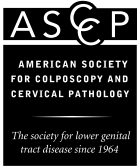


A S C C P



COMPREHENSIVE COLPOSCOPY

C u r r i c u l u m

INTRODUCTION

The American Society for Colposcopy and Cervical Pathology (ASCCP) is a national multi-disciplinary organization that represents obstetrician-gynecologists, family physicians, pathologists, nurse practitioners and other licensed health care practitioners. The ASCCP is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians.

The mission of the Society is to provide the highest quality of continuing medical education specific to the understanding of diseases of the lower genital tract and the use of colposcopy in evaluating the lower genital tract. To accomplish this mission, the Society provides postgraduate courses, a biennial scientific meeting, online CME programs, and enduring materials such as CD-ROM programs, slide collections, videoguides, etc.

The following curriculum serves as a foundation for didactic colposcopy education, the first tier of the ASCCP's three-tiered program in comprehensive colposcopy training. A “mentorship”, i.e. a hands-on period of supervised colposcopy training, and a comprehensive examination comprise the second and third tiers of the program. The colposcopy curriculum includes the necessary and basic principles considered the foundation of knowledge required to evaluate, diagnose and manage lower genital tract disease in women.

The Society recommends this curriculum for all didactic comprehensive colposcopy training purposes including postgraduate medical education courses and residency colposcopy modules. The Society strongly recommends that the minimum acceptable training requirements for a colposcopist include completion of a didactic program, a mentorship program, and an examination to document colposcopic proficiency.

The "Comprehensive Colposcopy" curriculum was developed by:

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**The "Comprehensive Colposcopy" curriculum was revised and approved
by the ASCCP Board of Directors (March 2002)**

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O B J E C T I V E S

1. Elicit and document an appropriate history including risk factors for lower genital tract neoplasia
2. Understand the pathophysiology of lower genital tract neoplasia including the oncogenic role of HPV
3. Perform appropriate cytologic sampling and colposcopic evaluation and biopsies including endocervical sampling
4. Interpret and correlate results
5. Formulate a plan of care founded upon evidence-based guidelines
6. Obtain consultation as needed
7. Refer, as necessary, and provide appropriate follow-up
8. Provide appropriate patient education and support
9. Perform quality assurance measures

C U R R I C U L U M C O N T E N T

The ASCCP supports the following curriculum content as part of all basic/comprehensive colposcopy courses and residency colposcopy modules:

I. NORMAL LOWER GENITAL TRACT (ANATOMY, HISTOLOGY, AND CYTOLOGY)

- A. Embryology of the Female Lower Genital Tract
- B. Cervix
 1. Squamous Epithelium
 2. Columnar Epithelium
 3. Squamous Metaplasia
 - a. Transformation Zone (Extent, Development, and Life Cycle Changes)
 - b. Immature Squamous Metaplasia
 - c. Mature Transformation Zone / Mature Squamous Metaplasia
- C. Vagina
 1. Normal and Anatomical Variants
- D. Vulva
 1. Normal and Anatomical Variants

II. ETIOLOGIC AND EPIDEMIOLOGIC FACTORS OF CERVICAL NEOPLASIA

- A. Epidemiology
 1. Incidence, Mortality Rates and Trends
 2. Demographic Distribution
 3. Impact of Screening Programs
 4. Cervical Neoplasia as a Sexually Transmitted Disease: Epidemiologic Evidence
- B. Development of Cervical Neoplasia
 1. The Role of Squamous Metaplasia

2. The Role of HPV in the Development of Cervical Neoplasia
 - a. Prevalence
 - b. Natural History
 - c. HPV Types
 - d. Transmission
 - e. Carcinogenesis
 1. Epidemiologic Evidence for HPV as Oncogen
 2. Molecular Mechanisms of HPV-Induced Carcinogenesis
3. The Role of Cofactors

III. CERVICAL NEOPLASIA SCREENING, EVALUATION, AND DIAGNOSIS

- A. Risk Assessment
 1. Previous Abnormal Cervical Cytology, Previous Colposcopy and Treatment
 2. Sexual History
 3. HIV/AIDS
 4. Other STDs
 5. Smoking
 6. Immunosuppression
 7. Other Cofactors
- B. Cytology
 1. History and Purpose
 2. Cervical Screening Technologies
 - a. Conventional Pap Smear
 - b. Liquid-based Cytology
 - c. Manual and Automated Cytology
 3. Appropriate Techniques and Sources of Errors
 - a. Timing in Cycle
 - b. Patient Preparation
 - c. Sampling Methods
 - d. Errors in Sampling and Interpretation
 4. Reporting System
 - a. Cervical Cytology Nomenclatures - History
 - b. The Bethesda System 2001
- C. Management of Normal and Abnormal Cervical Cytology
 1. Satisfactory vs. Unsatisfactory
 2. Negative for Intraepithelial Lesions or Malignancy
 - a. Reactive Changes and Organisms
 - b. Implications of the Lack of Endocervical Cells or Transformation Zone Component
 3. Epithelial and Glandular Abnormalities: ASCCP Consensus Guidelines for the Management of Women with Cervical Cytological Abnormalities
 - a. Atypical Squamous Cells (ASC)
 1. Atypical Squamous Cells-Undetermined Significance (ASC-US)
 2. Atypical Squamous Cells-Cannot Exclude High Grade Squamous Intraepithelial Lesion (ASC-H)
 - b. Low Grade Squamous Intraepithelial Lesion (LSIL)
 - c. High Grade Squamous Intraepithelial Lesion (HSIL)
 - d. Glandular Abnormalities
 1. Atypical Glandular Cells (AGC)
 2. Adenocarcinoma in situ (AIS)

- 3. Adenocarcinoma
- e. Squamous Cell Carcinoma
- 4. Quality Assurance
 - a. Lab Selection
 - b. Minimizing False Negatives
 - c. Follow-up Methods
- D. Non-Cytologic Screening Tests – Uses, Benefits and Limitations
 - 1. Visual Inspection with Acetic Acid (VIA)
 - 2. Fluorescent and Reflectant Spectroscopy
 - 3. Screening Colposcopy
- E. Adjuncts to Cytologic Screening
 - 1. High-risk HPV DNA
 - 2. Speculoscopy
 - 3. Cervicography

IV. COLPOSCOPIC EVALUATION AND MANAGEMENT OF CERVICAL NEOPLASIA

- A. General Considerations
 - 1. Purpose, Objectives, Advantages, Indications, and Contraindications
 - 2. History
 - 3. The Colposcope
 - a. Lenses, Magnification, and Optics
 - b. Red-Free Filter
 - 4. Equipment, Supplies, Sterilization Techniques
 - 5. Solutions
 - a. Saline
 - b. 3-5% Acetic Acid
 - c. Lugol's Solution
- B. Colposcopic Findings (Terminology, Character and Clinical Implications)
 - 1. Satisfactory vs. Unsatisfactory Colposcopy Examination
 - 2. Transformation Zone
 - a. Definition
 - b. Distribution and Changes Over Lifetime
 - 3. Normal Colposcopic Findings
 - a. Squamous Epithelium
 - b. Columnar Epithelium
 - c. Squamocolumnar Junction
 - d. Normal Squamous Metaplasia
 - i. Immature Squamous Metaplasia
 - ii. Nabothian Cysts
 - iii. Gland Openings
 - 4. Abnormal Colposcopic Findings
 - a. Epithelial Changes
 - 1. Keratosis/Leukoplakia
 - 2. Acetowhite Epithelium
 - a. Color
 - b. Margins
 - c. Surface Contour
 - 3. Lugol's Iodine Staining

- b. Vascular Changes
 - 1. Abnormal Vessels
 - a. Punctation
 - 1. Coarse vs Fine
 - 2. Distribution
 - b. Mosaic
 - 1. Coarse vs Fine
 - 2. Distribution
 - 2. Atypical Vessels
 - a. Significance
 - b. Vascular Forms (corkscrew, hockeystick, commas, etc.)
 - c. Intercapillary Distance
 - c. Colposcopic Findings Suspicious for Invasive Carcinoma
 - 1. Color and Contour
 - 2. Ulceration, Necrosis
 - 3. Atypical Vessels
5. Miscellaneous Findings
- a. Condylomata
 - b. Inflammation
 - c. Atrophy
 - d. Deciduous
 - e. Erosion
 - f. Polyps
- C. Preparation of the Patient: Counseling and Informed Consent
- D. Colposcopy Technique
- 1. Visualization of Cervix and Vagina
 - 2. Techniques and Devices to Facilitate Examination
 - a. Cervical Manipulation
 - b. Endocervical Speculum
 - c. Vaginal Sidewall Retractor
 - 3. Assessment and Grading of Lesions
 - 4. Sampling of Lesions
 - a. Cervical Biopsy
 - b. Endocervical Sampling
 - 1. Endocervical Curettage
 - 2. Endocervical Brush
 - 5. Specimen Handling and Preparation
 - 6. Achieving Hemostasis
 - 7. Management of Sampling Complications
- E. Histopathology
- 1. Purpose
 - 2. Diagnoses, Terminology
 - 3. Quality Assurance
- F. Correlation of Cytologic, Colposcopic, and Histologic Findings
- G. Documentation

H. Treatment Options: Indications, Contraindications and Individualization

1. Principles of Treatment of the Cervix
 - a. Selection of Patients
 - b. Depth of Endocervical Glands
 - c. Management of Unsatisfactory Colposcopy or Non-Correlating Colposcopy
2. ASCCP Consensus Guidelines for the Management of Women with Cervical Cancer Precursors
 - a. Observation of CIN 1
 - b. Ablation
 1. Patient Selection
 2. Ablation Methods
 - a. Cryosurgery
 - b. Laser Vaporization
 - c. Other
 - c. Excision/Conization
 1. Patient Selection
 2. Excision/Conization Methods
 - a. Loop Electrosurgical Excision
 - b. Cold Knife (Cone or Wedge Resection)
 - c. Laser
 - d. Hysterectomy
3. Post Treatment Follow-up

I. Criteria for Consultation and Referral

V. OTHER COLPOSCOPIC CONSIDERATIONS

- A. Glandular Abnormalities
- B. DES Exposure
- C. Pregnancy
- D. Post-menopause
- E. Partners
- F. HIV Infected and Other Immunosuppressed Patients

VI. COLPOSCOPIC EVALUATION AND MANAGEMENT OF VAGINAL NEOPLASIA

- A. Epidemiology of Vaginal Neoplasia
- B. Pathology of Vaginal Neoplasia
- C. Vaginoscopy – Colposcopy of the Vagina
 1. Indications, Contraindications, and Preparation of the Patient
 2. Technique
 - a. Visualization
 1. 3-5% Acetic Acid
 2. Lugol's Solution
 3. Assessment of Lesions
 4. Sampling of Lesions
 - a. Anesthesia
 - b. Biopsy Technique
 - c. Specimen Handling and Preparation
 5. Achieving Hemostasis
- D. Correlation of Cytologic, Colposcopic, and Histologic Findings

- E. Documentation
- F. Treatment Options: Indications, Contraindications, and Individualization
 - 1. Observation
 - 2. Thermal
 - 3. Excision
 - 4. Chemical
 - 5. Other

VII. COLPOSCOPIC EVALUATION AND MANAGEMENT OF VULVAR NEOPLASIA

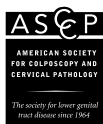
- A. Epidemiology of Vulvar Neoplasia
- B. Pathology of Vulvar Neoplasia
- C. Vulvar Neoplasia vs. Non-Neoplastic Vulvar Lesions
- D. Vulvoscopy – Colposcopy of the Vulva
 - 1. Indications, Contraindications, and Preparation of the Patient
 - 2. Technique
 - a. Visualization
 - 1. Magnification
 - 2. 3-5% Acetic Acid
 - 3. Assessment of Lesions
 - 4. Sampling of Lesions
 - a. Anesthesia
 - b. Biopsy Technique
 - c. Specimen Handling and Preparation
 - 5. Achieving Hemostasis
- E. Documentation of Colposcopic and Histologic Findings
- F. Treatment Options: Indications, Contraindications, and Individualization
 - 1. Observation
 - 2. Thermal/Cryotherapy
 - 3. Chemical
 - 4. Excision
 - 5. Other

VIII. PSYCHOSOCIAL ISSUES

- A. Education and Informed Consent/Non-Consent
- B. Facilitating Patient Involvement in Decision Making
- C. Providing Counseling/Support for Patients, Partners and Families

IX. COLPOSCOPY SYSTEMS / QUALITY IMPROVEMENT

- A. Utilizing Consistent Clinical Triage Algorithms
- B. Adhering to Recognized Management Protocols
- C. Developing Patient Tracking System
- D. Developing Colposcopy Chart Audit System
- E. Maintaining Continuing Medical Education



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