



Know now if she is progressing toward cervical cancer

# ASCCP Enduring Consensus Guidelines for Cervical Cancer Screening and Management

Updated March 2024

**know now**

Enduring Guidelines for Cervical Cancer Screening and Management Committee now recognizes the use of p16/Ki-67 dual-stain biomarkers (CINtec® PLUS Cytology) as an important technology in helping clinicians triage patients to determine if their human papillomavirus (HPV) infection is transforming into cervical pre-cancer.

The updated management guidelines include CINtec® PLUS Cytology dual-stain biomarker as an acceptable triage testing option in the following scenarios<sup>1</sup>:



Dual-stain (DS) is acceptable for triage of HPV-positive individuals in a primary HPV screening setting.



In a co-testing setting, dual-stain is acceptable for triage of HPV-positive individuals with NILM, ASC-US, or LSIL Pap cytology.<sup>\*\*\*</sup>



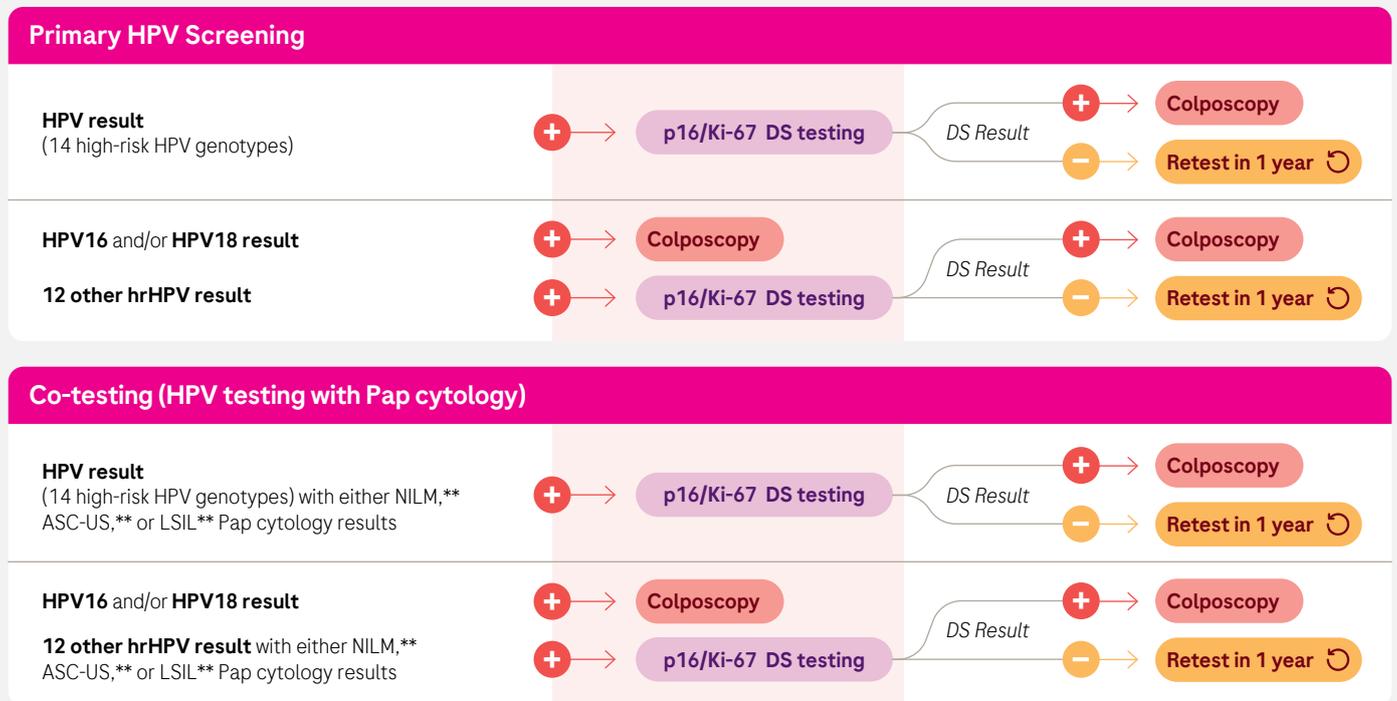
When patients are being followed after an abnormal screening test result, after colposcopy, or after treatment, it is acceptable to use DS according to the guidelines outlined for management of an abnormal screening test result.



When the initial dual-stain result is unsatisfactory, repeating the sample is recommended.

## Summary of the Enduring Consensus Cervical Cancer Screening and Management Guidelines

Acceptable\* incorporation of p16/Ki-67 dual-stain (DS) for risk stratification in various screening scenarios



CINtec® PLUS Cytology is dual-stain triage test for patients who have a positive high-risk HPV (hrHPV) result.<sup>2,3</sup>

\*"Acceptable" use indicates the test is one of several options that may be available for use.

\* CE/IVD Class C IVD per IVDR

\*\* NILM (Negative for Intraepithelial Lesion or Malignancy), ASC-US (Atypical squamous cells of undetermined significance), LSIL (Low-Grade Squamous Intraepithelial Lesion)

\*\*\* Use of DS in individuals with cytology results of ASC-H (Atypical squamous cells, cannot rule out a high-grade), AGC (Atypical glandular cells), or HSIL (High-grade squamous intraepithelial lesion) is not recommended, and if obtained, should not guide management.

References: 1. Clarke, et al. J Low Genit Tract Dis. 2024 online ahead of print. DOI: 10.1097/LGT.0000000000000804 - Accessed Mar 6, 2024. 2. CINtec PLUS Cytology - CE Instructions for Use 2023. 3. CINtec PLUS Cytology - US PMA Instructions for Use 2020.

Note: The Enduring Guidelines effort was conducted by 20 organisations, with clinical leadership from ASCCP (American Society for Colposcopy and Cervical Pathology) and the American Cancer Society, scientific and analytic leadership from the National Cancer Institute, and consultation from the Centers for Disease Control and Prevention (CDC).

คำโฆษณาโดยตรงต่อผู้ประกอบวิชาชีพทางการแพทย์และสาธารณสุข ที่ได้รับการยกเว้นโดยไม่ต้องขออนุญาต

อ่านค่าเดือนในฉลากและเอกสารกำกับเครื่องมือแพทย์ก่อนใช้

Published by: Roche Diagnostics Thailand Co., Ltd., 18 - 19 floor, Rasa Tower Building, 555 Paholyothin Rd, Chatuchak, Bangkok, 10900 Thailand

MC-TH-01084  
AN xxxx  
Valid Till 31 Aug 2026