Response to Letter to the Editor Regarding: 2019 ASCCP Risk-Based Management Consensus Guidelines for Abnormal Cervical Cancer Screening Tests and Cancer Precursors

In Reply:

Thank you for noting the inconsistencies in the legend of Figure 2. To address these, we are making the following modifications to the legend of Figure 2.

REVISED FIGURE 2 LEGEND

This figure demonstrates how a patient with a common minimally abnormal screening test result (human papillomavirus [HPV]-positive atypical squamous cells of undetermined significance [ASC-US]) would be managed based on risk estimates. The initial screening result would lead to colposcopy (immediate risk = 4.45%). If colposcopy shows less than cervical intraepithelial neoplasia 2, the 5-year risk is 2.9% (1-year return). At the 1-year return visit, a second HPV-positive ASC-US result has an immediate risk of 3.1% (1-year return). Note similar management would be recommended if the initial abnormality preceding colposcopy was any minimally abnormal test result (i.e., less severe than atypical squamous cells—cells cannot exclude high-grade squamous intraepithelial lesion). If the HPV test or cotest performed for the second postcolposcopy surveillance test is negative, return in 3 years is recommended. If the second postcolposcopy surveillance test results are either a positive HPV test with any cytology result or a negative HPV test result with a cytology result of atypical squamous cells—cells cannot exclude high-grade squamous intraepithelial lesion or higher, colposcopy is recommended. Return in 1 year is recommended for HPV-negative ASC-US or HPV-negative low-grade squamous intraepithelial lesion results.

NA indicates not applicable because stable risk estimates are not available.

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REFERENCE


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