English Summary

The Swedish Society of Obstetricians and Gynecologists (SFOG)
Guidelines for the Management of Cervical Intraepithelial Neoplasia 2010

The National Board of Health and Welfare recommends organised screening for cervical cancer. Current recommendations and guidelines are from 1998. Cervical cancer screening has been linked to population and morphology registers county by county since around 1970 and all counties have computerised programmes since 1993. Invitations are issued county-wise when three years have elapsed since the last smear recorded, organised or opportunistic, to all women 23 - 50 years old and after five year to women 51 - 60 years old. Screening tests are taken by midwives. Reminders are sent out to non responders. A normal smear result is reported from the laboratory or screening center directly to the woman who is then invited when the interval of three or five years has elapsed. If a woman chooses to have an opportunistic smear earlier, the next invitation will be postponed to avoid testing the already tested. Abnormal findings are referred to a gynaecologist for colposcopy.

The Swedish Society of Obstetricians and Gynecologists (SFOG) provide with this report guidelines, systematically developed recommendations for prevention of cervical cancer and decision making regarding the management of abnormal tests found in the screening. The report is issued by the SFOGs expert committee for cervical cancer prevention.

Statements in the SFOG guidelines

Regional multidisciplinary boards leading the screening programmes are necessary. These should be responsible for the coordinated implementation and monitoring of changes in method, management and organisation in the screening programmes and monitor the effects of vaccination.

HPV DNA-testing is introduced on different levels of the screening programmes starting with the triage of ASC-US and CIN1 and the follow up after treatment of CIN2/3 and AIS.

Registration of HPV testing results according to a standardised protocol has been developed and is necessary for the implementation of HPV in the screening programs.

Regional and nationwide registers have been developed to monitor and audit the outcome of cervical cancer prevention measures including HPV testing and vaccination.

On-line re-scheduling systems facilitate for the individual woman to adjust their appointment to the time and place that suits her.

The screening test should be free of charge.

Extended follow up within the framework of the screening programme after treatment of dysplasia

Colposcopy training courses are mandatory for gynaecologists who evaluate and treat dysplasia.

Management of atypical smears

Screening tests showing CIN1 or ASC-US should be referred to colposcopy or be triaged with HPV DNA testing, preferably by reflex testing of a liquid cytology sample. If the triage is negative the woman should return to routine screening after one negative smear at 12 months. Repeat cytology only is not adequate.

CIN2-3, ASC-H, Glandular atypia and AIS should always be referred to colposcopy.

Management in young women should be more restrictive.
The management should be tailored according to the risk of progression, the age of the patient, and her wish to maintain fertility. CIN1 lesions in women under the age of 40 should be managed expectantly under supervision, as well as selected very young women with CIN2.

Symptoms suspicious for invasive cancer should always lead to immediate referral to gynaecologists.

Follow up after treatment of CIN1. Return to routine screening after assessment/treatment followed by three negative smears.

Follow up after treatment of CIN2-3 or AIS. After three negative smears or two negative smears and a negative HPV test at 12 months the women should be referred to follow-up biannually within the organised screeningprogram for at least 25 years continuing past the 60 year age limit.

Pregnant women should be offered a test unless a test is taken within 2,5 years, and be referred to experienced colposopists to exclude invasive cancer in case of an abnormal screening test. Treatment, however, should be postponed until after delivery, if possible.

Immunocompromised women should be cared for by subspecialised experienced gynecologists.

Non-attenders to screening should be offered tests when visiting midwives or physicians for other gynaecological reasons including antenatal care or family planning.This includes older women who have not had a smear at the age of 60.

Other upcoming changes in cervical cancer prevention in Sweden

- A school based HPV vaccination programme offering all 11 year old girls free vaccination is starting in September 2010. In addition, catch up HPV vaccination is recommended to girls born 1994-1998.
- Liquid based cytology is being introduced in several counties, to allow reflex testing and automation.