2019 ASCCP Risk-Based Management Consensus Guidelines for Abnormal Cervical Cancer Screening Tests and Cancer Precursors: Erratum

The article, "2019 ASCCP Risk-Based Management Consensus Guidelines for Abnormal Cervical Cancer Screening Tests and Cancer Precursors," which published online in the April 2020 issue, contained an error.

The figure legend for Figure 2 states, "FIGURE 2: This figure demonstrates how a patient with a common low-grade screening abnormality (HPV-positive ASC-US) would be managed based on risk estimates. The initial screening result would lead to colposcopy (immediate risk 4.2%). Colposcopy of less than CIN 2 has a 5-year risk of 3.2% (1-year return). At the 1-year return visit, a second HPV-positive ASC-US result has an immediate risk of 3.1% (1-year return). If the patient has a repeat abnormal screen at the next follow-up, colposcopy is recommended. If the HPV-based test is negative, return in 3 years is recommended. NA, not applicable because stable risk estimates are not available."[1]

However, this legend has been updated to read, "This figure demonstrates how a patient with a common minimally abnormal screening test result (HPV-positive ASC-US) would be managed based on risk estimates. The initial screening result would lead to colposcopy (immediate risk 4.45%). If colposcopy shows less than CIN 2, the 5-year risk is 2.9% (1-year return). At the 1-year return visit, a second HPV-positive ASC-US result has an immediate risk of 3.1% (1-year return). Note similar management would be recommended if the initial abnormality preceding colposcopy were any minimally abnormal test result (i.e., less severe than ASC-H). If the HPV-based test performed for the second post-colposcopy surveillance test is negative, return in 3 years is recommended. If the second post-colposcopy surveillance test results are either a positive HPV test with any cytology result or a negative HPV test result with a cytology result of ASC-H or higher, colposcopy is recommended. Return in 1 year is recommended for HPV-negative ASCUS or LSIL results.

NA, not applicable because stable risk estimates are not available."

The authors regret this error.

REFERENCE

1. Perkins RB, Guido RS, Castle PE, et al.; for the 2019 ASCCP Risk-Based Management Consensus Guidelines Committee. 2019 ASCCP Risk-Based Management Consensus Guidelines for abnormal cervical cancer screening tests and cancer precursors. *J Lower Gen Tract Dis* 2020;24:102-131.