

Patient Information:

## Pap Guidelines: For women under 21

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- Cervical cancer screening
- Abnormal Pap Results
- Colposcopy

The American Cancer Society and the American College of Obstetricians and Gynecologists recommend that all women should begin cervical cancer screening about 3 years after they start having vaginal intercourse, but no later than when they are 21 years old.

The Human Papilloma Virus or HPV is the most common sexually transmitted infection in the U.S. About 40 types of HPV can infect the genital area. Low risk types of HPV can cause abnormal pap reports and genital warts. Some high risk types of HPV can cause cervical cancer. The HPV vaccine, Gardasil<sup>®</sup>, contains 4 types of HPV, 2 low risk types and 2 high risk types. It has been shown to be very effective in preventing genital warts and cervical cancer. Women who have had abnormal pap results may still benefit from having the vaccine.

The American Journal of Obstetrics & Gynecology in its October 2007 issue published the 2006 consensus guidelines for the management of women with abnormal cervical cancer screening tests. These guidelines consider adolescents and young women under the age of 21 to be a special population when dealing with HPV. Women in this age group have a high prevalence of HPV infections and more minor-grade pap abnormalities but are at a very low risk for invasive cervical cancer compared with older women. The vast majority of HPV infections in this age group spontaneously clear within 2 years after infection and are of little long-term clinical significance.

There are three main abnormalities that may be reported on Pap results: Atypical Squamous Cells of Undetermined Significance (ASC-US), Low Grade Squamous Intraepithelial Lesion (LSIL) and High Grade Squamous Intraepithelial Lesion (HSIL).

### ATYPICAL SQUAMOUS CELLS OF UNDETERMINED SIGNIFICANCE (AS-CUS)

is the most frequent abnormality reported on Pap Test reports. Squamous cells are the normal cells covering the surface of the cervix, and they have a characteristic appearance under the microscope. Atypical squamous cells lack this normal appearance.

In women under age 21 the recommended follow-up for ASC-US is to repeat the Pap Test in one year. Only women with results equal to HSIL are to be referred for colposcopy. ASC-US and LSIL results are to be repeated in another year. No high risk HPV-DNA testing is recommended for ASC-US results in women under age 21 like it is for women over age 21. At the 24 month follow-up pap, all results equal to or higher than ASC-US are to be referred for colposcopy.

### LOW GRADE SQUAMOUS INTRAEPITHELIAL LESION (LSIL)

is the same as a report of mild dysplasia which means abnormal tissue growth. Cells in the cervix normally stop growing before they reach the surface where they can be collected with a Pap Test. With LSIL some actively growing cells are seen on the Pap Test indicating more rapid cell growth.

In adolescents and women under age 21 with LSIL, follow-up with annual Pap testing is recommended. At the 12 month follow-up, only women with HSIL or greater on the repeat cytology should be referred for colposcopy. At the 24 month follow-up, those with ASC-US or higher should be referred for colposcopy.

### HIGH GRADE SQUAMOUS INTRAEPITHELIAL LESION (HSIL)

is moderate or severe dysplasia. Abnormal appearing, actively growing cells are seen on the Pap Test. In some cases the appearance is indistinguishable from superficial localized cancer of the cervix. Approximately 75% of women with HSIL on their Pap Test have underlying precancerous changes and 1-2% may have cancer of the cervix. All women regardless of their age should have a colposcopy performed to evaluate and treat if necessary. In adolescents and women under age 21 many moderate to severe lesions spontaneously regress.

### *What is a colposcopy?*

A colposcope is a microscope that allows a practitioner to view the cervical cells when they are magnified. White vinegar is placed on the cervix and the abnormal cells turn a white color on the pink

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background of the cervix allowing for visualization of the abnormal cells. Colposcopy is readily available at Gynecology offices.

If the abnormal cells do not appear to be high grade on the colposcopy, observation for up to 24 months using both colposcopy and Pap Test cytology at 6-month intervals is preferred, provided that the colposcopy examination is satisfactory. If during follow-up a high grade lesion is identified with colposcopy or HSIL Pap results persist for 1 year, a tiny biopsy may be taken

from any area that is visualized and sent to a pathologist to obtain a definitive diagnosis.

Follow-up and treatment of HSIL lesions should follow the 2006 consensus guidelines and should be discussed with the practitioner taking into account any risk factors.