Table 2: Pattern of results in follow up biopsies- comparative review of literature

	Study	Cytology method used in the study	Total number of cases studied	Number of cases with biopsy				High grade dysplasia (CIN2 & above) on biopsy			
				LSIL	LSIL-H	ASC-H	HSIL	LSIL % (n)	LSIL-H % (n)	ASC-H % (n)	HSIL % (n)
1	**Current study [11]**	SurePath™¶	77,979 LSIL-H 146 (0.19%) (12 months)	557	88	38	109	10% (55)	33% (29)	31% (12)	69% (75)
2	Nasser et al 2003 [1]	Not stated	Not stated (12 months)	150	144	X	X	15% (23)	29% (42)	X	X
3	Kir et al 2004 [2]	Not stated	21,342 (2 year)	27	13	X	X	11% (3)	61% (8)	X	X
4	McGrath et al § 2000 [12]	Not stated	48,687 LSIL- 108 (0.2%) (14.5 months)	X	58	X	X	X	59% (34)	X	X
5	Elsheikh et al 2006 [14]	ThinPrep®*	129,911 LSIL- 194 (015%) (25 months)	575	59	110	289	13% (75)	41% (24)	45% (49)	74% (214)
6	Booth et al 2005 [13] (**Abstract**)	Not stated	21,082 LSIL-H 31 (0.15%)	X	X	X	X	10% (5)	45% (9)	X	69% (29)
7	D'Furio et al 2005 [17] (Abstract)	ThinPrep®*	Not stated	X	83	37	X	X	40%	62%	X
8	Underwood et al 2006 [15] (**Abstract**)	ThinPrep®&Conventional	130,761 **A.** ThinPrep®* (127,929) **B.** Conventional (2832) LSIL-H 270 (0.2%) (24 months)	X	X	X	X	13% (163)	36% (70)	38% (93)	66% (170)
9	O'Brien et al 2006 [16] (**Abstract**)	ThinPrep®*	**A.** *Pre-imaging*: 76,365 (50 LSIL-H 0.065%) **B.** *Post-imaging*:63,812 (139 LSIL-H 0.22%)	X	A- 40 B- 107	X	X	X	A- 23%(9) B- 37%(39)	X	X
10	Jain et al 2005 [18] (**Abstract**)	Not stated	Total 67 LSIL-H **A**- *Few* : **3 or more** ASC-H cells **B**- *Rare*: **1 to 2** ASC-H cells	X	48 A. 22 B. 26	X	X	X	A- 64% (14/22) B- 23% (6/26)	X	56% (9/16)

§This study used different terminology as mild to moderate dysplasia but implied non-definitive interpretation equivalent to LSIL-H; ¶SurePath™ ((TriPath Imaging, Inc. Burlington, NC, USA)), *
ThinPrep® (Cytyc Corporation, Marlborough, MA, USA), m, months; yrs, years.
X Blanks represent lack of that information in the corresponding published data.

from HSIL, justifies LSIL-H as a separate group for optimal clinical management (Figure 5) with possible application of molecular events such as p16 in the future.

List of abbreviations

ASC-H, Atypical squamous cells Cannot exclude high-grade intraepithelial lesion; ASCCP, American Society for Colposcopy and Cervical Pathology; ASCUS, Atypical squamous cells of undetermined significance; Bethesda 2001, 2001 Bethesda System terminology; CIN, cervical intraepithelial neoplasia; HPV, human papilloma virus; HPVT, HPV DNA testing; HSIL, high-grade squamous intraepithelial lesion; LSIL, low-grade squamous intraepithelial lesion; LSIL-H, low-grade squamous intraepithelial lesion, cannot exclude high-grade intraepithelial lesion; ND, negative for dysplasia; PPV, Positive predictive value; SAPK cells, small atypical parakeratotic cells.

Competing interests

The author(s) declare that they have no competing interests.

Authors' contributions

VS, Conceptual organization as senior author, cytological-histological evaluation, data analysis, executing IRB process, and writing the manuscript.

NK, Cytopathology fellow, organized IRB process, collected all the data, and review of manuscript.

RN &**GB**: Data analysis, review of manuscript, and analyze management algorithm.

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