

Management of HPV-positive ASC-US

Examples of management decisions with a common low-grade abnormality

Initial screening:
ASC-US with positive HPV, or LSIL
Immediate CIN3+ risk: 4.5%

Given 4.5% risk,
colposcopy recommended

Colposcopy visit
Biopsy result < CIN2
5 y CIN3+ risk is 2.9%

Given < CIN2
1 year follow-up planned

First follow-up visit
HPV-positive ASC-US
Immediate CIN3+ risk: 3.1%

Given 3.1% risk,
1-year follow-up planned

Second follow-up visit
HPV-negative NILM
Risk: not available

Management
3-year follow-up

Second follow-up visit
HPV-negative ASC-US/LSIL

Management
1-year follow-up

Second follow-up visit
HPV-positive ASC-US
Risk: not available

Management
Colposcopy

Evaluation of patient risk

Overall risk thresholds determine follow-up recommendations

Abnormal result

Is immediate CIN3+ risk $\geq 4\%$?

Yes

No

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 $\geq 0.55\%$
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

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