



Frequently Asked Questions

What are the Consensus Guidelines?

In 2006, representatives from 29 medical organizations, professional societies, and federal agencies involved in women's healthcare got together to revise the 2001 evidence-based guidelines for managing women with abnormal Pap tests and cervical cancer precursors. The development of both the 2001 and 2006 guidelines was led by the American Society of Colposcopy and Cervical Pathology (ASCCP). The 2006 Consensus Guidelines for cytology and histology were published in the *American Journal of Obstetrics & Gynecology* 2007;197(4):2007; 346-55 and 2007;197(4):340-345, respectively. Algorithms to both sets of guidelines were published in the October 2007 issue of the *Journal of Lower Genital Tract Disease* and are available on the ASCCP website at www.asccp.org.

The goal of the ASCCP 2006 Consensus Conference was to revise the 2001 Guidelines based on new evidence that has appeared since the last evidence review in 2000. The revised Guidelines will aid clinicians of all subspecialties in the management of abnormal Papanicolaou tests and CIN. As with the 2001 conference, delegates to the 2006 conference represented gynecologists, gynecologic cancer specialists, family medicine doctors, pathologists, and epidemiologists, as well as advanced practice clinicians (e.g., nurse practitioners, PA-Cs, nurse midwives, etc.).

[2006 sponsoring medical organizations and federal agencies](#)

How important is cervical cancer and cervical cancer screening?

Worldwide, cervical cancer is the second leading cause of cancer related death in women. In the United States, there are approximately 10,000 new cases of cervical cancer, resulting in 4,000 deaths, each year. Approximately 50-60 million U.S. women are screened for cervical cancer each year with the Pap test, which has gone a long way towards reducing cervical cancer among U.S. women.

How many women have abnormal Pap tests each year?

Of the approximately 50 – 60 million Pap tests taken yearly in the United States about 3.5 million of these are classified as abnormal and require some form of medical follow-up. Determining which women with abnormal Pap tests are at risk for significant cervical disease and treating them presents a major public health challenge and a multibillion dollar cost to our healthcare system. The goal of the ASCCP Consensus Guidelines has been to identify women at high risk efficiently using the best current science while minimizing cost and anxiety for women at low risk.

How do Pap tests prevent cervical cancer?

Pap tests are obtained by gently scraping cells from the cervix and examining them with a microscope. This allows abnormal cells from cervical precancers to be detected and precancers to be treated prior to the development of cervical cancer. Although the accuracy of a single Pap test is not high, a lifetime of repeated tests is highly effective in identifying precancerous changes. Most women who develop cervical cancer have not had regular Pap testing.

What do we know about the causes of cervical cancer?

Almost all cervical cancers occur because of persistent infection with specific types of a sexually-transmitted DNA tumor virus called human papillomavirus (HPV). However, HPV infections are quite common and only a small proportion of women infected with high-risk types of HPV will have persistent infection and develop cervical cancer. Therefore other factors in addition to infection with high-risk types of HPV including cigarette smoking and possibly genetic factors are also thought to play a role in the development of cervical cancer.

Why are abnormal Pap results a major public health challenge?

Almost two million women each year are classified as having “inconclusive” Pap tests. Most women with inconclusive tests have no detectable problem and minimal long-term cancer risk, since most represent transient infection with HPV. Less than a fifth of women with an inclusive Pap test have a significant precancer. These inconclusive Pap tests are known as ASC-US (atypical squamous cells of undetermined significance), ASC-H (atypical squamous cells – high grade), and LSIL (low-grade squamous cells of undetermined significance). Although these changes are mild, they have significant impact for women since they may result in anxiety, may potentially lead to numerous trips back to the doctor and even unnecessary medical procedures, and may involve extra costs to the health care system.

How are women with abnormal Pap tests evaluated?

Most women with abnormal Pap tests are referred for colposcopy. Colposcopy is an office procedure that involves examining the cervix under strong light and magnification to define areas of the cervix that may harbor precancerous cells. Biopsies done at the time of colposcopy identify women who need additional treatment. Women with ASC-US Pap results are evaluated in a variety of ways. These include repeating the Pap test, performing immediate colposcopy, and testing for high-risk types of HPV. “Reflex” HPV DNA testing refers to when the HPV test is performed from the same patient sample as the liquid-based Pap test. With “reflex” HPV DNA testing women can immediately learn whether or not they are at risk for having a high-grade cervical precancer and need further evaluation using colposcopy, or at low risk and can simply be followed up with a repeat Pap test in 12 months.

How are women with precancerous lesions treated?

Treatment is indicated for women with advanced precancerous changes found either by Pap test or colposcopic biopsy, since these commonly though not uniformly progress to cancer. Treatments aim to destroy precancerous changes on the cervical surface and can include cutting or freezing the tissue. Treatments are not indicated for HPV infection or for low grade precancerous changes on Pap test or biopsy, since most of these resolve without treatment. Treatments are usually well tolerated, though especially with repeated treatments, risk for pregnancy problems can rise. For this reason, women considering future pregnancy may benefit from observation rather than treatment of intermediate risk precancerous changes. However, for all but the youngest women, high risk precancerous changes merit treatment, since cancer risk outweighs the risk of pregnancy problems.

Why are the Consensus Guidelines important?

Our understanding of how cervical cancer develops has changed substantially over the past decade as new studies have given more information. This new information comes from studies on HPV, or combination testing with Pap and an HPV assay, new technology for Pap testing and HPV typing, and the high regression rates of HPV in adolescents, as well as concerns that arose when the 2001 guidelines were integrated into practice.

Many clinicians are unsure about how to apply this new information. Misinterpreting new data may result in overtreatment or undertreatment. Overtreatment can result in injury and pregnancy loss without improving cancer outcomes. Undertreatment may allow cancers to develop unsuspected. The revised guidelines are designed to provide clinicians of all subspecialties who are involved in cervical cancer with up-to-date, evidence-based recommendations on how to manage women with abnormal Pap tests. The availability of these guidelines will continue to bring uniformity to the management of women with abnormal Pap tests in the United States, minimizing the side effects of needless treatment while also minimizing cancer risk.

What's new in the new guidelines?

New studies in the last few years have added substantial nuance to our understanding of how cervical cancer develops. Studies in adolescents, pregnant women, postmenopausal women, and women with high-grade precancerous changes on Pap testing have all led to changes in guidelines. There is increased emphasis on follow-up without treatment for adolescents and women under age 21 years. There are new options for managing postmenopausal women with HPV testing rather than more invasive colposcopic testing for borderline Pap changes. Since precancers are not treated during pregnancy to avoid harming the fetus, less intensive testing is now recommended for pregnant women with abnormal Pap results. Women with high-grade Pap results now have the option of treatment without waiting for colposcopic biopsies. For those very concerned about the risk of pregnancy loss after treatment, observation is a new option, under strict criteria. Finally, there are new guidelines to help clinicians manage women with abnormalities on the combination Pap/HPV test, approved by the FDA after the 2001 guidelines were published.