Flowcharts for the Clinical Practice Guidelines for Cervical Screening in New Zealand 2020
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Flowchart 1: Management of low-grade abnormalities: ASC-US or LSIL

Cervical cytology report ASC-US/LSIL

25–29 years*

- Previous abnormal report within last 5 years
  - Colposcopy
    - Cytology normal
      - Repeat cytology in 12 months
        - Cytology normal
          - Return to 3-yearly screening
        - Cytology abnormal
          - Colposcopy
    - Cytology abnormal
      - Colposcopy

- No abnormal report within last 5 years
  - Repeat cytology in 12 months
    - Cytology normal
      - Return to 3-yearly screening
    - Cytology abnormal
      - Colposcopy

30 years and over

- Previous abnormal report within last 5 years
  - Colposcopy
    - hrHPV not detected
      - Repeat cytology in 12 months
        - Cytology normal
          - Colposcopy
        - Cytology abnormal
          - Colposcopy
    - hrHPV detected
      - Reflex HPV test

- No abnormal report within last 5 years
  - Reflex HPV test

* This includes people <25 years who have already started screening.
Flowchart 2: Colposcopic management of low-grade cytology (ASC-US/LSIL)

Flowchart:

Colposcopic assessment

Satisfactory and normal

Satisfactory and abnormal

Unsatisfactory

LSIL (CIN 1) on biopsy

Refer back to primary health care

Repeat cytology at 12 months, and 24 months

Any abnormal result

Normal

Return to 3-yearly screening

HSIL (CIN 2/3) on biopsy

Normal biopsy

Treatment (See Special clinical circumstances – Pregnancy, and People under 25 years)

Cytology review

LSIL confirmed

Repeat colposcopy and cytology ± hrHPV 12 months

Management may be individualised based on age, reproductive status and clinical risk

Treatment is not usually indicated

Note: Colposcopists may vary these guidelines on the basis of hrHPV status.
Flowchart 3: Management of high-grade abnormalities: ASC-H or HSIL

ASC-H/HSIL

Colposcopic assessment

Unsatisfactory

Management based on cytology review or MDM

Satisfactory

Normal colposcopy

Cyto-histo review

Management based on cytology review or MDM

Abnormal colposcopy

Norma, or LSIL (CIN 1) on biopsy

Management based on MDM

HSIL (CIN 2/3) confirmed on biopsy

Treat (see Special circumstances – Pregnancy, and People under 25 years)
Flowchart 4: HPV testing after treatment for HSIL (CIN 2/3) in the previous three years

1. Histologically confirmed and treated HSIL (CIN 2/3) in the previous three years
   - Discharge or review at colposcopy

2. Cytology and hrHPV test 6 months post-treatment
   - hrHPV negative
     - Cytology negative
       - Repeat cytology and hrHPV testing at a further 12 months
       - hrHPV negative
         - Cytology negative
           - Repeat cytology at 12 months
           - hrHPV negative
             - Cytology negative
               - Routine 3-yearly screening
             - hrHPV negative
               - Cytology positive
                 - ASC-US/LSIL
                 - Repeat cytology at 12 months
                 - Normal
                   - Annual screening
                 - Abnormal
                   - Colposcopy
             - hrHPV negative
               - Cytology positive
                 - ≥ASC-H
                 - ≥ASC-H
               - Colposcopy
             - hrHPV positive
               - Any cytology
                 - Colposcopy
   - hrHPV negative
     - Cytology positive
       - ASC-US/LSIL
       - ≥ASC-H
       - Colposcopy
   - hrHPV positive
     - Any cytology
     - Colposcopy
Flowchart 5: HPV testing after HSIL (CIN 2/3)/ASC-H more than three years previously, with subsequent negative cytology and non-completion of a test of cure

- **HSIL (CIN 2/3)/ASC-H more than three years previously**
  - (repeatedly cytology negative since then and non-completion of a test of cure)

- **Cytology negative hrHPV negative**
  - Repeat cytology and hrHPV testing at 12 months
  - **Cytology negative hrHPV negative**
    - Return to 3-yearly screening

- **Cytology negative hrHPV positive**
  - Annual follow-up with cytology and hrHPV testing
  - If both tests are negative on two consecutive occasions, return to 3-yearly screening

- **Cytology positive Any hrHPV result**
  - Colposcopy
Flowchart 6: Colposcopic assessment and treatment of glandular abnormalities

Glandular abnormalities
Atypical glandular cells (AG1–5)
Adenocarcinoma in situ (AIS)
Adenocarcinoma (AC1–4)

Colposcopic assessment

Satisfactory and normal
Cytology/MDM review

AG1 Atypical endocervical cells present
AG2 Atypical endometrial cells present
AG3 Atypical glandular cells present
AG4 Atypical endocervical cells favouring a neoplastic process
AG5 Atypical glandular cells favouring a neoplastic process
AIS Adenocarcinoma in situ

Satisfactory and abnormal
No evidence of invasive cancer
Excisional biopsy ± D&C

Consistent with cancer
Punch biopsy and refer to a gynaecological oncologist

AC1 Abnormal glandular cells consistent with endocervical adenocarcinoma
AC2 Abnormal glandular cells consistent with endometrial adenocarcinoma
AC3 Abnormal glandular cells consistent with extrauterine adenocarcinoma
AC4 Abnormal glandular cells consistent with adenocarcinoma
AC5 Abnormal cells consistent with a malignant neoplasm

Unsatisfactory colposcopy
Cytology/MDM review
Flowchart 7: Investigation of abnormal vaginal bleeding

Abnormal vaginal bleeding

Postcoital bleeding
Consider history (menstrual, contraceptive, sexual)
Speculum and pelvic exam
Suspected oral contraceptive problem
Urgent referral to colposcopy
Suspicion of cancer
No suspicion of cancer
Treat according to DHB pathway or refer to gynaecology
Manage according to DHB pathway or refer to gynaecology
Positive
Treat STI
Negative
Normal cervix
STI studies
Successful
Intermenstrual bleeding
Consider history (menstrual, contraceptive, sexual)
Persistent bleeding
Adjust oral contraceptive
Suspected oral contraceptive problem
<table>
<thead>
<tr>
<th>Type</th>
<th>Summary</th>
<th>Reason</th>
<th>Testing</th>
<th>Who orders the test?</th>
</tr>
</thead>
<tbody>
<tr>
<td>HPV triage</td>
<td>People 30 years and older with ASC-US or low-grade changes who have not had an abnormality in the previous five years</td>
<td>To determine triage to colposcopy based on the risk of progression, or potential detection of an underlying high-grade lesion that requires treatment</td>
<td>HrHPV (reflex) test using the same LBC sample</td>
<td>The laboratory automatically adds on the hrHPV test</td>
</tr>
<tr>
<td>Test of cure</td>
<td>After treatment of a high-grade squamous lesion</td>
<td>To assess the safety of returning to 3-yearly screening</td>
<td>Two ‘co-tests’ a year apart:</td>
<td>The sample taker must order the hrHPV test (the laboratory cannot add it on)</td>
</tr>
<tr>
<td></td>
<td>High-grade squamous lesion &gt;3 years previously with subsequent normal annual screening</td>
<td></td>
<td>• cytology + hrHPV test (1 year after treatment)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>After a possible or definite high-grade squamous cytology result where no high-grade lesion has been found on investigation</td>
<td></td>
<td>• repeat cytology + hrHPV test 1 year later (2 years after treatment)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>After a total hysterectomy and previous HSIL (CIN 2 or CIN 3)</td>
<td></td>
<td>Return to 3-yearly screening if all four tests are negative</td>
<td></td>
</tr>
<tr>
<td>People seen at colposcopy</td>
<td>To assist managing people with discordant results</td>
<td></td>
<td>One hrHPV test</td>
<td>The specialist orders the test. This role cannot currently be delegated to staff in general practice to order the hrHPV test on their behalf at a later date</td>
</tr>
</tbody>
</table>