Managament of preinvasive cervical lesions

CIN1: 68
CIN2: 48
CIN3: 162

Ayhan A et al., 2008
International Journal of Gynecology and Obstetrics
Abnormal Cytology-ASC

**Abnormality** | **Biopsy**
--- | ---
**ASC*** | 5-12% CIN 2-3
  **ASC-US** | 0.1-0.2 InvC
  **ASC-H** | 24-94% CIN 2-3
  **LSIL** | 15-30% CIN 2-3
  **HSIL** | 26-68% CIN 2-3
  1-2% InvC

*Immunosupresyon, HPV↑*
### Risk for detection of CIN 2 + at Colposcopy

<p>| | | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>ASCUS</td>
<td>HPV +</td>
<td>%17-20</td>
</tr>
<tr>
<td>HPV -</td>
<td></td>
<td>%0,74-1,2</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>%6,4-11,9</td>
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<tr>
<td>Risk</td>
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<tr>
<td>Abnormality</td>
<td>Biopsy</td>
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<tr>
<td>AGC</td>
<td>9-54% CINs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0-8% AIS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&lt;1-9% InvC</td>
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<tr>
<td>AGC-NOS</td>
<td>9-41%</td>
<td></td>
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<tr>
<td></td>
<td>(CIN2-3, AIS, InvC)</td>
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<tr>
<td>AGC-Favor neoplasia</td>
<td>27-96%</td>
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<tr>
<td></td>
<td>(CIN2-3, AIS, InvC)</td>
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<tr>
<td>AIS</td>
<td>48-69% AIS</td>
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<tr>
<td></td>
<td>38% InvC</td>
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Incidence of Preinvasive Lesions

27 / 100000 (1980)*
54 / 1000000 (1990)*

1.5 – 6% of all cytologic specimens

* SEER
Abn. Cytology(2481/140334) %1.76%
(Hospital based study in Turkey)

<table>
<thead>
<tr>
<th>Category</th>
<th>Count (n)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASC</td>
<td>2341</td>
<td>1.66%</td>
</tr>
<tr>
<td>- ASC-US</td>
<td>1510</td>
<td>1.07%</td>
</tr>
<tr>
<td>- ASC-H</td>
<td>100</td>
<td>0.07%</td>
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<tr>
<td>- LSIL</td>
<td>429</td>
<td>0.3%</td>
</tr>
<tr>
<td>- HSIL</td>
<td>243</td>
<td>0.17%</td>
</tr>
<tr>
<td>AGC</td>
<td>111</td>
<td>0.07%</td>
</tr>
<tr>
<td>Cytologic Ca</td>
<td>88</td>
<td>0.062%</td>
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</table>
Management of preinvasive cervical lesions

• Patients age
• Type of abnormality
  (Previous cytology, Sq. vs. Glandular)
• Lesion characteristics
  (size, location, grade, endoservical involvement)
• Special situations
  (Pregnancy, Young, Immunosuppression)
• Fertility Desire
Fundamental Objectives in Management of Preinvasive Lesions

- Detection of Whole lesion
- R / O invasion
- Preserve fertility
- High Cure
- Low morbidity
- Employ cost-effective techniques
Therauptetic objectives

• Local control
• Prevention of ICC
• Decrease mortality
Theraupetic Objectives

Normal epithelium → HPV infection → CIN1 → CIN2 → CIN3 → Carcinoma

Screening: ASC-US/LSIL → HSIL

Treatment: SIL = Squamous Intraepithelial Lesion / CIN = Cervical Intraepithelial Neoplasia
Which Lesions to Treat?

- All lesions
- Selected lesions
  - CIN 1.................1% (ICC)
  - CIN 2................5% (ICC)
  - CIN 3...............12% (ICC)
CIN 1

• 60 % Regression
• 30 % Persistence
• 9 % CIS
• 1 % Invasive Cancer
CIN 2

- 40% Regression
- 40% Persistence
- 15% Progression to CIS
- 5% Invasive Cancer
CIN 3

• 56 % Persistence
• 33 % Regression
• 12 % Invasive Cancer
Therapeutic Options

• Ablation (destruction)
• Excision
• Photo – dynamic therapy
• Expectant management
• Enhance the immune response to HPV?
Ablative Methods*
- Cryo – therapy
- ECD
- Cold coagulator
- CO2 laser

Excisional Tools
- CONE
- CKC
- Laser
- LEEP
- Hysterectomy*

*1. Whole T/Z
2. No further hystologic exam

*in selected patients
Thank you for your attention...