

CERVICAL CANCER SCREENING

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Table 4.37 Risk of cervical precancer based on the results of screening and follow-up tests

Clinical scenario		Risk of HSIL/CIN3+
HPV testing	Cytology	
Negative (primary screening)	NP	Very low (0.15% in 5 yr)
Negative (primary screening)	ASC-US/LSIL	Low (0.4–2.0% in 5 yr)
Negative (follow-up of a previous positive low-grade result)	Negative	Low (0.5–3.2% in 5 yr)
NP	Negative (primary screening)	Low (0.7–2.0% immediate risk; 2.0–4.8% in 5 yr)
Positive (primary screening)	Negative	Low to moderate (2.0–4.5% immediate risk; 3.8–7.3% in 5 yr)
Positive (primary screening)	ASC-US/LSIL	Low to moderate (2.0–4.5% immediate risk; 3.8–7.3% in 5 yr) ^a
NP	LSIL (primary screening)	Moderate (10.0–14.0% immediate risk)
Positive (follow-up of a previous positive low-grade result)	Negative/ASC-US/LSIL	Moderate (2.6–7.9% immediate risk; 6.6–9.5% in 5 yr)
Positive HPV16 and/or HPV18 (primary screening)	Negative/ASC-US/LSIL	High (5.5–11% immediate risk; 9.0–12.0% in 5 yr)
Positive (primary screening)	HSIL/ASC-H/AGC	High (≥ 25% immediate risk)
Positive HPV16 and/or HPV18 (primary screening)	HSIL/ASC-H/AGC	High to very high (28.0–60% immediate risk; 33.0–64.0% in 5 yr)

AGC, atypical glandular cells; AIS, adenocarcinoma in situ; ASC-H, atypical squamous cells, cannot exclude high-grade squamous epithelial lesions; ASC-US, atypical squamous cells of undetermined significance; CIN3+, cervical intraepithelial neoplasia grade 3 or worse; HPV, human papillomavirus; HSIL, high-grade squamous intraepithelial lesion; LSIL, low-grade squamous intraepithelial lesion; NP, not performed; yr, year or years.

^a The risk varies mainly depending on the availability of the results of the previous screening test. If the results are negative, the risk of immediate HSIL/CIN3+ is low. If the results are not available or are unknown, the risk should be considered moderate.

Compiled from AEPCC (2018), Silver et al. (2018), and Egemen et al. (2020).

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