

## ASCCP Colposcopy Standards; WG3: Colposcopy Procedures and Adjuncts

### Draft recommendations and supporting evidence

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

	<b>Minimum Colposcopy Practice</b>	<b>Comprehensive Colposcopy Practice</b>
<b>Pre-colposcopy Evaluation</b>	Evaluate and document at least the following: <ul style="list-style-type: none"> <li>• Indications for colposcopy</li> <li>• Pregnancy status</li> <li>• Menopausal status</li> <li>• Hysterectomy status</li> </ul>	Evaluate and document at least the following: <ul style="list-style-type: none"> <li>• Indications for colposcopy</li> <li>• Past history of cervical cytology, colposcopy, treatment</li> <li>• Parity</li> <li>• Contraception</li> <li>• Pregnancy status</li> <li>• Menopausal status</li> <li>• Hysterectomy status</li> <li>• Smoking history</li> <li>• HIV status</li> <li>• HPV vaccination status</li> </ul>
	Obtain informed consent.	Obtain informed consent.
<b>Examination</b>	Examine vulva and vagina grossly.	Examine vulva and vagina grossly.
	Examine the cervix with magnification after application of 3-5% acetic acid.	Examine the cervix with multiple magnifications after application of 3-5% acetic acid.
		Examine cervix with both white light and a red-free (blue or green) filter.
		Examine upper vagina with magnification.
<b>Documentation</b>	Document findings at least in text format.	Document findings using a diagram or photograph, annotated if possible. Findings should be imported into electronic medical record.
		Document cervix visibility (fully / not fully visualized)
	Document SCJ visibility (fully/not fully visualized).	Document SCJ visibility (fully /not fully visualized), 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"> <li>• Acetowhitening present (yes/no)</li> <li>• Lesion(s) present (yes/no)</li> </ul>	Document colposcopic findings. <ul style="list-style-type: none"> <li>• Acetowhitening present (yes/no)</li> <li>• Lesion(s) present (yes/no)</li> <li>• If lesion(s) present, document extent of lesion(s) visualized (fully/not fully), lesion size and location, description (Color, Contour, Border, Vascular changes).</li> </ul>
	Document a colposcopic impression (benign-normal / LSIL /HSIL/ Cancer).	Document a colposcopic impression (benign-normal / LSIL /HSIL/ Cancer).
<b>Biopsy</b>	If biopsies are taken, take biopsies at the SCJ.	If biopsies are taken, take biopsies at the SCJ and document their location.
	Document whether endocervical sampling performed.	Document whether endocervical sampling performed and method: curette vs brush or both.
<b>Post-procedure</b>	Make arrangements to notify patient of results.	Document how patient will be notified of results.and management plan.

**Rationale:** A literature search of 380 articles did not reveal evidence for or against individual elements of the colposcopy exam. In the absence of RCTs or other strong evidence in the literature, this recommendation is of necessity based on expert opinion. A survey of ASCCP members, therefore, contributed to our recommendations. The elements of the “minimum” colposcopy exam and “comprehensive” colposcopy practice were informed by the practice patterns of survey respondents who perform at least 6 exams per month. Work group recommendations were modified based on considerations offered by the work group members, the Colposcopy Standards Steering Committee, and public comment offered via the Bulletin Board.

**Charge 2:** Evaluate colposcopy adjuncts

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

**Rationale:** Literature was reviewed on colposcopic adjuncts including but not limited to fluorescence, 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.