

VIRGINIA COMMONWEALTH UNIVERSITY

University Student Health Service Policy
Protocol for Management of the Abnormal Pap Smear
August, 2002

Condition

Management

I. ADEQUACY:

Satisfactory

If “**inadequate endocervical component**” and prior normal smears, repeat in one year. If previous smear abnormal, repeat in 6 months. If no prior Pap, repeat within 6 months. If repeated “no endocervicals”, ask Director.

Unsatisfactory

Repeat Pap. If “**obscuring inflammation**”, seek and Rx cause before repeating the Pap.

**II. GENERAL
CATEGORIZATION**

**Negative for intraepithelial
lesion or malignancy**

This is a normal Pap smear; see section III for organisms or other non-neoplastic findings.

**Epithelial cell
Abnormalities**

This is an abnormal Pap smear; see section III for details.

Other

Although the cells are not abnormal, some other risk is identified here such as “benign-appearing endometrial cells in a woman \geq 40” Refer to gyn. “Endometrial cells out-of-phase or in 2nd half of cycle”: If in young woman with BTB or on OCP with skipped pills, OK to do nothing unless repeated abnormalities or atypia

**III. INTERPRETATION/
RESULT**

**Negative for intraepithelial
lesion or malignancy:**

1. Organisms:

If “**fungal organisms morphologically c/w Candida spp**” or “**predominance of coccobacilli c/w shift of vaginal flora**” do nothing. If organism is an STD (Trich, Chlamydia, HSV), the pt should be Rx'd based on the vaginal wet prep, Chlamydia test and clinical impression at the time of the Pap. If no wet prep done, treat based on the Pap.

2. Other non-neoplastic findings:

Not premalignant changes; correct underlying problem if possible

**Epithelial Cell Abnormalities
Squamous Cell:**

ASC-US

Treat any underlying infection and repeat the Pap smear in 6 months. If the repeat Pap is **ASC-US** or **LSIL**, refer for colpo. After 2 consecutive normal Pap smears 6 months apart, return to routine screening. If 2 consecutive abnormal Pap smears are obtained during the follow-up period (2 **ASC-US**, 2 **LSIL** or a combination of both), re-refer for colpo.

ASC-US in post

menopausal woman Rx with topical estrogen (if no contraindication) and repeat PAP in 6 months. Follow-up schedule as above.

LSIL

Treat any underlying infection and repeat the Pap smear in 6 months. If the repeat Pap is **ASC-US** or **LSIL**, refer for colpo. After 2 consecutive normal Pap smears 6 months apart, return to routine screening. If 2 consecutive abnormal Pap smears are obtained (2 **ASC-US**, 2 **LSIL** or a combination of both) during the follow-up period, re-refer for colpo.

HSIL

Refer for immediate colpo. Follow-up after definitive Rx for CIN III will be Pap at 6 months by MCV. If normal, patient will be referred back to USHS for 2nd Pap at 12 months. If normal, patient may be returned to routine screening. If an abnormal Pap is obtained in the follow-up period, criteria for re-referral for repeat colpo is the same as for initial referral.

Squamous Cell Carcinoma

Refer for colpo immediately (within 4-6 weeks).

Glandular Cell:

Atypical glandular cells of undetermined significance

If endometrial, endocervical or glandular cells NOS or favor neoplastic refer to gyn within 6-8 weeks

WhPapprotocol02

**Endocervical or
endometrial or other
adenocarcinoma** Refer to gyn immediately.

**Other malignant
neoplasm** Refer immediately.