

HSPW Cervical Care Algorithm Notes

1. **Not covered by HSPW.**
2. If the Pap is liquid-based repeat the Pap every 2 years until the woman has 3 consecutive, negative (normal) results, then repeat Paps every 3 years. If the Pap is conventional repeat Paps yearly until the woman has 3 consecutive, negative (normal) results, then repeat Paps every 3 years. Here is a table showing the schedule of Paps based on the type of Pap a woman might have at each screening visit.

Year	Possible Screening Schedules							
	A	B	C	D	E	F	G	H
1	CP	LB	CP	CP	LB	LB	CP	LB
2	CP		LB	CP			LB	
3	CP	LB		LB	CP	LB		CP
4			LB		CP		CP	LB
5		LB				CP		
6	CP or LB			CP or LB				
7			CP or LB		CP or LB		CP or LB	CP or LB
8		CP or LB				CP or LB		
9	CP or LB			CP or LB				
10			CP or LB		CP or LB		CP or LB	CP or LB

CP = Conventional Pap Smear
LB = Liquid Based Pap Smear

Assumes All Screens are Negative (normal)

3. If initial Pap is liquid-based and the result is ASC-US, high risk HPV testing should be performed immediately from the initial specimen. If the Pap is conventional and the result is ASC-US or the HPV test cannot be done due to insufficient fluid, collect the HPV test in a return visit. Alternatively a repeat Pap with high risk HPV testing may be done in 6 months after a conventional Pap.
4. All women 50 years old and older (regardless of menopausal status) and postmenopausal women under 50 with an LSIL Pap should be managed in a similar fashion to an ASC-US result. HSPW covers and pays for HPV testing with an FDA approved and clinically validated test for high risk HPV types only.
5. Most postmenopausal women not on hormone replacement therapy need vaginal estrogen before colposcopy. Consult with the colposcopist on dose. Prescribe estrogen cream in the vagina each night at bedtime for 3 weeks. Stop vaginal estrogen 5 to 7 days before the colposcopy appointment. **HSPW covers this vaginal estrogen therapy.**

6. If the Pap was HSIL, but the biopsies and/or ECC are negative or only show CIN 1, a diagnostic LEEP may be indicated. Before performing a LEEP have a pathologist review the cytology and correlate with the tissue samples (possibly making more slides). WBCHP provides limited coverage for diagnostic LEEP in these cases. **This needs approval from the Prime Contractor before the procedure is done.**
7. Endometrial biopsy (EMB) is indicated in all women over age 35 with atypical glandular changes on the Pap. EMB is covered by WBCHP for women with AGC.
8. Management of glandular abnormalities is complex. If Pap was read as AGC-neoplastic or worse and no AIS or cancer was found, either in the cervix or endometrium, review all the findings. Since the Pap and biopsy are not diagnostic, a full review of all studies (Paps, colposcopy, biopsies, ECC, EMB) prior to cone biopsy is essential and should be reviewed by at least two consultants. If the AGC-neoplastic or worse is confirmed, a diagnostic cone is needed. WBCHP provides limited coverage for diagnostic cold-knife cone in these cases (not LEEP or laser cone). This needs approval from the WBCHP Prime Contractor before the procedure is done.
9. Treatment for histological diagnoses of CIN 2 (moderate dysplasia), CIN 3 (severe dysplasia), carcinoma in situ (CIS), adenocarcinoma in situ (AIS) of cervix, or cervical cancer are covered by the Medicaid Breast and Cervical Cancer Treatment Program (BCCTP). Management of endometrial cancer, vaginal cancer, and other non-cervical disease is NOT covered by the Medicaid BCCTP; however, the woman may be eligible for services through some other mechanism. CIN 1 is not ordinarily treated and is not covered under the Medicaid BCCTP.
10. Follow-up depends upon the original Pap and the colposcopic findings.
 - a. If the Pap was read as AGC-NOS and no cervical or endometrial neoplasia is found, the woman needs repeat Pap smears every 4 to 6 months until she has 4 consecutive, negative (normal) Paps containing endocervical cells. If any Pap is AGC-NOS or ASC-US/LSIL, or worse, she needs colposcopy by an expert in management of complex cytologic situations. Review the cytology and correlate with the clinical picture and tissue samples.
 - b. If the Pap was read as ASC-US or LSIL and the colposcopy/biopsy are CIN 1, atypia, or normal, **preferably**, do an HPV test in 1 year. HSPW **will** pay for HPV testing in this situation. Alternatively, repeat Paps every 6 months until 2 consecutive negative (normal) results, and then resume regular screening. In either case, if abnormal, repeat colposcopy.
11. When a pelvic exam is clinically suspicious for cancer, ask the laboratory to expedite the reading of the Pap smear. Wait for the Pap result then refer even if the Pap is normal. (See Cervical Cancer Screening chapter in the 2008 HSPW Administrative and Performance Manual for details about clinical signs of cervical cancer.)

*This algorithm will be updated as necessary when the ASCCP guidelines are published.
Thank you to Vivien Hanson, MD for developing and preparing this algorithm.*