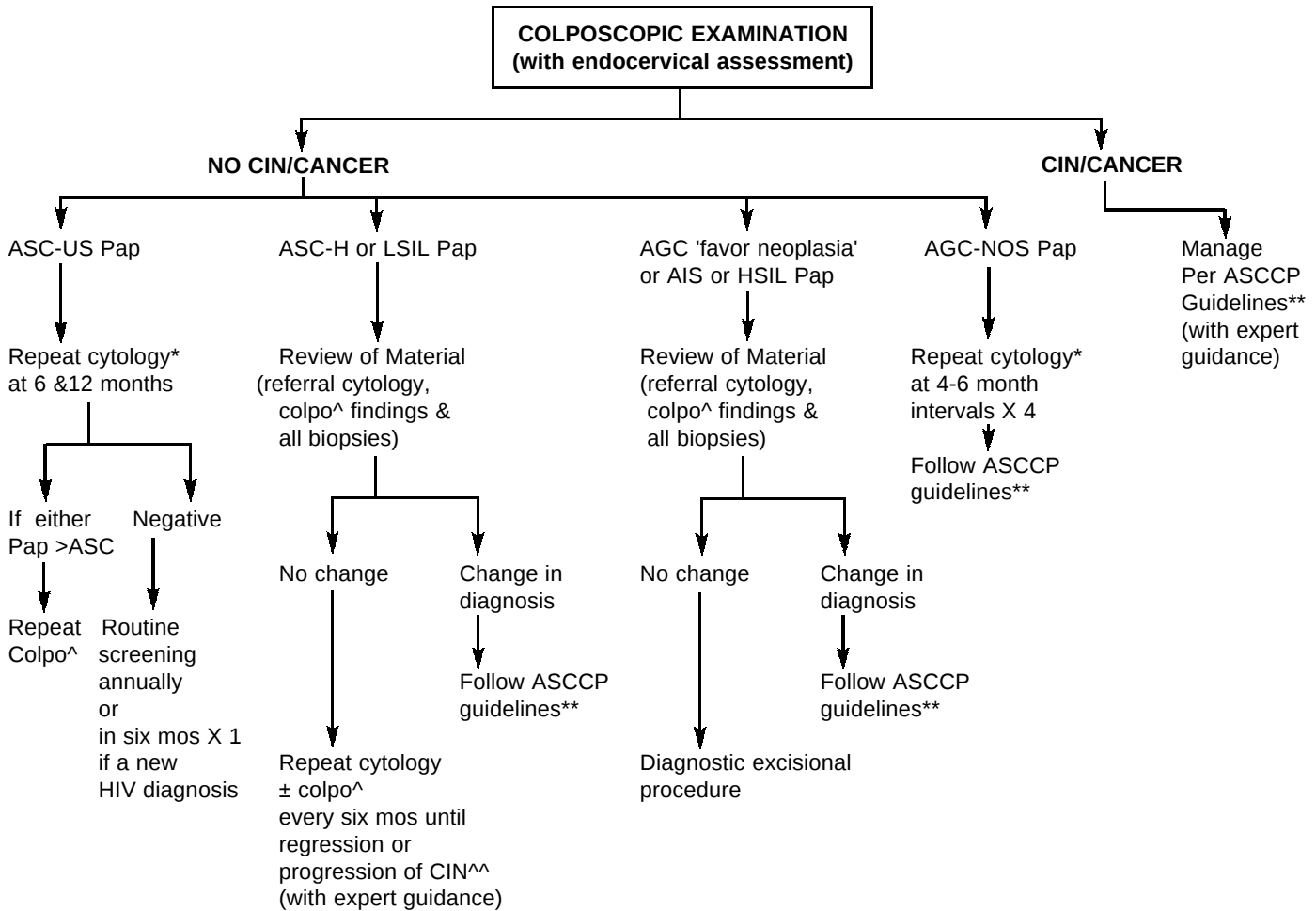


IDCR-O-GRAM: Suggested Management of HIV-Infected Women with ANY Cytological Abnormality (ASC-US, ASC-H, AGC, LSIL, HSIL)

Little is known about the best management of abnormal cervical cytology among HIV-infected women. This flow chart is a suggested algorithm created by an expert in the field and is based on the American Society for Colposcopy and Cervical pathology (ASCCP) guidelines (www.asccp.org/consensus.shtml) and the most current available research on this topic. All HIV-infected women with any Pap abnormality should be referred for colposcopy. This algorithm assumes that the Pap report states "satisfactory for evaluation." If the Pap is "unsatisfactory for evaluation," it should be repeated. No HPV testing triage is recommended in HIV-infected women at this time, based on insufficient evidence to support clinical or cost-effective utility.



=If unsatisfactory colposcopic examination, refer to expert
 ^^May depend on status of immune function (i.e. CD4 cell count and HIV viral load burden)
 ^Colpo = colposcopy
 * Conventional or liquid-based
 ** Visit: www.asccp.org/consensus.shtml

Abbreviations Defined:

ASC-US = atypical squamous cells of undetermined significance (mild atypia)
 ASC-H = atypical squamous cells: cannot exclude high-grade squamous intraepithelial lesion
 HSIL = high-grade squamous intraepithelial lesion
 AGC = atypical glandular cells
 AGC-NOS = atypical glandular cells, not otherwise specified (also known as 'atypical glandular cells of undetermined significance')
 CIN = cervical intraepithelial neoplasia
 AIS = adenocarcinoma in situ
 LSIL = Low-grade squamous intraepithelial lesions