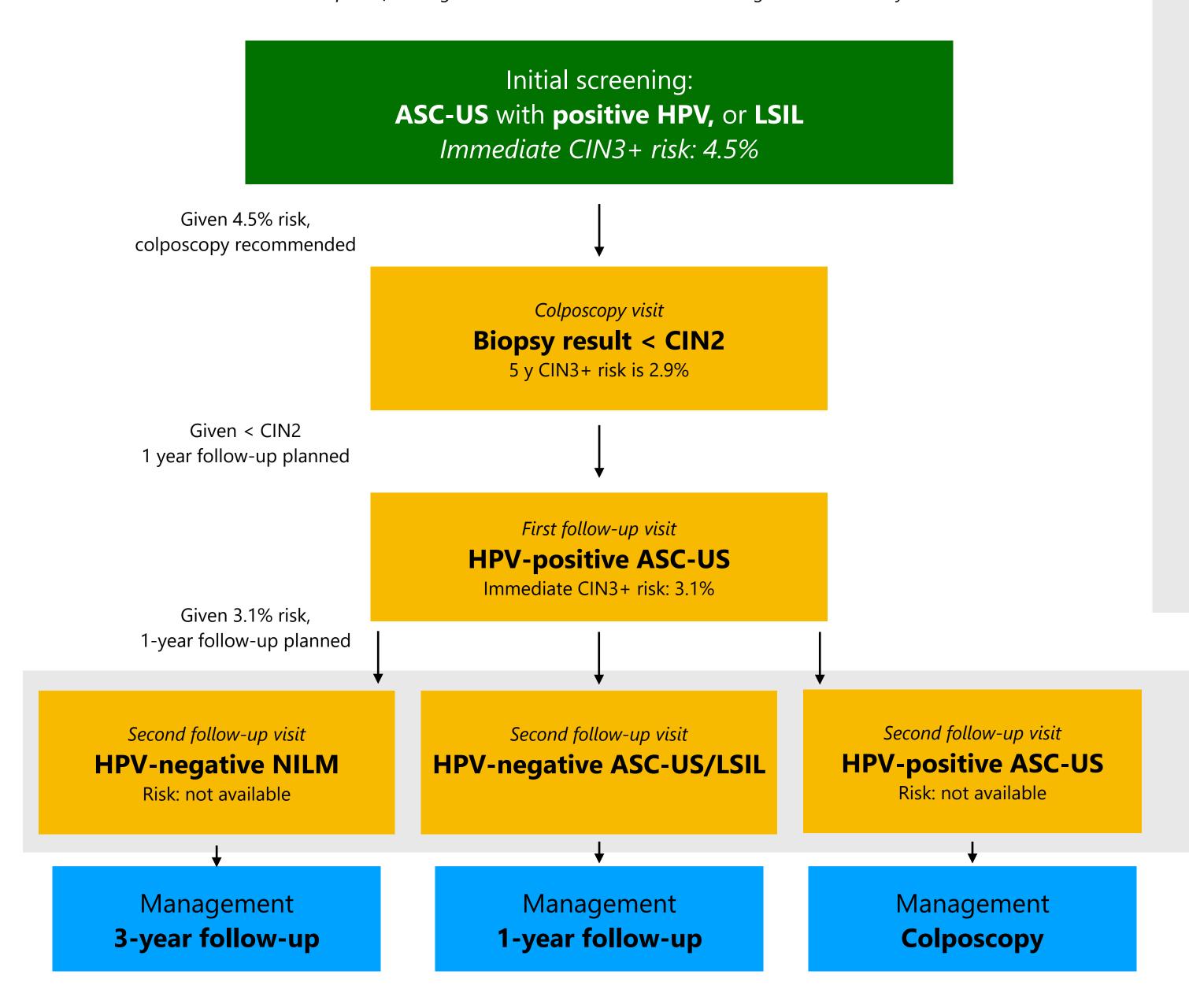
Management of HPV-positive ASC-US

Examples of management decisions with a common low-grade abnormality

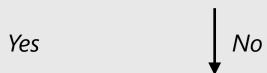


Evaluation of patient risk

Overall risk thresholds determine follow-up recommendations

Abnormal result

Is immediate CIN3+ risk \geq 4%?



60-100% immediate CIN3+ risk

Expedited treatment preferred

25–59% immediate CIN3+ risk

Treatment vs colposcopy

4-24% immediate CIN3+ risk

Colposcopy

5-year CIN3+ risk ≥ 0.55%

1-year follow-up

5-y CIN3+ risk 0.15-0.54%

3-year follow-up

5-year CIN3+ risk $\leq 0.15\%$

5-year follow-up

Similar management would be recommended for any *initial* screening abnormality (preceding colposcopy) of a minimally abnormal result (that is, < ASC-H).

If HPV-based testing for the *second* post-colposcopy visit is negative, plan 3 y follow-up. If it was either a positive HPV test (with any cytology) or a negative HPV test with cytology of ASC-H+, colposcopy is recommended.

Return in 1 year recommended for HPV-negative ASC-US or LSIL

From 2019 **ASCCP Risk-based management consensus guidelines,** Perkins RB et al. *Journal of lower genital tract disease* 24(2): 102-131, April 2020. Used under the Creative Commons CCBY-NC_ND_4.0 license with rearranged boxes and arrows, combined Figures 1 and 2.