

Colposcopy Standards

Working Group 1: Role of Colposcopy, Benefits, Potential Harms, and Terminology

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Disclosures

- No financial relationships or conflict of interest to disclose



WG1 Charges

1. To define the role of colposcopy
2. To define benefits of colposcopy
3. To define the potential harms of colposcopy
4. To define ASCCP terminology for colposcopic practice



Colposcopy standards: cervix

Colposcopy of the vagina, vulva, perianus and anus are not addressed specifically in these standards.



WG1 Approach

Literature review

- 569 references identified for the 4 charges using Medline search headings
- 112 included in detailed review process
- Additional references identified from citations

Survey of the ASCCP membership on current use of colposcopic terminology and updating of terminology

Expert opinion of WG1 and the Steering Committee



Charge: to define the role of colposcopy

Colposcopy is the use of a specific instrument, a colposcope, for the real time visualization and assessment of the uterine cervix and upper vagina, specifically the transformation zone, for the detection of cervical intraepithelial neoplasia (CIN) and invasive cancer.

Indications for colposcopic evaluation:

- Abnormal or inconclusive screening tests
- Symptoms or signs of cervical cancer
- Follow-up of prior histologic abnormality



Charge: to define benefits and potential harms of colposcopy

- Benefits

- Detection of neoplasia and selection of appropriate treatment options
- Facilitates see-and-treat
- Conservative management, reduction in over-treatment

- Potential harms

- Discomfort/pain
- Bleeding
- Cost
- Anxiety/psychological distress



Charge: to define ASCCP terminology for colposcopic practice

- Goals:
 - Creation of a standardized terminology
 - Uptake by majority of US colposcopists
- The IFCPC terminology* was used as a backbone
- The unique nature of colposcopic practice in the US was considered

* Bornstein J, et al. Obstet Gynecol 2012;120:166-72.



Recommendation 1-1: General assessment

- Visualization of the cervix
 - Fully visible
 - Not fully visible due to: _____
- Visualization of the squamocolumnar junction
 - Fully visible
 - Not fully visible



Recommendation 1-2: Acetowhite changes

- Any degree of whitening after application of dilute acetic acid
 - Yes
 - Includes faint, thin, or thick acetowhite changes
 - No



Recommendation 1-3: Normal colposcopic findings

- Original squamous epithelium: mature, atrophic
- Columnar epithelium
- Ectopy/ectropion
- Metaplastic squamous epithelium
- Nabothian cysts
- Crypt (gland) openings
- Deciduous in pregnancy
- Submucosal branching vessels



Recommendation 1-4: Abnormal colposcopic findings

- Lesion present (Yes/No)
- Location of each lesion
 - Clock face
 - At the SCJ (yes/no)
 - Lesion completely visualized (yes/no)
 - Satellite – distance (cm) from the SCJ noted
- Size of each lesion
 - Number of cervical quadrants the lesion involves
 - Percentage of surface area of transformation zone occupied by lesion



Recommendation 1-5: Abnormal colposcopic findings: low-grade features

- Acetowhite
 - Thin/translucent
 - Rapidly fading
- Vascular patterns:
 - Fine mosaic
 - Fine punctuation
- Margins/border:
 - Irregular/geographic border
- Contour:
 - Condylomatous/raised/papillary
 - Flat



Recommendation 1-6: Abnormal colposcopic findings: high-grade features

- Acetowhite
 - Thick/dense
 - Rapidly appearing/persistent
- Cuffed crypt (gland) openings
- Variegated red and white
- Vascular patterns:
 - Coarse mosaic
 - Coarse punctuation
- Margins/border:
 - Sharp border
 - Inner border sign (Internal margin)
 - Ridge sign
 - Peeling edges
- Contour:
 - Flat
 - Fused papillae



Recommendation 1-7: Abnormal colposcopic findings: suspicious for invasive cancer

- Atypical vessels
- Irregular surface
- Exophytic lesion
- Necrosis
- Ulceration
- Tumor or gross neoplasm
- May not be acetowhite!



Recommendation 1-8: Abnormal colposcopic findings

- Nonspecific
 - Leukoplakia
 - Erosion
 - Contact bleeding
 - Friable tissue
- Lugol's staining
 - Not done
 - Stained
 - Partially stained
 - Not stained



Recommendation 1-9: Miscellaneous findings

- Polyp (ectocervical or endocervical)
- Inflammation
- Stenosis
- Congenital TZ
- Congenital anomaly
- Post-treatment consequence (scarring)



Recommendation 1-10: Colposcopic Impression (highest grade)

- Normal/benign
- Low-grade
- High-grade
- Cancer



Key differences between the proposed ASCCP terminology and current IFCPC terminology

	ASCCP	IFCPC
General assessment: cervix visibility	Fully/Not fully visible	Adequate/Inadequate
General assessment: SCJ visibility	Fully/Not fully visible	Completely/partially/not visible
General assessment: transformation zone type	Not used	Transformation zone types 1, 2, 3
Abnormal colposcopic findings	Low-grade features High-grade features	Grade 1 (minor) Grade 2 (major)
Excision type	Not used	Excision types 1, 2, 3



Recommendation 1-11: to define a *comprehensive* set of colposcopic criteria to report

- Cervix visibility (fully/not)
- SCJ visibility (fully/not)
- Acetowhitening (yes/no)
- Lesion present (acetowhite or other) (yes/no)
- Lesion visualized (fully/partial)
- Location of lesion(s)
- Size of lesion(s)
- Vascular changes
- Other features of lesion(s) (color/contour/borders/Lugol's etc.)
- Colposcopic impression



Recommendation 1-12: to define a *minimum*, or *core* set of colposcopic criteria to report

- SCJ visibility (fully/not)
- Acetowhitening (yes/no)
- Lesion present (acetowhite or other) (yes/no)
- Colposcopic impression (Normal/benign; Low-grade; High-grade; cancer)

