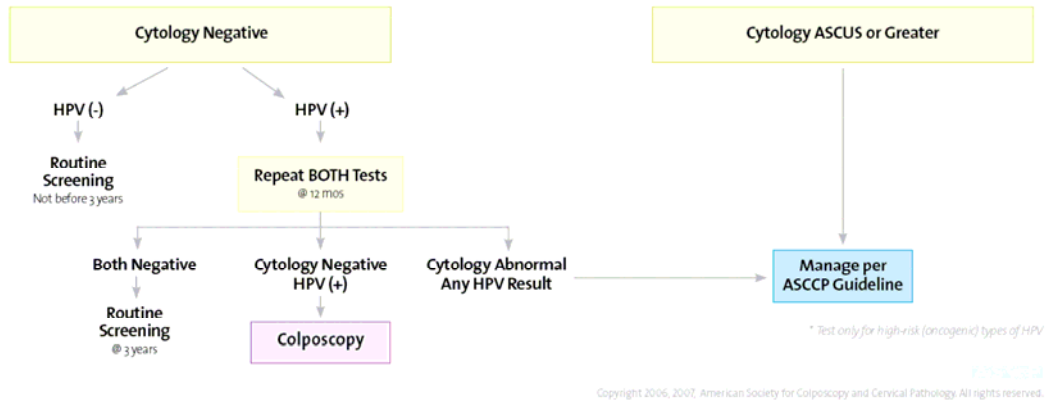
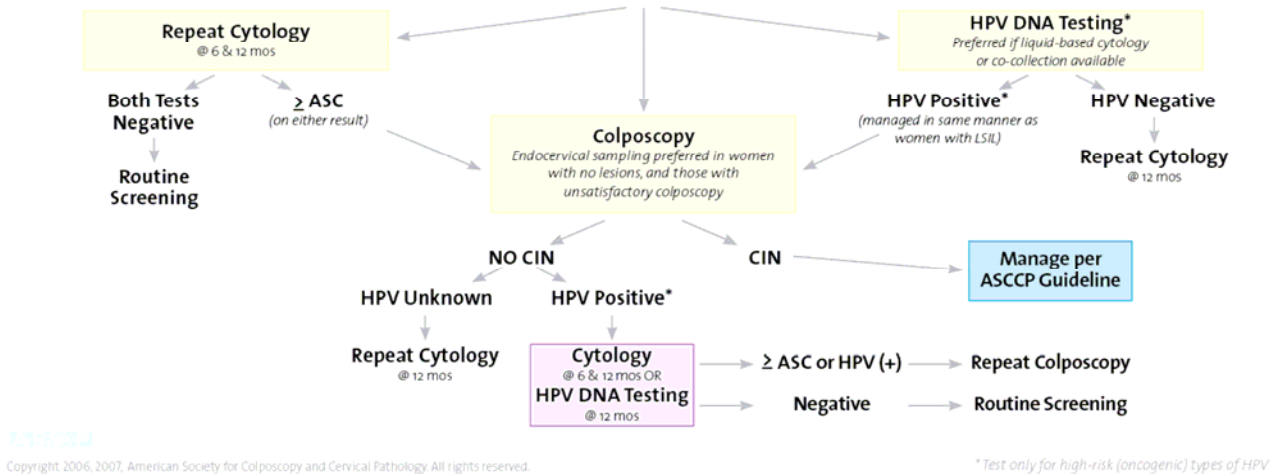


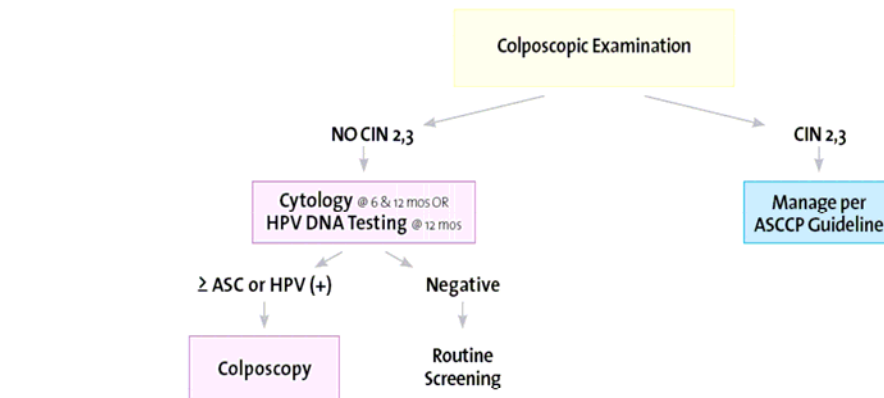
1. Use of HPV DNA Testing* as an Adjunct to Cytology for Cervical Cancer Screening in Women 30 Years and Older



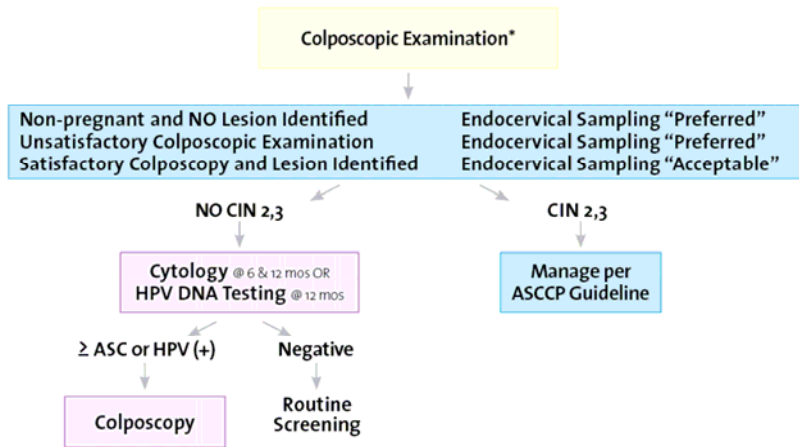
2. Management of Women with Atypical Squamous Cells of Undetermined Significance (ASC-US)



3. Management of Women with Atypical Squamous Cells: Cannot Exclude High-grade SIL (ASC - H)



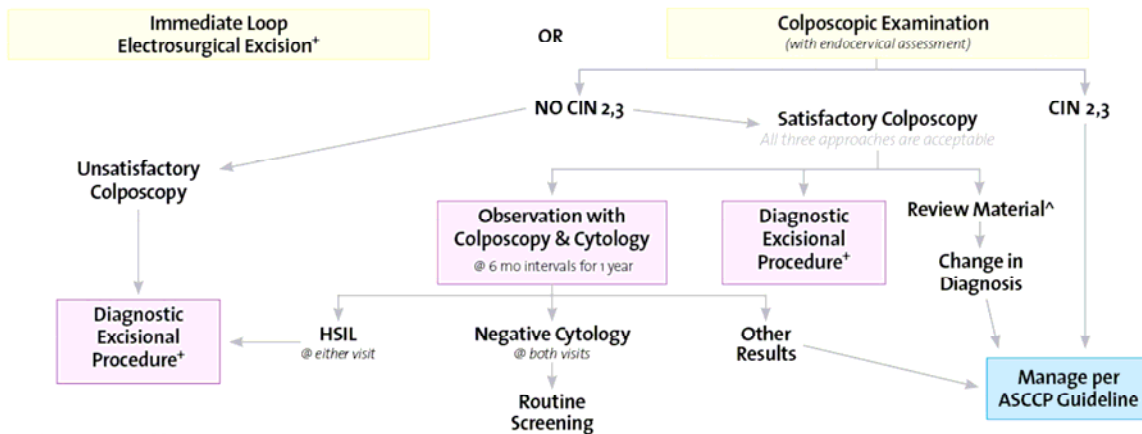
4. Management of Women with Low-grade Squamous Intraepithelial Lesion (LSIL) *



* Management options may vary if the woman is pregnant, postmenopausal, or an adolescent - (see text)

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5. Management of Women with High-grade Squamous Intraepithelial Lesion (HSIL) *



+ Not if patient is pregnant or an adolescent

^ Includes referral cytology, colposcopic findings, and all biopsies

* Management options may vary if the woman is pregnant, postmenopausal, or an adolescent

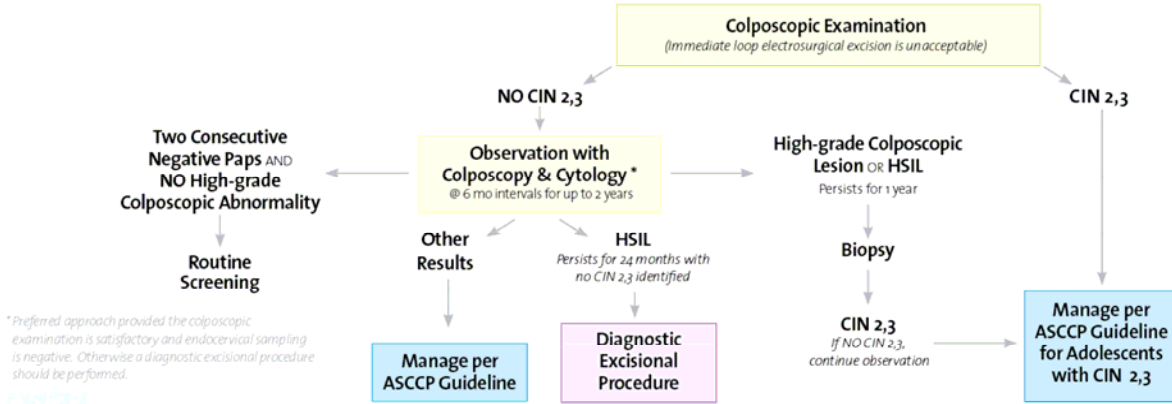
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6. Management of Adolescent Women with Either Atypical Squamous Cells of Undetermined Significance (ASC-US) or Low-grade Squamous Intraepithelial Lesion (LSIL)



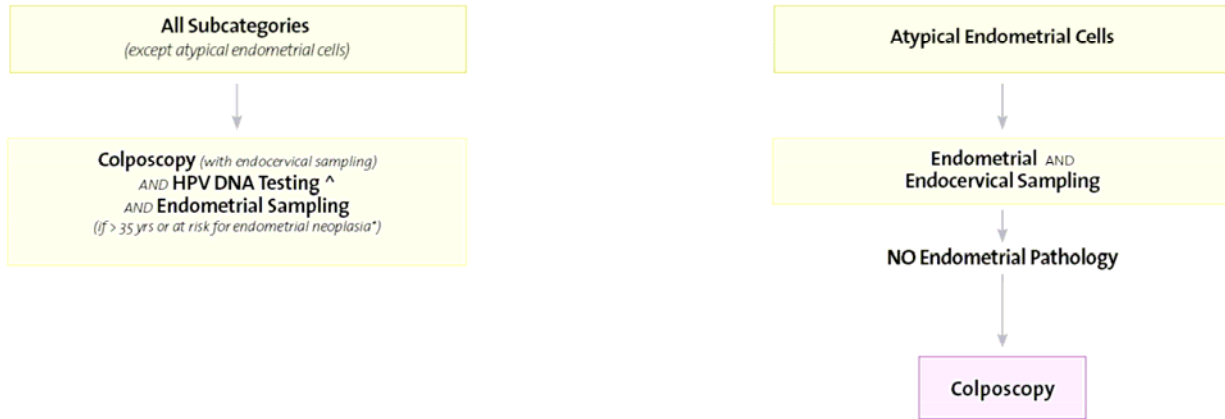
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7. Management of Adolescent Women (20 Years and Younger) with High-grade Squamous Intraepithelial Lesion (HSIL)



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8. Initial Workup of Women with Atypical Glandular Cells (AGC)

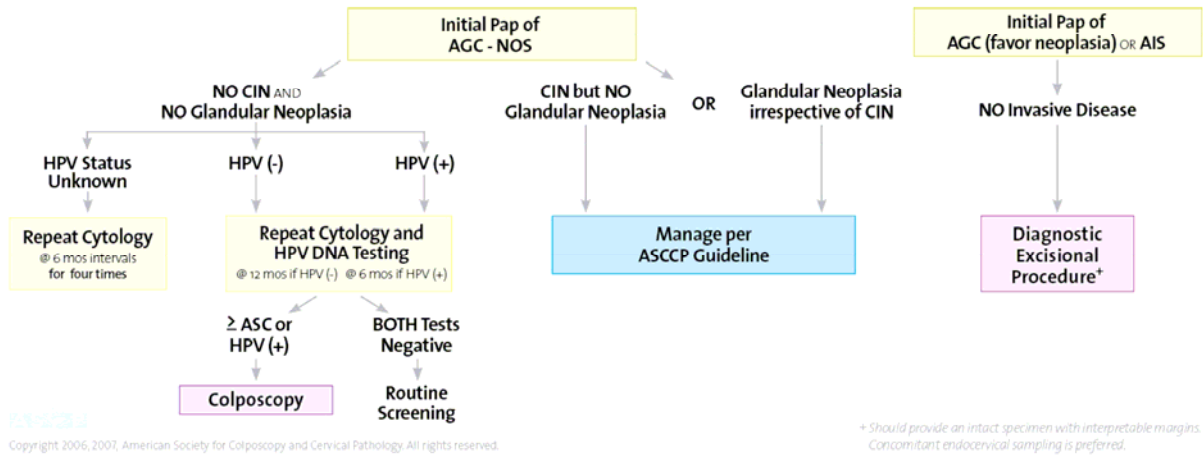


^ If not already obtained. Test only for high-risk (oncogenic) types.

* Includes unexplained vaginal bleeding or conditions suggesting chronic anovulation.

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9. Subsequent Management of Women with Atypical Glandular Cells (AGC)



10. Management of Pregnant Women with Low-grade Squamous Intraepithelial Lesion (LSIL)

