MINISTRY OF HEALTH
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Flowcharts for the Clinical Practice Guidelines for Cervical Screening in New Zealand 2020

National Screening Unit

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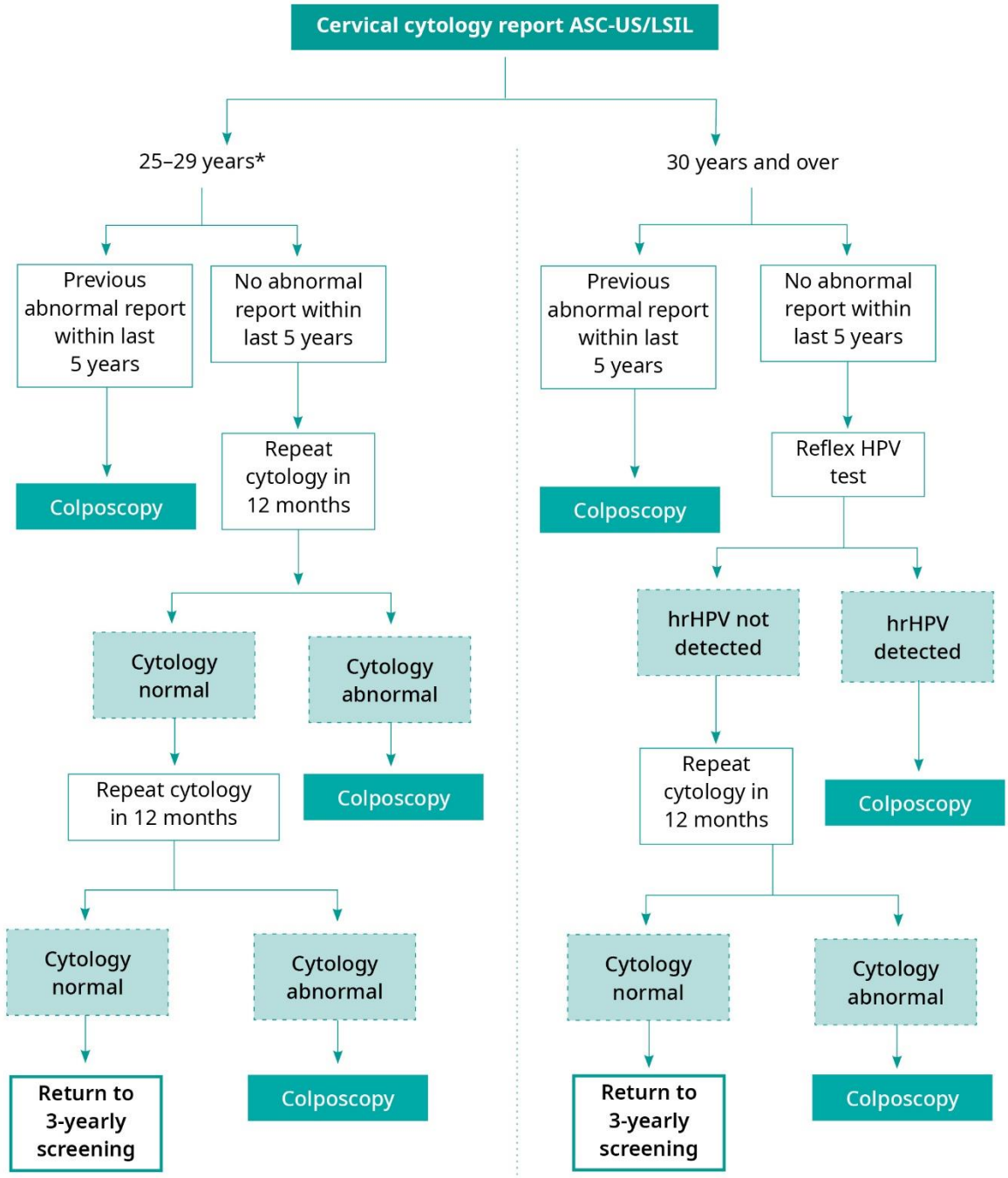
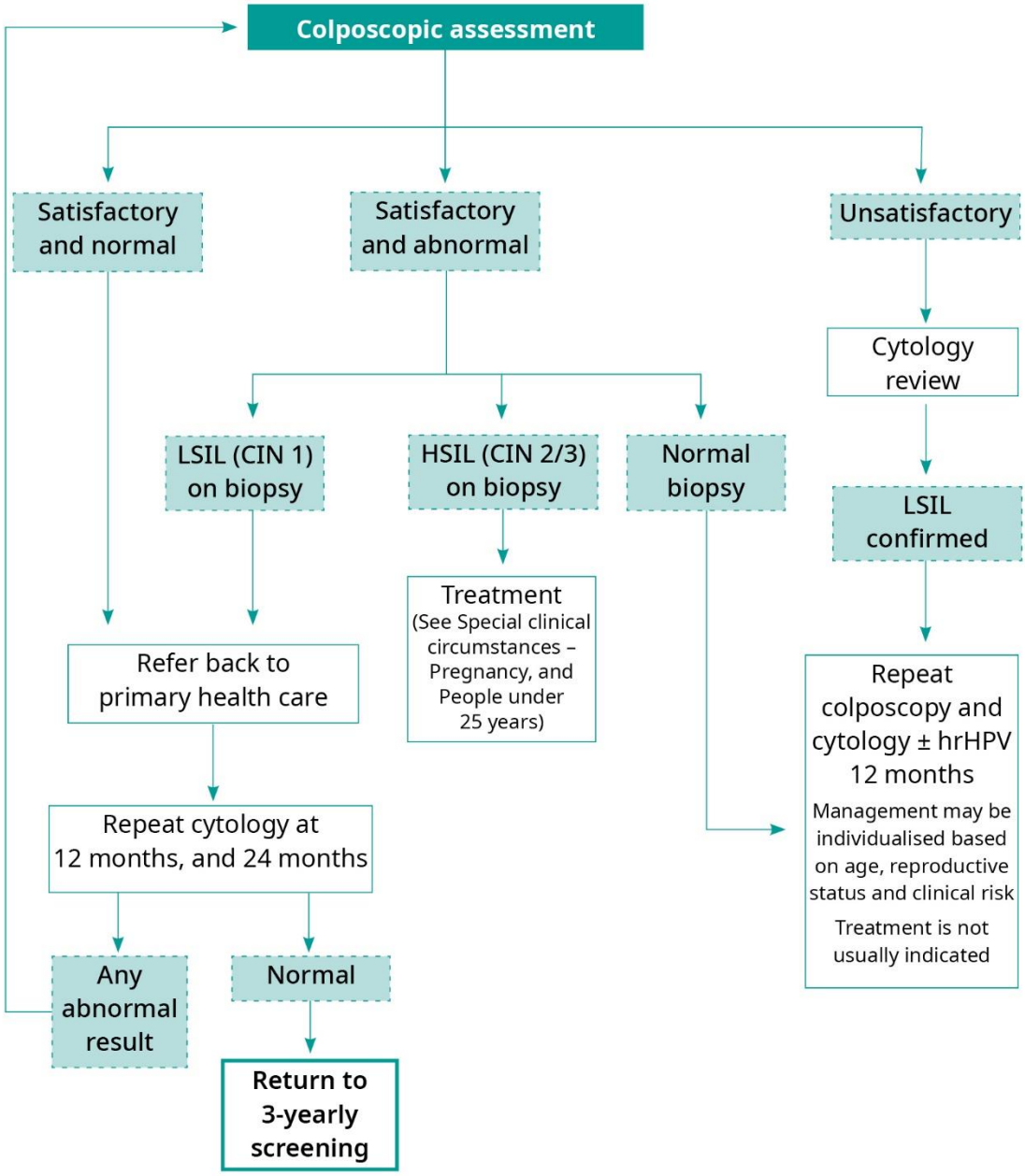
Flowchart 1: Management of low-grade abnormalities: ASC-US or LSIL



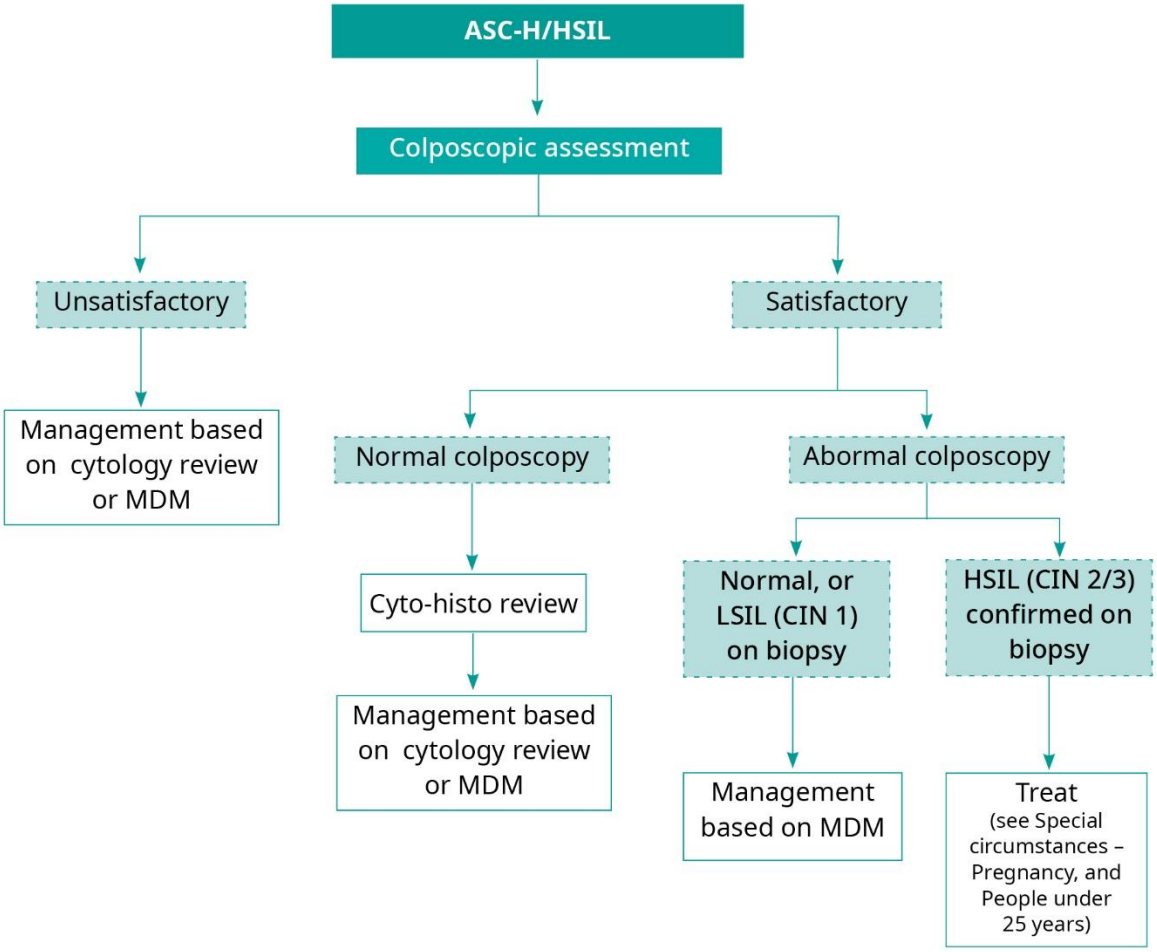
* This includes people <25 years who have already started screening.

Flowchart 2: Colposcopic management of low-grade cytology (ASC-US/LSIL)

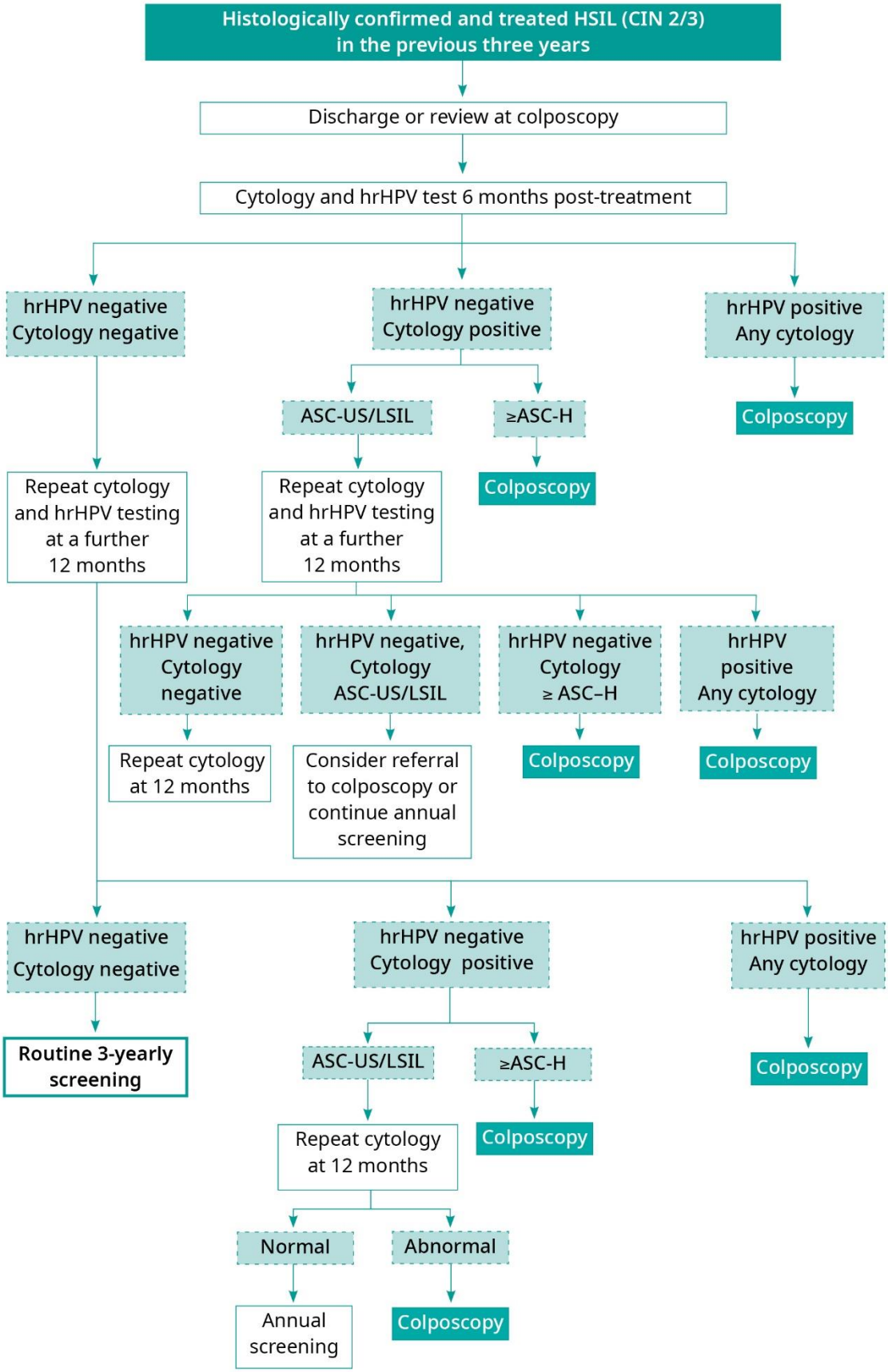


Note: Colposcopists may vary these guidelines on the basis of hrHPV status.

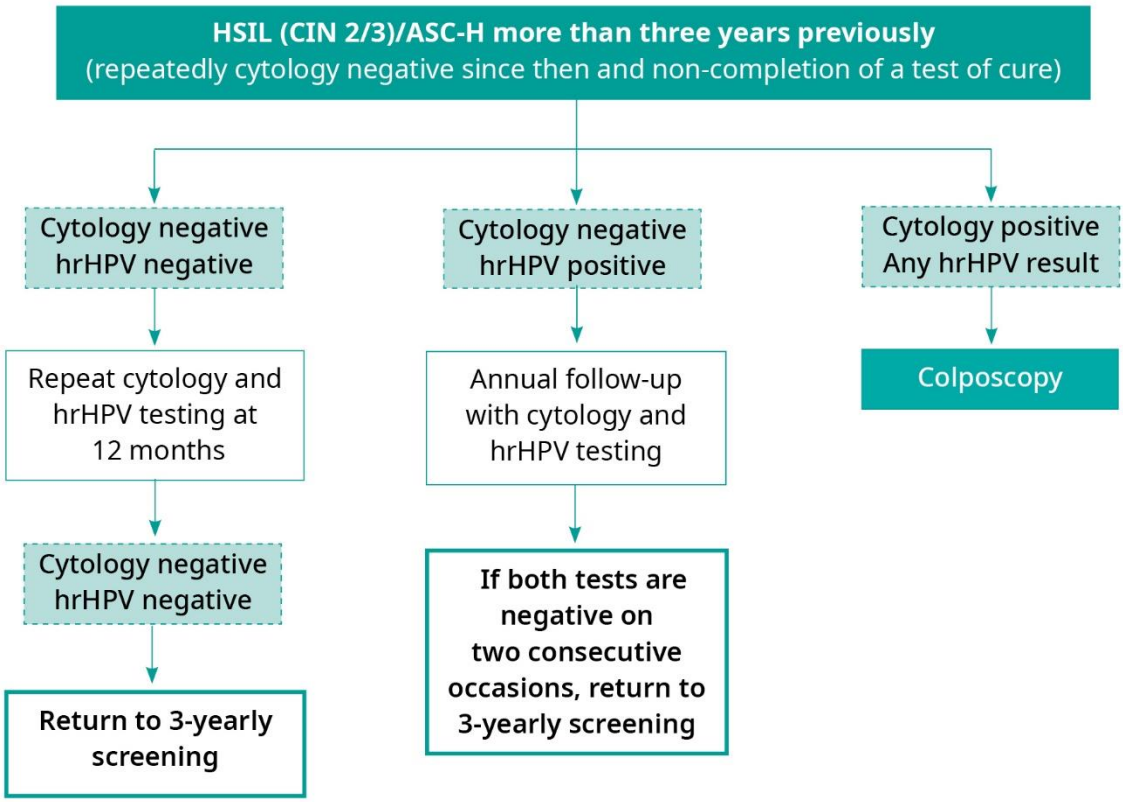
Flowchart 3: Management of high-grade abnormalities: ASC-H or HSIL



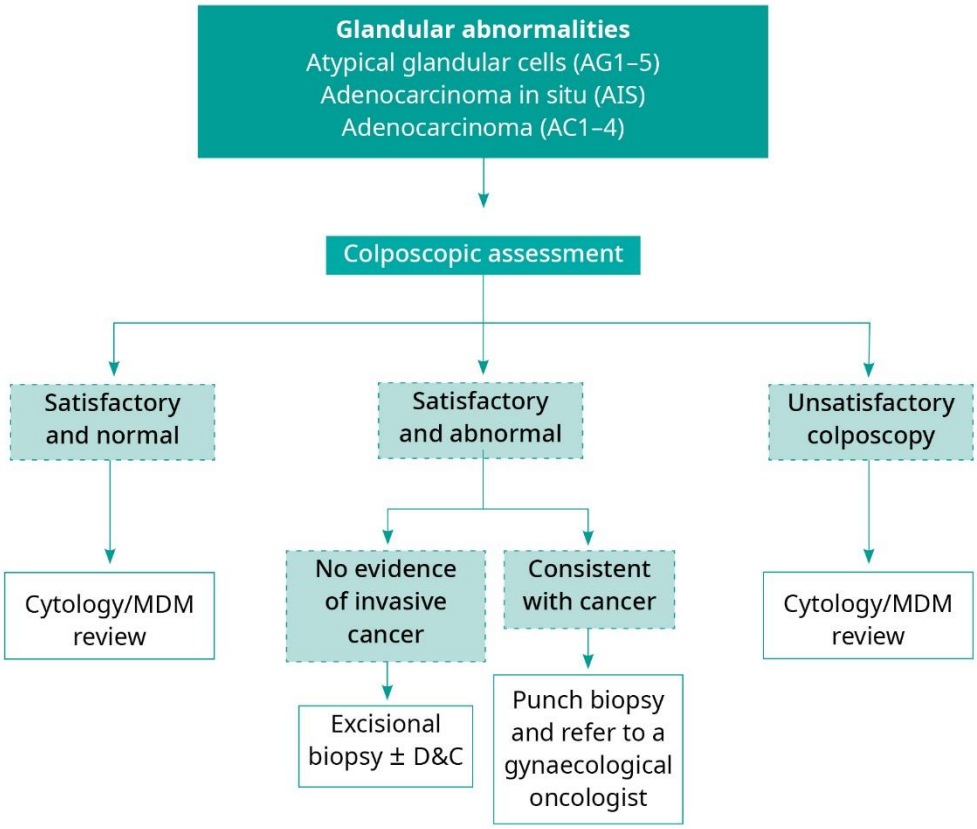
Flowchart 4: HPV testing after treatment for HSIL (CIN 2/3) in the previous three years



Flowchart 5: HPV testing after HSIL (CIN 2/3)/ASC-H more than three years previously, with subsequent negative cytology and non-completion of a test of cure



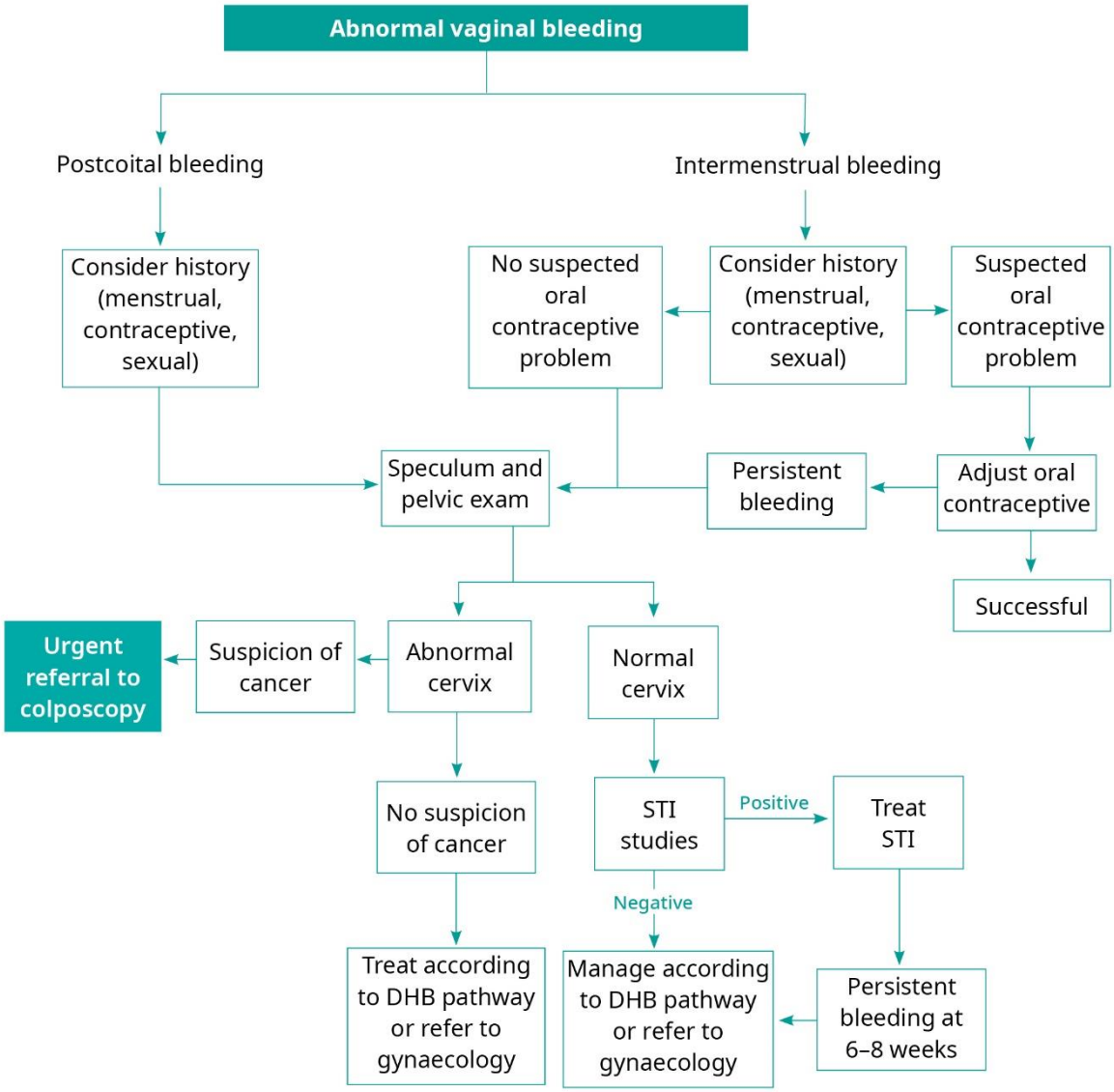
Flowchart 6: Colposcopic assessment and treatment of glandular abnormalities



AG1	Atypical endocervical cells present
AG2	Atypical endometrial cells present
AG3	Atypical glandular cells present
AG4	Atypical endocervical cells favouring a neoplastic process
AG5	Atypical glandular cells favouring a neoplastic process
AIS	Adenocarcinoma in situ

AC1	Abnormal glandular cells consistent with endocervical adenocarcinoma
AC2	Abnormal glandular cells consistent with endometrial adenocarcinoma
AC3	Abnormal glandular cells consistent with extrauterine adenocarcinoma
AC4	Abnormal glandular cells consistent with adenocarcinoma
AC5	Abnormal cells consistent with a malignant neoplasm

Flowchart 7: Investigation of abnormal vaginal bleeding



Summary of indications for HPV testing

Type	Summary	Reason	Testing	Who orders the test?
HPV triage	People 30 years and older with ASC-US or low-grade changes who have not had an abnormality in the previous five years	To determine triage to colposcopy based on the risk of progression, or potential detection of an underlying high-grade lesion that requires treatment	HrHPV (reflex) test using the same LBC sample	The laboratory automatically adds on the hrHPV test
Test of cure	After treatment of a high-grade squamous lesion	To assess the safety of returning to 3-yearly screening	Two 'co-tests' a year apart: • cytology + hrHPV test (1 year after treatment) • repeat cytology + hrHPV test 1 year later (2 years after treatment) Return to 3-yearly screening if all four tests are negative	The sample taker must order the hrHPV test (the laboratory cannot add it on)
	High-grade squamous lesion >3 years previously with subsequent normal annual screening			
	After a possible or definite high-grade squamous cytology result where no high-grade lesion has been found on investigation			
	After a total hysterectomy and previous HSIL (CIN 2 or CIN 3)			
People seen at colposcopy	To assist managing people with discordant results		One hrHPV test	The specialist orders the test. This role cannot currently be delegated to staff in general practice to order the hrHPV test on their behalf at a later date