

ASCCP Management Guidelines App Quick Start Guide

2019 ASCCP Risk-Based Management
Consensus Guidelines For Abnormal
Cervical Cancer Screening Tests

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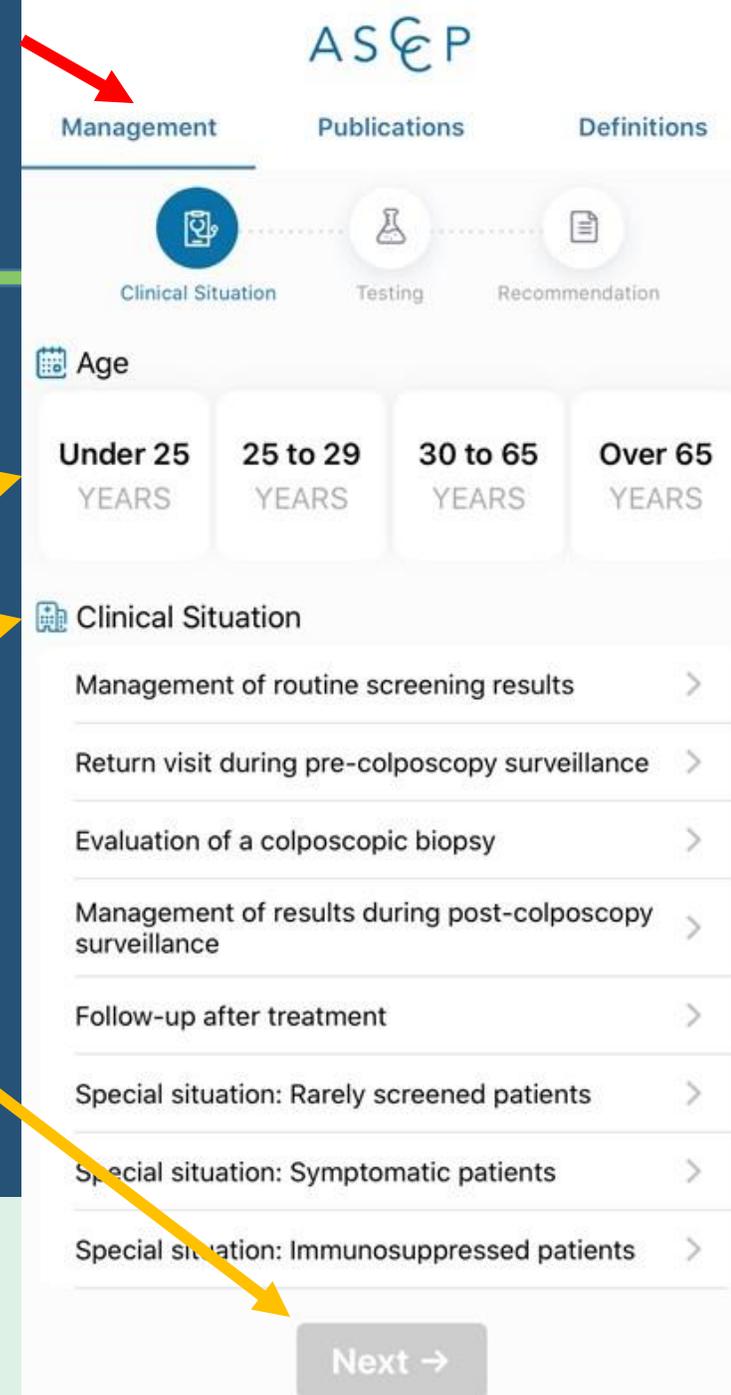


*Improving Lives Through the Prevention & Treatment
of Anogenital & HPV-Related Diseases*

How to Use the New App

Management tab

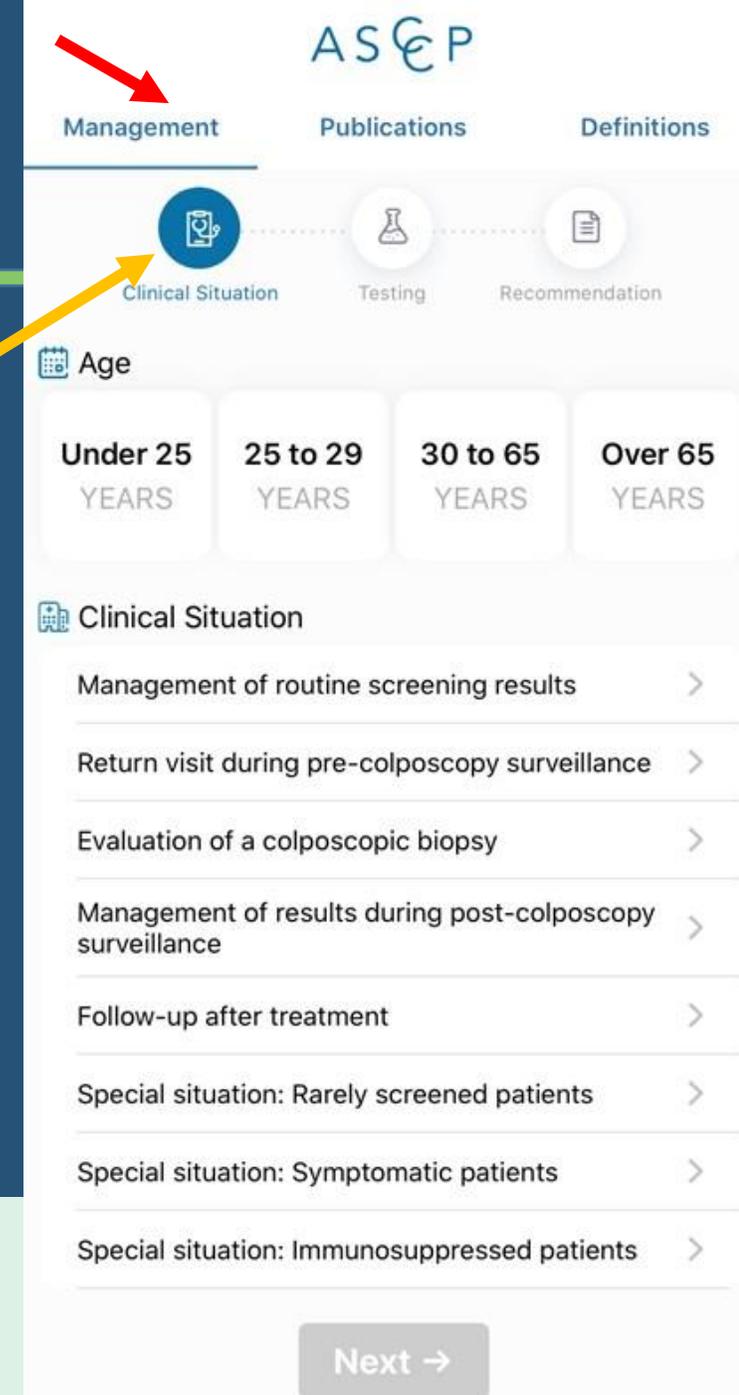
- Click on the management tab (red arrow) to
 - Enter the patient's age
 - Choose a clinical situation
- Tap the “Next” button to continue



How to Use the New App

Management tab

- 1st line under the management tab shows where you are in the process
- You can start over at any time by touching the management tab (red arrow)



Clinical Scenario

- 23-year-old female who was found to have an ASCUS Pap test result with a positive high-risk HPV on her 1st screening exam
- What should you do next?
- Enter the patients age and clinical scenario then tap “Next”

ASCP

Management Publications Definitions

Clinical Situation Testing Recommendation

Age

Under 25 YEARS 25 to 29 YEARS 30 to 65 YEARS Over 65 YEARS

Clinical Situation

Management of routine screening results >

Return visit during pre-colposcopy surveillance >

Evaluation of a colposcopic biopsy >

Management of results during post-colposcopy surveillance >

Follow-up after treatment >

Special situation: Rarely screened patients >

Special situation: Symptomatic patients >

Special situation: Immunosuppressed patients >

Next →

Clinical Scenario

Current testing

- 23-year-old female who was found to have an ASCUS Pap test result with a positive high-risk HPV on her 1st screening exam
- Enter the Pap test and HPV results
- Tap “No” for previous screening
- Tap “Next”



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The screenshot shows the ASCP mobile application interface. At the top, there are three tabs: Management, Publications, and Definitions. Below these are three icons: Clinical Situation, Testing, and Recommendation. A red arrow points from the Testing icon to the 'Current testing' button. Below this is the 'Cytology' section with five options: Normal, ASC-US, LSIL, ASC-H, and AG. A red arrow points from the ASC-US option to the 'HPV' section. The HPV section has three options: None, Negative, and Positive. A red arrow points from the Positive option to the 'Does the patient have previous screening test results?' question. Below this question are two buttons: Yes and No. A red arrow points from the No button to the 'Next' button at the bottom right.

Clinical Scenario

Confirmation

- Make sure the information entered is correct
- Tap “Next”

The screenshot displays the ASCCP mobile application interface. At the top, the ASCCP logo is visible. Below it, there are three navigation tabs: Management, Publications, and Definitions. A progress indicator shows three steps: Clinical Situation, Testing, and Recommendation, with Testing being the current step. The main content area is titled 'Confirmation' and shows 'Management of routine screening results' for 'Age: Under 25'. A section labeled 'Current results' contains a bullet point: 'Cotest with positive HPV and abnormal cytology result of ASC-US'. A red arrow points to the 'Next' button, which is highlighted in blue. The 'Back' button is greyed out.

Clinical Scenario

Recommendation

- Recommendation for the time and type of follow-up
- Algorithm (if available) for review
- "Back" button to change select data or a "Start Over" button to clear the data and begin again
- Hyperlinked reference to full text article

The screenshot displays the ASCCP Clinical Scenario interface. At the top, the ASCCP logo is visible. Below it, there are three tabs: Management, Publications, and Definitions. The Publications tab is selected, and a red arrow points to the Recommendation icon. The main content area is divided into three sections: Recommendation, Figure, and References. The Recommendation section shows a 1-year follow-up with cytology screening at the follow-up visit. The Figure section contains a flowchart titled 'Management of Patients Ages < 25 years with Cytologic Abnormalities'. The References section lists a 2019 ASCCP risk-based management consensus guideline for abnormal cervical cancer screening tests and cancer precursors.

ASCP

Management Publications Definitions

Clinical Situation Testing Recommendation

Recommendation

1-year follow-up¹

Cytology screening at follow-up visit¹

Figure

Figure 12: Management of Patients Ages < 25 years with Cytologic Abnormalities

← Back Start Over

References

1. Perkins RB, Guido RS, Castle PE, et al. 2019 ASCCP risk-based management consensus guidelines for abnormal cervical cancer screening tests and cancer precursors. J Low Genit Tract Dis 2020;24:102–31.

Clinical Scenario 2

- 26-year-old female who was found to have an ASCUS Pap test result with a positive high-risk HPV on her 1st known screening exam
- Enter the data the same way with the correct age

ASceP

Management Publications Definitions

Clinical Situation Testing Recommendation

Age

Under 25 YEARS 25 to 29 YEARS 30 to 65 YEARS Over 65 YEARS

Clinical Situation

Management of routine screening results >

Return visit during pre-colposcopy surveillance >

Evaluation of a colposcopic biopsy >

Management of results during post-colposcopy surveillance >

Follow-up after treatment >

Special situation: Rarely screened patients >

Special situation: Symptomatic patients >

Special situation: Immunosuppressed patients >

Next ->

Clinical Scenario 2

Recommendation

- Recommendation for the type of follow-up
- Patients risk on a risk bar
- "Back" button to change select data or a "Start Over" button to clear the data and begin again
- Hyperlinked reference to full text article

The screenshot displays the ASCCP Risk-Based Management tool interface. At the top, the ASCCP logo is visible, along with navigation tabs for Management, Publications, and Definitions. Below these are three circular icons representing Clinical Situation, Testing, and Recommendation. The main content area shows a Recommendation of "Colposcopy¹". Below this is a Risk bar chart showing the immediate risk of CIN3+ is 4.4%. The risk bar is divided into three segments: COLPOSCOPY (Recommended) at 4.0%, Expedited Treatment or Colposcopy Acceptable at 25%, and Expedited Treatment Preferred at 60%. The total risk is 100%. Below the risk bar are two buttons: "← Back" and "Start Over". At the bottom, there is a References section with a single entry: "1. Egemen D, Cheung LC, Chen X, et al. Risk estimates supporting the 2019 ASCCP Risk-Based Management Consensus Guidelines. J Low Genit Tract Dis 2020;24:132-43."

ASCCP

Management Publications Definitions

Clinical Situation Testing Recommendation

Recommendation

Colposcopy¹

Risk

Immediate risk of CIN3+ is 4.4%¹

COLPOSCOPY (Recommended) Expedited Treatment or Colposcopy Acceptable Expedited Treatment Preferred

4.0% 25% 60% 100%

Immediate CIN3+ risk

Immediate risk of CIN3+ is 4.4%¹

← Back Start Over

References

1. Egemen D, Cheung LC, Chen X, et al. Risk estimates supporting the 2019 ASCCP Risk-Based Management Consensus Guidelines. J Low Genit Tract Dis 2020;24:132-43.

Clinical Situation

Clinical Situation

Management of routine screening results >

Return visit during pre-colposcopy surveillance >

Evaluation of a colposcopic biopsy >

Management of results during post-colposcopy surveillance >

Follow-up after treatment >

Special situation: Rarely screened patients >

Special situation: Symptomatic patients >

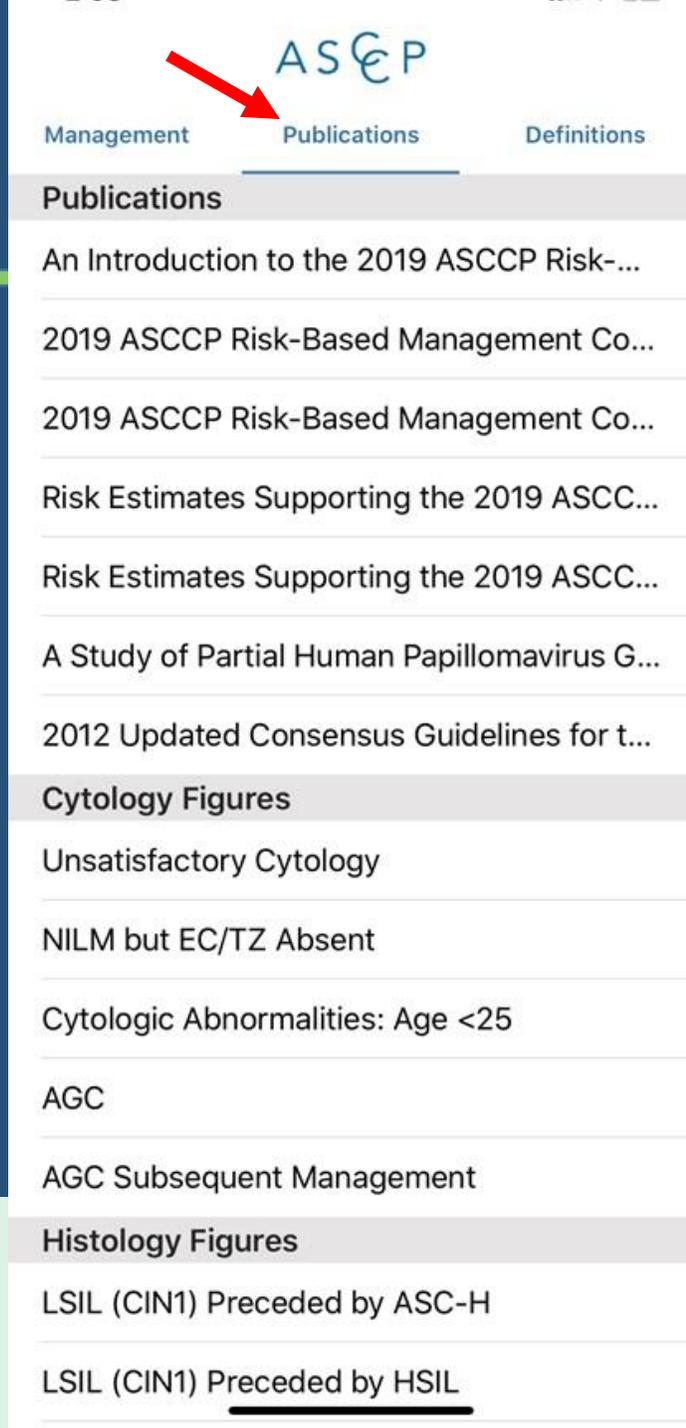
Special situation: Immunosuppressed patients >

- Important step in the process
- See the User Guide at www.asccp.org/UserGuide for definitions of these situations

How to Use the New App

Publications

- Click on the Publications tab to find
 - Publications associated with these guidelines
 - Cytology figures
 - Histology figures
 - Data tables
 - Older cytology algorithms



The screenshot shows the ASCCP app interface. At the top, the ASCCP logo is displayed. Below it, there are three tabs: Management, Publications, and Definitions. A red arrow points to the Publications tab, which is currently selected and underlined. Below the tabs, the Publications section is visible, listing several articles with titles such as "An Introduction to the 2019 ASCCP Risk-...", "2019 ASCCP Risk-Based Management Co...", "2019 ASCCP Risk-Based Management Co...", "Risk Estimates Supporting the 2019 ASCC...", "Risk Estimates Supporting the 2019 ASCC...", "A Study of Partial Human Papillomavirus G...", and "2012 Updated Consensus Guidelines for t...". Below the Publications section, there are three more sections: Cytology Figures, Histology Figures, and Data Tables. The Cytology Figures section lists "Unsatisfactory Cytology", "NILM but EC/TZ Absent", "Cytologic Abnormalities: Age <25", and "AGC". The Histology Figures section lists "AGC Subsequent Management", "LSIL (CIN1) Preceded by ASC-H", and "LSIL (CIN1) Preceded by HSIL".



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How to Use the New App

Definitions

- Click on the Definitions tab to find
 - Definitions of terms
 - A summary of changes
 - Frequently asked questions

ASCCP

Management

Publications

Definitions

screening history, with a more nuanced understanding of how prior results affect risk, and more variables to consider, the 2019 guidelines further align management recommendations with current understanding of HPV natural history and cervical carcinogenesis. More frequent surveillance, colposcopy, and treatment are recommended for patients at progressively higher risk, while those at lower risk can defer colposcopy, undergo follow-up at longer surveillance intervals and, when at sufficiently low risk, return to routine screening. Clearly defined risk thresholds to guide management are designed to continue functioning appropriately when population-level prevalence of CIN3+ decreases due to HPV vaccination, and also as new screening and triage tests are introduced. The revised guidelines provide a framework for incorporating new data and technologies as ongoing incremental recommendation revisions, minimizing the time needed to implement changes that are beneficial to patient care.

Frequently Asked Questions

Who developed these guidelines?

The ASCCP Risk-Based Management Consensus Guidelines represent a consensus of nearly 20 professional organizations and patient advocates, convened by ASCCP; they are designed to safely triage individuals with abnormal cervical cancer screening results. The last 10 years of research has shown that risk-based management allows clinicians to better identify which patients will likely go on to develop pre-cancer and which patients may be indicated to return to routine screening. A [full list of organizations](#) participating in the consensus process is available.

How are these guidelines different?

The new Risk-Based Management Consensus Guidelines have several important differences from the 2012 Guidelines, while retaining many of principles, such as the principle of equal management for equal risk. Rather than consider test results in isolation, the new guidelines use current and past results to create individualized assessments of a patient's risk of progressing to precancer or cancer. The goals of the ASCCP Risk-Based Management Consensus Guidelines are to increase accuracy and reduce complexity for providers and patients.



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For Additional Information

- Definitions tab
- App User Guide - www.asccp.org/UserGuide
- **Questions?** Contact info@asccp.org



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