

## Practical Gynecology, 2nd Edition – Chapter 7 References

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This report provides the ACS guidelines for use of the human papillomavirus (HPV) vaccine. The guidelines address who should be vaccinated and at what age, and summarize policy and implementation issues as well as implications for cervical cancer screening.

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This paper presents guidelines generated by a consensus panel which recommend that HPV testing may be added to cervical cytology when screening women age 30 or older. Women with negative HPV DNA testing and cytology should not be rescreened before 3 years. Women with negative cytology, but positive HPV DNA test should not undergo colposcopy, but instead have both tests repeated at 6-12 months. If test results of either are abnormal, colposcopy should then be performed.

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This Canadian trial of over 10,000 women compared HPV testing to conventional Pap testing for detection of CIN 2 or 3, using colposcopy and biopsy as the reference standard. HPV testing was found to have a superior sensitivity (94.6% vs 55.4% for Pap smear), with minimal sacrifice in specificity (94.1% vs 96.8% for Pap smear). Another important finding was that Pap smear quality was unaffected by the order in which specimens were obtained from the cervix.

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\*29. Solomon, D., D. Davey, et al. (2002). "The 2001 Bethesda System: terminology for reporting results of cervical cytology." Jama 287(16): 2114-9.

This paper reports on a consensus conference held in 2001 to update the 1993 Bethesda System. The new terminology reflects advances in the biological understanding of cervical neoplasia and in cervical screening technology.

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In 2006, 146 experts convened to update the consensus guidelines for managing women with abnormal cervical cancer screening tests. Important changes from the 2002 guidelines include a somewhat less aggressive approach to managing these conditions in adolescents, increased emphasis on a "see-and-treat" approach for managing HSIL, and formal adoption of the guideline to recommend HPV testing as an adjunct to cytology for screening in women age 30 and older.

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The same experts updated the consensus guidelines for managing women with cervical intraepithelial neoplasia or adenocarcinoma in situ. In these new guidelines cytological follow-up is the only recommended management option for women with CIN 1 who have low-grade cervical cytology, regardless of whether the colposcopic examination is satisfactory. Recommendations for management of adolescents with CIN 1 or CIN 2,3 are similarly less aggressive.

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