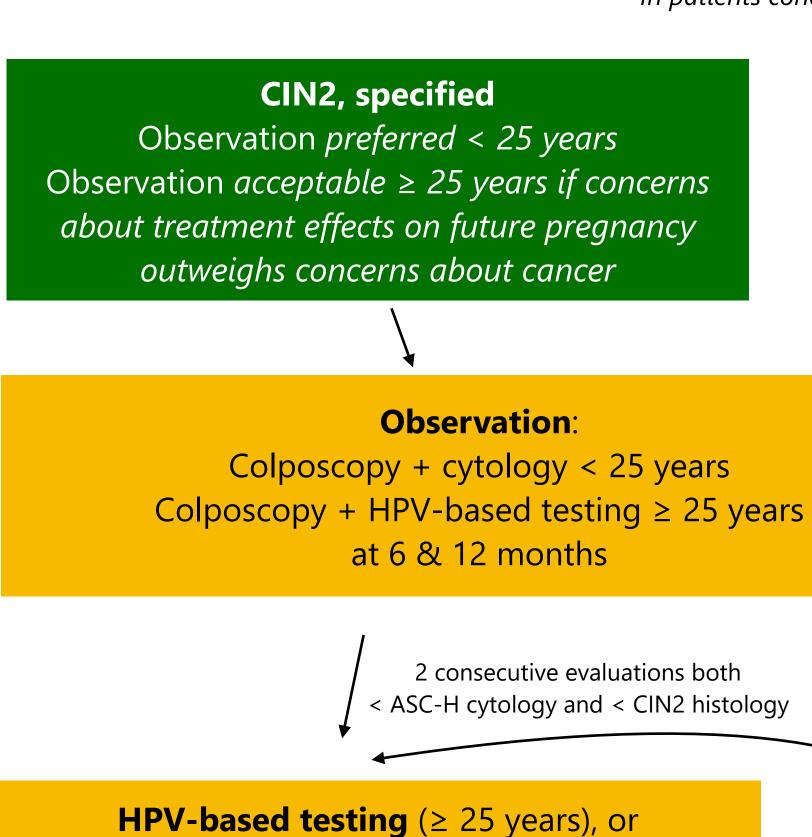
Management of CIN 2

In patients concerned about future pregnancy more than cancer risk



HPV-based testing annually x 3 total years, then test q 3 years, for at least 25 years

Any abnormality

Cytology (< 25 years) in 1 year

Negative results

HSIL, unspecified

Observation acceptable < 25 years
Treatment preferred ≥ 25 years

CIN3, specified, or

Any HSIL with SCJ or upper limit of lesions not visualized, or

ECC with CIN2+ or ungraded

Diagnostic excisional procedure

Colposcopy remains CIN2 or cytology ASC-H, AGC or HSIL with biopsy <CIN2

CIN3 at any point, or CIN2 histology, Or ASC-H, HSIL or AGC cytology persists for 2 years

Continue observation:

Colposcopy + cytology < 25 years Colposcopy + HPV-based testing \geq 25 years at 6 month intervals up to a total of 2 years since first diagnosis of CIN 2

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