

Wider implementation of conservative management for CIN2: A retrospective, cross-sectional audit.

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Introduction

- It is recognized that 50 – 60% of **cervical intraepithelial neoplasia (CIN) 2** will regress within 2 years.
 - Risk factors to consider** – Age, index cytology, HPV vaccination, genotype, P16 positivity, smoker, immunocompromised, large lesion, compliant patient, fertility status
- Conservative management of CIN2** can be offered to individuals as an **alternative treatment** if the following **criteria** are met:
- Adequate colposcopic examination excludes CIN3, cervical glandular intraepithelial neoplasia and invasive disease.
 - CIN2 occupies ≤ 2 cervical quadrants.
 - Histological diagnosis of CIN2 with discussion at the colposcopy multidisciplinary team (MDT) meeting.
 - The patient agrees to follow-up for up to 2 years and treatment if no disease resolution or progression.
- Conservative management **mitigates the adverse sequelae** of excisional treatment including infection, stenosis and increased risk of preterm labour.

Aims and Objectives

This audit aimed to review the number of women eligible for conservative management of CIN2 after MDT discussion and outcomes of those who were offered this management.

Study Design

A **retrospective, cross-sectional audit** was conducted **studying women with a colposcopic or histological diagnosis of CIN2** between January to December 2022, their subsequent **24-month follow-up period and outcomes**.

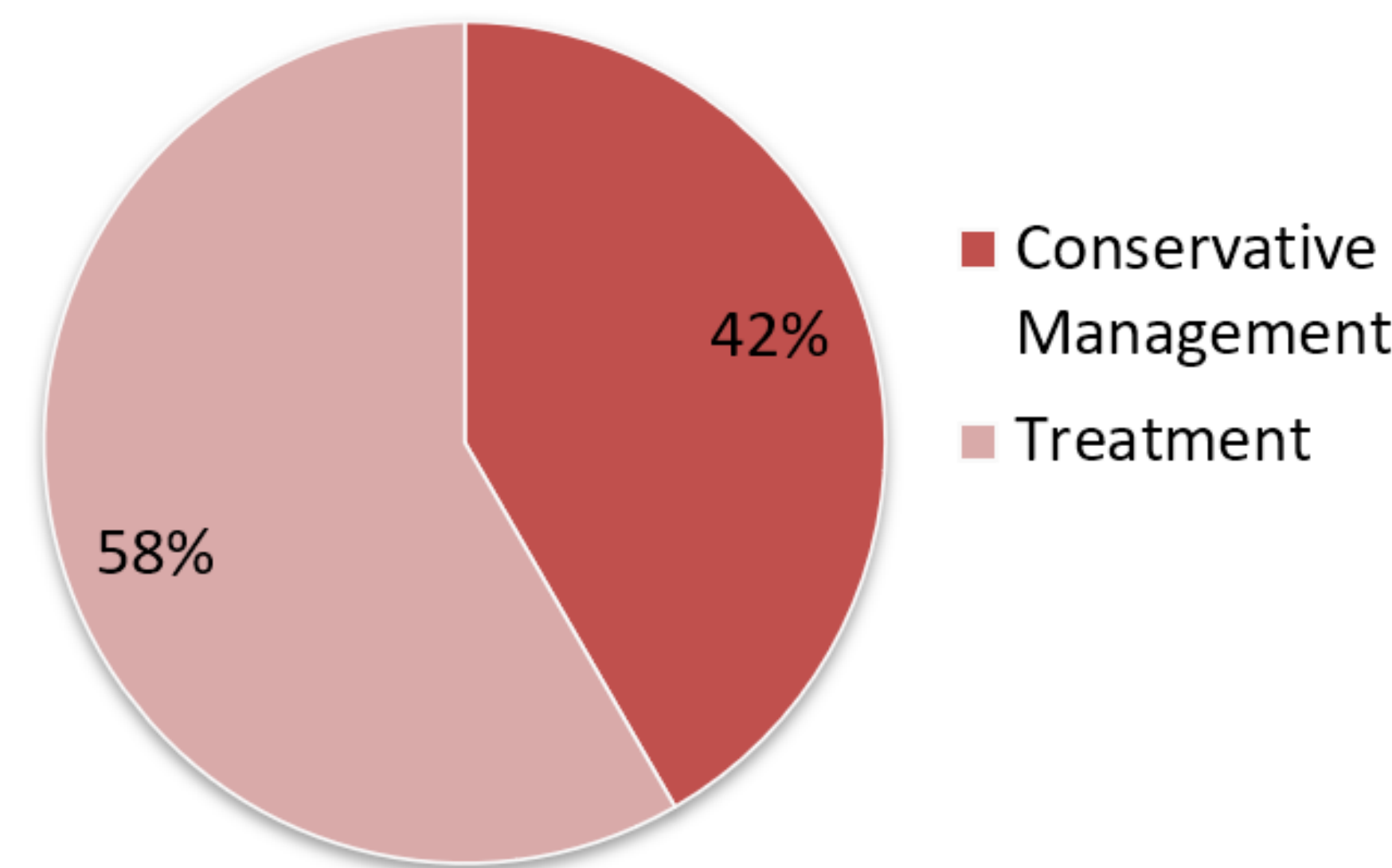
Methods

Electronic patient records were searched. **152 women were identified**. Women with more than 2 quadrants involvement on initial colposcopic examination were **excluded** and 24 women were identified with disease in ≤ 2 quadrants.

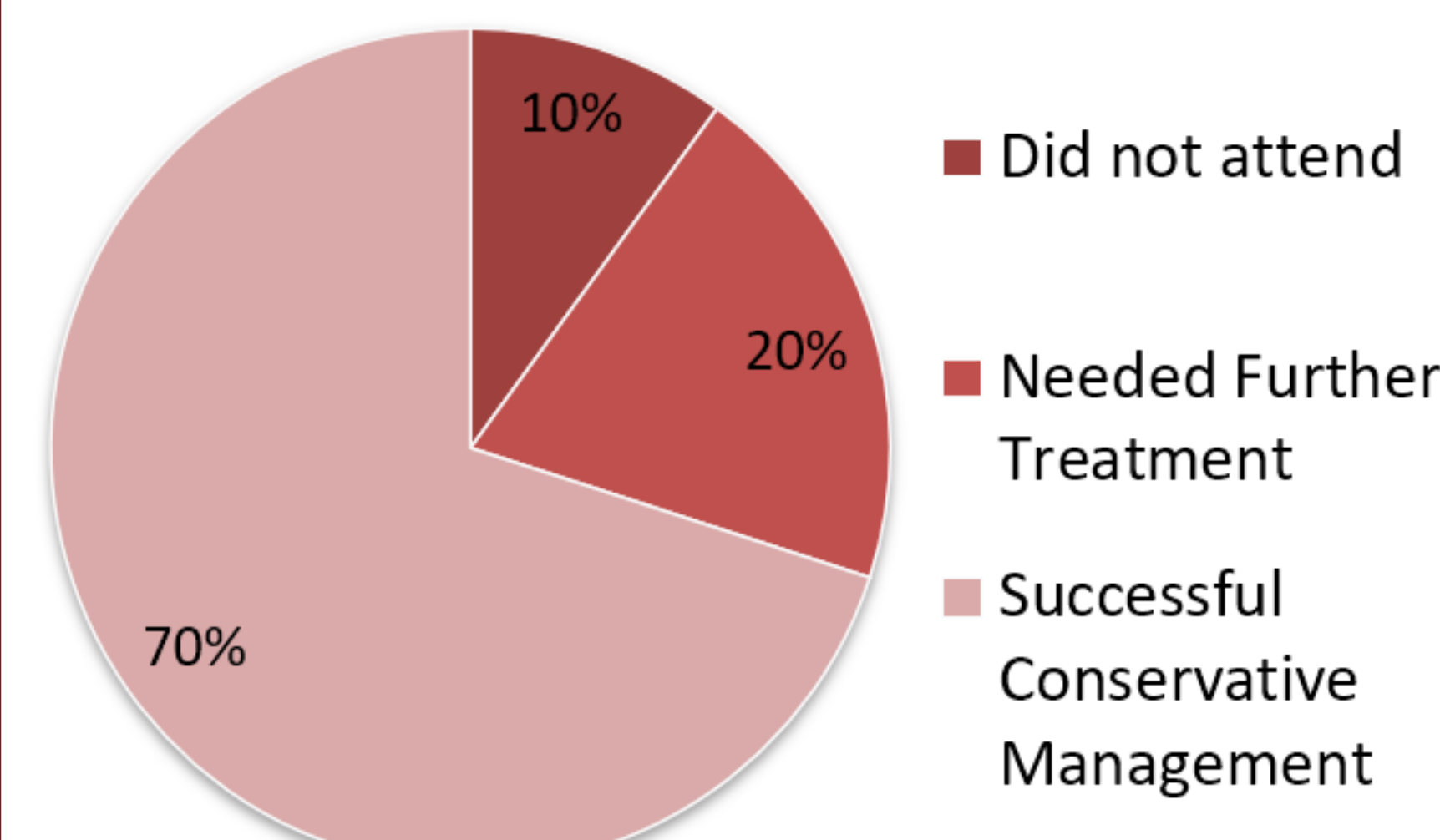
Results

- 42%** of women with disease in ≤ 2 quadrants were **discussed at the colposcopy MDT meeting**.
 - Of these **60% of women were offered conservative management**, while the remainder was offered treatment.
- Of the remaining **58% of women** who were **not discussed in the MDT**
 - 28%** received **conservative management**
 - 70%** of those offered **treatment** may have been **eligible for conservative management** after MDT discussion.
- Conservative management showed an overall **70% success rate** while only **20%** required further treatment, 10% were lost to follow up.

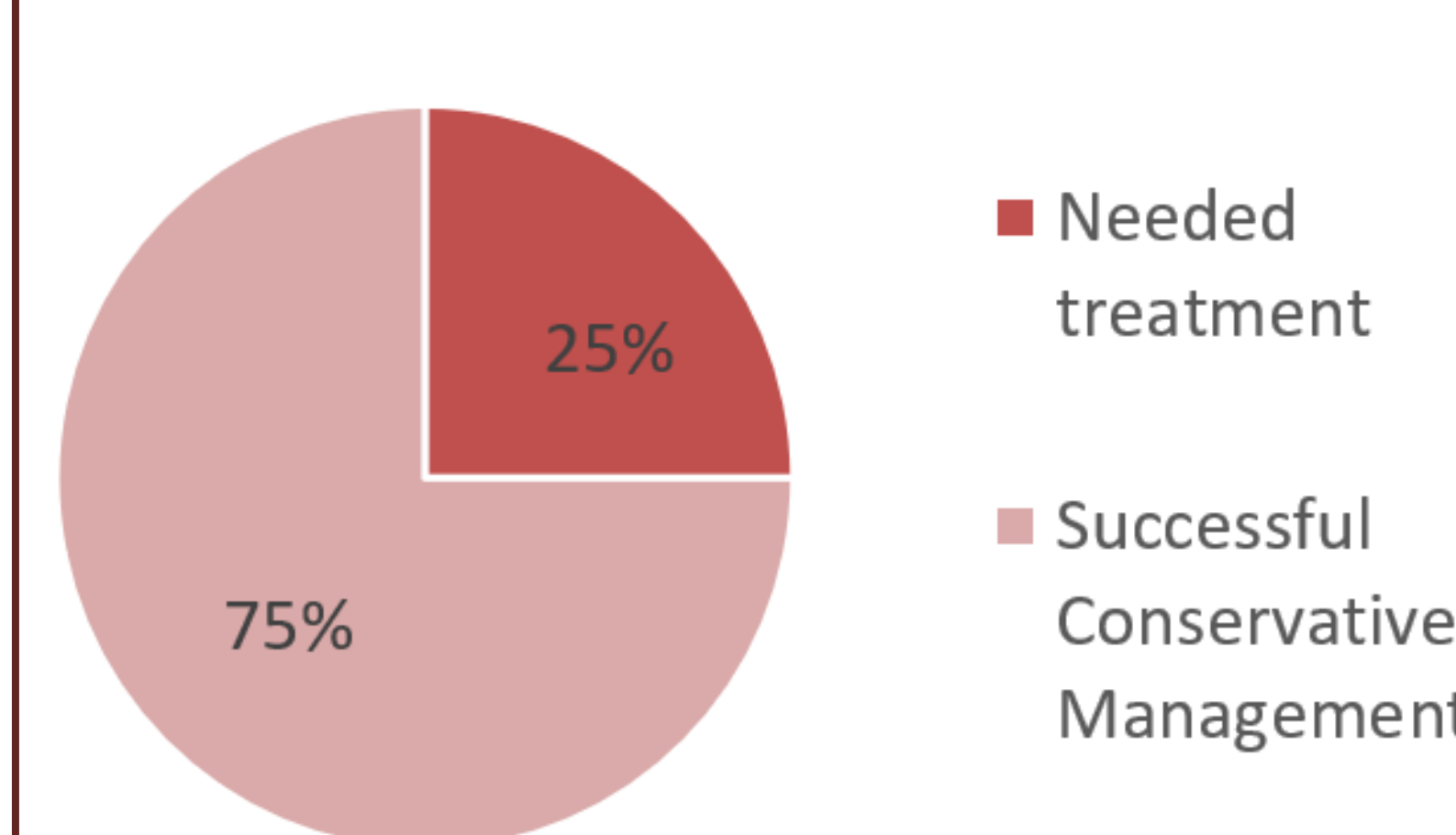
Overall Patient Management



Overall Outcomes for Conservative Management



Outcomes of conservative management for patients that did not have MDT discussion



Conclusion

Conservative management had a good success rate in selected cases in our patient population. This strategy minimizes over-treatment and limits potential obstetric sequelae. Patients must be adequately referred to the colposcopy MDT when selecting patients for conservative management. It demonstrates the importance of involving patient in decision making for conservative management of CIN2.

Recommendations

Active surveillance

- 6 monthly follow up** for cytology and colposcopy and punch biopsy if **presumed persistent or progression**
- In case of **regression** on cytology and colposcopy, punch **biopsy** should be done **every 12 months**
- In case of **progression** or if **CIN2 persists** at the end of **24 months** offer local excision
- If **Low Grade Disease** present after 24 months, **consider treatment**
- Women who become **pregnant** managed according to the **guidelines** on management of **High-Grade CIN** in pregnancy

Follow up after active surveillance

- Two consecutive High-Risk HPV (HR-HPV) negative tests 12 months** apart are required to discharge back to **3-year recall**
- If **HR-HPV negative** after **3 years** patient can return to **routine recall**
- If **HR-HPV is positive** at any point with previous history of active surveillance **referral to colposcopy** must be made **irrespective of triage cytology**

Risk of developing invasion

Risk of invasive disease (3:1000) and glandular disease (5:1000) is low but not absent. Counselling women the importance of follow up. Absolute cumulative risk at 20 years after immediate treatment (0.76%) and active surveillance(2.65%) is low overall. Risk is higher in conservative management as compared to immediate treatment.