

**LA DISPLASIA CERVICALE: FOLLOW UP... FOLLOW
UP... FOLLOW UP...**

***IN RICORDO DI GIOIA MONTANARI
TORINO, 17 GIUGNO 2013***

IL FOLLOW UP COLPOSCOPICO: COME?

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ginecologa

patologa

femminista

antifascista

Gioia MONTANARI

24 marzo 1939 - 17 giugno 2010

Le indicazioni determinanti tempi e modi relativi ai tests da impiegare ed il loro intervallo sia per le pazienti trattate per displasia sia per le pazienti con alterazioni borderline esprimono nei documenti a disposizione un ventaglio di possibilità

“STANDARD AND QUALITY IN COLPOSCOPY”

D. Luesley

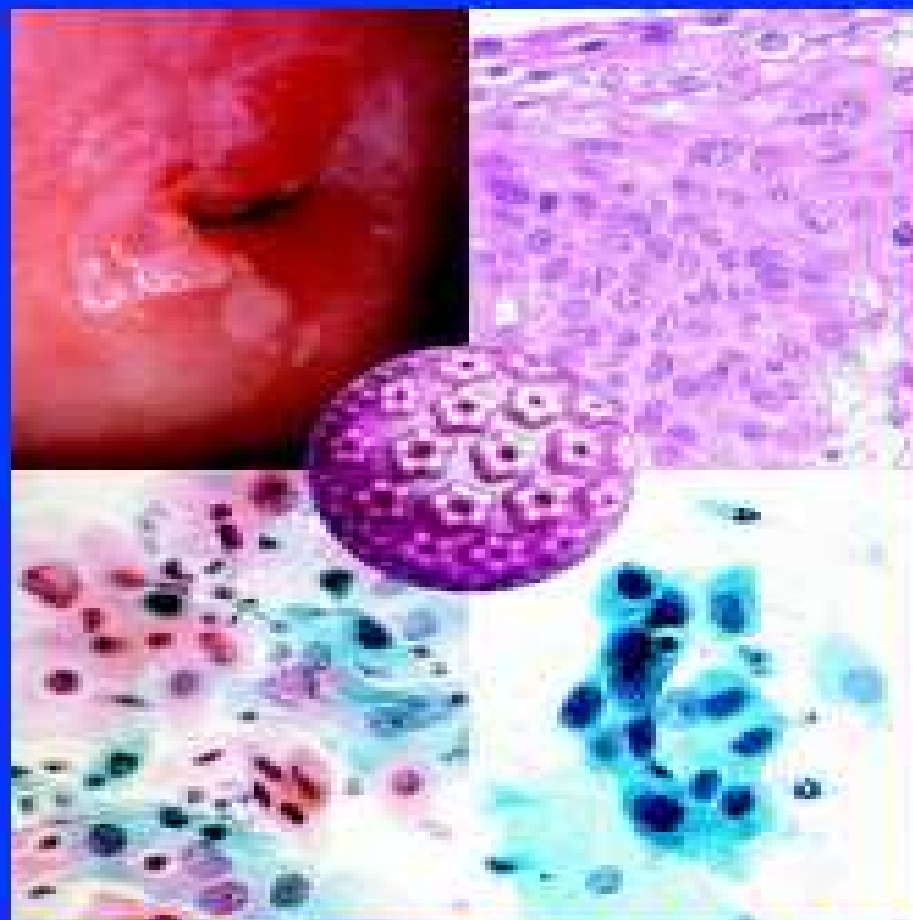
NHSCSP–Publication n°2 January 1996

“COLPOSCOPY AND PROGRAMME MANAGEMENT”

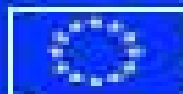
NHSCSP- Publication n.20 April 2004

NHSCSP- Publication n.20 May 2010

European guidelines for quality assurance in cervical cancer screening



European guidelines for quality assurance
in cervical cancer screening Second Edition



European Commission

2008

**GESTIONE DELLA PAZIENTE CON PAP TEST ANORMALE
LINEE GUIDA DELLA SOCIETA' ITALIANA DI
COLPOSCOPIA E PATOLOGIA CERVICO VAGINALE
EDIZIONE 2006**

**MANUALE DEL II LIVELLO
RACCOMANDAZIONI PER LA QUALITA' NELLA DIAGNOSI,
TERAPIA E FOLLOW UP DELLE LESIONI CERVICALI,
NELL'AMBITO DEI PROGRAMMI DI SCREENING
GISCI 2009**



The society for lower genital
tract disorders since 1964.

Algorithms

Updated Consensus Guidelines for
Managing Abnormal Cervical Cancer
Screening Tests and Cancer Precursors

American Society for Colposcopy and Cervical Pathology

Reprinted – April 2013

Definitions

Terms Utilized in the Consensus Guidelines

- **Colposcopy** is the examination of the cervix, vagina, and, in some instances the vulva, with the colposcope after the application of a 3-5% acetic acid solution coupled with obtaining colposcopically-directed biopsies of all lesions suspected of representing neoplasia.
- **Endocervical sampling** includes obtaining a specimen for either histopathological evaluation using an endocervical curette or a cytobrush or for cytological evaluation using a cytobrush.
- **Endocervical assessment** is the process of evaluating the endocervical canal for the presence of neoplasia using either a colposcope or endocervical sampling.
- **Diagnostic excisional procedure** is the process of obtaining a specimen from the transformation zone and endocervical canal for histopathological evaluation and includes laser conization, cold-knife conization, loop electrosurgical excision procedure (LEEP), and loop electrosurgical conization.
- **Adequate colposcopy** indicates that the entire squamocolumnar junction and the margin of any visible lesion can be visualized with the colposcope.
- **Endometrial sampling** includes obtaining a specimen for histopathological evaluation using an endometrial aspiration or biopsy device, a "dilatation and curettage" or hysteroscopy.

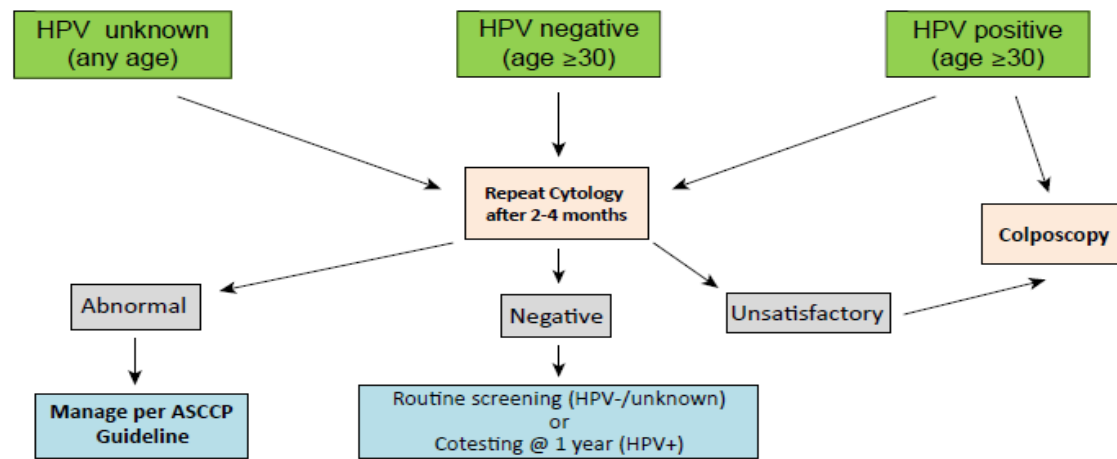
Acknowledgments

These guidelines were developed with funding from the American Society for Colposcopy and Cervical Pathology (ASCCP). The contents are solely the responsibility of the authors and the ASCCP.

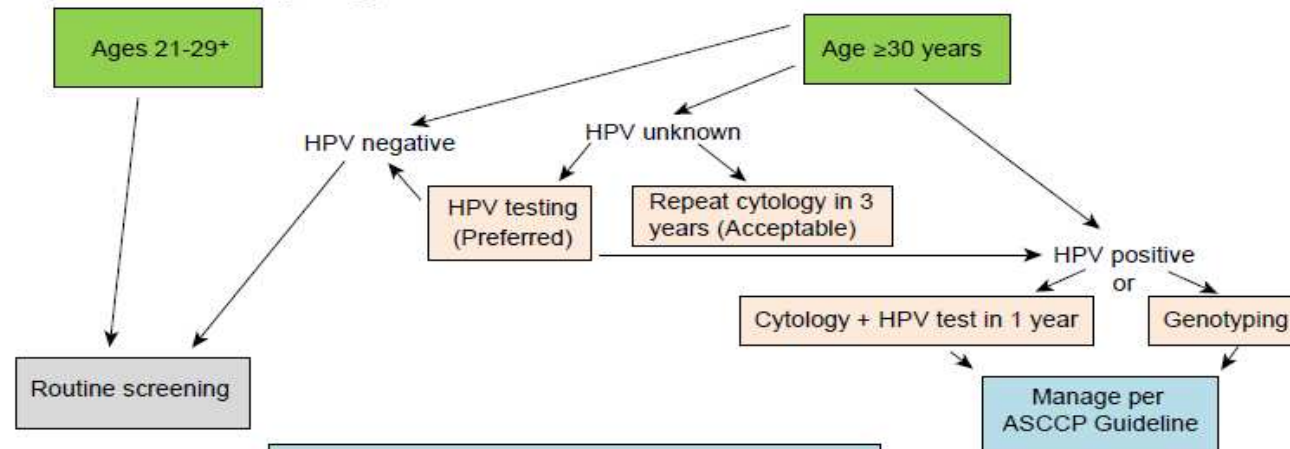
L. Stewart Massad, M.D., Washington University School of Medicine, St. Louis, MO; Mark H. Einstein, M.D., Albert Einstein College of Medicine, Bronx, NY; Warner K. Huh, M.D., University of Alabama School of Medicine, Birmingham, AL; Hormuzd A. Katki, Ph.D., Division of Cancer Epidemiology and Genetics, National Cancer Institute, Bethesda, MD; Walter K. Kinney, M.D., The Permanente Medical Group, Sacramento, CA; Mark Schiffman, M.D., Diane Solomon, M.D., Division of Cancer Prevention, National Cancer Institute, Bethesda, MD; Nicolas Wentzensen, M.D., Division of Cancer Epidemiology and Genetics, National Cancer Institute, Bethesda, MD; Herschel W. Lawson, M.D., Emory University School of Medicine, Atlanta, GA, on behalf of the 2012 ASCCP Consensus Guidelines Conference

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Unsatisfactory Cytology



Cytology NILM* but EC/TZ Absent/Insufficient

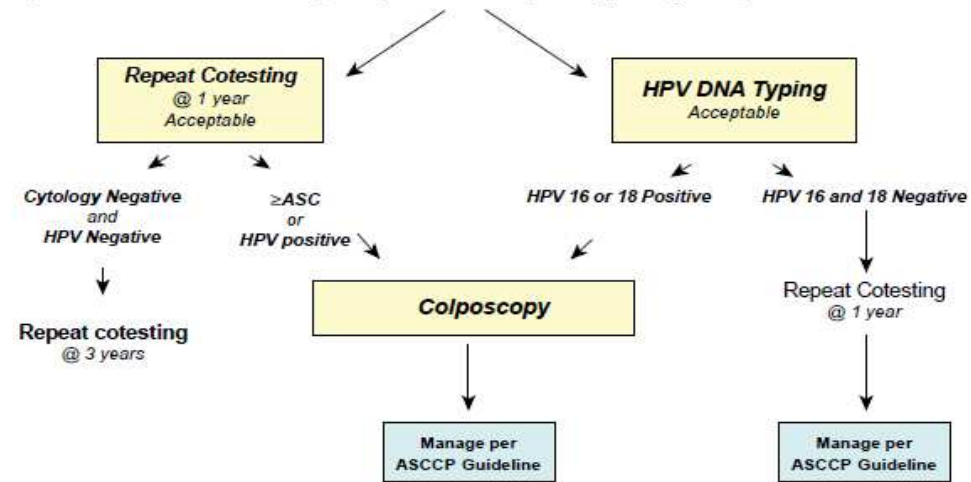


*Negative for intraepithelial lesion or malignancy
 *HPV testing is unacceptable for screening women ages 21-29 years

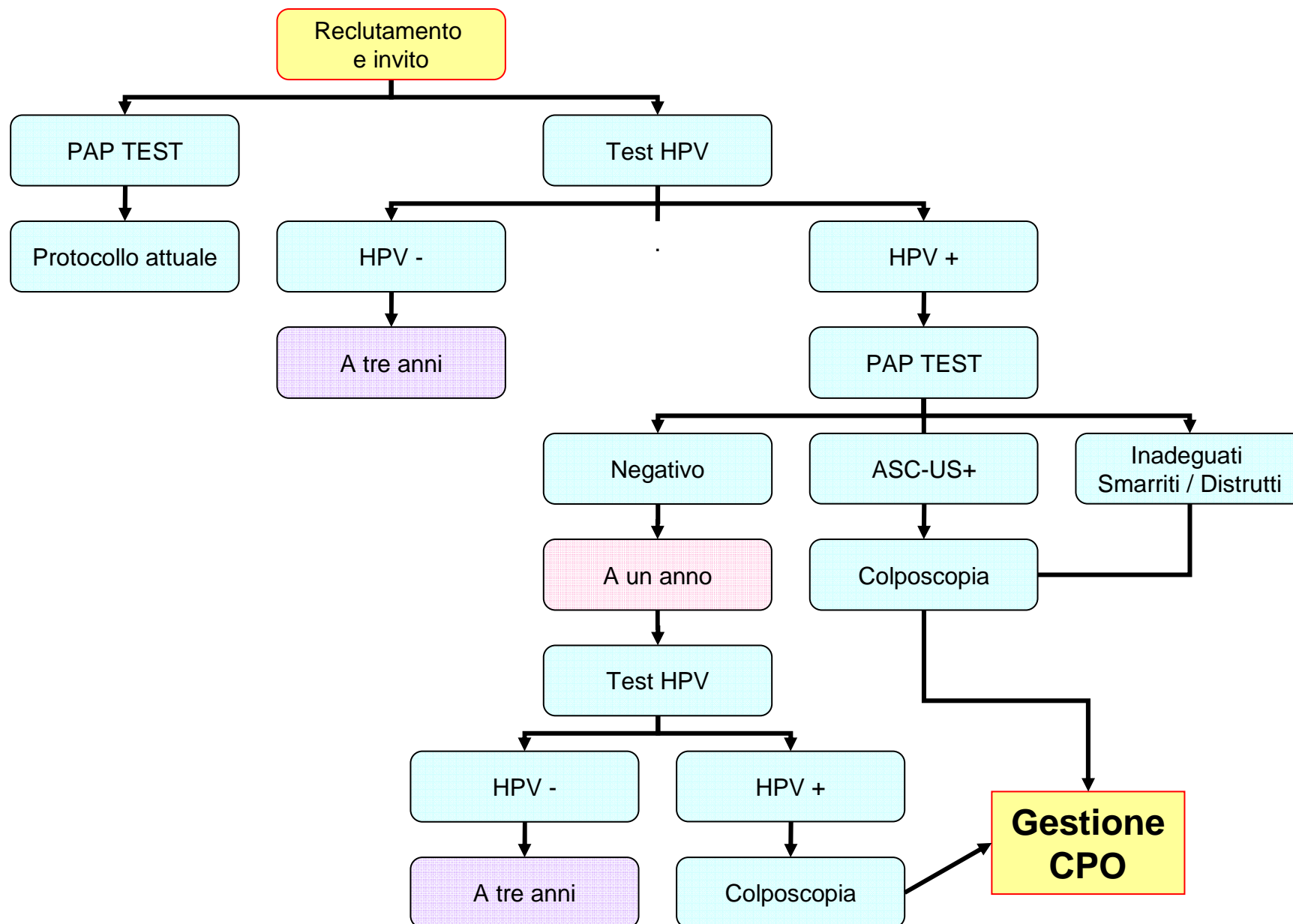
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NILM but EC/TZ Absent

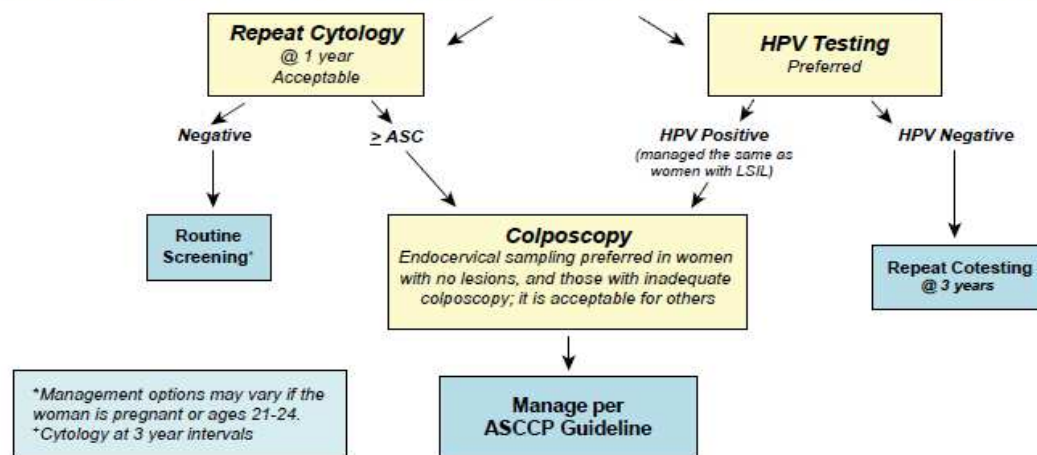
Management of Women \geq Age 30, who are Cytology Negative, but HPV Positive



PROTOCOLLO PROGETTO PILOTA



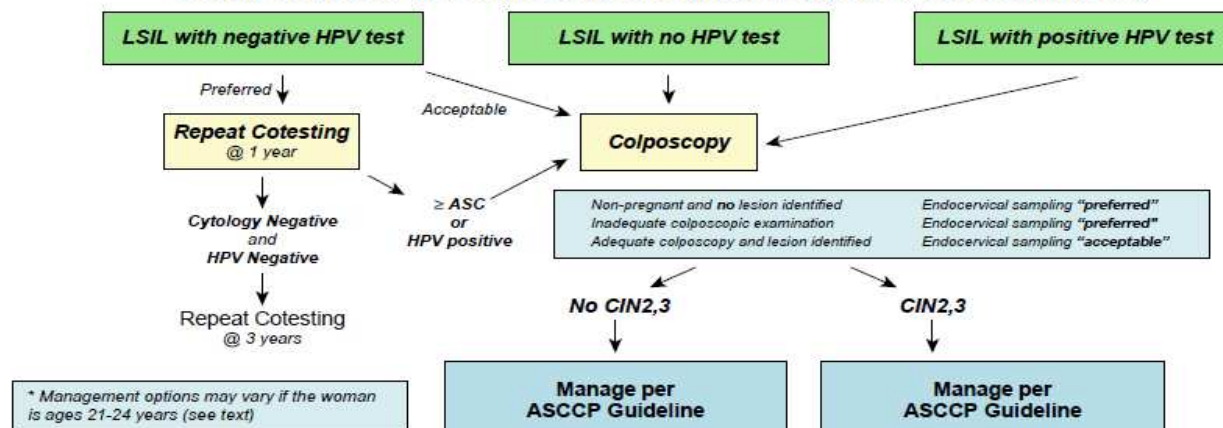
Management of Women with Atypical Squamous Cells of Undetermined Significance (ASC-US) on Cytology*



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ASC-US

Management of Women with Low-grade Squamous Intraepithelial Lesions (LSIL)*

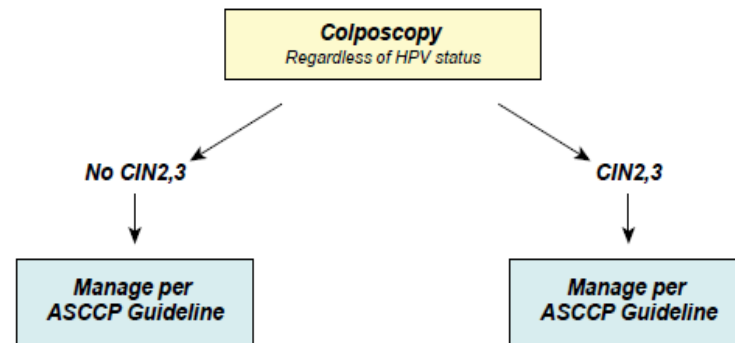


* Management options may vary if the woman is ages 21-24 years (see text)

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LSIL

**Management of Women with Atypical Squamous Cells:
Cannot Exclude High-grade SIL (ASC-H)***

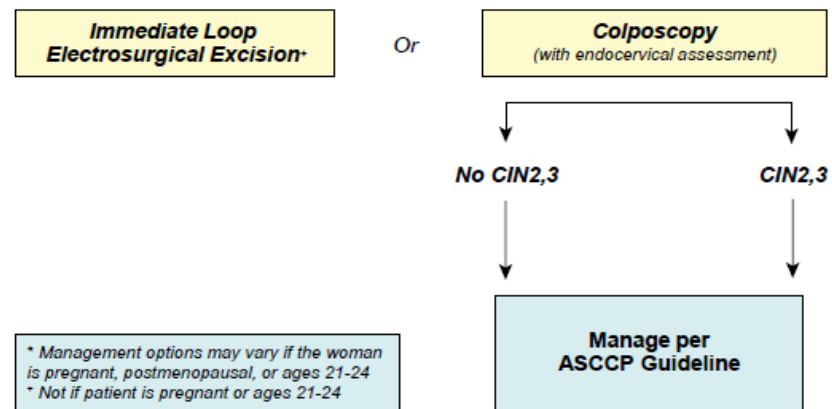


* Management options may vary if the woman is ages 21-24.

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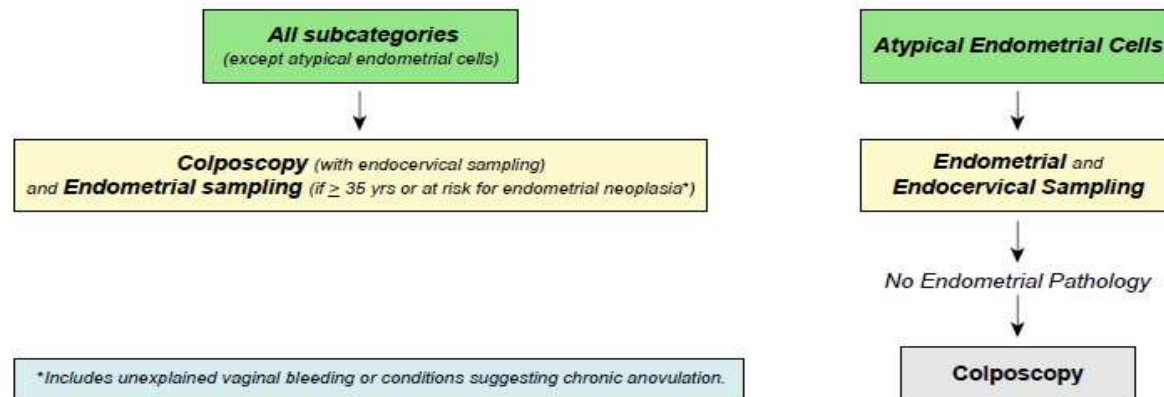
ASC-H

Management of Women with High-grade Squamous Intraepithelial Lesions (HSIL)*



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Initial Workup of Women with Atypical Glandular Cells (AGC)



Congresso Nazionale Gisci 2013

RIVA DEL GARDA 23-24 MAGGIO

**Controllo di qualità secondo livello
Survey Attività 2011**

Correlazione grading colposcopico ed esame istologico
 su 107 programmi in Italia 81 hanno fornito i dati

Grading colposcopico	Esito Istologico								Totale biopsie	Totale
	Non eseguita biopsia	No CIN	CIN 1	CIN 2	CIN 3	AIS	Carcinoma squamoso invasivo	Adenoca Invasivo		
Giudizio colposcopico negativo con giunzione squamo-columnare evidente	9519	1126	490	112	69	4	2	5	1808	11327
% sul totale	84,0%	9,9%	4,3%	1,0%	0,6%	0,0%	0,0%	0,0%		
% sul totale bipsie eseguite		62,3%	27,1%	6,2%	3,8%	0,2%	0,1%	0,3%		
Grading 1	1753	2508	3988	972	542	10	8	3	8031	9784
% sul totale	17,9%	25,6%	40,8%	9,9%	5,5%	0,1%	0,1%	0,0%		
% sul totale bipsie eseguite		31,2%	49,7%	12,1%	6,7%	0,1%	0,1%	0,0%		
Grading 2	138	223	553	553	792	17	29	6	2173	2311
% sul totale	6,0%	9,6%	23,9%	23,9%	34,3%	0,7%	1,3%	0,3%		
% sul totale bipsie eseguite		10,3%	25,4%	25,4%	36,4%	0,8%	1,3%	0,3%		
Colposcopia vasi atipici	72	44	4	7	14	0	8	3	80	152
% sul totale	47,4%	28,9%	2,6%	4,6%	9,2%	0,0%	5,3%	2,0%		
% sul totale bipsie eseguite		55,0%	5,0%	8,8%	17,5%	0,0%	10,0%	3,8%		
Sospetto Ca francamente invasivo	6	4	5	4	11	7	20	7	58	64
% sul totale	9,4%	6,3%	7,8%	6,3%	17,2%	10,9%	31,3%	10,9%		
% sul totale bipsie eseguite		6,9%	8,6%	6,9%	19,0%	12,1%	34,5%	12,1%		
Altro (colposcopia insoddisfacente, etc.)	2155	719	326	61	71	4	5	4	1190	3345
% sul totale	64,4%	21,5%	9,7%	1,8%	2,1%	0,1%	0,1%	0,1%		
% sul totale bipsie eseguite		60,4%	27,4%	5,1%	6,0%	0,3%	0,4%	0,3%		
Numero di colposcopie dove il giudizio colposcopico risulta mancante	1039	299	161	47	58	2	1	3	571	1610
% sul totale	64,5%	18,6%	10,0%	2,9%	3,6%	0,1%	0,1%	0,2%		
% sul totale bipsie eseguite		52,4%	28,2%	8,2%	10,2%	0,4%	0,2%	0,5%		

Congresso Nazionale Gisci 2013

RIVA DEL GARDA 23-24 MAGGIO

**FOLLOW UP
Survey Attività 2011**

SETTORI VALUTATI

1. Carico di lavoro indotti dal follow up
2. Raccomandazioni dopo colposcopia
3. Esito del follow up dopo colposcopia
negativa
4. Esito del follow up dopo trattamento

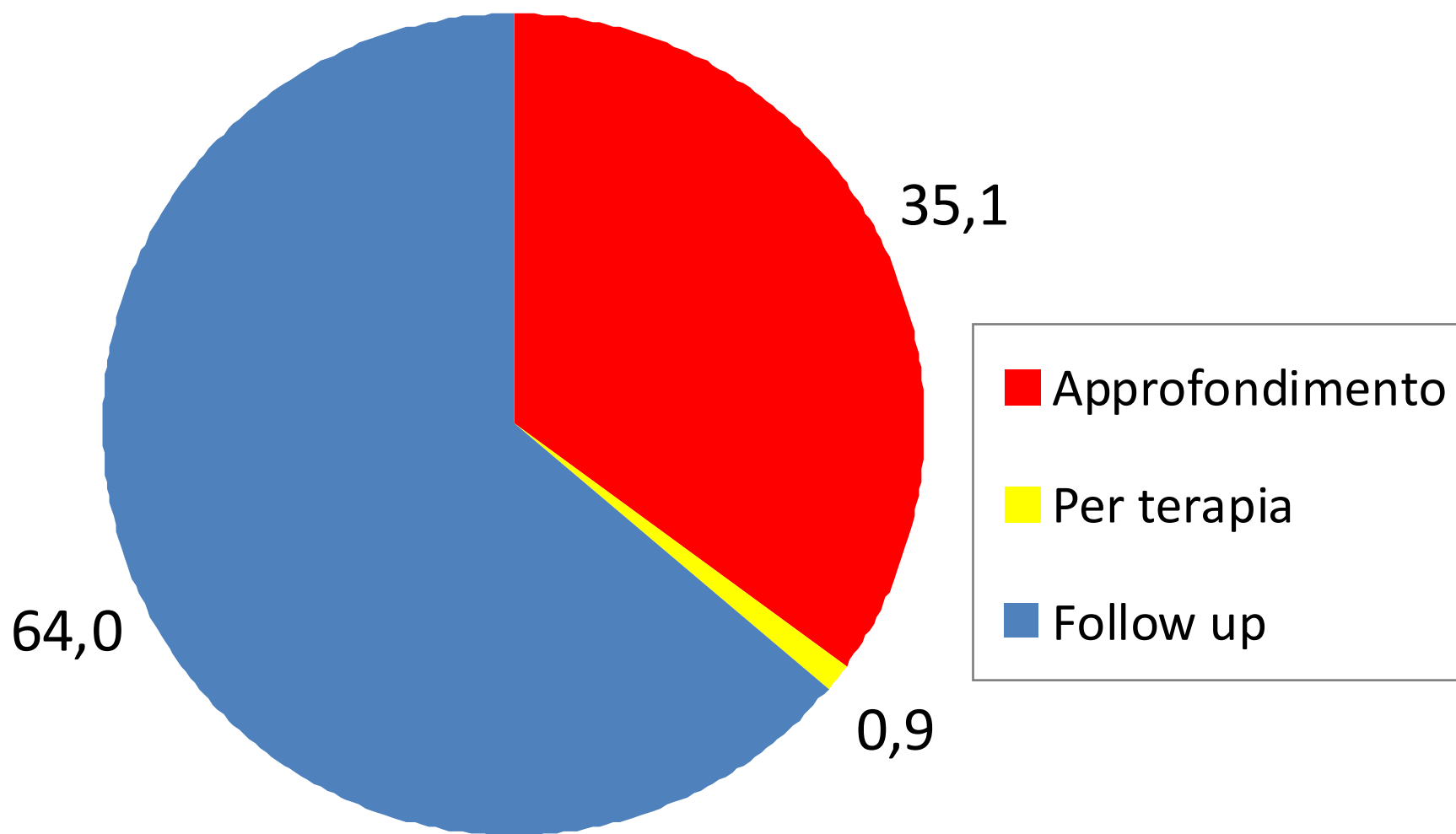
Hanno partecipato alla survey

Regione	N° programmi
Emilia-Romagna	1
Lazio	7
Lombardia	1
Piemonte	9*
Sardegna	1
Sicilia	2
Toscana	2
Veneto	19
TOTALE	42

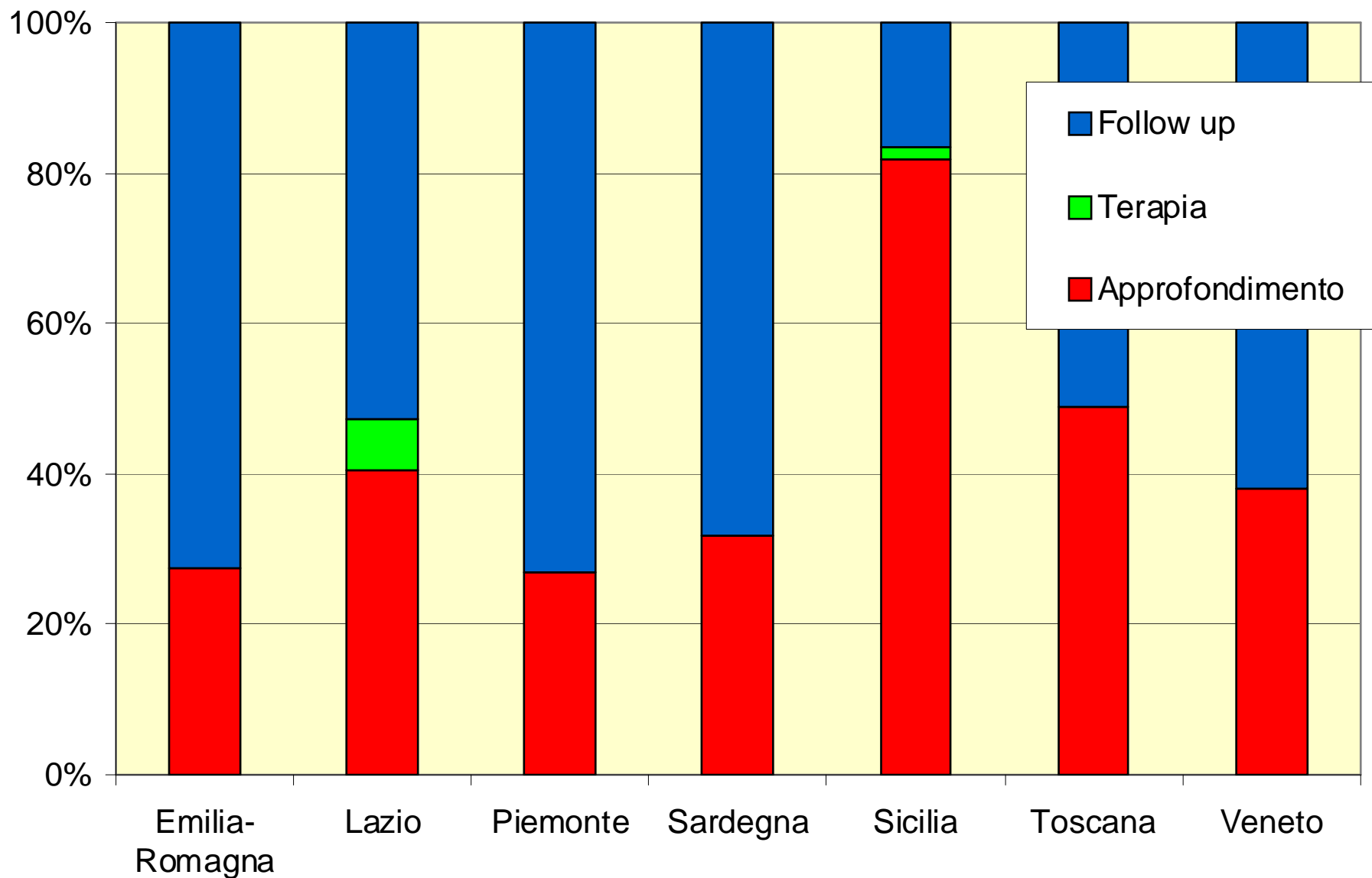
* Compilata una sola scheda regionale

1. CARICO DI LAVORO PER LA COLPOSCOPIA

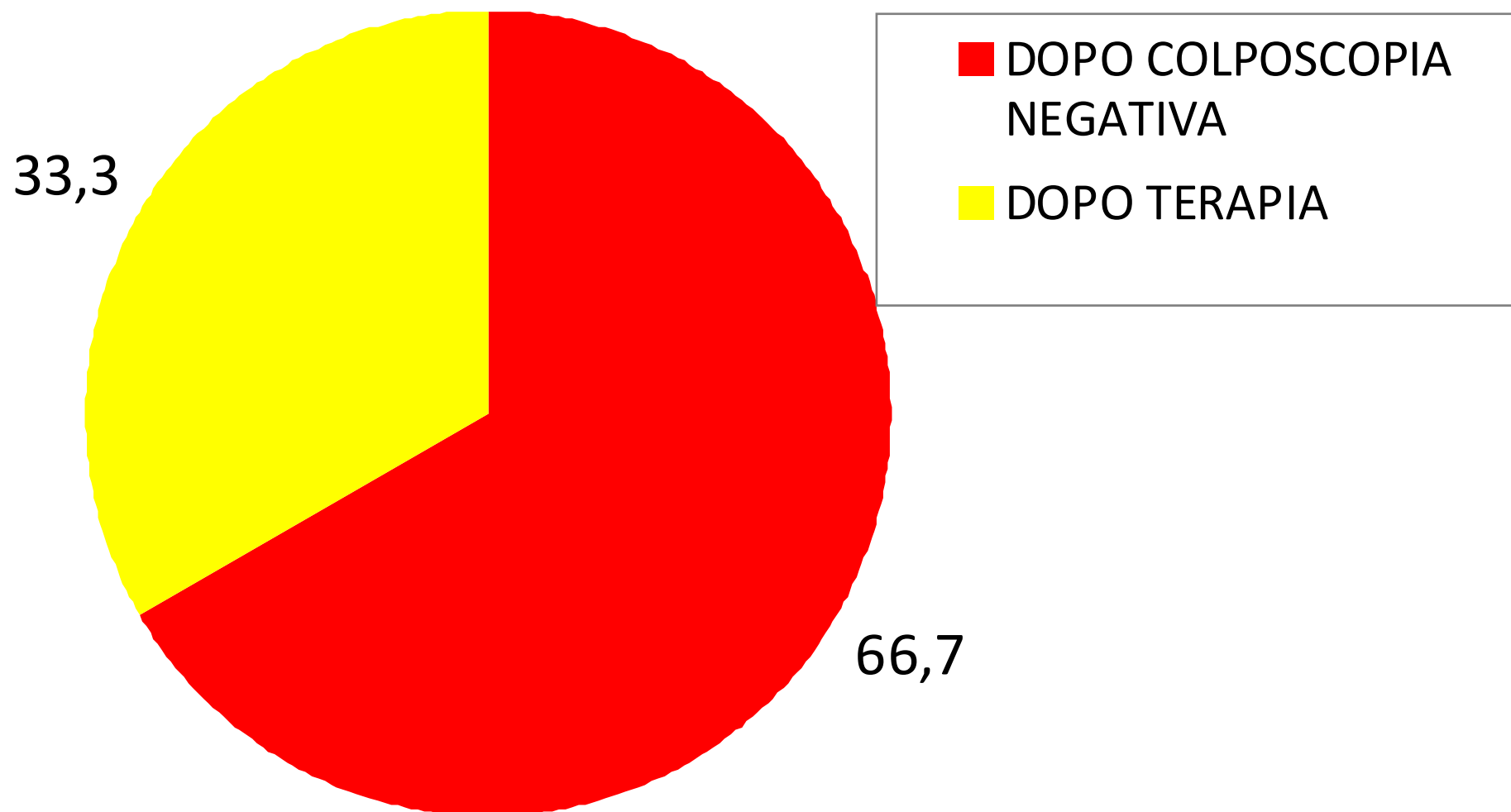
Carico di lavoro colposcopico



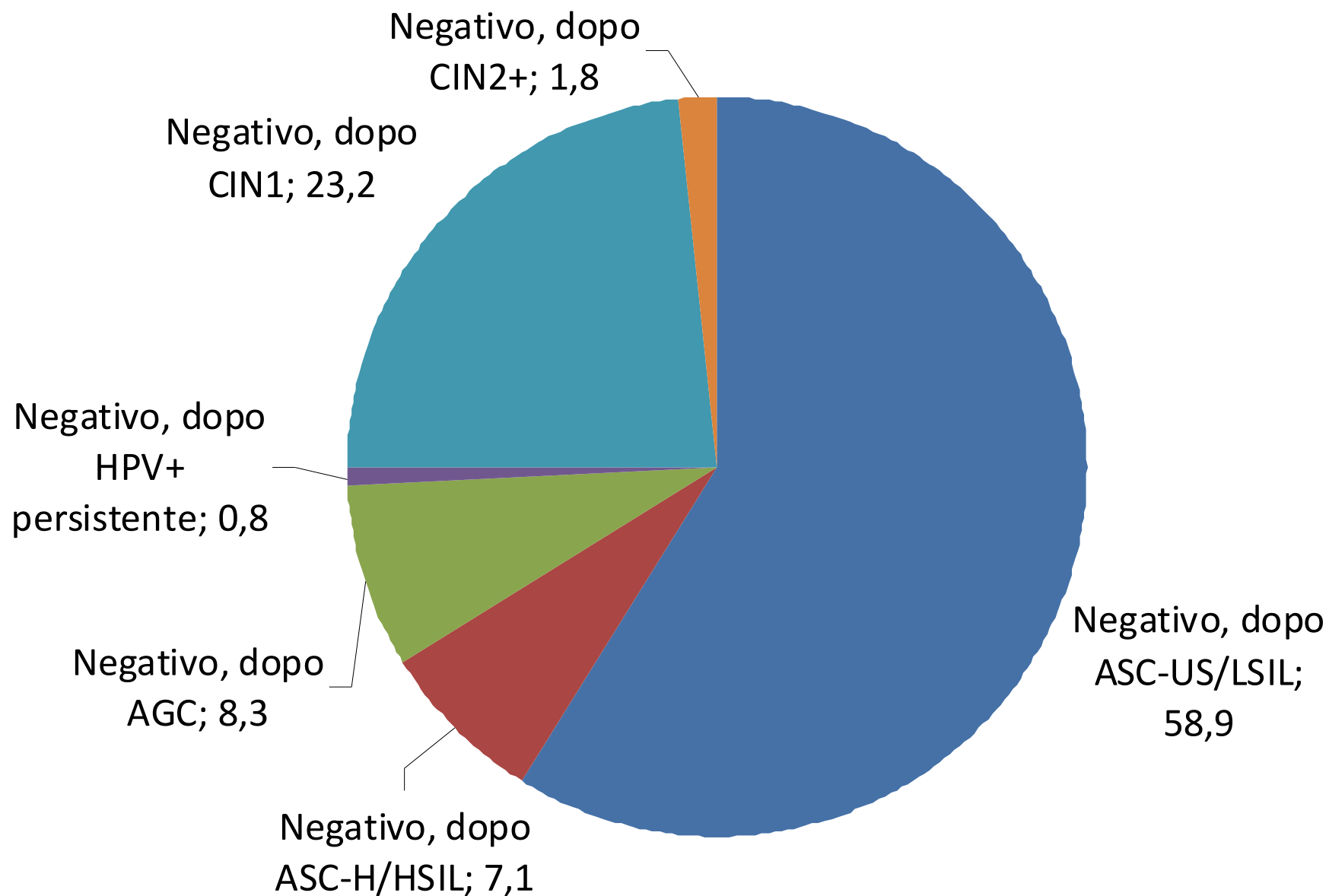
Carico di lavoro colposcopico per Regione



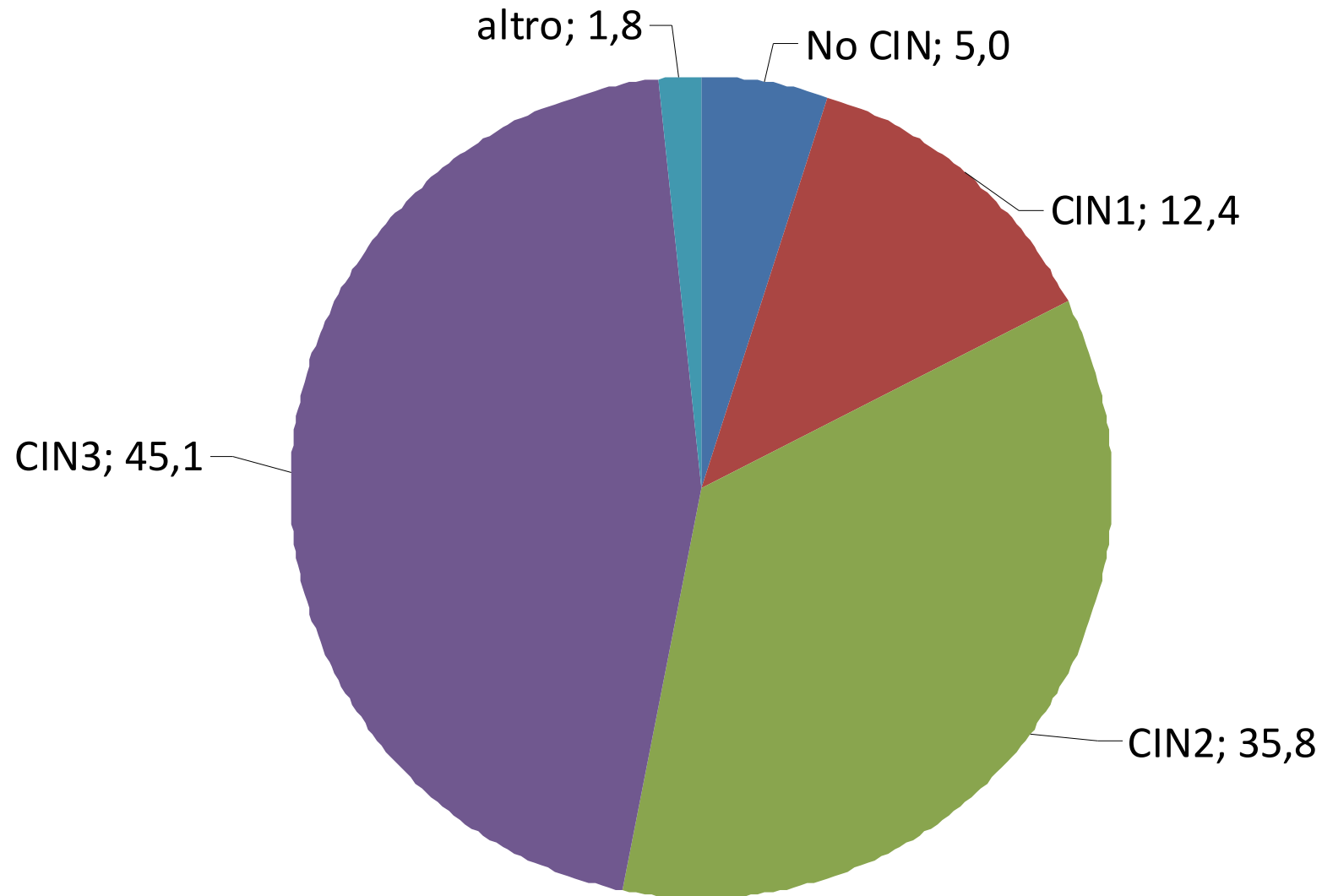
Origine delle colposcopie di follow up



Distribuzione delle colposcopie di follow up, successive a colposcopia negativa

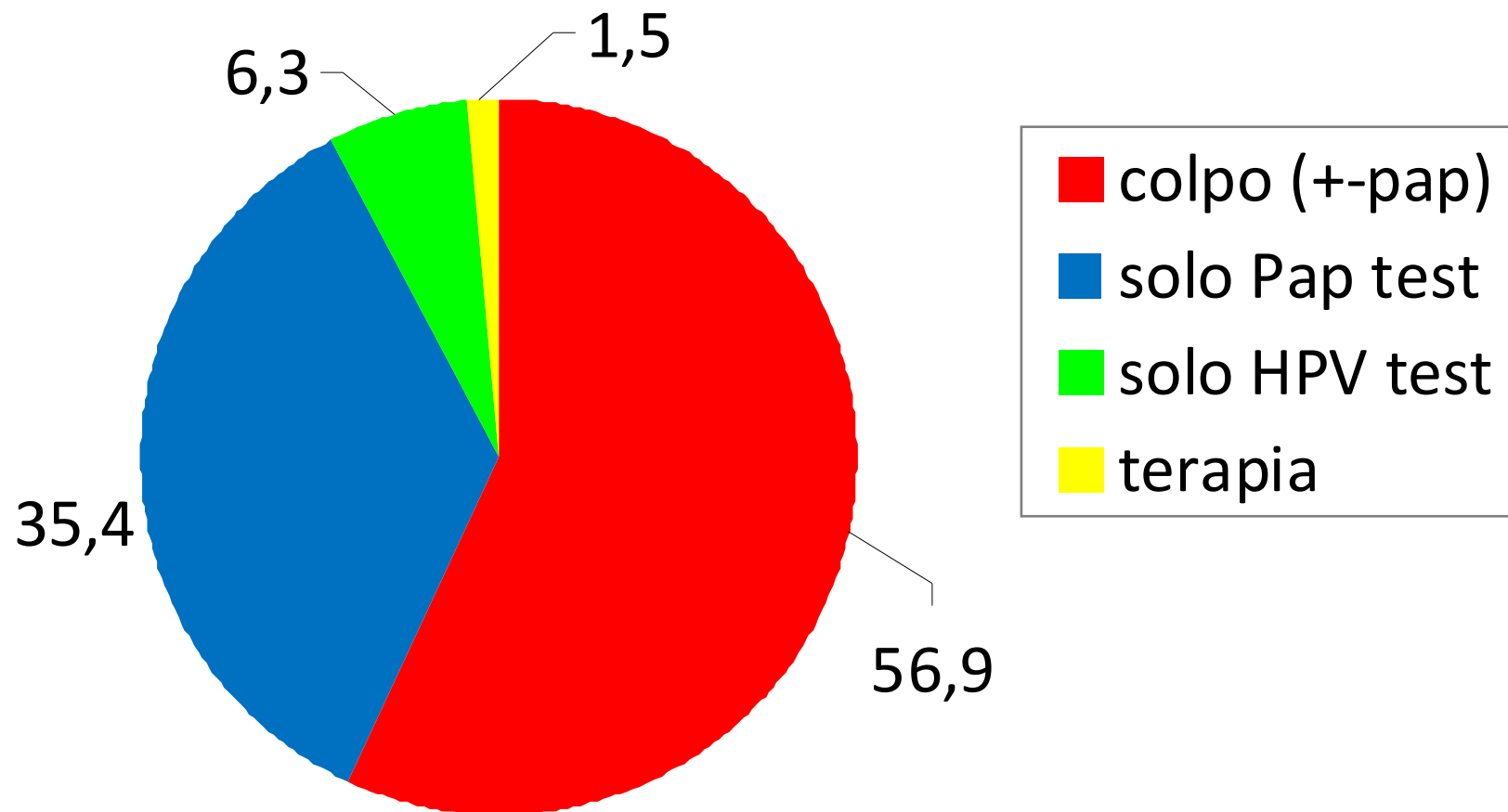


Distribuzione delle colposcopie di follow up, successive a terapia

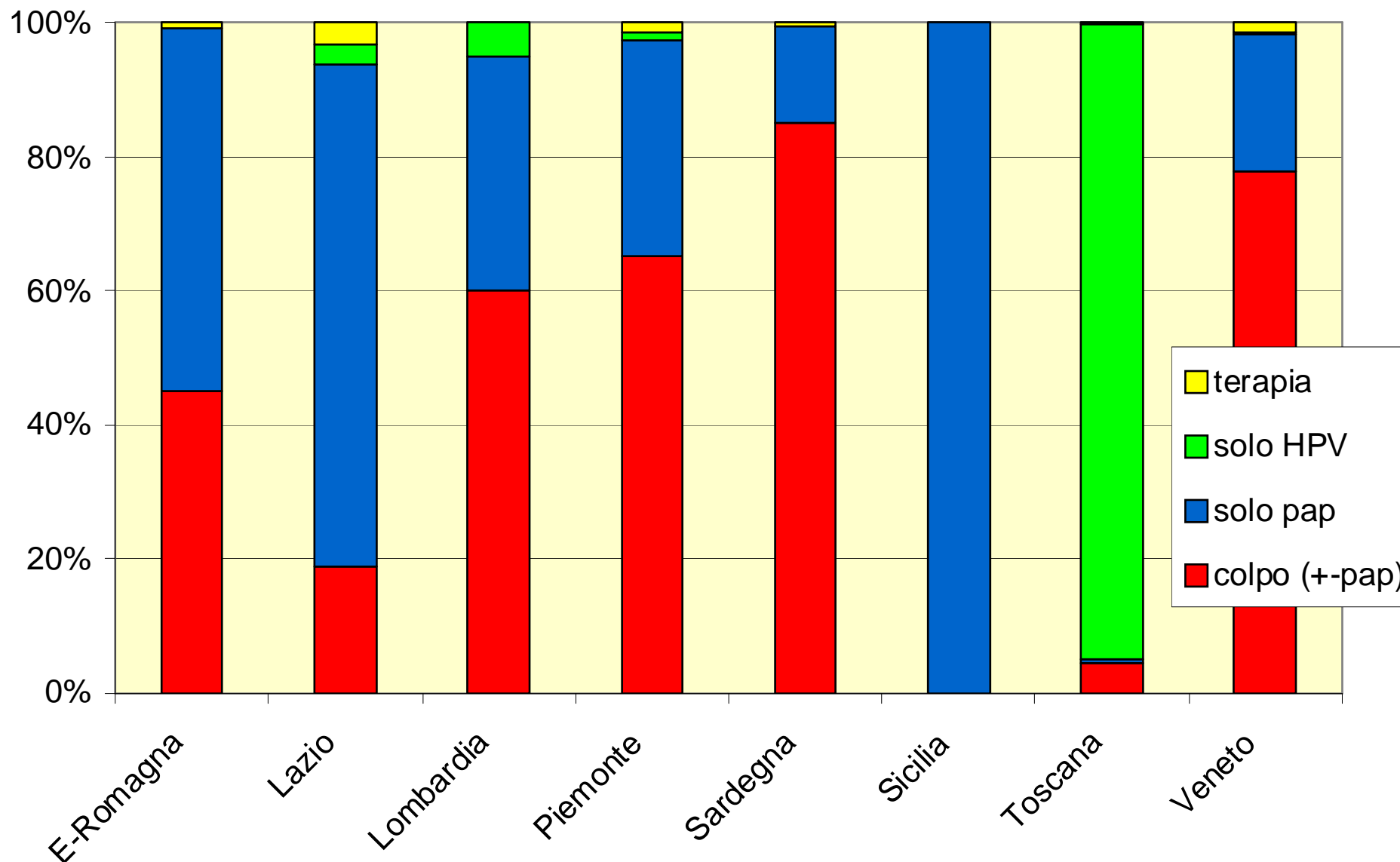


**2 RACCOMANDAZIONI
DOPO COLPOSCOPIA DI
APPROFONDIMENTO**

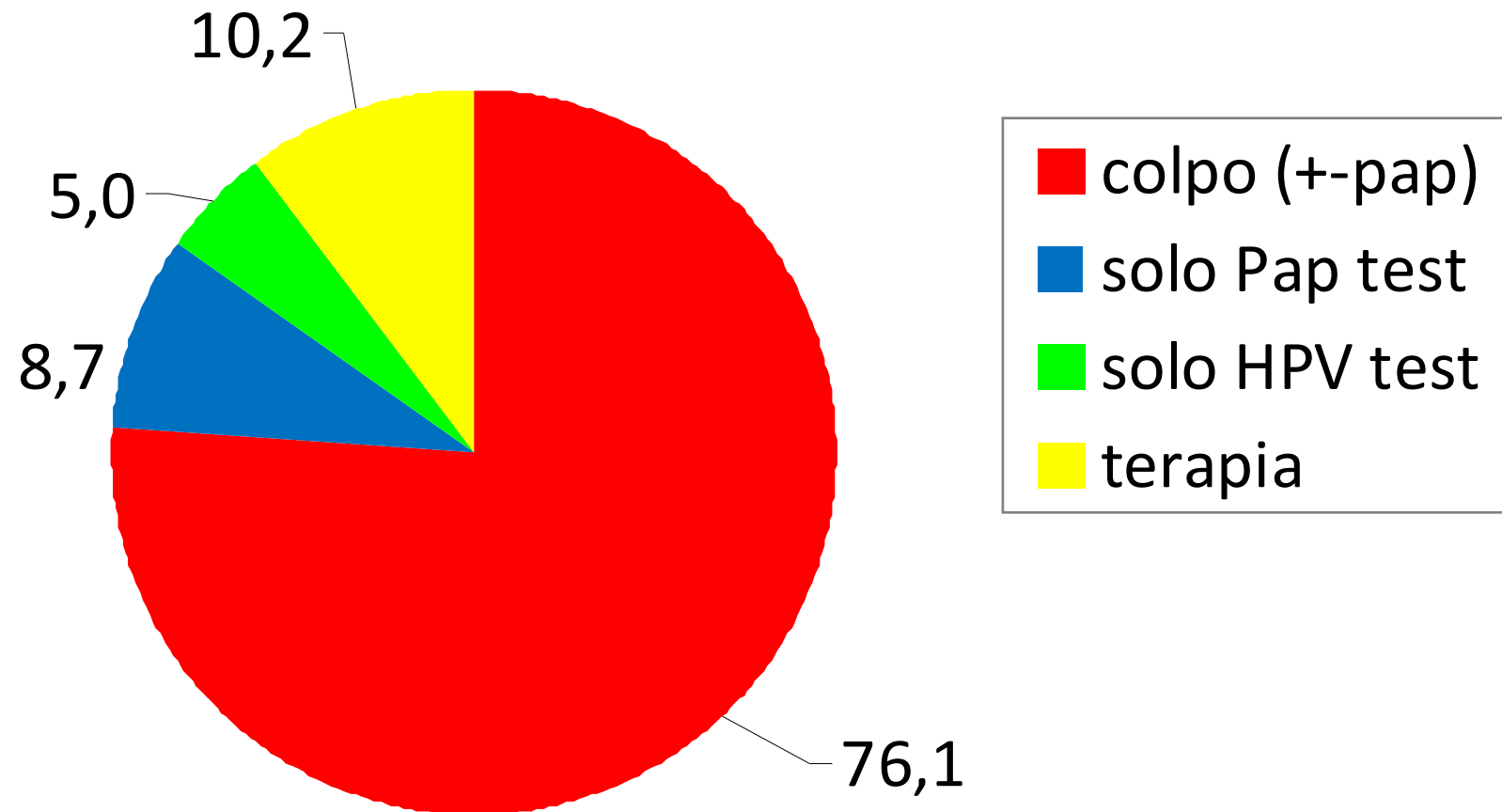
**Dopo colposcopia negativa,
con Pap ASC-US / LSIL (n=11440)**



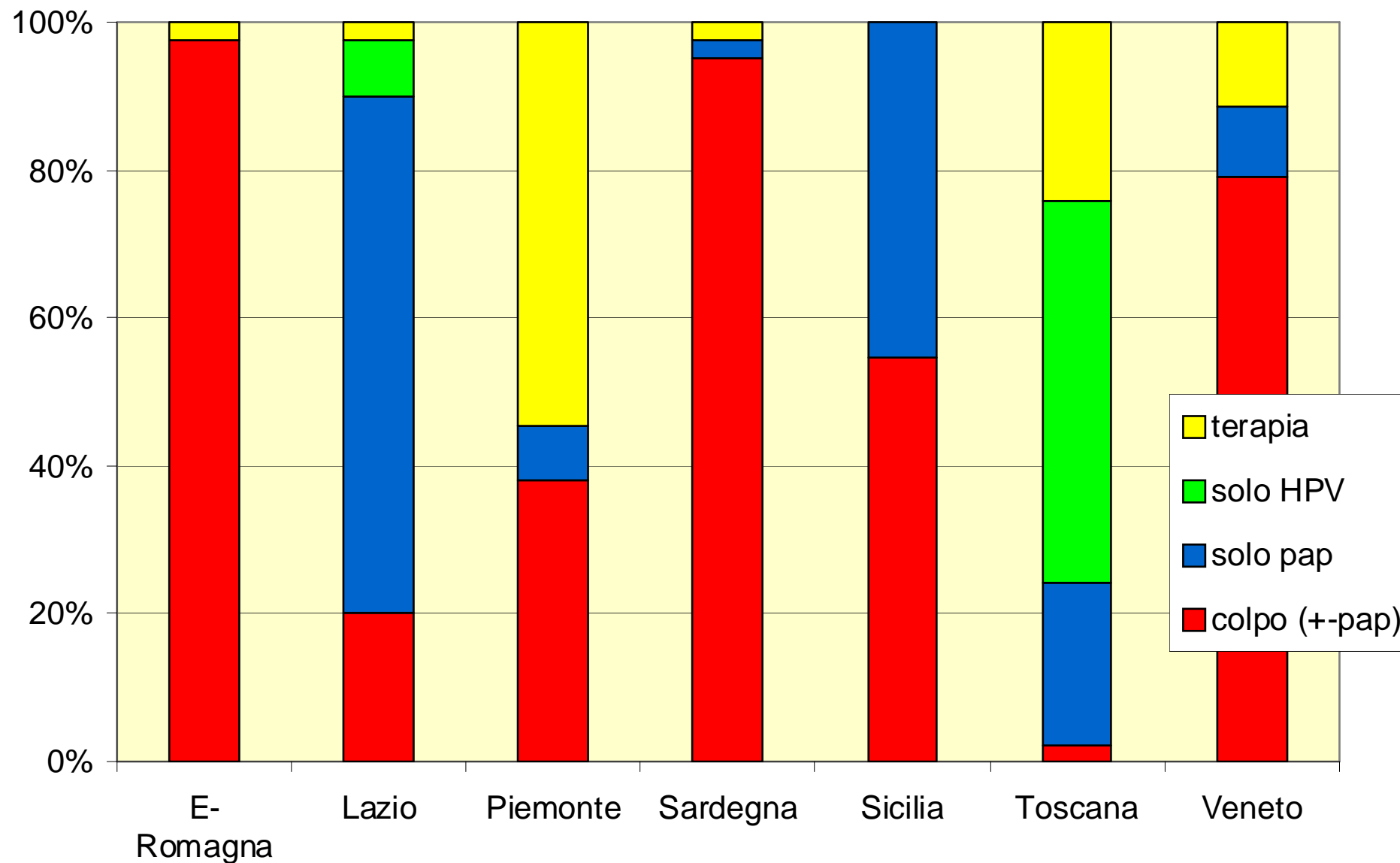
Dopo colposcopia negativa con Pap ASC-US / LSIL, per Regione



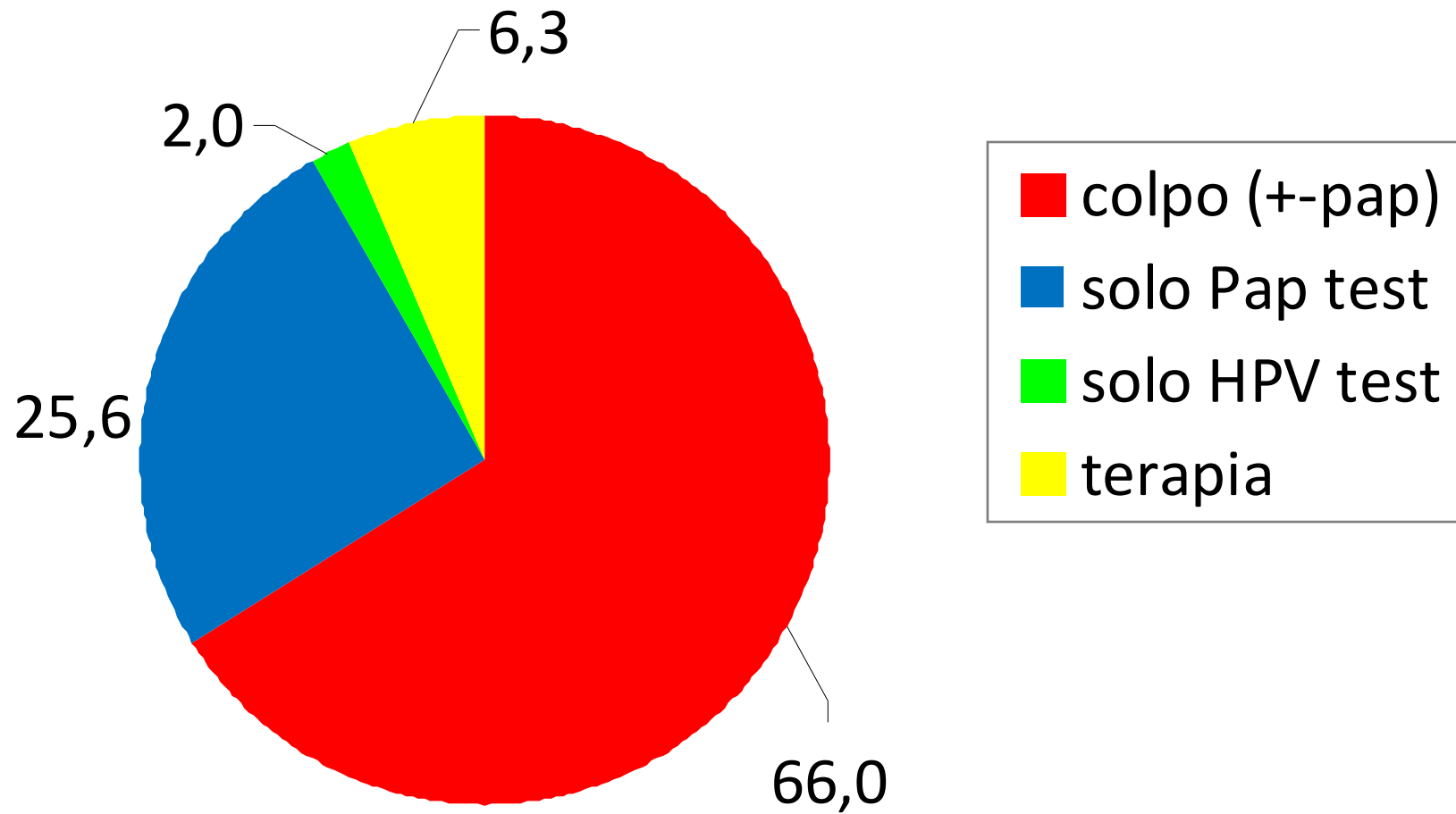
**Dopo colposcopia negativa,
con Pap ASC-H / HSIL (n=1046)**



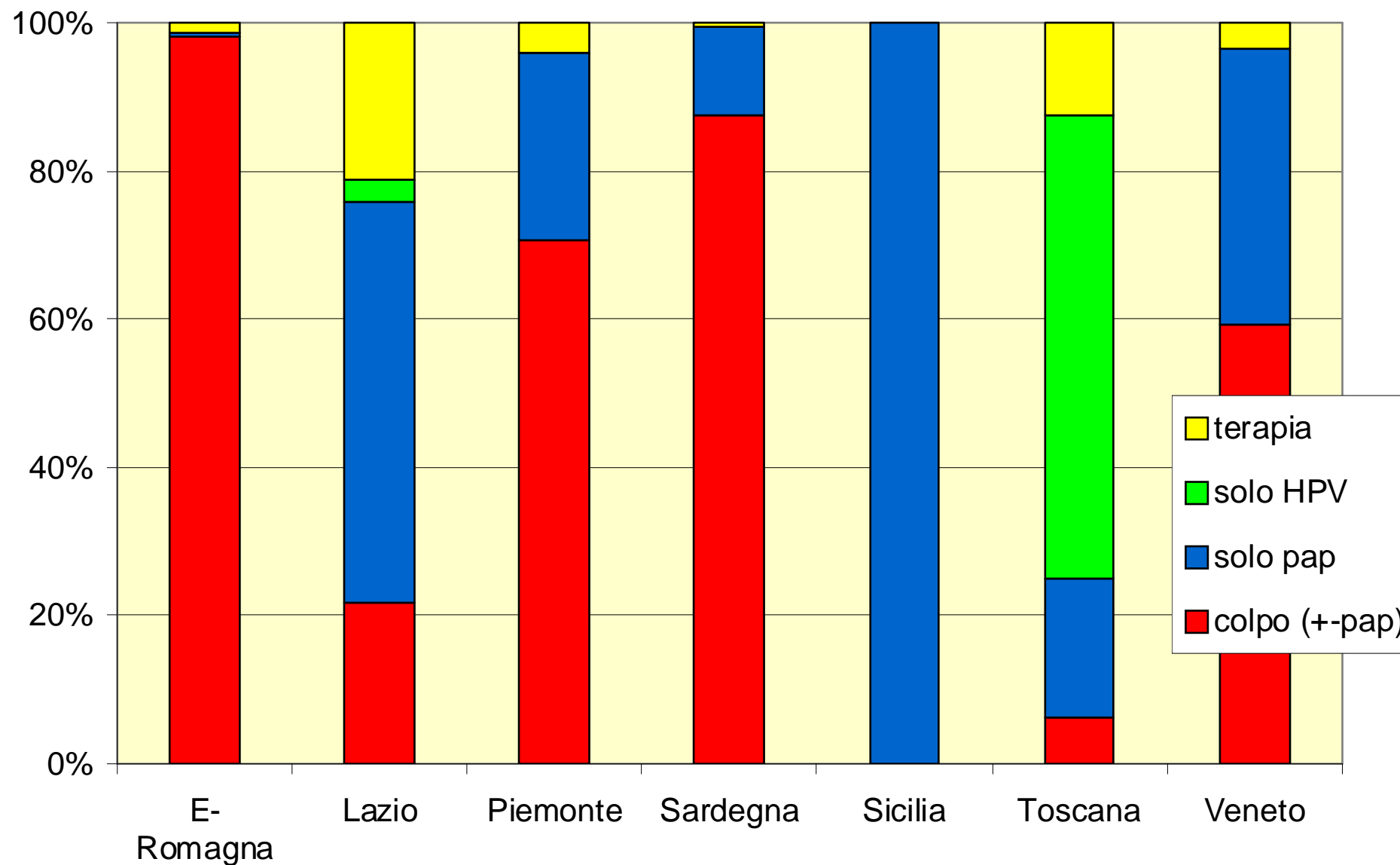
Dopo colposcopia negativa con Pap ASC-H / HSIL, per Regione



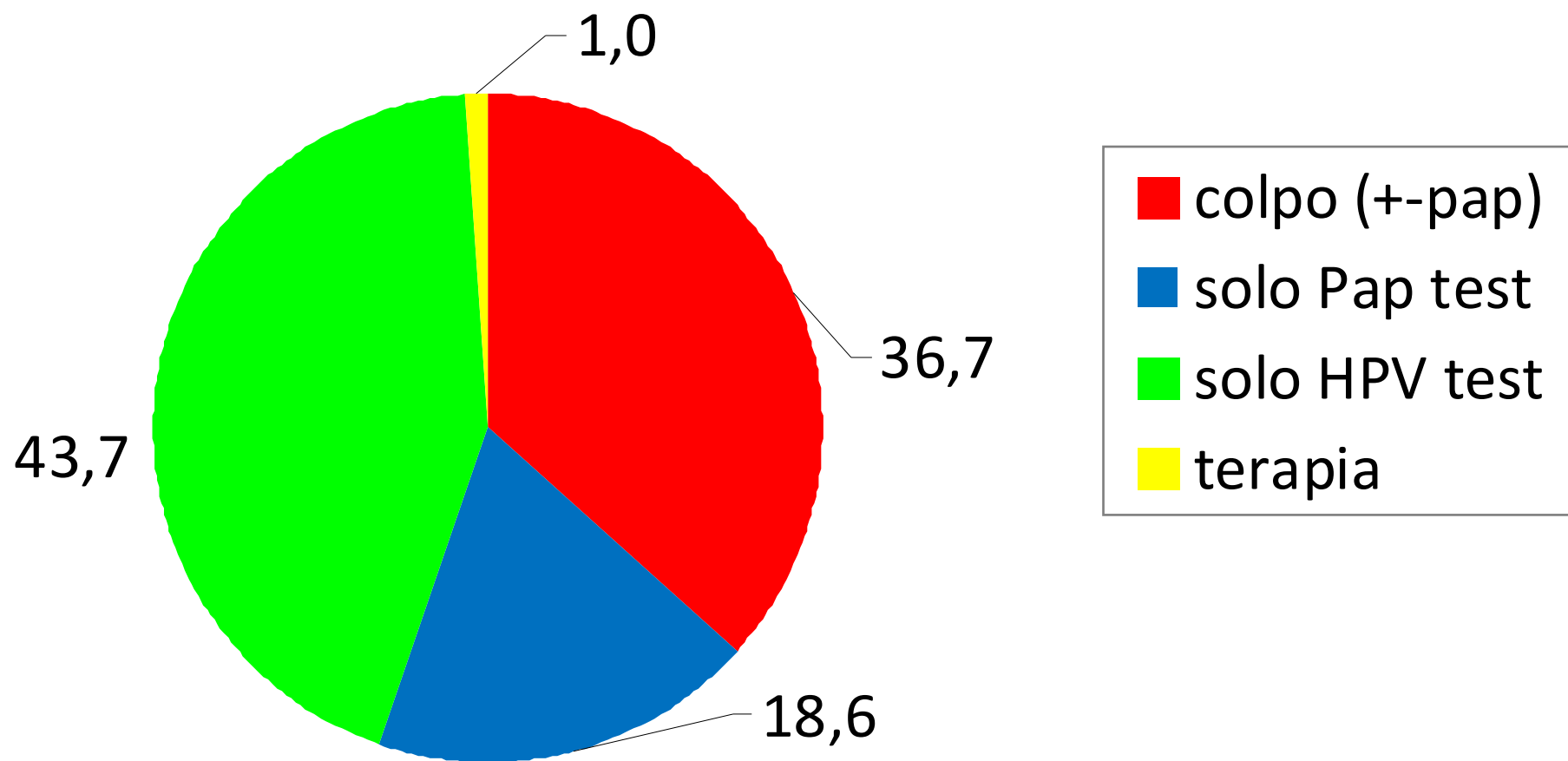
Dopo colposcopia negativa, con Pap AGC (n=745)



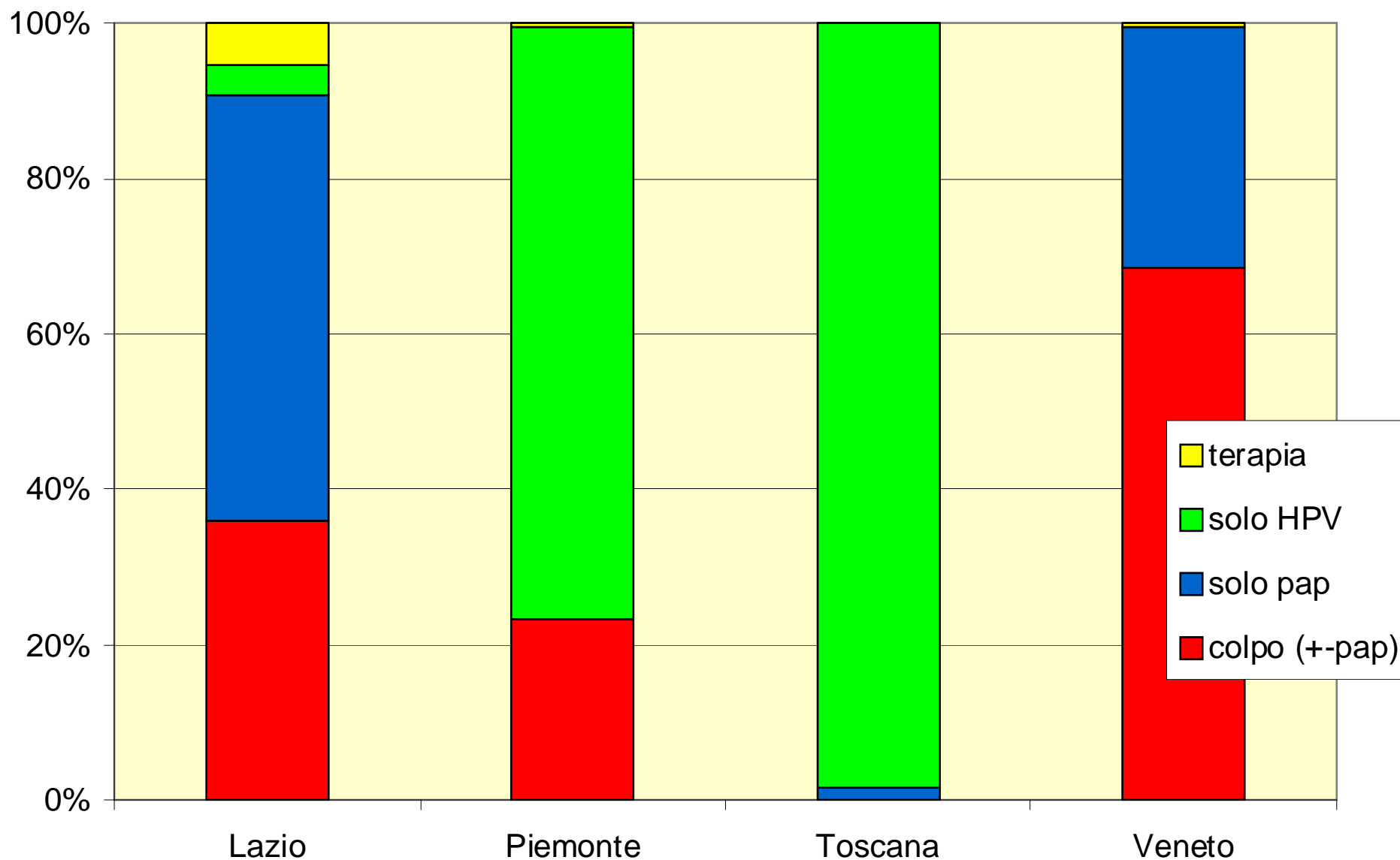
Dopo colposcopia negativa con Pap AGC, per Regione



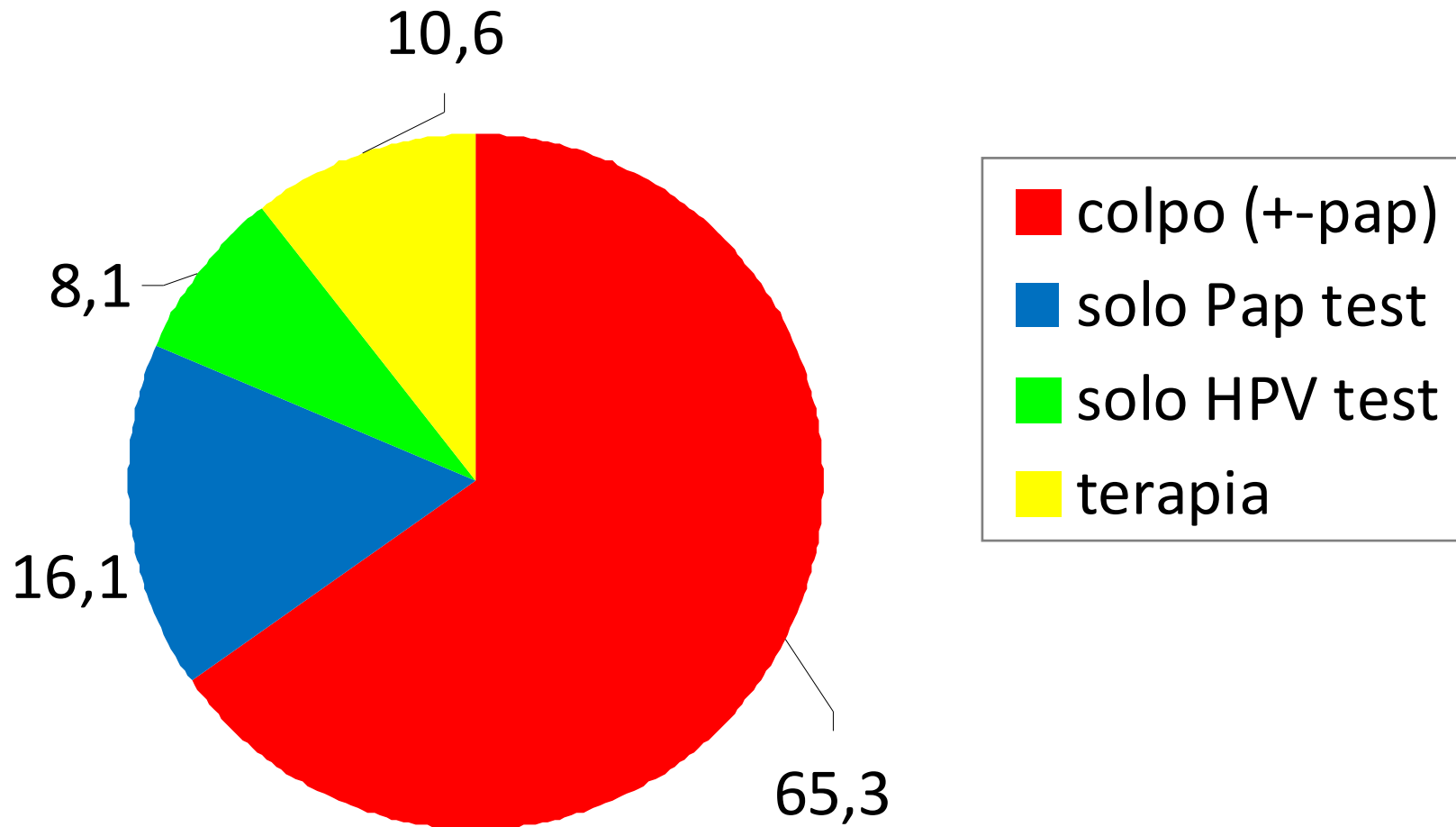
Dopo colposcopia negativa, con HPV persistente (n=613)



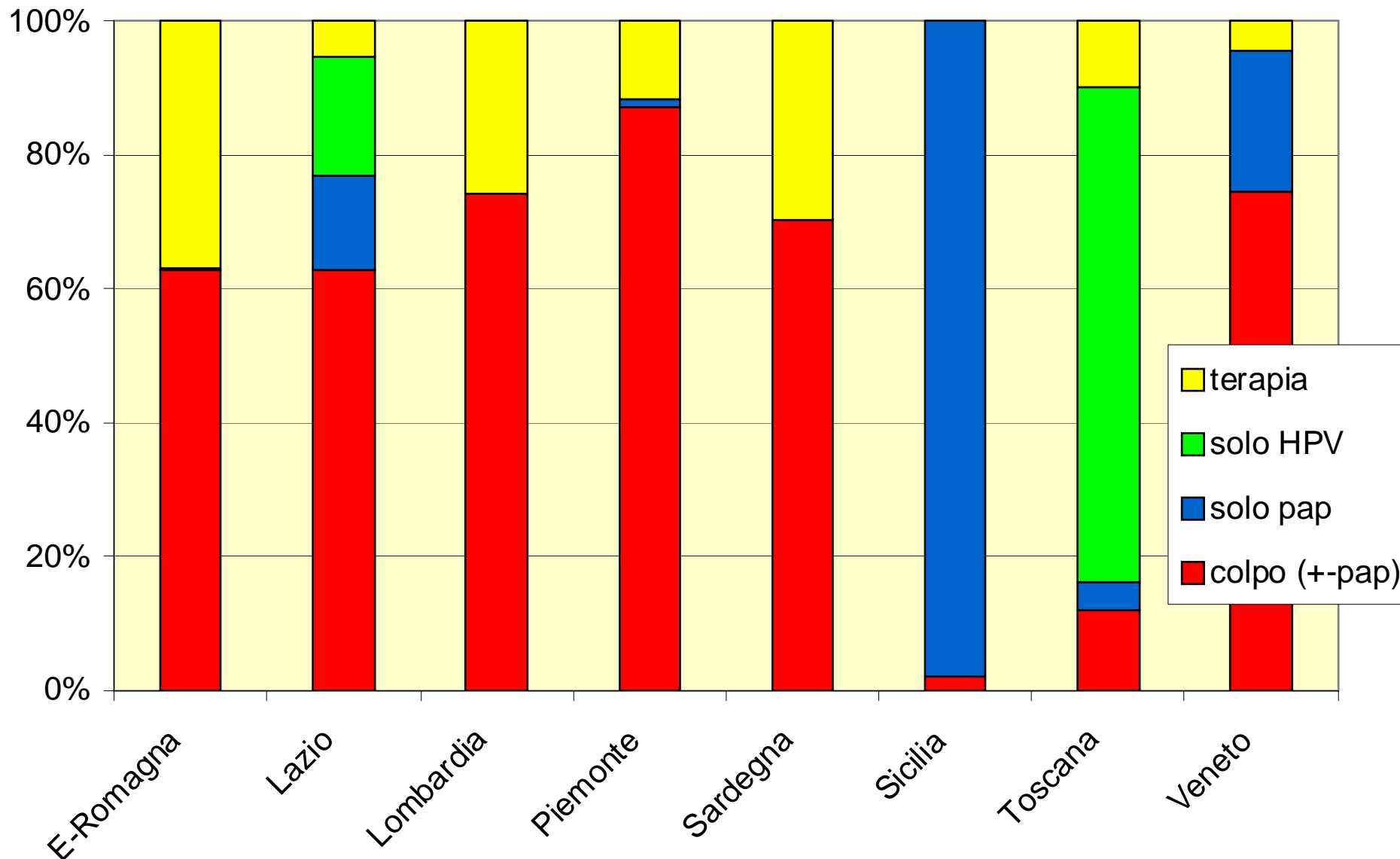
Dopo colposcopia negativa con HPV persistente, per Regione



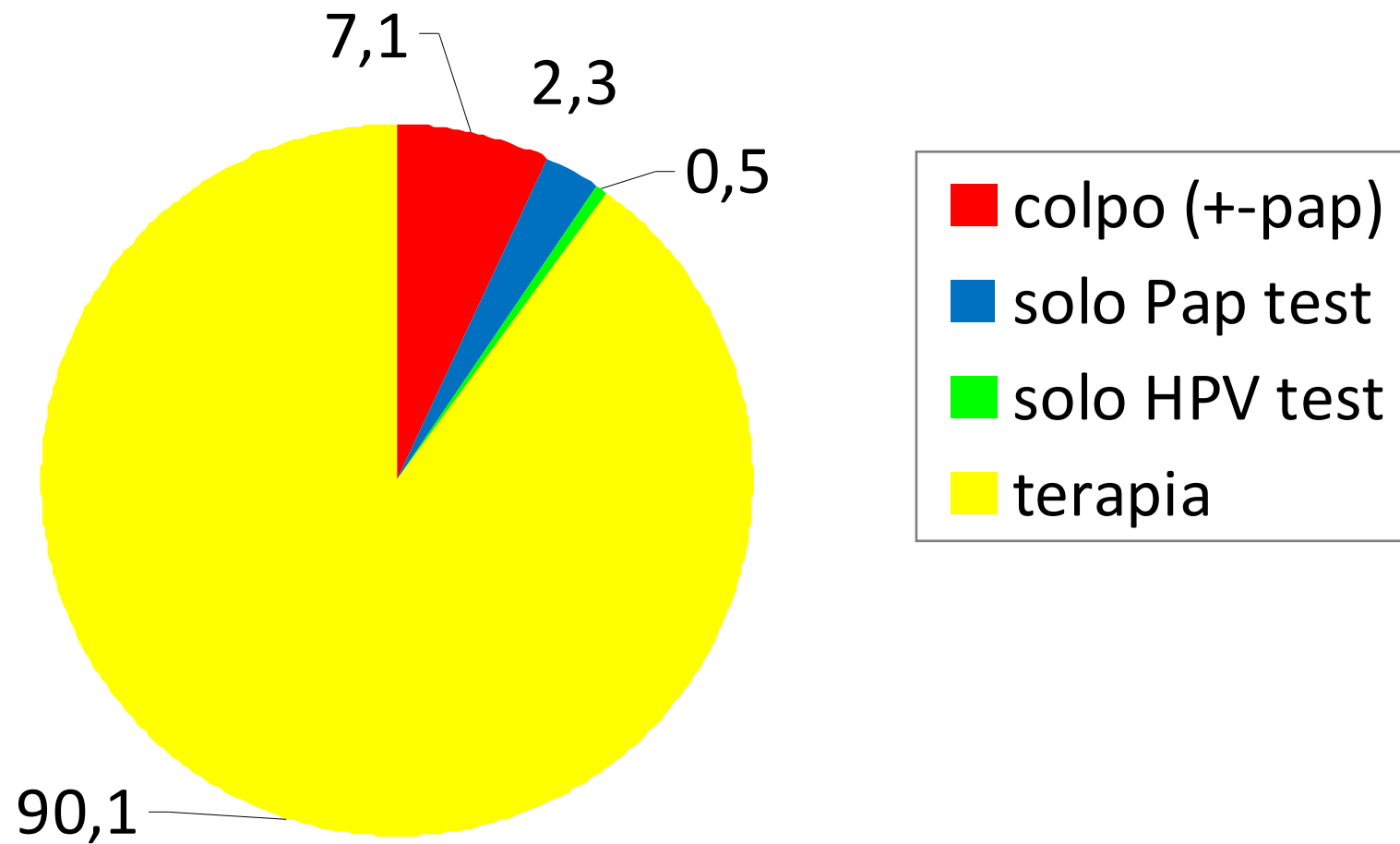
Dopo colposcopia con esito CIN1 (n=2653)



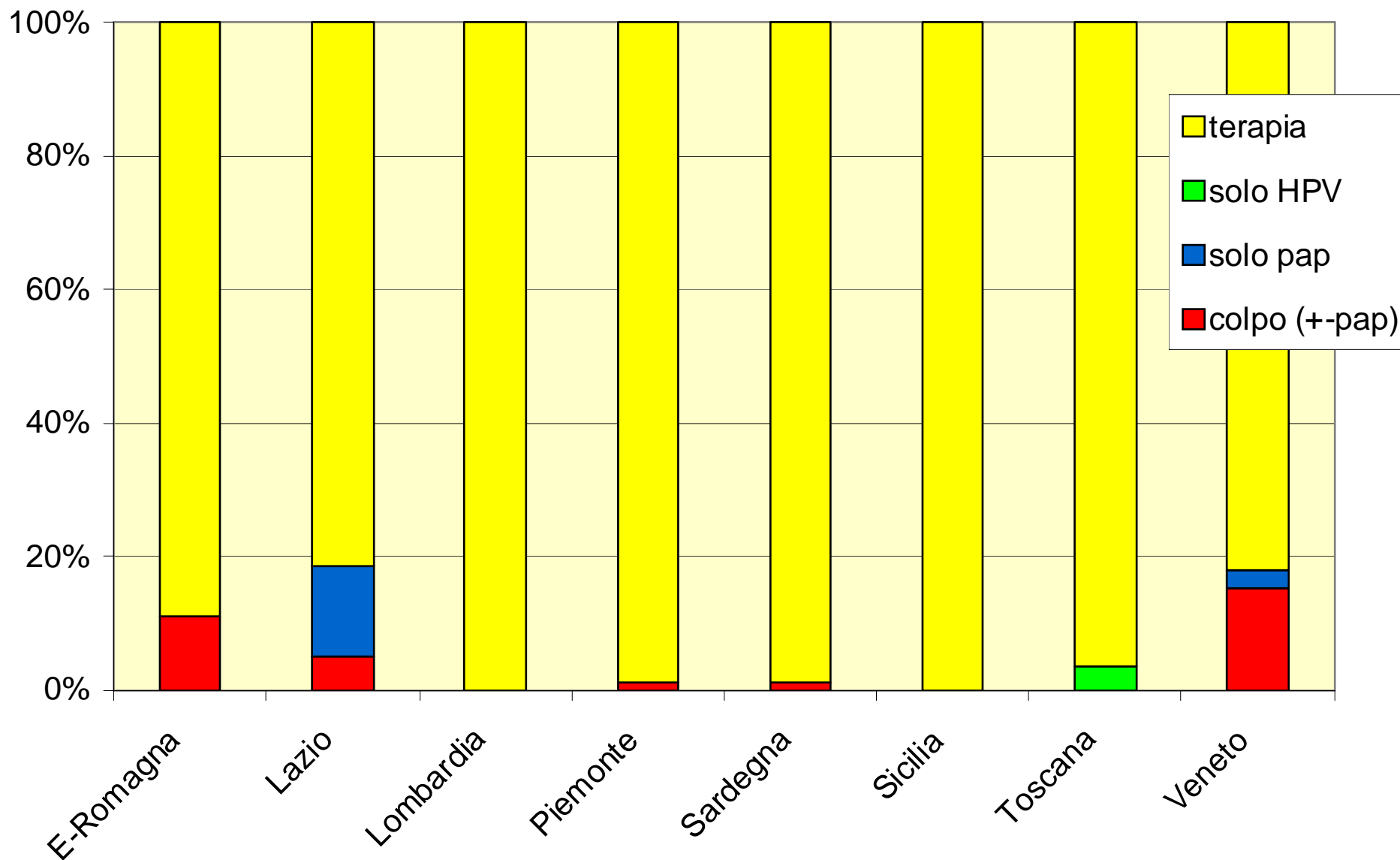
Dopo colposcopia con esito CIN1, per Regione



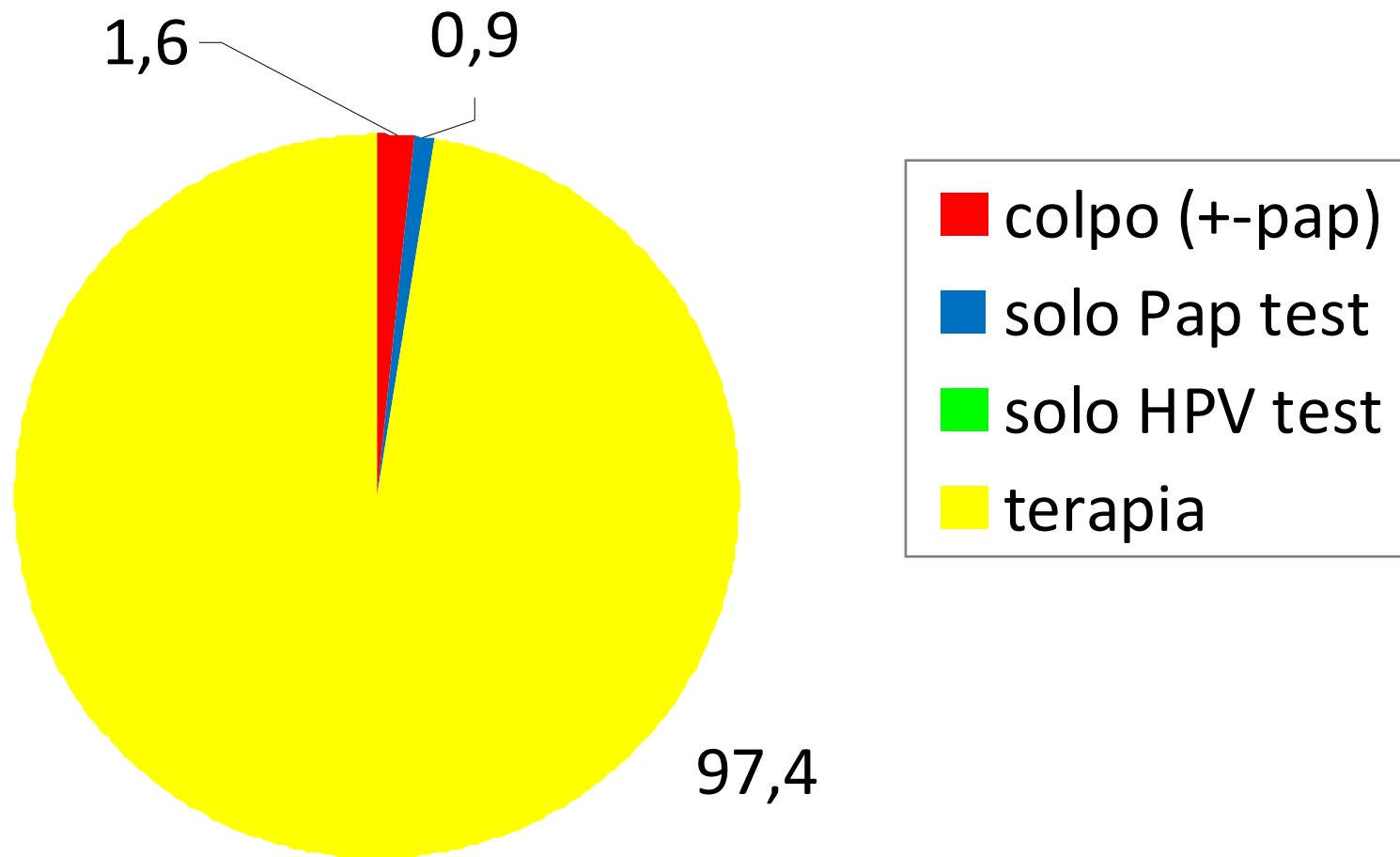
Dopo colposcopia con esito CIN2 (n=1133)



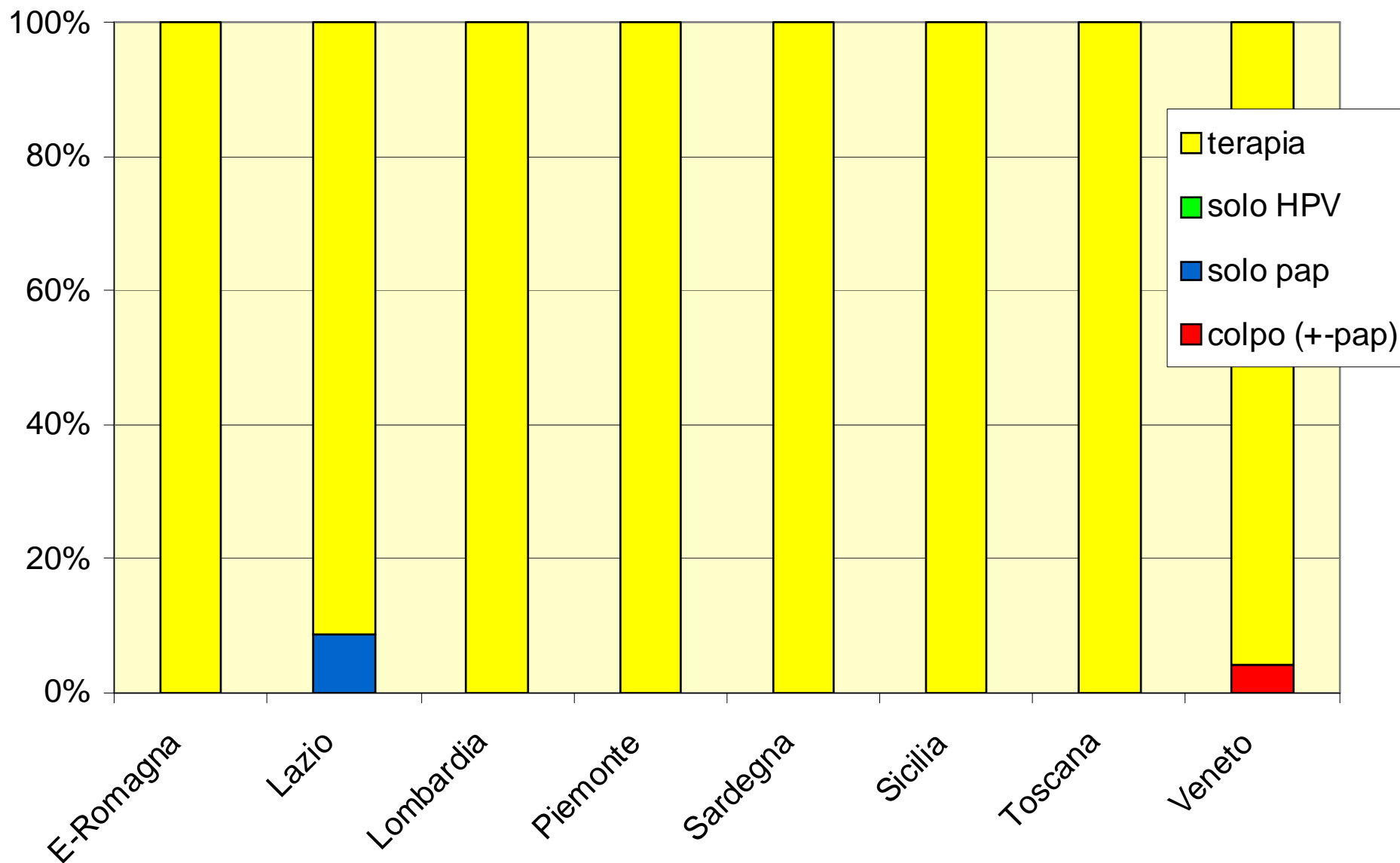
Dopo colposcopia con esito CIN2, per Regione



Dopo colposcopia con esito CIN3 (n=975)

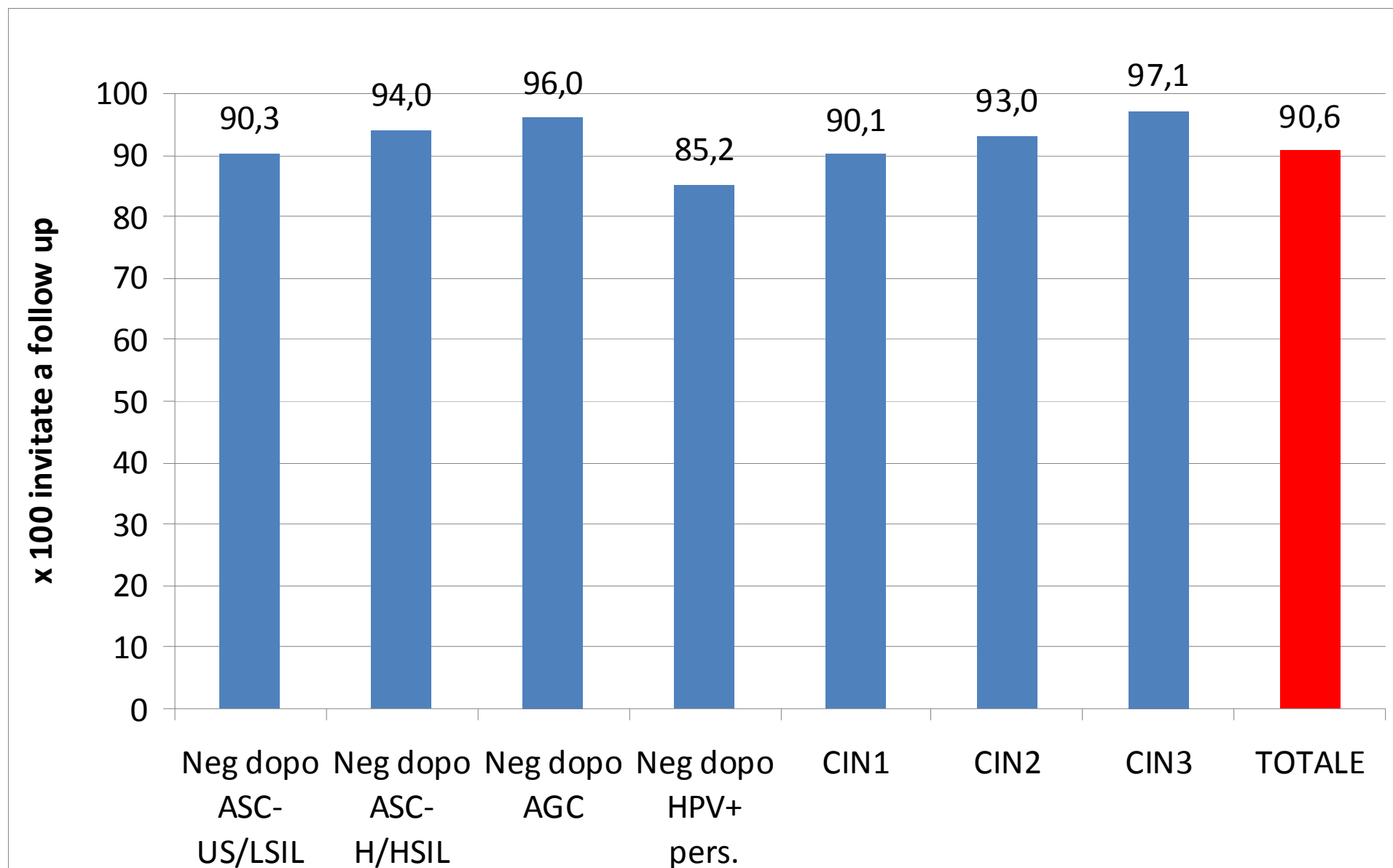


Dopo colposcopia con esito CIN3, per Regione

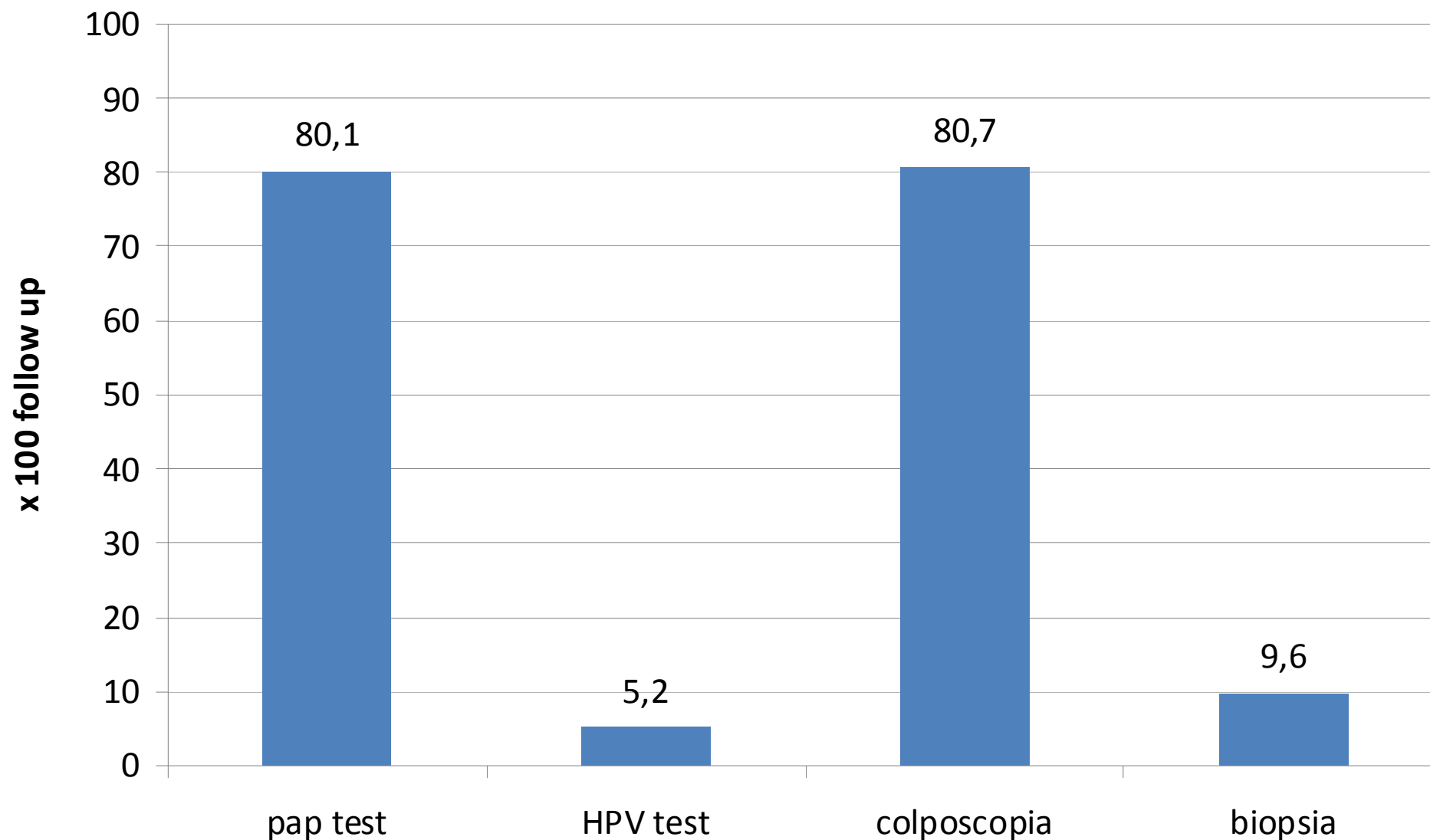


3. ESITO DEL FOLLOW UP DOPO UNA COLPOSCOPIA NEGATIVA

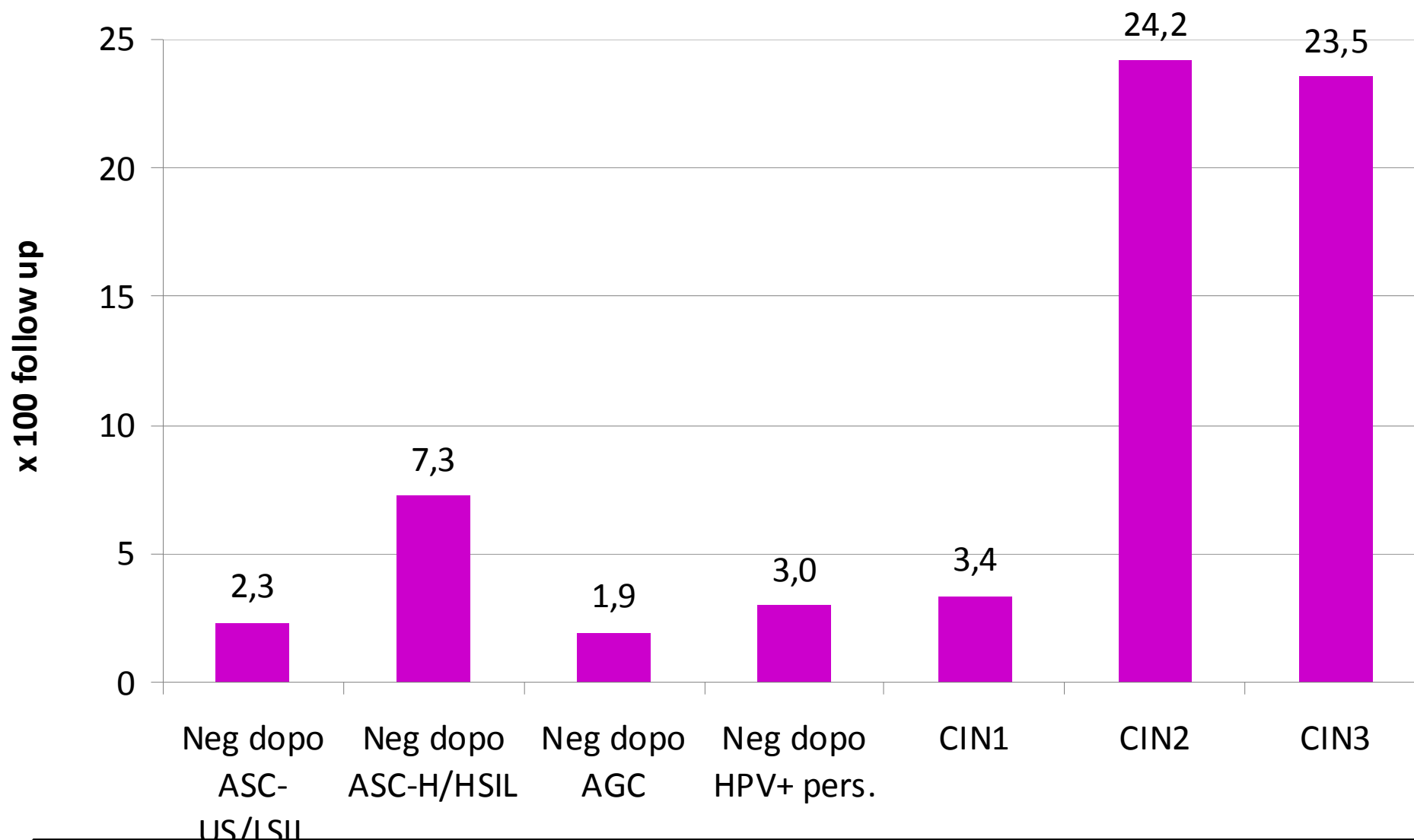
Adesione al follow up dopo una colpo negativa, per esito della colposcopia di approfondimento



Esami eseguiti in follow up dopo una colpo negativa



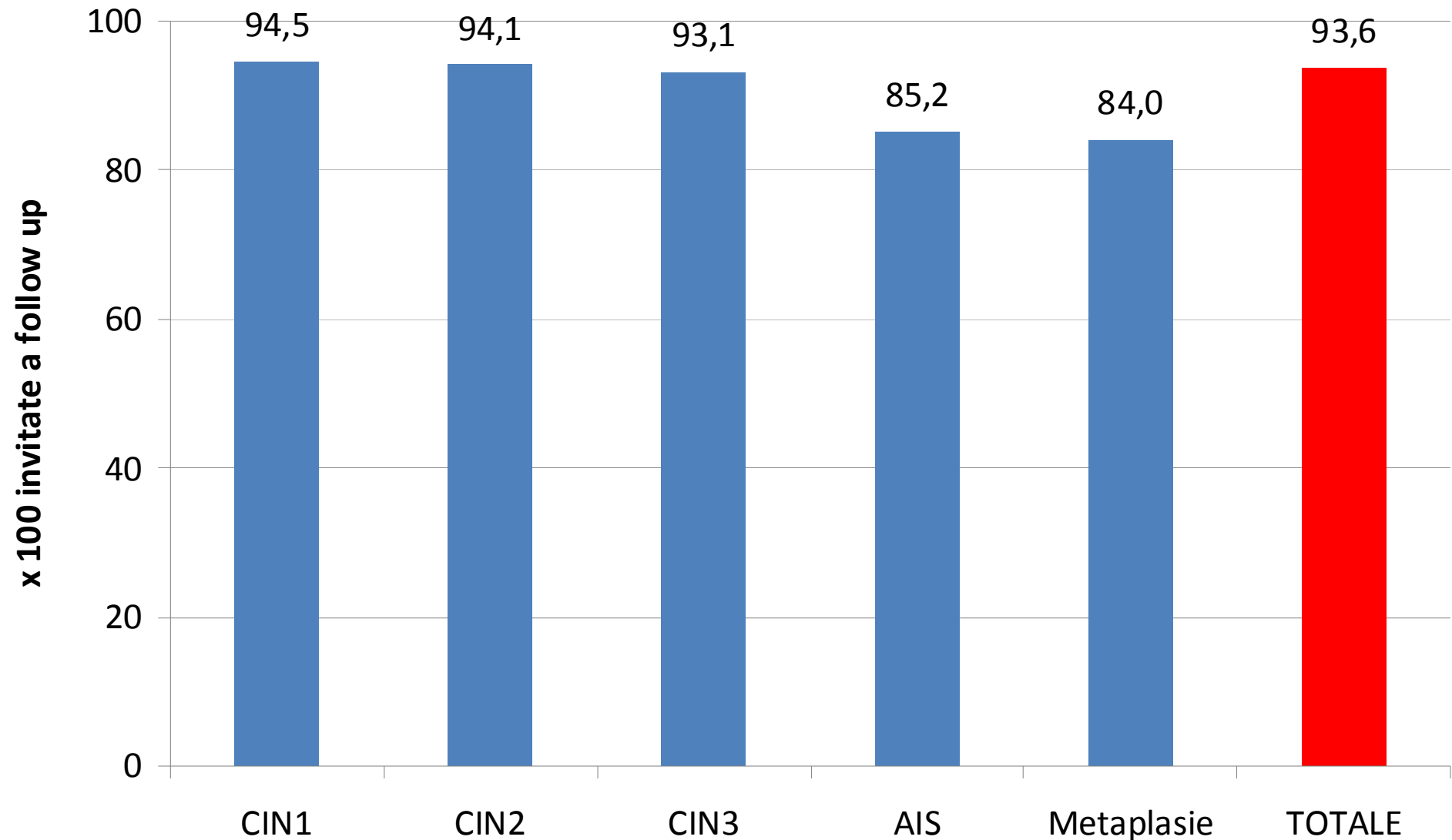
Tasso di identificazione di CIN2+ dopo colpo negativa, per esito della prima colposcopia (%)



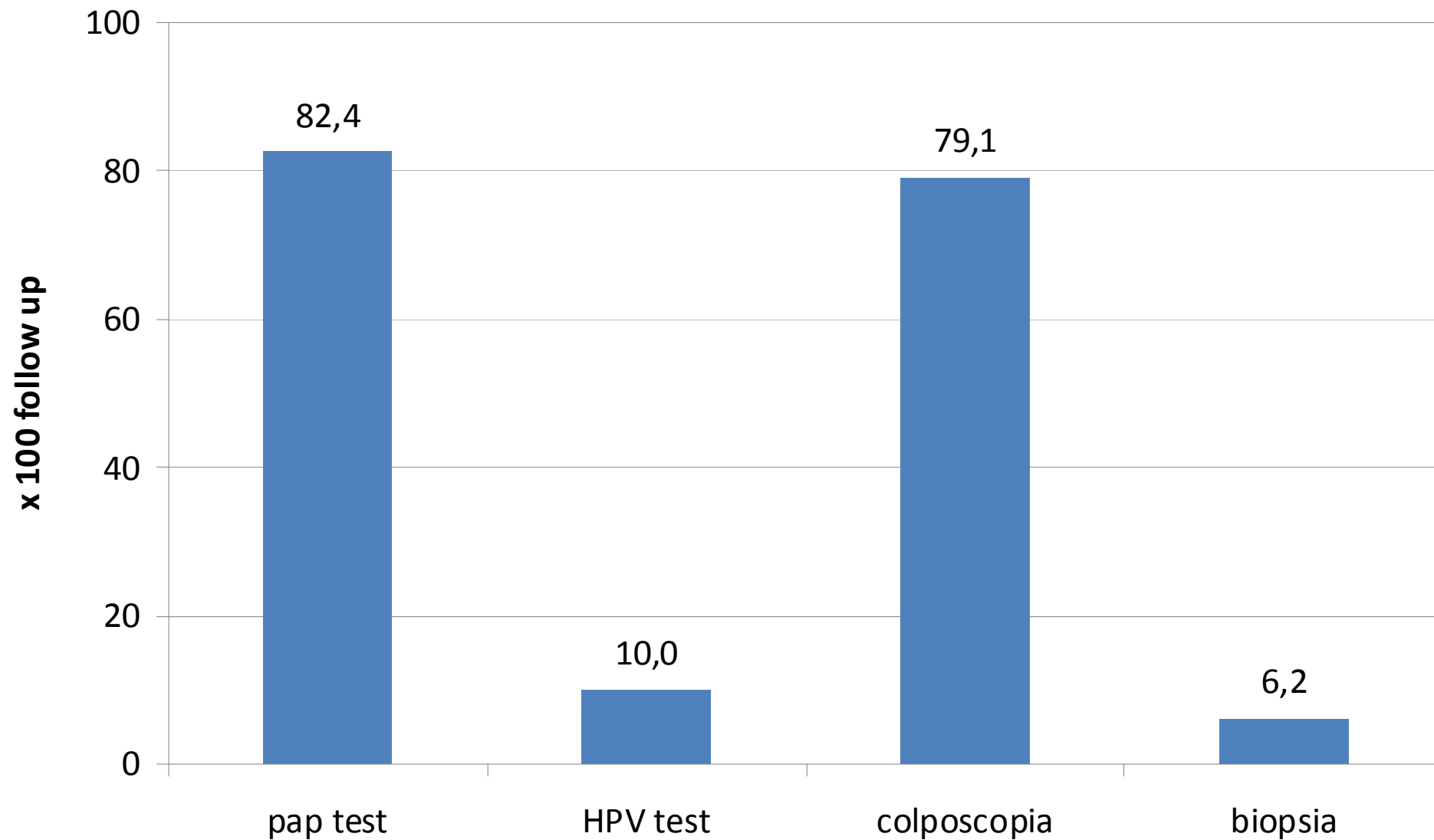
N°	5153	620	727	67	2028	120	34
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4. ESITO DEL FOLLOW UP DOPO TRATTAMENTO

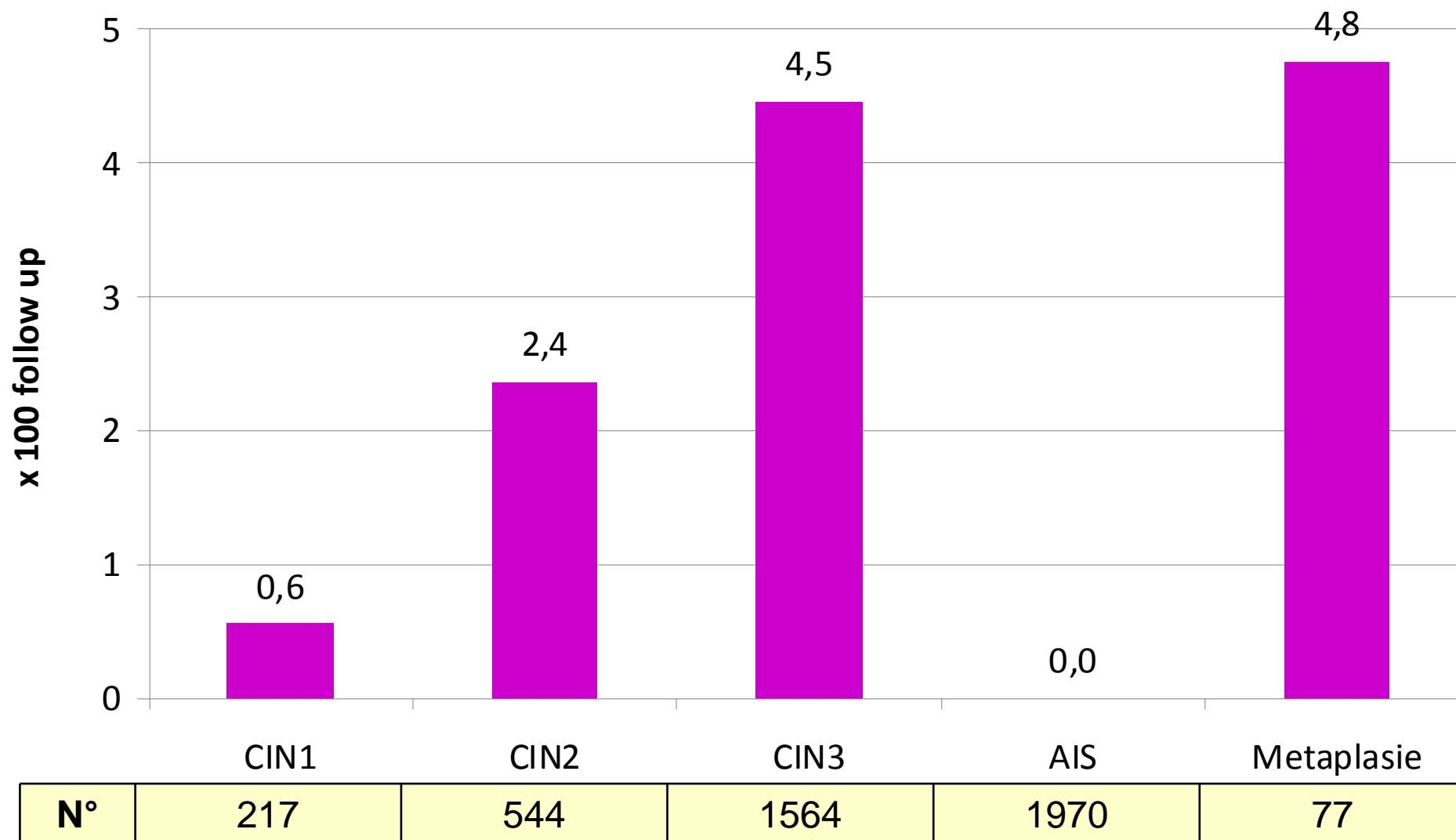
Adesione al follow up dopo trattamento, per diagnosi iniziale



Esami eseguiti in follow up dopo trattamento



Tasso di identificazione di CIN2+ dopo trattamento, per diagnosi iniziale (%)



GRAZIE

