By Diana Mahoney
New England Bureau

ATLANTA — Current cervical cancer screening guidelines may be insufficient for a subgroup of adolescent girls with high-grade dysplasia who are at risk for the development of invasive lesions, Dr. Michelle Vichin reported at the annual meeting of the North American Society for Pediatric and Adolescent Gynecology.

The American College of Obstetricians and Gynecologists recommend that cervical cancer screening should begin approximately 3 years after the first vaginal intercourse, but no later than 21 years of age. In light of recent data suggesting that waiting even 3 years may be too long in adolescents living in a high-risk urban setting, Dr. Vichin and colleagues reviewed the charts of 275 adolescent girls for demographic information, including age, race, gravidity and parity, history of prior sexually transmitted diseases, age at first vaginal intercourse, and age at first abnormal Pap smear. They then compiled these data along with the Pap smear, colposcopy, and biopsy results, said Dr. Vichin. "Records that did not have age at first intercourse were considered incomplete and were not included in the final analysis," she said.

Of the 275 girls, 9 developed high-grade disease in less than 3 years from initiation of intercourse and 4 developed high-grade disease at 3 years, said Dr. Vichin. "This is a significant number of patients with biopsy confirmed high-grade disease," said Dr. Vichin.

For the purposes of this investigation, "we considered patients lost to follow-up if they were not seen within 12 months after initial presentation to the colposcopy clinic," Dr. Vichin said. "We have a very good follow-up protocol that includes letters, certified letters, and phone calls by nurses dedicated specifically to the colposcopy clinic, so if patients didn't come back, it wasn't because we didn't try to get them in." Patients were deemed non-compliant with treatment if they failed to initiate treatment or follow-up evaluation within 3 months, she said.

Of the girls diagnosed with CIN2 or CIN3 disease, "nearly half (49%) were either lost to follow-up or noncompliant with treatment recommendations," said Dr. Vichin. "This leaves a large number of girls who are vulnerable to progression to cervical cancer until they are older.

The findings show "a small but significant rate of progression to high grade disease within 3 years of initiation of intercourse among these urban adolescent females and a high rate of failure to follow up on treatment recommendations," said Dr. Vichin. "We’re concerned that the 3-year waiting period for these high-risk adolescents is unnecessary and so we are advocating for closer scrutiny in this population to guard against the development of invasive lesions," Additionally, she said, "we are now in the process of needed to confirm our findings and to appropriately amend current guidelines for this unique population."