Recommendations for Follow-Up of Abnormal Cytology

Updated May 2012

ONTARIO GUIDELINES

Diagnosis	Recommended Management				
Atypical Squamous Cells of Undetermined Significance (ASCUS)	**For women < 30 years of age (HPV triage not recommended)**				
	Repeat cytology in 6 months	Result: Negative	Repeat cytology in 6 months	Result: Negative	Routine screening in 3 years
				Result: ≥ ASCUS	Colposcopy
		Result: ≥ ASCUS	Colposcopy		
	For women ≥ 30 years of age				
	HPV testing*	Result: Negative	Repeat cytology in 12 months	Result: Negative	Routine screening in 3 years
				Result: ≥ ASCUS	Colposcopy
		Result: Positive	Colposcopy		
	If HPV testing is not available				
	Repeat cytology in 6 months	Result: Negative	Repeat cytology in 6 months	Result: Negative	Routine screening in 3 years
				Result: ≥ ASCUS	Colposcopy
		Result: ≥ ASCUS	Colposcopy		
	*HPV testing is not currently funded by MOHLTC				
Atypical Squamous Cells, Cannot Exclude HSIL (ASC-H)	Colposcopy				
Atypical Glandular Cells (AGC), Atypical Endocervical Cells, Atypical Endometrial Cells	Colposcopy and/or endometrial sampling				
Low-Grade Squamous Intraepithelial Lesion (LSIL)†	Repeat cytology in 6 months	Result: Negative	Repeat cytology in 6 months	Result: Negative	Routine screening in 3 years
				Result: ≥ ASCUS	Colposcopy
		Result: ≥ ASCUS	Colposcopy		
	Colposcopy				
High-Grade Squamous Intraepithelial Lesion (HSIL)	Colposcopy				
Squamous Carcinoma, Adenocarcinoma, Other Malignant Neoplasms	Colposcopy				
Unsatisfactory for Evaluation	Repeat cytology in 3 months				
Satisfactory for Evaluation, No Transformation Zone Present	Routine screening in 3 years; no immediate recall required				
Benign Endometrial Cells on Pap Tests	• Pre-menopausal women who are asymptomatic require no action (continue to follow usual screening guidelines) • Post-menopausal women require investigations, including adequate endometrial tissue sampling • Any woman with abnormal vaginal bleeding requires investigation, which should include adequate endometrial tissue sampling				

† Evidence suggests that either repeat cytology or colposcopy are acceptable management options after the first LSIL result. Though colposcopy may be useful to rule out high-grade lesions, low-grade abnormalities, particularly in young women, often regress and as such may be best managed by surveillance.

For more details on the guidelines, please refer to:
www.cancercare.on.ca/screenforlife

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