

Conservative Management of CIN2; Where Are We?

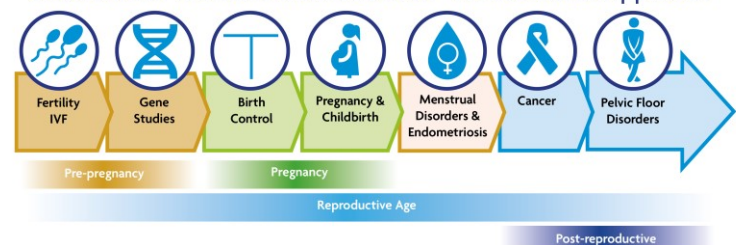
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Aberdeen Centre for Women's Health Research

Excellence in Women Health Research - A Life Course Approach



Hysterectomy
or knife cone

- Cytology until CIS
- Unknown site of disease

Ablation or
knife cone

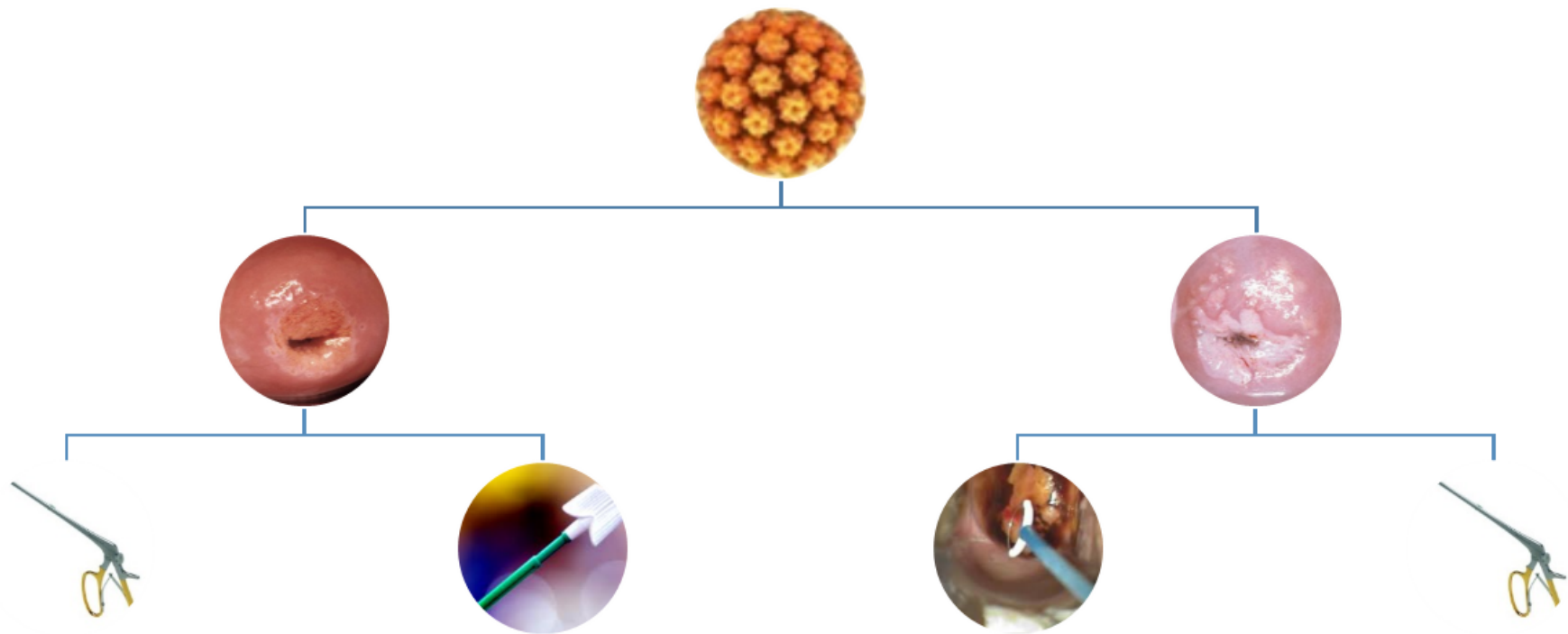
- Colposcopy allowed identification of site of disease
- Aim to prevent cancer

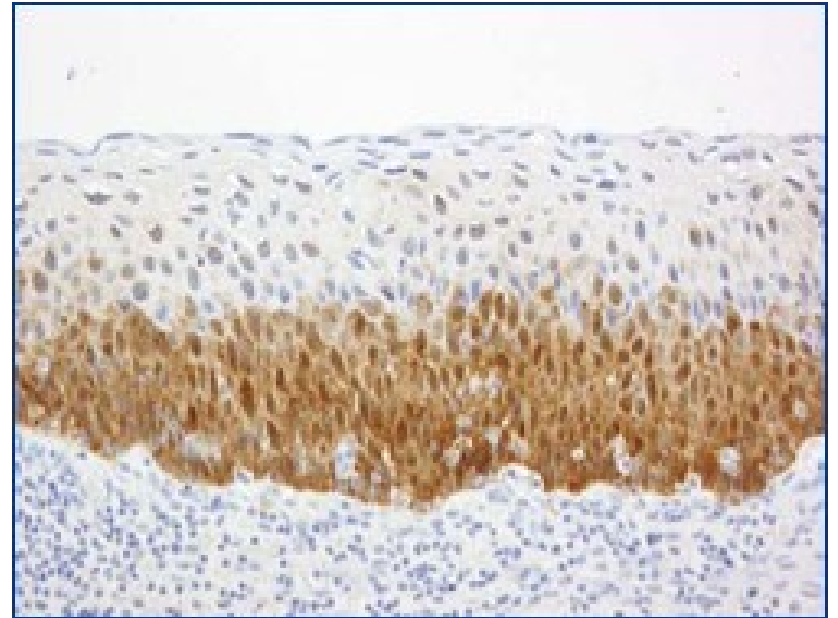
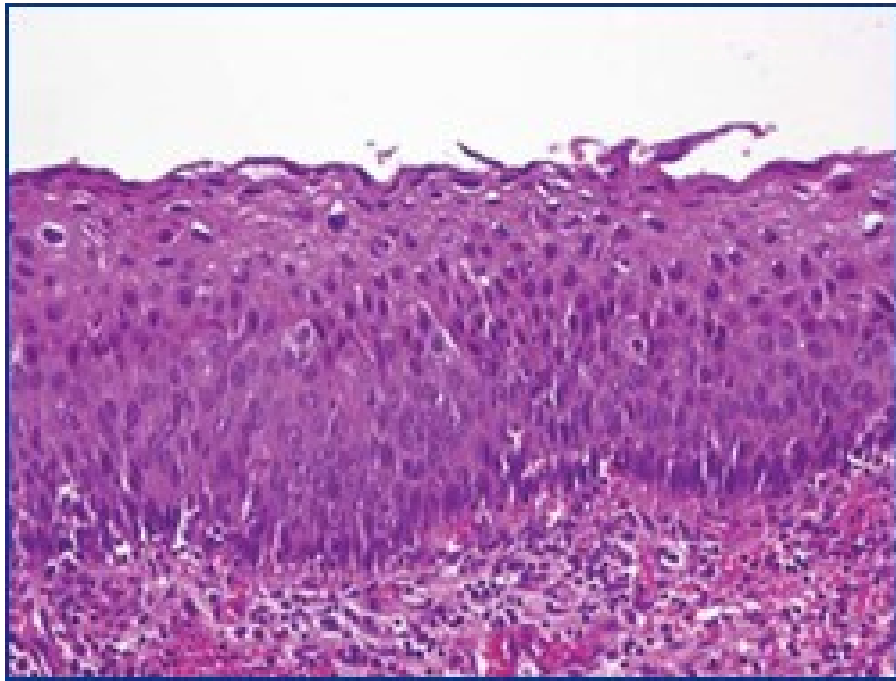
LLETZ

- Quick and cheaper
- Pathology of TZ
- Treat all grades CIN

Conservative
management

- Increased understanding of HPV and disease risk
- Concerns about preterm birth





Considerations for management by histology

DL Loopik
2021 JLGTD

	Regression	Persistence	Progression
CIN 1	60%	25%	11% (2%)
CIN 2	55%	23%	19%
CIN 3	28%	67%	2%



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General gynaecology

Conservative management of women with cervical intraepithelial neoplasia grade 2 in Denmark: a cohort study

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OPEN ACCESS

Clinical course of untreated cervical intraepithelial neoplasia grade 2 under active surveillance: systematic review and meta-analysis

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WHAT IS ALREADY KNOWN ON THIS TOPIC

The clinical course of cervical intraepithelial neoplasia grade 2 (CIN2) is not well established

CIN2 on a colposcopically directed cervical biopsy has been considered the clinical cut-off to proceed to treatment

Some studies, however, have suggested that spontaneous regression rates may be high; this could be especially important for women of reproductive age because local treatments can be harmful for future pregnancies

WHAT THIS STUDY ADDS

Half of untreated CIN2 lesions (50%) regress spontaneously and one in five (18%) progress to CIN3 or worse within two years of surveillance—the rates are 60% and 11% in women aged less than 30

Among more than 3000 women, there were only 13 stage 1A1 (0.4%) and two more advanced (0.06%) invasive cases, most in women older than 30

Active surveillance of CIN2 rather than immediate intervention is justified, especially among younger women

The role of human papillomavirus testing in the management of women with low-grade abnormalities: multicentre randomised controlled trial

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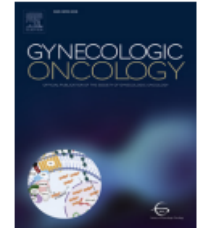
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Gynecologic Oncology

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Predictor factors for conservative management of cervical intraepithelial neoplasia grade 2: Cytology and HPV genotyping



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HIGHLIGHTS

- HPV-16 is a predictive marker of CIN2 evolution managed conservatively.
- HSIL previous cytology is an independent risk factor of CIN2 evolution.
- Age should not be considered a criterion to offer conservatively management of CIN2.
- CIN2 with HPV-16 and HSIL in previous cytology are more likely to develop CIN2+.

Clinical utility of p16/Ki67 dual-stain cytology for detection of cervical intraepithelial neoplasia grade two or worse in women with a transformation zone type 3: A cross-sectional study

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Rikke Brøndum⁴ | Nicolas Wentzensen⁵ | Megan A. Clarke⁵ | Berit Andersen^{1,2} |
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Bruno *et al.* *BMC Infectious Diseases* (2020) 20:801
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BMC Infectious Diseases

RESEARCH ARTICLE

Open Access

Conservative management of CIN2 p16 positive lesions in women with multiple HPV infection



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Management of CIN2

Treat as HG CIN

- HSIL system
- Risk of progression
- Risk of persistence
- Anxiety and concerns
- Patient choice

Conservative management

- Risk of regression
- Avoid treatment
- Sequelae of excisional treatment
- Patient choice
- Long term risk

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ORIGINAL RESEARCH ARTICLE

“I feel reassured, but there is no guarantee.” How do women with a future childbearing desire respond to active surveillance of cervical intraepithelial neoplasia grade 2? A qualitative study

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Long term risk of untreated CIN2

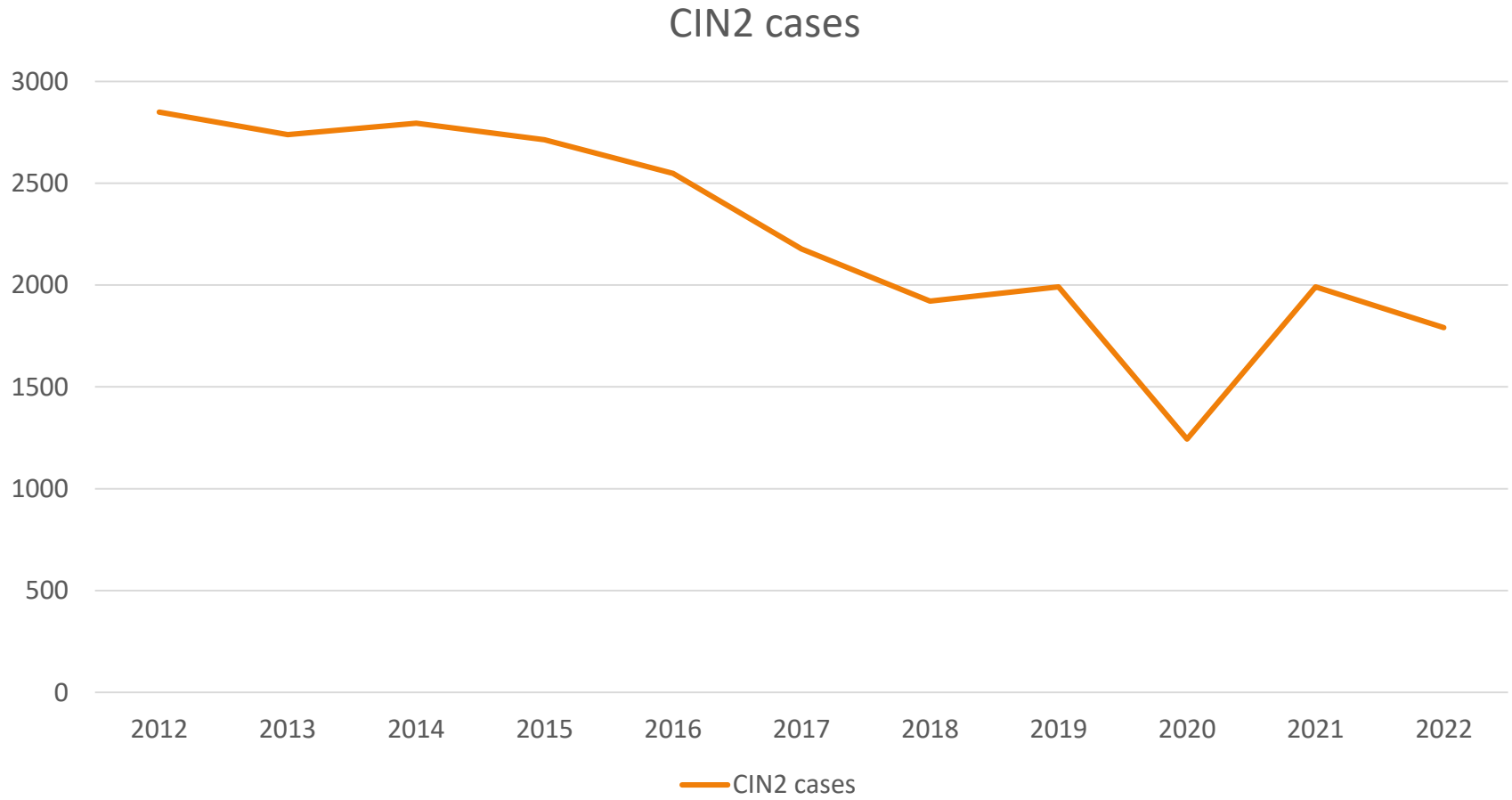
Refining risk

- HPV immunised cohort
- Rates of CIN2 in Scotland
- Use of P16, extended genotyping, CINTec plus

Clinical guidance

- Cochrane systematic review
- Evidence on long term risk
- European clinical guidance
- Relevance in post-immunisation era

No of cases of CIN2 in Scotland



Current situation

- Evidence based guidance from BSCCP
- Need for shared decision making
- Risk stratification
 - Likelihood of regression in 2 years
 - Risk of progression with in 20 years