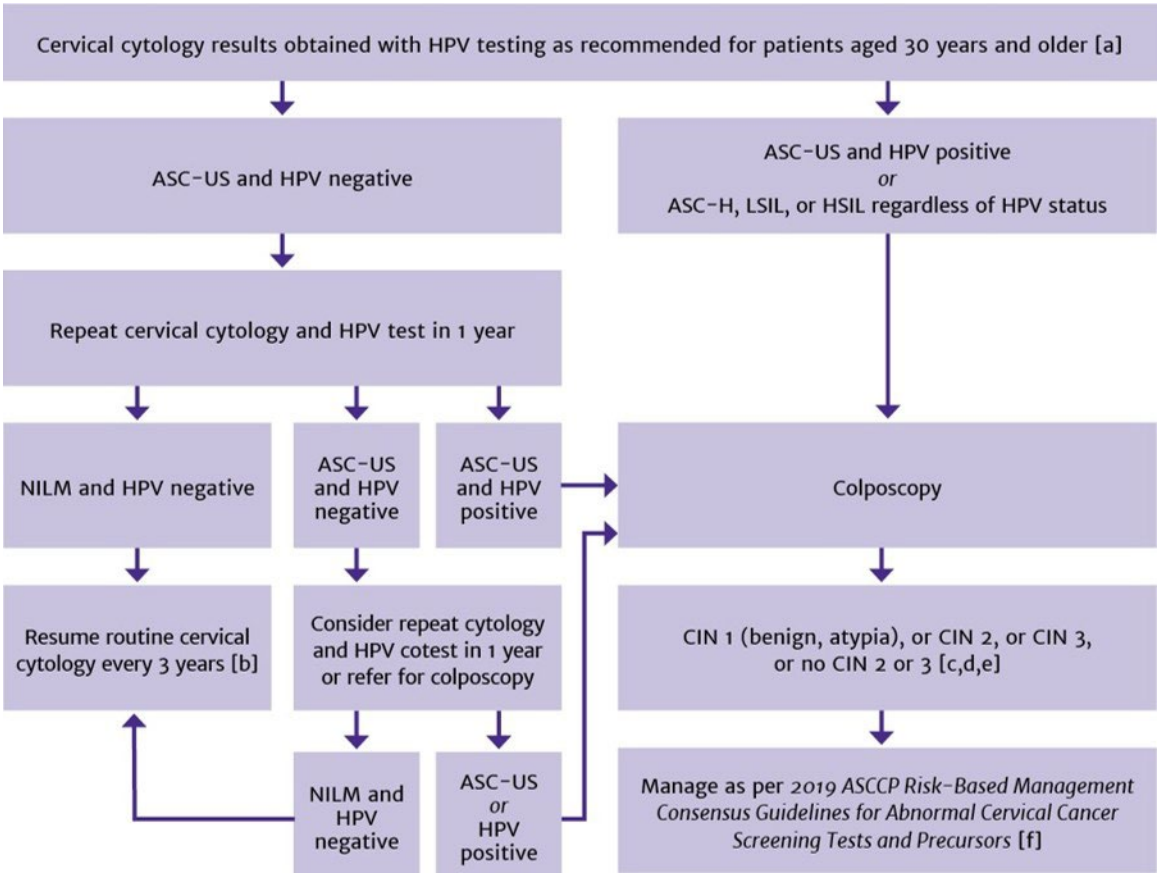
Figure 1: Follow-Up of Abnormal Cervical Cytology Results in Patients With HIV



Abbreviations: ASC-H, atypical squamous cells, high-grade squamous intraepithelial lesion cannot be excluded; ASC-US, atypical squamous cells of undetermined significance; ASCCP, American Society for Colposcopy and Cervical Pathology; CIN, cervical intraepithelial neoplasia; HPV, human papillomavirus; HSIL, high-grade squamous intraepithelial lesion; LSIL, low-grade squamous intraepithelial lesion; NILM, negative for intraepithelial lesion or malignancy.

Notes:

a. HPV reflex testing should be performed in patients younger than 30 years with a positive cervical cytology result; in patients aged 30 years and older, HPV cotesting is recommended.
b. Cervical screening every 5 years may benefit individuals with HIV who are virally suppressed and adherent to HIV and primary care and have negative cytology and HPV test results, no genital or pelvic complaints, no tobacco use, and no other cervical cancer risk factors.
c. If cotesting was not performed, then HPV reflex testing is indicated following an abnormal cytology result.
d. For non-high-grade CIN, refer to ASCCP recommendations for management of LSIL (CIN 1) preceded by ASC-H or HSIL cytology.
e. In patients younger than 25 years, immediate excision is not recommended; in nonpregnant patients aged 25 years and older, the decision regarding expedited treatment versus colposcopy with biopsy should be based on shared decision-making between the patient and clinician.
f. Perkins RB, Guido RS, Castle PE, et al. 2019 ASCCP risk-based management consensus guidelines for abnormal cervical cancer screening tests and cancer precursors. *J Low Genit Tract Dis* 2020;24(2):102-31. [PMID: 32243307]