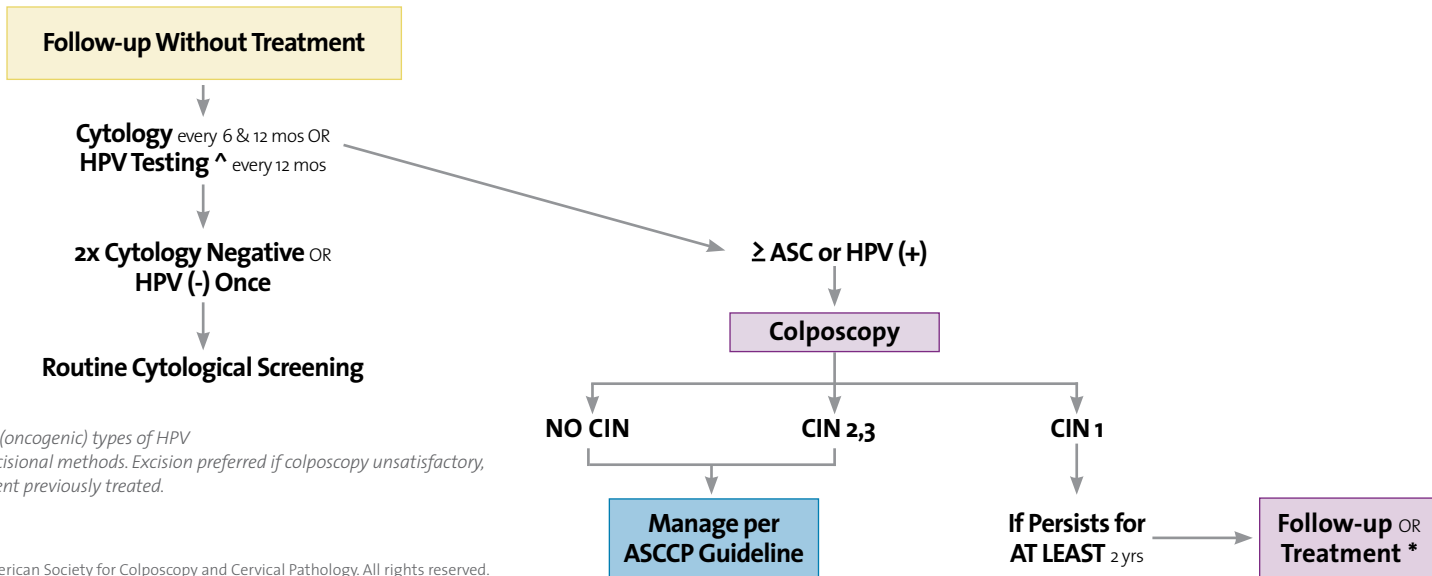


# Management of Women with a Histological Diagnosis of Cervical Intraepithelial Neoplasia Grade 1 (CIN 1) Preceded by ASC-US, ASC-H or LSIL Cytology



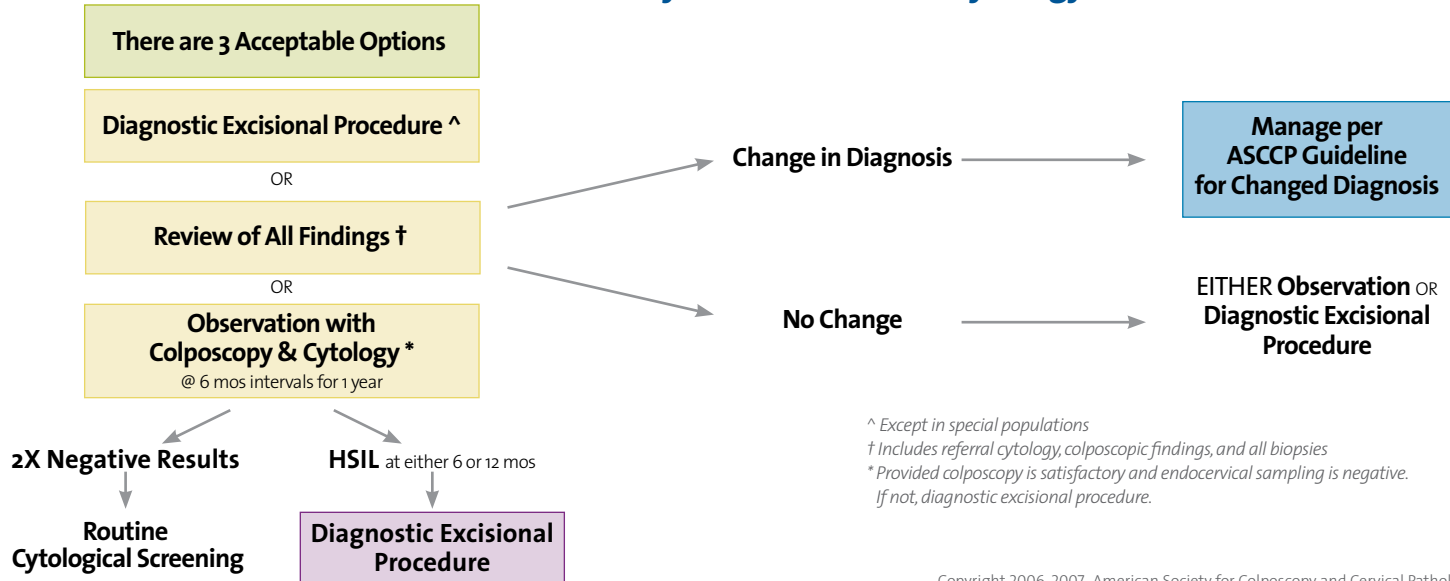
<sup>^</sup> Test only for high-risk (oncogenic) types of HPV

<sup>\*</sup> Either ablative and excisional methods. Excision preferred if colposcopy unsatisfactory, ECC is positive, or patient previously treated.

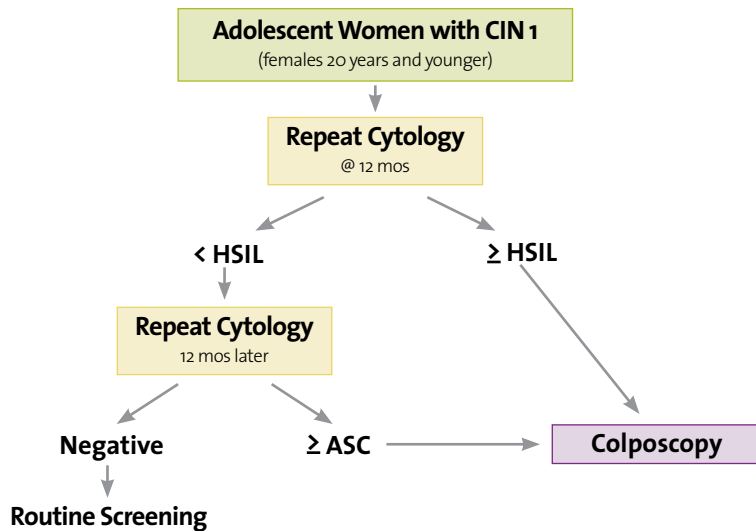


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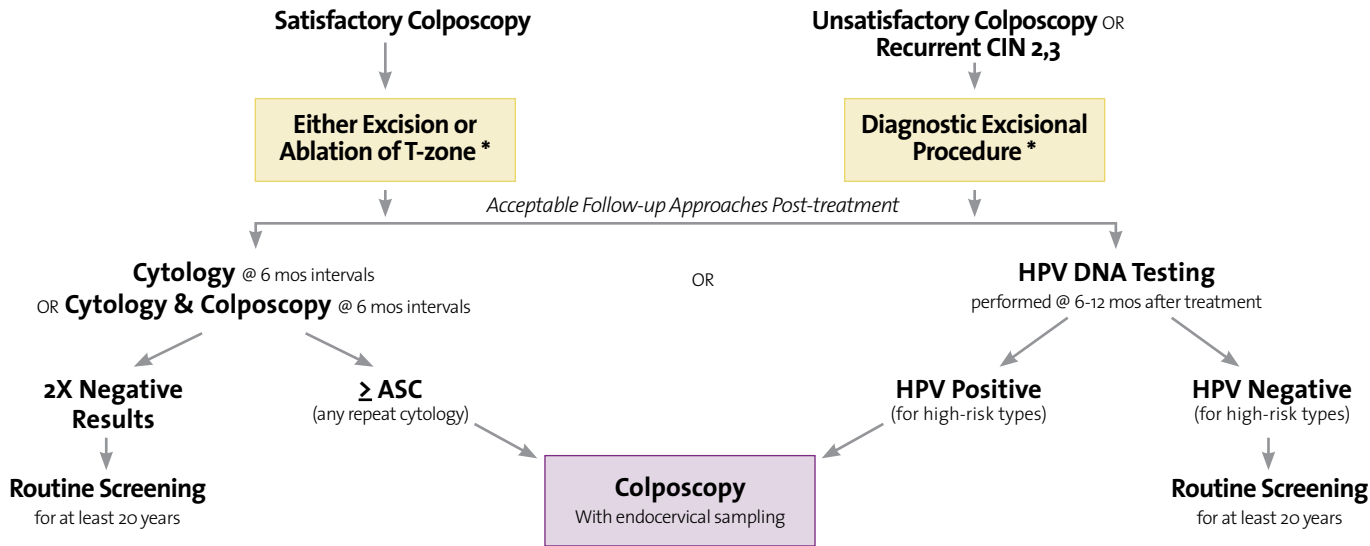
# Management of Women with a Histological Diagnosis of Cervical Intraepithelial Neoplasia - Grade 1 (CIN 1) Preceded by HSIL or AGC-NOS Cytology



# Management of Adolescent Women (20 Years and Younger) with a Histological Diagnosis of Cervical Intraepithelial Neoplasia - Grade 1 (CIN 1)



## Management of Women with a Histological Diagnosis of Cervical Intraepithelial Neoplasia - (CIN 2,3) \*



\*Management options will vary in special circumstances

# Management of Adolescent and Young Women with a Histological Diagnosis of Cervical Intraepithelial Neoplasia - Grade 2,3 (CIN 2,3)

## Adolescents and Young Women with CIN 2,3

*Either treatment or observation is acceptable, provided colposcopy is satisfactory.*

*When CIN 2 is specified, observation is preferred. When CIN 3 is specified, or colposcopy is unsatisfactory, treatment is recommended.*

### Observation - Colposcopy & Cytology

@ 6 mos intervals for up to 24 mos

OR

### Treatment Using Excision

OR Ablation of T-zone

**2x Negative Cytology**  
AND **Normal Colposcopy**

**Colposcopy Worsens** OR  
**High-grade Cytology** OR  
**Colposcopy Persists** for 1 yr

**Routine Screening**

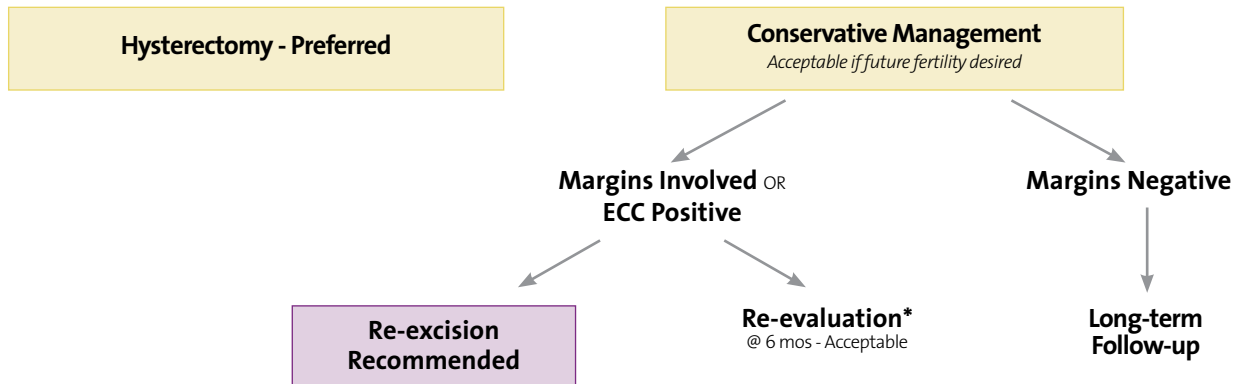
**Repeat Biopsy**  
**Recommended**

**CIN 3** OR **CIN 2,3** that  
persists for 24 mos since initially diagnosed

**Treatment**  
**Recommended**



## Management of Women with Adenocarcinoma in-situ (AIS) Diagnosed from a Diagnostic Excisional Procedure



\*Using a combination of cytology, HPV testing, and colposcopy with endocervical sampling