Section 7: Management of those with high grade cytology, discordant with the colposcopic impression and/or histopathology results

Discordant results

Some clinical scenarios present difficulties for diagnosis and management when cytology results are discordant with colposcopic and/or histopathological reports for participants referred for colposcopy based on their HPV and cytology results. This section discusses the management of colposcopic discordance with a high grade (ASC-H or HSIL) cytology and negative or LSIL histology.

RECOMMENDATION – MANAGEMENT OF DISCORDANT RESULTS	
R7.01 Multidisciplinary meetings should manage discordant results	**Practice point** Discordant results with ASC-H or HSIL cytology should be managed through review at regular multidisciplinary meetings which includes colposcopists, histopathologists, and cytopathologists.

In cases of discordant cytology, histology and colposcopy findings, the adequacy of colposcopy and transformation zone type needs to be considered. For participants referred with an HPV detected (any type) and ASC-H or HSIL cytology, if colposcopy is adequate and no lesion is found, a detailed examination of the vagina should be undertaken. When colposcopy and biopsies are negative for histologic HSIL after abnormal ASC-H or HSIL cytology multidisciplinary review **is recommended** to ensure appropriate treatment of participants. [1]

Participants referred with a vaginal swab with HPV detected (any type) who have cytology taken at colposcopy which is reported as ASC-H or HSIL and there is discordance with the histology should undergo multidisciplinary review to determine management. If cytology **is not** downgraded **it is important** to exclude a vaginal disease at follow up colposcopy.

Following multidisciplinary review, management depends on the transformation zone type and cytology review. It is important to address other treatable factors

that may influence cytological appearances such as atrophy or infection. If vaginal examination has not been performed this should be undertaken as part of the follow up of participants to exclude vaginal disease.

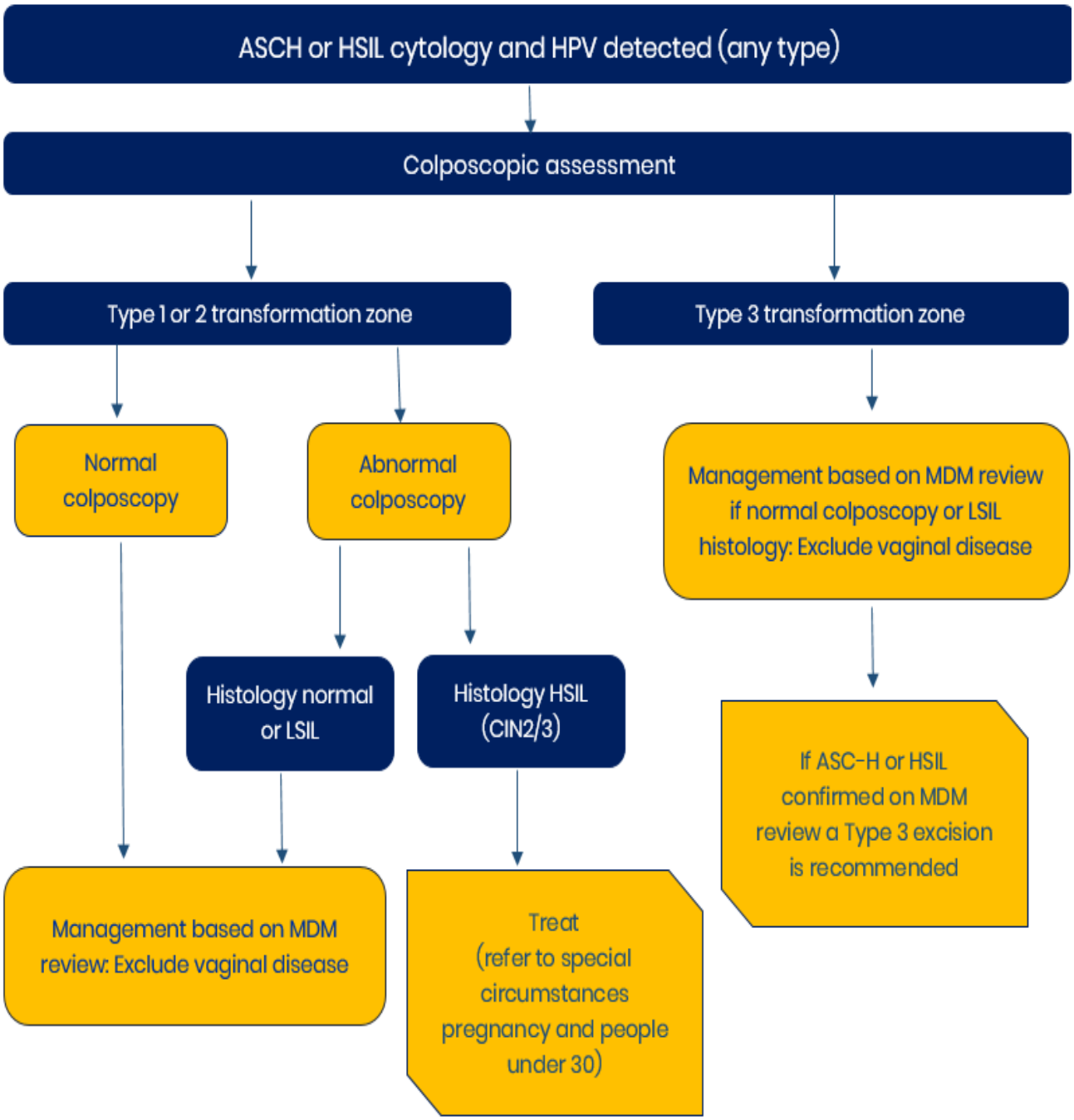
Participants with HPV detected (any type), ASC-H or HSIL confirmed on cytology review, with a type 3 transformation zone and a negative colposcopy exam are recommended to undergo an excisional procedure. Vaginal examination **should be** undertaken prior to treatment to exclude vaginal disease.

For those with ASC-H or HSIL referral cytology, a type 1 or 2 transformation zone and negative or LSIL histology, close surveillance can occur. Follow up should be decided upon following multidisciplinary review and in consultation with the participant. [2 3] Data from the US has reported the 1-year risk of CIN3+ following discordance of HSIL cytology and LSIL histology is 3.9% and decreases to 1.4% when there is discordance between ASC-H cytology and LSIL histology.[2] A retrospective review from Australia reported 9.9% of participants had CIN2+ histology detected at follow up colposcopy or on excisional biopsy following an HPV detected (any type) and ASC-H discordance.[3]

RECOMMENDATIONS – MANAGEMENT OF DISCORDANT CASES	
R7.02 Normal colposcopy following an ASC-H or HSIL cytology result	**Consensus-based recommendation** It is important to complete a full colposcopic examination of the vagina using Lugol's Iodine to exclude a vaginal lesion.
R7.03 Management of discordance of ASC-H or HSIL cytology and negative or LSIL histology	**Consensus-based recommendation** When colposcopy and biopsies are negative for histologic HSIL after abnormal ASC-H or HSIL cytology, multidisciplinary review is recommended to ensure appropriate treatment of participants.
R7.04 Normal colposcopy following an ASC-H or HSIL cytology result and a type 3 TZ	**Consensus-based recommendation** Participants with HPV detected (any type), ASC-H or HSIL cytology confirmed after cytology review, and a type 3 TZ should have a diagnostic excision of the TZ. It is important to exclude a vaginal disease prior to treatment.
R7.05 Normal colposcopy following an ASC-H or HSIL cytology result and a type 1 or type 2 TZ	**Consensus-based recommendation** For those with ASC-H or HSIL referral cytology and a type 1 or 2 transformation zone and negative or LSIL histology, close surveillance can occur. Follow up should be decided upon

	following multidisciplinary review and in consultation with the participant.
R7.06 Downgrading of discordant ASC-H or HSIL cytology results	**Consensus-based recommendation** Where participants have HPV detected (any type) and the cytology review downgrades the initial cytology result to negative, ASC-US or LSIL, management should be based on the amended cytology result (i.e. repeat HPV test in 12 months).
R7.07 Support of participants undergoing MDM review	**Practice point** Participants may experience anxiety related to the uncertainty of results when there is discordance between high grade results and a normal colposcopy. It is important to provide reassurance and communication to participants being reviewed at multidisciplinary meetings. When managing discordant cases management should be a shared decision-making process with the participant / whānau.

Figure 1- Management of participants with ASC-H or HSIL cytology and HPV detected (any type)



References

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