (acetowhite or other) (yes/no)
- Lesion visualized (fully/not fully)
- Location of lesion(s)
- Size of lesion(s)
- Vascular changes
- Other features of lesion(s) (color/contour/borders/Lugols uptake/etc.)
- Colposcopic impression (Normal/benign; Low-grade; High-grade; cancer)

****Core/minimum criteria* for reporting findings at colposcopic exam would include the following: SCJ visibility (fully/not fully), Acetowhitening (yes/no), Lesion(s) present (acetowhite or other) (yes/no), Colposcopic impression (Normal/benign; Low-grade; High-grade; cancer).