

Management of CIN2/CIN3

Or histologic HSIL

Colposcopy with visualization of SCJ

SCJ and upper limit of lesions not
visualized, or recurrent CIN2+, or ECC
with CIN2+ or ungraded

Diagnostic excisional procedure preferred
Ablation acceptable

*CIN 3 should always be treated, except in pregnancy.
CIN 2 can be managed with observation if patient concerns about pregnancy outweigh concerns about cancer.
If CIN 2 is identified at the margins of an excisional procedure or post-procedure ECC,
colposcopy at 6 months or repeat excision are acceptable.
Hysterectomy is recommended if re-excision is not feasible.*

Diagnostic excisional procedure

HPV-based testing at 6 months

Negative results

Any test abnormal

Repeat HPV-based testing annually x 3

Manage per **2019 ASCCP
Guidelines**

All negative

**HPV-based testing every 3 years
for at least 25 years**

From 2019 **ASCCP Risk-based management consensus guidelines**, Perkins RB et al.
Journal of lower genital tract disease 24(2): 102-131, April 2020