• Terminology in guidelines based on the 2011 IFCPC nomenclature
• Satisfactory colposcopy is defined as adequate visualization of cervix and a SCJ being fully visible, i.e. a type I or II TZ

Any colposcopic lesion identified should be biopsied. If no lesion is identified biopsies of the TZ should be considered.

1Any colposcopic lesion identified should be biopsied. If no lesion is identified biopsies of the TZ should be considered.

ALGORITHMS BASED ON SOGC/SCC GUIDELINES
J Obstet Gynaecol Can 2012;34(12):1188-1202
ASC-H

Colposcopy

No CIN

Colposcopy, cytology, at 6 months x 2 ( +/- HR HPV testing)

No CIN

Return to screening protocol

CIN 1 or >

HR-HPV +ve follow in colposcopy clinic

CIN1 or >

Manage as per SCC guidelines

1 Biopsies should be taken of any lesion identified at colposcopy

ALGORITHMS BASED ON SOGC/SCC GUIDELINES
J Obstet Gynaecol Can 2012;34(12):1188-1202
Consider HPV testing

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AGC

AGC-NOS

Colposcopy 1
With ECC +/- endo Bx

Endometrial biopsy (all women over 35)

No endometrial pathology

No CIN

Satisfactory Colposcopy (Type 1 or 2 TZ)

Observe with Colposcopy cytology and HR-HPV testing Q 6/12 x 2 2

All negative

Return to screening protocol

CIN

Unsatisfactory Colposcopy (Type 3 TZ)

No CIN

AIS

Diagnostic Excision procedure

Diagnostic Excision procedure

AGC

AGC-endometrial

Manage endometrial pathology

Diagnose Excision procedure

AGC-Neoplasia

Colposcopy With ECC +/- endo Bx

Manage as per SCC guidelines

Invasive Cancer

Manage as per Gynecologic Oncology Guidelines

1 Consider HR-HPV testing, n.b. not acceptable for initial triage
2 If HR-HPV testing not available repeat q 6/12 x 4

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