



Peterson's Address

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Peterson
Laboratory
Services, PA

PO Box 128
1133 College Avenue
Manhattan, KS
66502

Ph: (785) 539-5363
Ph: (800) 876-5522
Fax (785) 539-8435

www.PetersonLab.com

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UP FRONT

CONSENSUS GUIDELINES FOR THE MANAGEMENT OF WOMEN WITH ABNORMAL CERVICAL CANCER SCREENING—LSIL

T. Wright, MD; S. Massad, MD; C. duntun, MD; M. Spitzer, MD; E. Wilkinson, MD; D. Solomon, MD, for the American Society for Colposcopy and Cervical Pathology

Full copies of the Consensus Guidelines and the corresponding algorithms are available at www.petersonlab.com.

LSIL

Over the last decade, the rate of LSIL has increased in the United States and in 2003 the mean LSIL reporting rate was 2.9% for liquid-based specimens. A result of LSIL is a good indicator of HPV infection. A recent metaanalysis reported that the pooled estimate of high risk (oncogenic) HPV DNA positivity among women with LSIL was 76.6%. The prevalence of CIN 2 or greater identified at initial colposcopy among women with LSIL is 12-16%. Data from ALTS indicate that the risk of CIN 2,3 is the same in women with LSIL and those with ASC-US who are high risk (oncogenic) HPV DNA positive. This supports managing both groups of women in an identical manner except in special populations.

Special Populations: Prospective follow-up studies of adolescents with LSIL have shown very high rates of regression to normal, although it is not unusual for regression to take years to occur. As with ASCUS, the high prevalence of HPV DNA positivity in adolescents with LSIL makes HPV testing of little value in this

population. Some, but not all, studies have found that the prevalence of both HPV DNA positivity and CIN 2,3 decline with age in women with LSIL. This suggests that postmenopausal women with LSIL can be managed less aggressively than premenopausal women and that triage using HPV testing may be attractive.

Management-LSIL

Colposcopy is recommended for managing women with LSIL, except in special populations. Endocervical sampling is preferred for nonpregnant women in whom no lesions are identified and those with an unsatisfactory colposcopy, but is acceptable for those with a satisfactory colposcopy and a lesion identified in the transformation zone. Acceptable postcolposcopy management options for women with LSIL cytology in whom CIN 2,3 is not identified are testing for high-risk (oncogenic) types of HPV at 12 months or repeat cervical cytologic testing at 6 and 12 months. If the HPV DNA test is negative or if 2 consecutive repeat cytologic tests are negative for intraepithelial lesion or malignancy, return to routine cytologic screening is recommended. If either the HPV DNA test is positive or if repeat cytology is reported as ASC-US or greater, colposcopy is recommended. Women found to have CIN should be managed according to the appropriate 2006 Consensus Guidelines on the Management of Cervical Intraepithelial Neo-

plasia. In the absence of CIN identified histologically, diagnostic excisional or ablative procedures are unacceptable for the initial management of patients with LSIL.

Special Populations Adolescents

In adolescents with LSIL, follow-up with annual cytologic testing is recommended. At the 12-month followup, only adolescents with HSIL or greater on the repeat cytology should be referred to colposcopy. At the 24-month follow-up, those with an ASC-US or greater result should be referred to colposcopy. HPV DNA testing is unacceptable for adolescents with LSIL. If HPV DNA testing is inadvertently performed, the results should not influence management.

Postmenopausal women

Acceptable options for the management of postmenopausal women with LSIL include "reflex" HPV DNA testing, repeat cytological testing at 6 and 12 months, and colposcopy. If the HPV DNA test is negative or CIN is not identified at colposcopy, repeat cytology in 12 months is recommended. If either the HPV DNA test is positive or the repeat cytology is ASC-US or greater, colposcopy is recommended.

If 2 consecutive repeat cytologic tests are negative for intraepithelial lesion or malignancy, return to routine cytologic screening is recommended.

NEWS AND NOTES

Pregnant women

Colposcopy is preferred for pregnant, nonadolescent women with LSIL cytology. Endocervical curettage is unacceptable in pregnant women. Deferring the initial colposcopy until at least 6 weeks postpartum is acceptable. In pregnant women who have no cytologic, histologic, or colposcopically suspected CIN 2,3 or cancer at the initial colposcopy, postpartum follow-up is recommended. Additional colposcopic and cytologic examinations during pregnancy are unacceptable for these women.

HPV FACTS

Tarek A. Salem, MD

- There are more than 100 types of HPV, with only about 30 spread through genital contact
- LR Types: 6, 11, 40, 42, 43, 44, 53, 54, 61, 72, 73 and 81
- HR Types: 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59 and 68
- Four types of HPV are associated with 80% of cervical cancers: HPV 16 (~50%), HPV 18 (~15%), HPV 45 (~10%) and HPV 31 (~5%)
- Most sexually active women become infected with HPV at some point in their lives, but usually clear their infection in 1-2 years
- By their mid-30's, most women are HPV negative
- Persistent infection is risky because of the opportunity for viral integration
- When used for screening, HPV testing is recommended for women over 30 years of age
- The sensitivity of cytology with HPV HR DNA testing (93-97%) is significantly higher than using ASCUS (60%) as a threshold for cytology specimens alone. The negative predictive value is between 99-100%
- ASCUS: about 5-17% of cases have underlying high-grade lesion
- ASCUS management options: 1) repeat PAP (insensitive & requires several followup visits), 2) immediate colposcopy (expensive, unpleasant & anxiety provoking), 3) Reflex HPV testing (highly sensitive and has a negative predictive value of greater than 98%)

LSIL: Between 15-20% harbor a high grade lesion.

LSIL: Since more than 80% of women with LSIL are HR HPV positive, HPV testing is not recommended for triage.

ACCELERATING HEALTH INFORMATION TECHNOLOGY IN KANSAS

Shopping for a clinic EHR? The Kansas Foundation for Medical



Care has been awarded a \$7 million grant to serve as the Regional Extension Center for Health Information Technology in Kansas. The Extension Center will support healthcare providers with direct, individualized technical assistance in adoption and meaningful use of Electronic Health Records (EHR's).

- Selecting a certified EHR that offers best value in the providers' need
- Effective implementation of an EHR
- Enhancing workflows to leverage an EHRs potential to improve quality and value of care
- Observing and complying with legal, professional and ethical requirements to protect the integrity, privacy and security of patients' health information

Contact: resupport@kfmcc.org; (800) 432-0770, x318; <http://www.kfmcc.org>

HITECH BREACH NOTIFICATION

The Health Information Technology for Economic and Clinical Health (HITECH) Act requires HIPAA covered entities and their business associates to provide notification following a breach of unsecured protected health information of 500 or more patients.

An electronic form for notifying the Office of Civil Rights, as well as a list of breaches in these first few months, is available at www.hhs.gov/ocr/privacy/hipaa/administrative/breachnotificationrule/index.html. Reading the list of breaches may be helpful as you review the electronic security measures in your practice.

RED FLAGS RULE: WHAT YOU NEED TO KNOW

In November, 2007, the Federal Trade Commission (FTC) issued the "Red Flags Rule," requiring that certain entities develop and implement written identity theft prevention

and detection programs to protect consumers from identity theft. While November, 2007 was the compliance deadline, the enforcement deadline has been delayed until June 1, 2010. Professional organizations are continuing efforts to exempt health care providers and/or providers with less than 20 employees.

Barring any further action, physicians who accept insurance or allow payment plans are covered as a "creditor" under the Rule. Practices must have adequate policies and procedures in place by June 1, or they may face a penalty of up to \$2,500 per "knowing violation."

The American Medical Association (AMA) has developed sample policies for physicians. <http://www.ama-assn.org/ama/no-index/physician-resources/red-flags-rule.shtml>



EMPLOYEES RECOGNIZED DURING LAB WEEK

Peterson Laboratory celebrated National Medical Laboratory Professionals Week (April 19-24) in part by honoring employees for their years of service. The employees are:

John F. Bambara, MD	30
Peggy S. Peterson, DO	25
Linda Long	15
Travis Troyer	10
Bob Campbell	10
Dave Easton	5

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