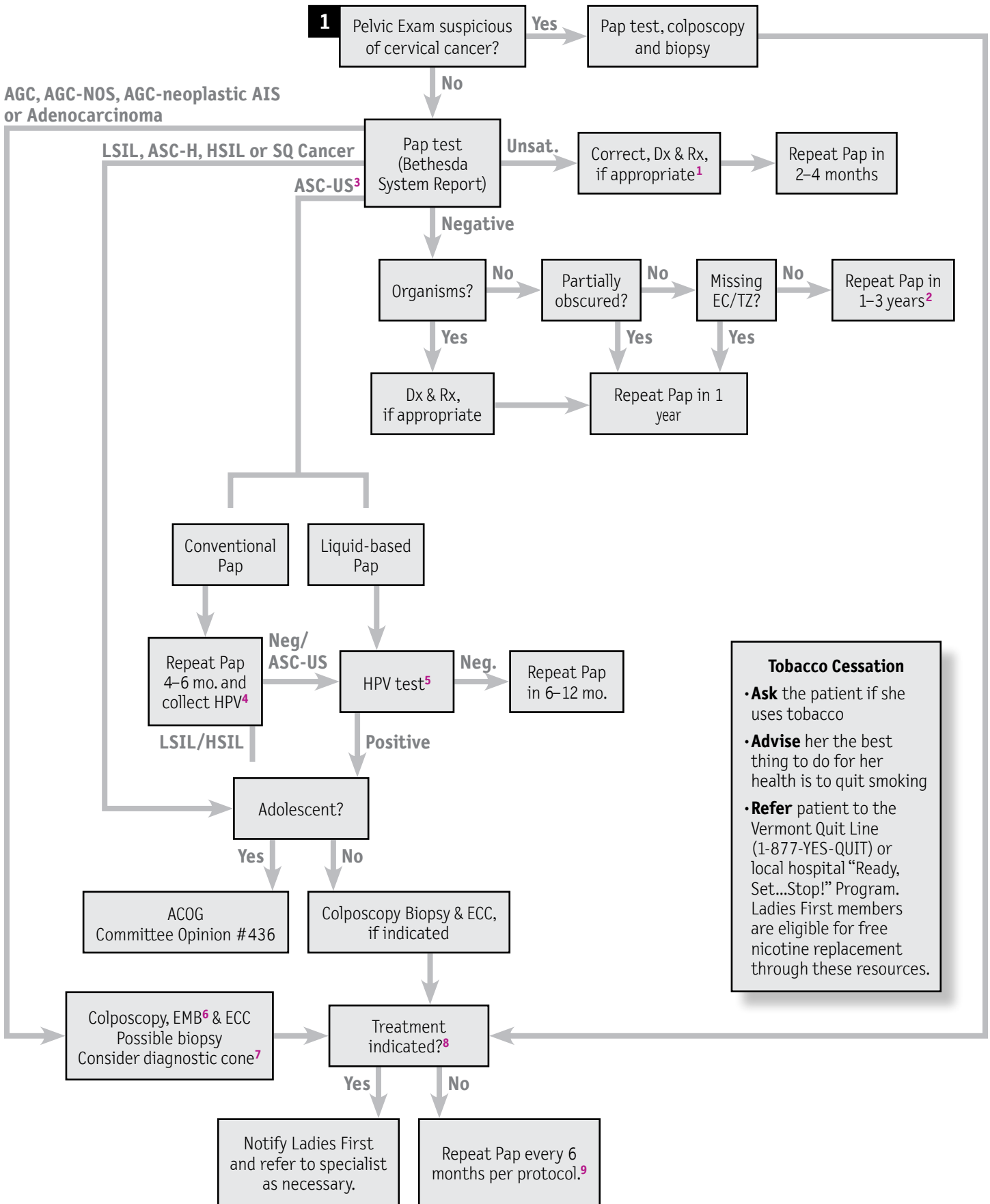


Ladies First Cervical Care Algorithm



Possible Screening Schedules								
Year	A	B	C	D	E	F	G	H
1	CP	LB	CP	CP	LB	LB	CP	LB
2	CP		LB	CP			LB	
3	CP	LB			CP	LB		CP
4			LB	LB	CP		CP	LB
5		LB				CP		
6	CP or LB							
7			CP or LB	CP or LB	CP or LB		CP or LB	CP or LB
8		CP or LB				CP or LB		
9	CP or LB							
10			CP or LB	CP or LB	CP or LB		CP or LB	CP or LB

CP=Conventional Pap Smear LB=Liquid-based Pap Smear All screens are negative (normal)

¹ Testing for STIs or other infection is not covered by LadiesFirst.

² If the Pap is liquid-based, repeat the Pap every 2 years until the woman has 3 consecutive, negative/normal results-then repeat Paps every 3 years. If the Pap is conventional, repeat Paps yearly until the woman has 3 consecutive, negative (normal) results, then repeat Paps every 3 years. The table above shows the schedule of Paps over a 10-year period based on the type of Pap a woman might have at each screening visit.

³ If initial Pap is liquid-based and the result is ASC-US, HPV reflex testing should be performed immediately from the initial specimen. If the Pap is conventional and the result is ASC-US, repeat the Pap at 4 to 6 months.

⁴ Either a liquid-based Pap or a conventional Pap may be done. If a conventional Pap is done, co-collect for HPV at this visit with a kit that is available from Digene (manufacturer of the HPV test).

⁵ HPV testing is allowed only for women with an

ASC-US liquid based Pap or a prior ASCUS conventional Pap and subsequent ASC-US or normal Pap. This covers testing with an FDA-approved test and for high risk HPV types only. HPV testing as a screening for women over 30 with normal Pap test results is not covered by Ladies First.

⁶ Endometrial biopsy (EMB) is indicated in the case of atypical glandular changes (AGC) in a woman greater than 35 years old. EMB is covered by Ladies First only in the indicated diagnostic work-up of an AGC Pap test result.

⁷ Management of glandular abnormalities is complex. If Pap was read as AGC-neoplastic or worse and no AIS or cancer was found, either in the cervix or endometrium, review all the findings. Since the Pap and biopsy are not diagnostic, a full review of all studies (Paps, colposcopy, biopsies, ECC, EMB) prior to cone biopsy is essential and should be reviewed by at least two consultants. If the AGC is confirmed, a diagnostic cone is needed. Ladies First provides limited coverage for diagnostic cold-knife cone in these cases (not LEEP or laser cone).

**ACOG Alternative Recommendations for Cytologic Abnormalities in Adolescents
(excerpted from ACOG Committee Opinion No. 330):**

ASC-US with positive high-risk HPV	Repeat Pap test in 6 and 12 months or highrisk HPV test alone in 12 months
ASC-US with negative high-risk HPV	Repeat Pap test in 12 months
ASC-H	Colposcopy
LSIL	Repeat Pap test in 6 and 12 months or high-risk HPV test alone in 12 months
HSIL	Colposcopy
AGC	Colposcopy, endocervical assessment, possible endometrial evaluation

⁸ Ladies First does not cover costs for treatment.

When indicated, treatment for histological diagnoses of

- HSIL
- CIN 2 (moderate dysplasia)
- CIN 3 (severe dysplasia), carcinoma in situ (CIS)
- adenocarcinoma in situ (AIS) of cervix, or
- cervical cancer

are covered by the Medicaid Breast and Cervical Cancer Treatment Program (BCCTP).

Please fax screening and diagnostic results to: Ladies First, "attention: Case Manager" and instruct the patient needing treatment to call Ladies First regarding eligibility for the Medicaid Treatment Program.

Management of endometrial cancer, vaginal cancer, VAIN and other non-cervical disease is not covered by the Medicaid Treatment Program; however, the woman may be eligible for services through some

other mechanism. Contact the Ladies First Case Manager for assistance in locating resources.

⁹ Follow-up depends upon the original Pap and the colposcopic findings.

- If the Pap was read as AGC-NOS and no cervical or endometrial neoplasia is found, the woman needs repeat Pap smears every 4 to 6 months until she has 4 consecutive, negative (normal) Paps containing endocervical cells. If any Pap is AGC-NOS or ASC-US/ LSIL, or worse, she needs colposcopy by an expert in management of complex cytologic situations. Review the cytology and correlate with the clinical picture and tissue samples.
- If the Pap was read as ASC-US or LSIL and the colposcopy/biopsy are LSIL, atypia, or normal, repeat Paps every 6 months until 2 consecutive negative (normal) results, then resume regular screening or, alternatively, do an HPV test.

Thank you to Vivien Hanson, MD for developing and preparing this algorithm and to Ellie Wegner, MD and Emmanuel Soultanakis, MD for reviewing it.