ENDOCERVICAL SAMPLING (CURETTAGE) HAS NO PLACE IN COLPOSCOPY PRACTICE: CON POSITION

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Disclosures

- **I am employed by the Southern California Permanente Medical Group (S.C.P.M.G.). I am on the board of Preventive Oncology International Inc. Preventive Oncology International Inc. has received unrestricted grant support or support "in kind" (reagents, testing) from Hologic Inc., Qiagen, Gen-Probe, Merck Inc., and BGI Shenzhen.**
- **My employment by S.C.P.M.G. and participation in Preventive Oncology International pose no conflict of interest with this presentation.**

2012 ASCCP CONSENSUS GUIDELINES

“Endocervical sampling is preferred for women in whom no lesions are identified and for those with an inadequate colposcopy but is acceptable for women with an adequate colposcopy and a lesion identified in the transformation zone.”

Massad LS *et. al.* Obstet Gynecol 2013;121(4):829-46

PREVALENCE OF CIN 2+ AND PERCENT OF COLPOSCOPIES WITH CIN 2+ DIAGNOSED FROM CERVICAL BIOPSY < CIN 2 AND ECC OF CIN 2+

STUDY	PREVALENCE CIN 2+	% CIN 2+ FROM CERVICAL BIOPSY <CIN 2+ WITH ECC OF CIN 2+
Gage JC, 2010	18.6% (2,443/13,115)	5.4% (132/2,443)
Pretorius RG, 2015	15.3% (2,840/18,537)	9.7% (274/2,840)

Gage JC *et. al.* Am J Obstet Gynecol 2010;203:481.e1-9
Pretorius RG *et. al.* J Low Genit Tract Dis 2015;19(4):278-81

CIN 3+ FROM CERVIX < CIN 2 WITH ECC OF CIN 2+ AND CIN 3+ SOLELY FROM ECC OF CIN 2+ (CERVIX < CIN 2; ECC CIN 2+; CYTOLOGY LSIL, ASC-US, OR NEG; AND IMPRESSION < CIN 2)

% CIN 3+ FROM CERVIX < CIN 2 AND ECC CIN 2+	% CIN 3+ SOLELY FROM ECC OF CIN 2+
7.2% (101[A]/1,398)	3.6% (50[B]/1,398)

[A]13 of 101 CIN 3+ were invasive cervical cancer
[B]5 of 50 CIN 3+ were invasive cervical cancer

Reanalysis of data from Pretorius RG *et. al.* J Low Genit Tract Dis 2015;19(4):278-81

YIELD OF CIN 3+ SOLELY FROM ECC OF CIN 2+ FOR SUBSETS OF COLPOSCOPY

SUBSET OF COLPOSCOPIES	YIELD CIN 3+ SOLELY FROM ECC OF CIN 2+
Colposcopic Impression Normal	0.30%[1] (23/7,600)
Colposcopic Impression Abnormal	0.25%[1] (27/10,937) [1]0.30% vs. 0.25%, p=.47
Colposcopy Inadequate	0.57%[2] (10/1,759)
Colposcopy Adequate	0.24%[2] (40/16,778) [2]0.57% vs. 0.24%, p=.01
Age ≥ 25 years	0.36%[3] (47/13,104)
Age < 25	0.06%[3] (3/5,432) [3]0.36% vs. 0.06%, p<.001
Age ≥ 50 years	0.85%[4] (21/2,480)
Age < 50 years	0.18%[4] (29/16,057) [4]0.85% vs, 0.18%, p<.001

Reanalysis of data from Pretorius RG *et. al.* J Low Genit Tract Dis 2015;19(4):278-81

% OF COLPOSCOPIES WITH ECC AND % OF POSSIBLE CIN 3+ DETECTED SOLELY BY ECC

SUBSET OF COLPOSCOPIES WITH ECC	% OF COLPOSCOPIES WITH ECC	PERCENT OF POSSIBLE CIN 3+ DETECTED SOLELY BY ECC OF CIN 2+
All	100.0% (18,537/18,537)	100.0% (50/50)
Impression Normal	41.0% (7,600/18,537)	46.0% (23/50)
Inadequate	9.5% (1,759/18,537)	20.0% (10/50)
Age ≥ 25 years	70.7% (13,104/18,537)	94.0% (47/50)
Age ≥ 50 years	13.4% (2,480/18,537)	42.0% (21/50)

Reanalysis of data from Pretorius RG *et. al.* J Low Genit Tract Dis 2015;19(4):278-81

2012 ASCCP CONSENSUS GUIDELINES

“Endocervical sampling is preferred for women in whom no lesions are identified and for those with an inadequate colposcopy but is acceptable for women with an adequate colposcopy and a lesion identified in the transformation zone.”

“At colposcopy, endocervical sampling is preferred for non-pregnant women age 25 years and older.”

% OF CIN 3+ DIAGNOSED AS A FUNCTION OF TYPE OF BIOPSY FOR SEVEN PHYSICIANS

PHYSICIAN	% CIN 3+ FROM COLPO-DIRECTED BIOPSY ± RANDOM BIOPSY AND ECC	% CIN 3+ SOLELY FROM RANDOM CERVICAL BIOPSY	% CIN3+ SOLELY FROM ECC
#1	65.4% (17/26)	19.2% (5/26)	11.5% (3/26)
#2	50.0% (18/36)	36.1% (13/36)	2.8% (1/36)
#3	28.6% (6/21)	33.3% (7/21)	33.3% (7/21)
#4	69.2% (63/91)	18.7% (17/91)	8.8% (8/91)
#5	92.9% (13/14)	7.1% (1/14)	0.0% (0/14)
#6	28.6% (2/7)	28.6% (2/7)	42.9% (3/7)
#7	81.5% (22/27)	7.4% (2/27)	7.4% (2/27)
ALL	63.5% (141/222)	21.2% (47/222)	10.8% (24/222)

Reanalysis of data from Pretorius RG *et. al.* J Low Genit Tract Dis 2011;15:180-9