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

Draft 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 our 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.

Recommendation	Features/Criteria	Details
#1 General assessment	Visualization of the cervix	Fully visible Partially visible due to: ____ Not visible due to: ____
	Visualization of the squamocolumnar junction	Fully visible Partially visible Not visible
#2 Acetowhite changes	Any degree of whitening after application of dilute acetic acid	Yes No
#3 Normal colposcopic findings	Original squamous epithelium: mature, atrophic	

	Columnar epithelium Ectopy/ectropion Metaplastic squamous epithelium Nabothian cysts Crypt (gland) openings Deciduosis in pregnancy Submucosal branching vessels	
#4 Abnormal colposcopic findings	Lesion(s) present (acetowhite or other)	Yes No
	Location of each lesion	Clock position At the SCJ (yes/no) Lesion completely visualized (yes/no) Satellite
	Size of each lesion	Number of cervical quadrants the lesion involves Percentage of surface area of transformation zone occupied by lesion
	Low-grade features	Acetowhite • Thin/translucent • Rapidly fading Vascular patterns: • Fine mosaic • Fine punctuation Margins/border: • Irregular/geographic border Contour: • Condylomatous/raised/papillary • Flat
	High-grade features	Acetowhite • Thick/dense • Rapidly appearing/slowly fading • Cuffed crypt (gland) openings Vascular patterns:

		• Coarse mosaic • Coarse punctation Margins/border: • Sharp border • Inner border sign (Internal margin) • Ridge sign • Peeling edges Contour: • Flat
	Suspicious for invasive cancer	Atypical vessels Contact bleeding Friable tissue Irregular surface Exophytic lesion Necrosis Ulceration Tumor or gross neoplasm May not be acetowhite
	Nonspecific	Leukoplakia Erosion
	Lugol's staining	Not used Stained Partially stained Nonstained
#5 Miscellaneous findings	Polyp (ectocervical or endocervical) Inflammation Stenosis Congenital TZ Congenital anomaly Post-treatment consequence (scarring)	
#6 Colposcopic Impression (highest grade)	Normal/benign Low-grade High-grade Cancer	

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

Recommendation#7: 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/partial/not)
- SCJ visibility (fully/partial/not)
- Acetowhitening (yes/no)
- Lesion(s) present (acetowhite or other) (yes/no)
- Lesion visualized (fully/partial)
- 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/partial/not), Acetowhitening (yes/no), Lesion(s) present (acetowhite or other) (yes/no), Colposcopic impression (Normal/benign; Low-grade; High-grade; cancer).