Atypical

Low-grade

CIN

Atypia
—
LSIL
AGC-NOS
ASC-US
 Bethesda Classification System (2014) 

with HPV testing.

be

testing.

HPV

standard

management

HPV

on

other
directly to a mobile-friendly version of the guideline.

for Dysplasia and Cancer in the Setting of HIV Infection. The full
guideline is available at www.hivguidelines.org.

HIV CLINICAL RESOURCE

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CERVICAL SCREENING FOR DYSPLASIA AND CANCER IN PATIENTS WITH HIV

NYSDOH AIDS INSTITUTE CLINICAL GUIDELINE 8-15-2018

KEY POINTS

Who to screen:

 Screening for cervical cancer in the setting of HIV should be performed as detailed in this guideline for eligible individuals, including cisgender women, transgender men, and nonbinary individuals assigned female at birth. Transgender men who have an intact vagina or cervix remain at risk of human papillomavirus (HPV) infection, vaginal or cervical dysplasia, and cervical cancer.

 Throughout this guideline, the term transgender men refers to individuals assigned female at birth who identify as males. Approximately one-third of transgender or gender nonconforming individuals who were assigned female at birth identify as neither male nor female (i.e., nonbinary). For a list of common transgender and nonbinary terms and definitions, see, for instance, UCSF Center of Excellence for Transgender Health.

 This committee encourages providers to discuss the need for cervical cancer screening with transgender men and nonbinary individuals to help ensure appropriate care for these individuals.

Risk in people with HIV:

 Recent data demonstrate increased risk of anal dysplasia and rising rates of anal cancer in females with HIV infection. Although anal squamous intraepithelial lesions have been associated with concurrent CSIL, they also occur independently of CSIL. Therefore, anal cytology should be performed on all cisgender females with HIV infection with and without cervical abnormalities according to guidelines for adults with HIV infection. In addition, it is important that digital examination of the anus for anal cancer and dysplasia continue at the recommended intervals, regardless of Pap test results. Although there are no data available on screening in transgender or nonbinary individuals with HIV infection, it would be logical to also perform anal screening for these populations.

 Regardless of Pap test results, it is important that routine screening for STIs continue to be performed to assess for risk behaviors that require repeat or ongoing screening.

 It is important that clinicians continue to perform visualization of the external genitalia and a digital pelvic examination as part of the annual physical examination.

Table 2. Cytological and Histological Classification of Cervical Dysplasia

<table>
<thead>
<tr>
<th>Bethesda Classification System (2014)</th>
<th>describes cytology obtained at cervical Pap</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASC-US</td>
<td>Atypical squamous cells of undetermined significance</td>
</tr>
<tr>
<td>ASC-H</td>
<td>Atypical squamous cells, HSIL cannot be excluded</td>
</tr>
<tr>
<td>AGC</td>
<td>Atypical glandular cells</td>
</tr>
<tr>
<td>AGC-NOS</td>
<td>Atypical glandular cells not otherwise specified</td>
</tr>
<tr>
<td>AGC-FN</td>
<td>Atypical glandular cells favoring neoplasia</td>
</tr>
<tr>
<td>LSIL</td>
<td>Low-grade squamous intraepithelial lesion</td>
</tr>
<tr>
<td>HSIL</td>
<td>High-grade squamous intraepithelial lesion</td>
</tr>
<tr>
<td>Cancer</td>
<td>—</td>
</tr>
</tbody>
</table>

Cervical Intraepithelial Lesion (or neoplasia [CINI]) (describes histology obtained at biopsy):

| CIN I                                | Low-grade cervical intraepithelial neoplasia |
| CIN II                               | Moderate-grade cervical intraepithelial neoplasia; may be a low-grade or high-grade lesion |
| CIN III                              | High-grade cervical intraepithelial neoplasia |
| CIS                                  | Carcinoma in situ |
| Cancer                               | — |

FIGURE 1. Follow-Up for Cervical Pap Test Result Atypical Squamous Cells of Undetermined Significance (ASC-US) in Individuals with HIV Infection

*HPV co-testing versus reflex testing: HPV co-testing is routinely performed at the same time as a cervical Pap test in individuals 30 years or older. HPV reflex testing is performed in response to an abnormal cervical Pap test result in individuals younger than 30 years, and in individuals 30 years or older who did not receive an HPV co-test at the time of their cervical Pap test.