Servikal Lezyonların Değerlendirilmesi: Biopsi kaç tane,nereden, nasıl alınmalıdır ?

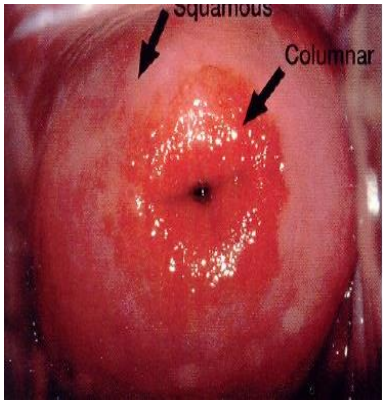
BAŞKENT ÜNİVERSİTESİ

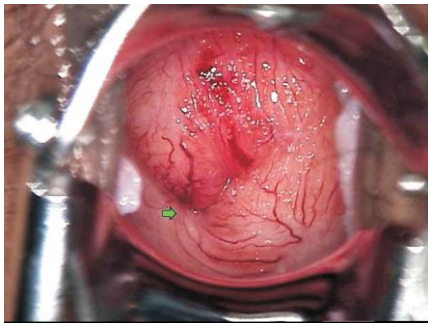
BAŞKENT ÜNİVERSİTESİ TIP FAKÜLTESİ

Kadın Hastalıkları Doğum AD

JİNEKOLOJİK ONKOLOJİ BİLİM DALI

DR.ESRA KUŞÇU





- **BİOPSİ SAYISI 1 2 3 4?**

- **NERDEN ?**

  YÜKSEK DERECELİ LEZYON
  ASETOWHITE EPİTEL DENS??? HAFİF???
  TZ / SKJ
  VİSİBLE

- **NASIL ?**

  TARGET
  NONTARGET /RANDOM

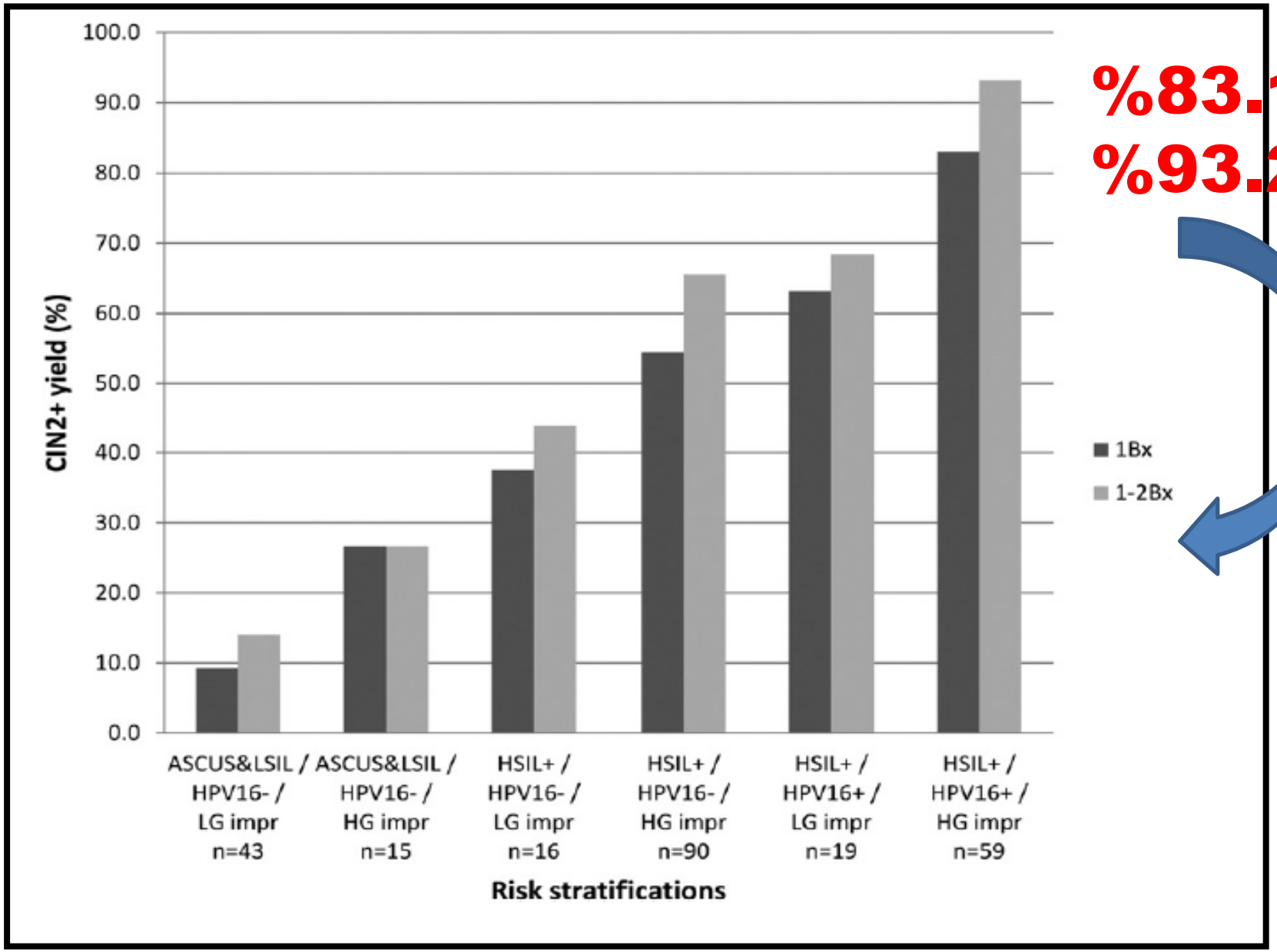
The increased detection of cervical intraepithelial neoplasia when using a second biopsy at colposcopy

Gynecologic Oncology 135 (2014) 201–207

J. van der Marel [a,*,1], R. van Baars [a,1], A. Rodriguez [b], W.G.V. Quint [a], M.M. van de Sandt [a], J. Berkhof [c], M. Schiffman [d], A. Torné [b], J. Ordi [e], D. Jenkins [a], R.H.M. Verheijen [f], Th.J.M. Helmerhorst [g], B. ter Harmsel [a], N. Wentzensen [d], M. Del Pino [b]

ELSEVIER

- **EVAH /Cross-sectinal çalışma N:660**
- **Multiple kolposkopik biopsi**
- **<4 biopsi+ normal görünen yerden random biopsi**
- **CIN2+ RANDOM BİOPSİ %4.5 ARTTIRIR**
- **1 biopsi %51.7**
- **2 biopsi %60.4 CIN2+**


100.0
90.0
80.0
70.0
60.0
50.0
40.0
30.0
20.0
10.0
0.0
CIN2+ yield (%)
ASCUS&LSIL / HPV16- / LG impr n=43
ASCUS&LSIL / HPV16- / HG impr n=15
HSIL+ / HPV16- / LG impr n=16
HSIL+ / HPV16- / HG impr n=90
HSIL+ / HPV16+ / LG impr n=19
HSIL+ / HPV16+ / HG impr n=59
Risk stratifications
1Bx
1-2Bx
%83.1
%93.2

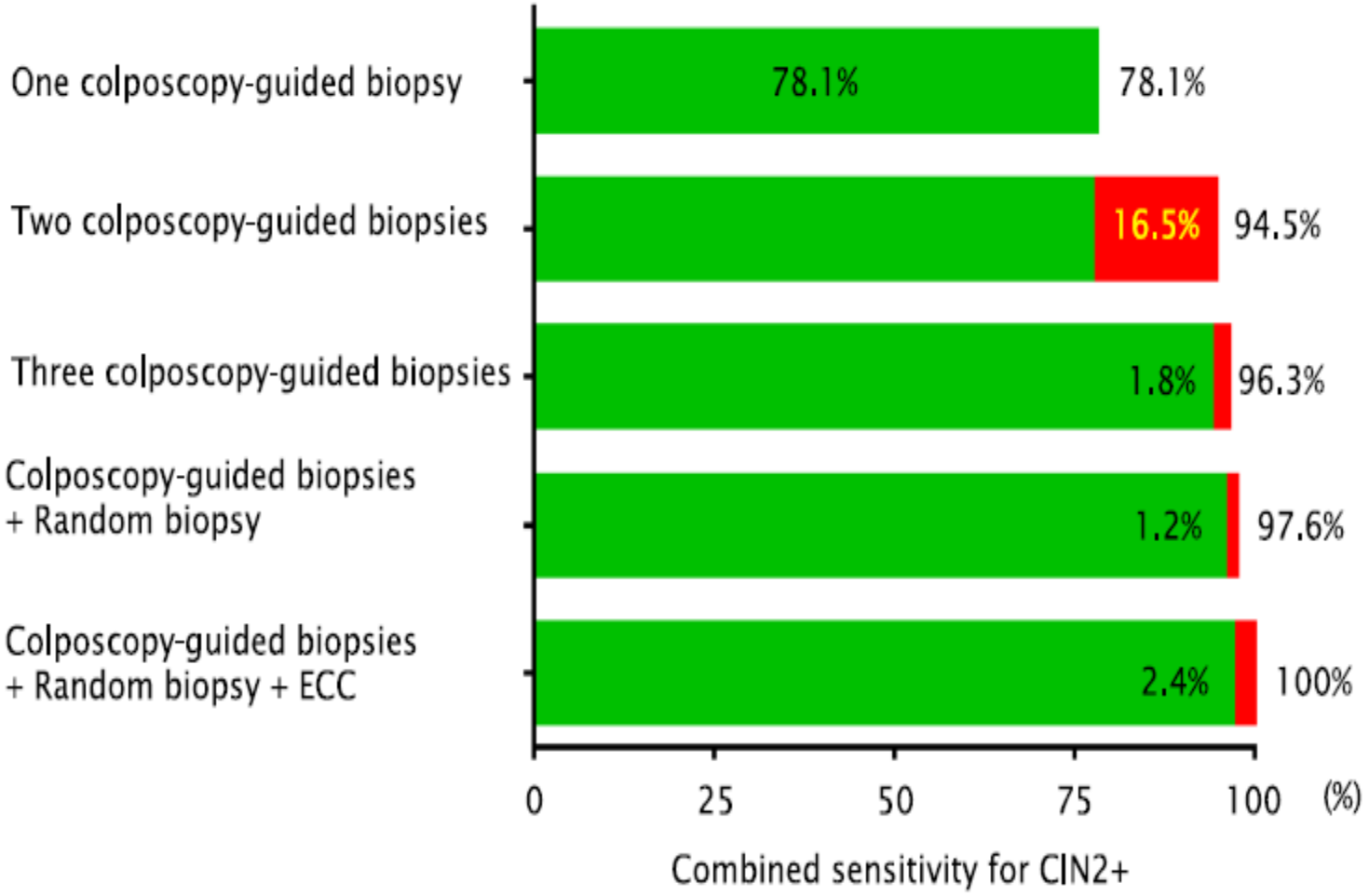
Int J Clin Oncol (2015) 20:579–585
DOI 10.1007/s10147-014-0739-6

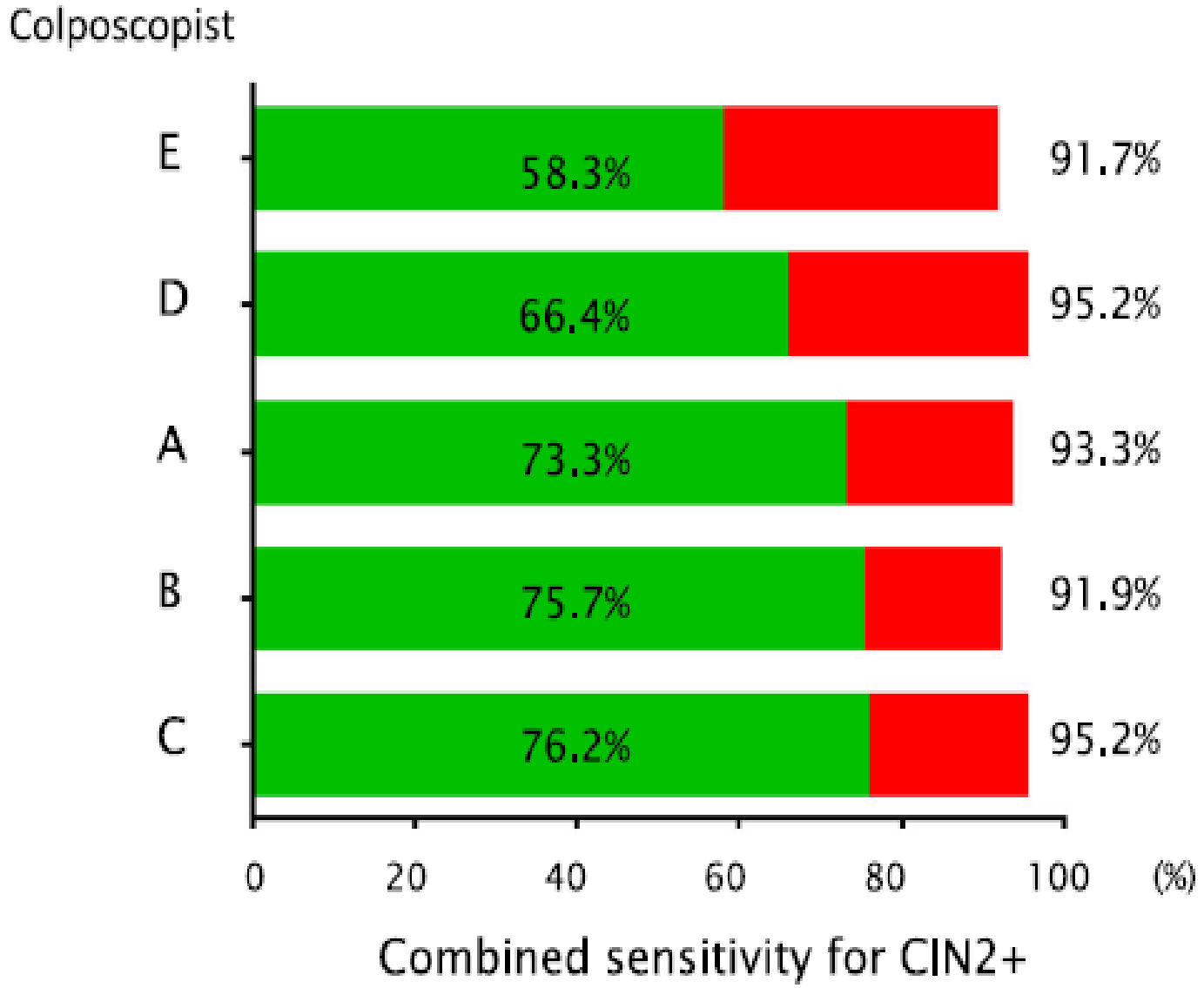
ORIGINAL ARTICLE

Optimizing biopsy procedures during colposcopy for women with abnormal cervical cancer screening results: a multicenter prospective study

Yuko Nakamura · Koji Matsumoto · Toyomi Satoh · Ken Nishide · Akiko Nozue ·

- 4 onkoloji kliniği
- İlk kolposkopik biopsi en kötü alan
- ≥3 kolposkopik biopsi ECC(>40yaş YK)
- Random biopsi+ECC CIN2 +%1.2-2.4
- 1. biopside CIN2 +%78.1
- 2. biopside %16.4
- 3.biopside %1.8
- 2 kolposkopik biopsi >90 CIN2+


One colposcopy-guided biopsy
78.1%
78.1%
Two colposcopy-guided biopsies
16.5%
94.5%
Three colposcopy-guided biopsies
1.8%
96.3%
Colposcopy-guided biopsies
+ Random biopsy
1.2%
97.6%
Colposcopy-guided biopsies
+ Random biopsy + ECC
2.4%
100%
0
25
50
75
100
(%)
Combined sensitivity for CIN2+



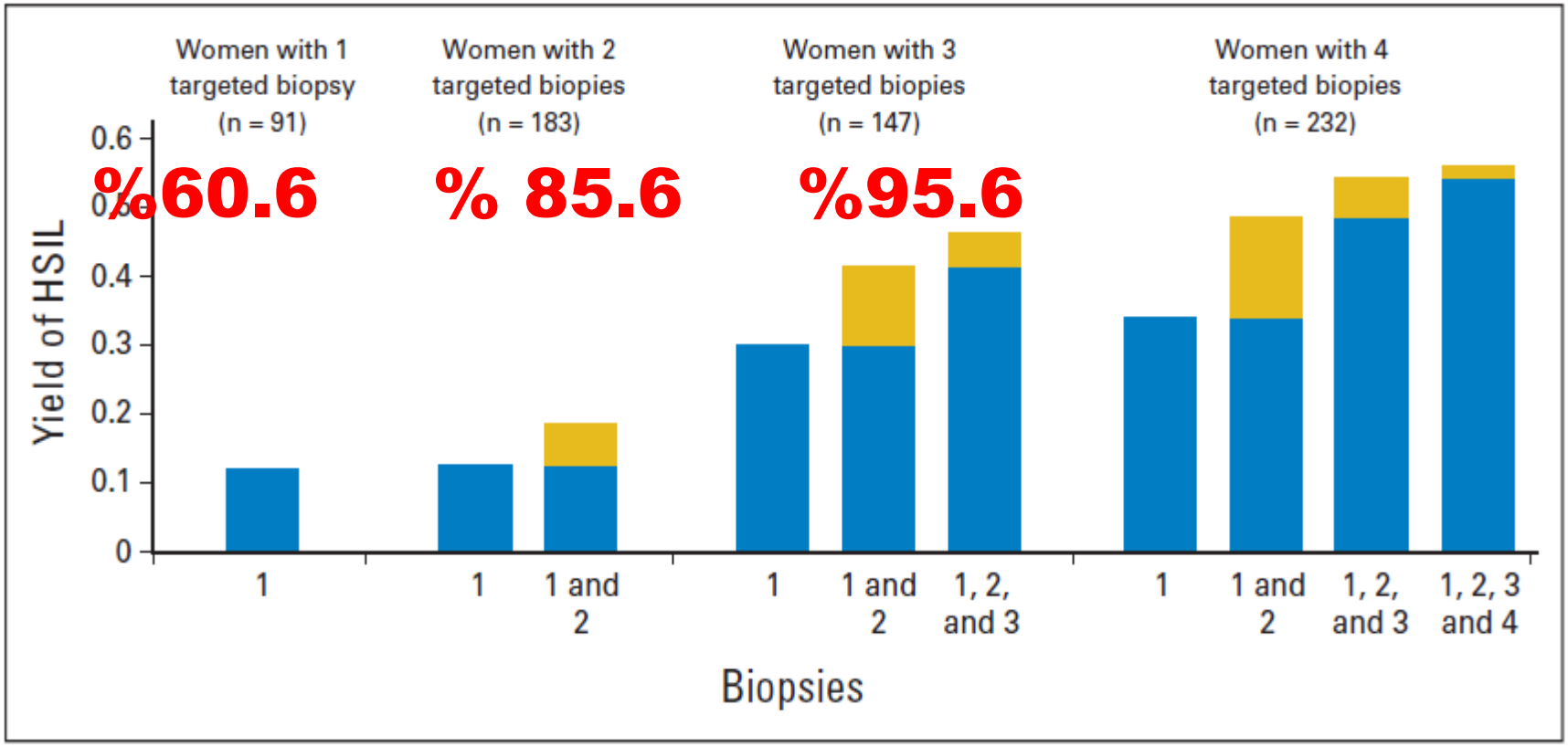
Farklı kolposkopistlerin kolposkopi altında alınan 2 biopsinin CIN2 + lezyonların belirlenmesinde kombine sensitiviteleri

Multiple Biopsies and Detection of Cervical Cancer Precursors at Colposcopy

VOLUME 33 · NUMBER 1 · JANUARY 1 2015
JOURNAL OF CLINICAL ONCOLOGY

Nicolas Wentzensen, Joan L. Walker, Michael A. Gold, Katie M. Smith, Rosemary E. Zuna, Cara Mathews, S. Terence Dunn, Roy Zhang, Katherine Moxley, Erin Bishop, Meaghan Tenney, Elizabeth Nugent, Barry I. Graubard, Sholom Wacholder, and Mark Schiffman

- **BIOPSY STUDY**
- **Observational study**
- **N:690**
- **4 kolposkopik biopsi**
- **Biopsi<4ise random non-target biopsi normal görünen alandan**
- **HSIL bulma 1. BİOPSİDE %60.6**
  2. BİOPSİDE %85.6
  3. BİOPSİDE %95.6
- **Normal TZ RANDOM BİOPSİ %2 HSIL**



Biopsiler TZ da asetowhite epitel ve daha kötü kolposkopik görünümlerden Görünen tüm lezyonlardan MULTİPLE BİOPSİ

Biopsi sayısı servikal prekanser tanı ilişkisi

çalışma	popula syon	End-point	1 biopsi	2 biopsi	3 biopsi	4 biopsi
Gage 2006	ALTS/ US çok merkezli	2YIL CIN3+	%68.3	%81.8	%83.3	
Pretorius 2011	SPOCCS ÇİN	CIN3+	%63.5			%89
VAN DER MAREL 2014	EVAH Hollanda İspanya	CIN2+	%51.7	%60.4		
Wentzensen 2015	Biopsi çalış. US	HSIL+	%60.6	%85.6	%95.6	%100

Method of Diagnosing Women with CIN2+ (SPOCCS II)

Colpo biopsy	208/364	(57.1%)
Colpo biopsy + 2 o'clock	256/364	(70.3%)
Colpo biopsy + 2, 4 o'clock	297/364	(81.6%)
Colpo biopsy + 2, 4, 8 o'clock	329/364	(90.4%)
Colpo biopsy + 2, 4, 8, 10 o'clock	344/364	(94.5%)
Colpo biopsy + 2, 4, 8, 10 + ECC	364/364	(100%)

57.1% vs. 70.3% vs. 81.6% vs. 90.9% vs. 94.5% vs. 100%, Chi-Square = 326, df=5, P<.001

Pretorius et al, Int J Ca, 2007

Cancer Epidemiology 39 (2015) 237–241

Contents lists available at ScienceDirect

Cancer Epidemiology

The International Journal of Cancer Epidemiology, Detection, and Prevention

journal homepage: www.cancerepidemiology.net

Random biopsy in colposcopy-negative quadrant is not effective in women with positive colposcopy in practice

Yan Song [a,1], Yu-Qian Zhao [b,1], Xun Zhang [a,*], Xiao-Yang Liu [a], Ling Li [a], Qin-Jing Pan [a], Gui-Hua Shen [a], Fang-Hui Zhao [b], Feng Chen [b], Wen Chen [b,**], You-Lin Qiao [b]

2015

- 1997 SPOCCSI datası
- Sıvı bazlı sitoloji /HR-HPV / 4 kadran biopsi/ECC
- Sitoloji HSIL/ kolposkopi– random biopsi/ HSIL %25
- Sitoloji anormal /kolposkopi + random biopsi HSIL %4
- HR-HPV- random biopsi ile HSIL YOK

- **HSIL /HR-HPV + KOLPOSKOPİ– random biopsi** → **HSIL%25**
- **LSIL /HR-HPV+ KOLPOSKOPİ– random biopsi** → **HSIL%12.5**

- **En az 2 en fazla 4 biopsi**
- **Tek biopsi 1/3-1/2 olgu atlanabilir**

Random Biopsy After Colposcopy-Directed Biopsy Improves the Diagnosis of Cervical Intraepithelial Neoplasia Grade 2 or Worse

2010

Kyehyun Nam, MD, PhD,[1] Sooho Chung, MD,[1] Jeongja Kwak, MD,[2] Sangheon Cha, MD,[1] Jeongsik Kim, MD,[1] Seob Jeon, MD,[1] and Donghan Bae, MD, PhD[1]

[1] Division of Gynecologic Oncology, Departments of Obstetrics & Gynecology and [2] Patholog

- **Retrospektif çalışma**
- **N:107**
- **59/107 Random biopsi SCJ / lezyon olmayan LEEP**
- **Yaş**
- **Refere edilen sitolojik tanı**
- **HPV genotip**
- **Lezyon büyüklüğü**

BİOPSİ YÖNTEMİ		RANDOM BİOPSİ				
		CNI	CIN 1	CIN2	CIN3	TOTAL
KOLPOSKOPİ YÖNLENDİRİLMİŞ BİOPSİ	CNI	9	1	0	3	13
	CIN1	14	4	3	2	23
	CIN2	8	4	3	1	16
	CIN3	23	3	1	8	35
	KANSER	2	1	0	1	4
	BİOPSİ YOK	8	8	0	0	16
TOTAL		64	21	7	15	107

- **RANDOM BİOPSİ**
- **CIN3 atlama riski azalır**
- **UP-GRADE**

Original Research

Relevance of Random Biopsy at the Transformation Zone When Colposcopy Is Negative

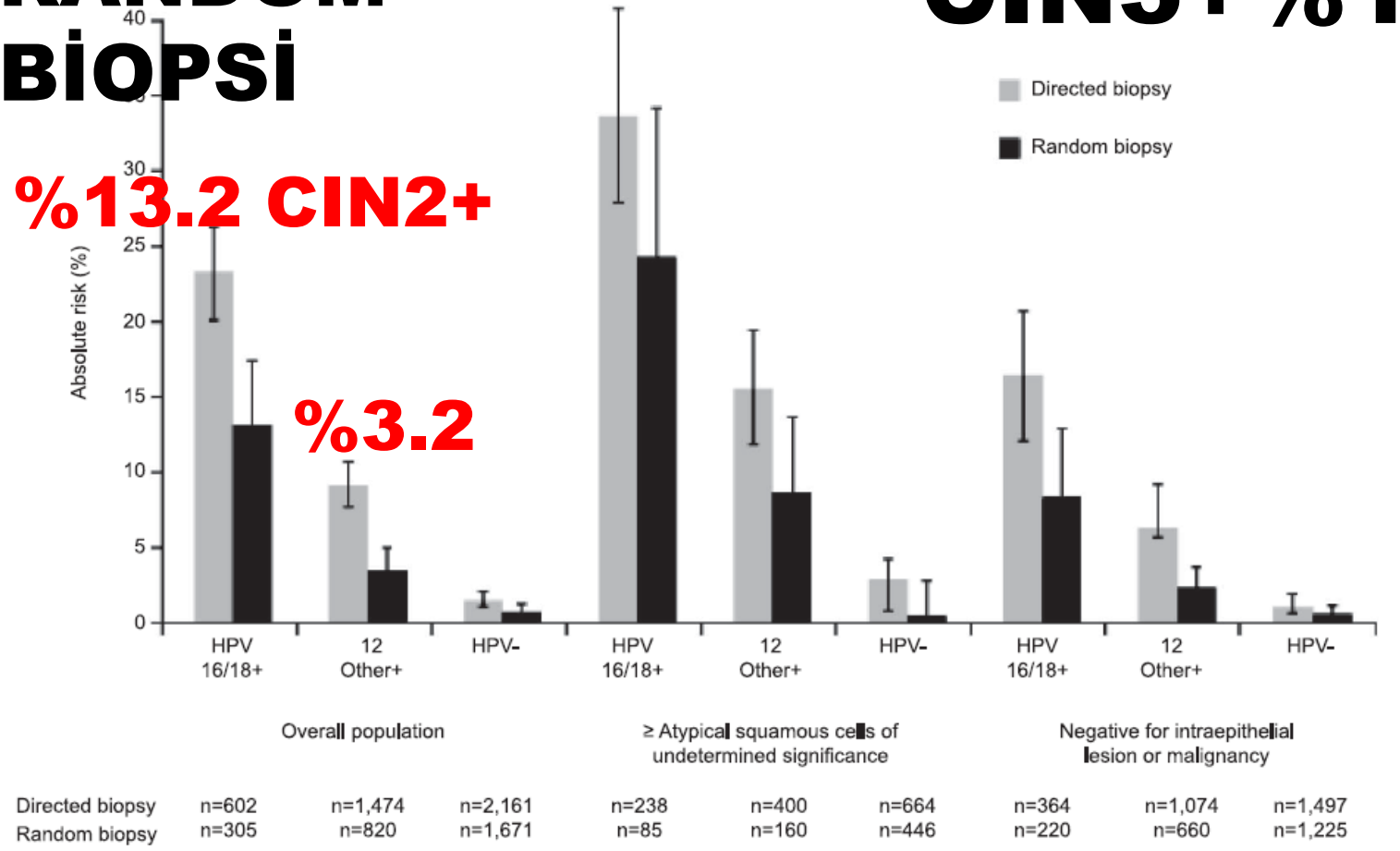
Warner K. Huh, MD, Mario Sideri, MD, Mark Stoler, MD, Guili Zhang, PhD, Robert Feldman, MD, and Catherine M. Behrens, MD, PhD

Obstet Gynecol 2014

- **ATHENA ÇALIŞMASI**
- **N:47.000**
- **Sitoloji/HPV DNA genotip**
- **Anormal sitoloji/HPV+**
- **Kolposkopi**
- **Kolposkopi yeterli ve lezyon yok ise**
- **SKJ TEK RANDOM BİOPSİ**

Kolposkopi ----------
HPV 16 -18 +
RANDOM
BİOPSİ

CIN2+%20.9
CIN3+%18.9



Observational Study

Medicine®

OPEN

Pooled analysis on the necessity of random 4-quadrant cervical biopsies and endocervical curettage in women with positive screening but negative colposcopy

Shang-Ying Hu, MD PhD[a], Wen-Hua Zhang, MD[b,*], Shu-Min Li, MD PhD[b], Nan Li, MD, PhD[b], Man-Ni Huang, MD[b], Qin-Jing Pan, MD[c], Xun Zhang, MD[d], Ying Han, MD[b], Fang-Hui Zhao, MD, PhD[a], Wen Chen, MD, PhD[a], You-Lin Qiao, MD, PhD[a,*]

2017

- **17 toplum tabanlı çalışma (ÇİN)**
- **1999-2008**
- **3213 kadın**
- **Tarama + kolposkopik gözlem normal**
- **HR-HPV +**
- **4 kadran biopsi +/-ECC**
- **CIN2 / %7.1 CIN3 %2.8 PREVELANSI**

Anormal tarama normal kolposkopi arasındaki prekanser lezyonlar uyumu

SİTOLOJJİ	NORMAL KOLPOSKOOPİ N/%	CIN1 %	CIN2 %	CIN3 %	KANSER %
NEGATİF	1346 %90.6	7.7	1.5	0.3	0.0
ASCUS /LSIL	1088 %76.9	17.6	3.8	1.6	0.1
AGC ASCH HSIL	133 %42.8	17.4	20.3	18	1.6
TOPLAM	2567 %79.9	13	4.3	2.6	0.2

HR-HPV ,normal kolposkopik görünüm ,sitolojik bulgular ile prekenanser lezyon uyumu

SİTOLOJİ	HR-HPV	NORMAL KOLPOSKOPİK GÖRÜNÜMN /%	CIN1 %	CIN2 %	CIN3 %	KANSER %
NEGATİF	NEGATİF	200 (98)	2	0.0	0.0	0.0
	POZİTİF	1146 (89.3)	8.6	1.7	0.4	0.0
ASC-US LSIL	NEGATİF	455(92.1)	7.1	0.6	0.2	0.0
	POZİTİF	633(68.7)	23.2	5.5	2.4	3.2
AGC/ ASC-H HSIL	NEGATİF	26 (83:9)	6.5	6.5	0.0	1.4
	POZİTİF	107(38.2)	18.6	21.8	20.0	0.1

Normal kolpposkopik gözlem anormal sitoloji 4 kadran ECC histopatolojik uyum

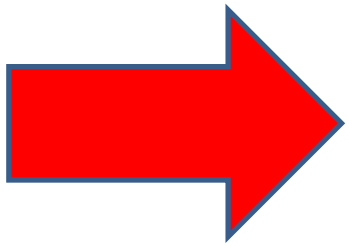
	NORMAL	CIN1 %	CIN2 %	CIN3 %	KANSER %
Random4 Kadran biopsi n %	2199 (81.9)	12.4	4.1	2.3	0.1
Random4 Kadran biopsi+ ECC n %	2170 (80.1)	12.8	4.2	2.8	0.2
Random4k biopsi+ ECC+RB %	101.3	96.8	97.3	82.7	66.7

Random 4 kadran biopsi/ECC CIN2/CIN3 oranları

	CIN2 N	%	CIN3 N	%
Random4kadran biopsi EVET ECC/EVET	13	16	32	16.5
Random4kadran biopsi EVET ECC/HAYIR	53	65.4	144	74.2
Random4kadran biopsi HAYIR ECC/EVET	15	18.5	18	9.3

Sitoloji +/- /HR-HPV+/- Kolposkopi --

- Sitoloji ---- HR-HPV +
- ASCUS /LSIL HR-HPV---

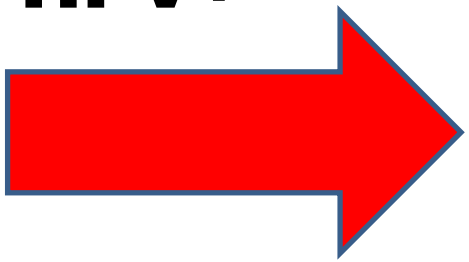


CIN2 / CIN3
RİSKİ DÜŞÜK

TAKİP

%1.7-0.4 %0.6-0.2

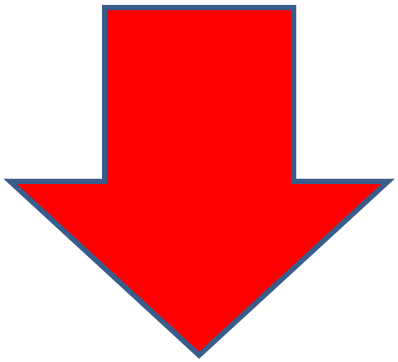
- ASCUS/LSIL HR-HPV+ %5.5 %2.4
- AGC
- ASCH
- HSIL



CIN2 /CIN3
RİSKİ YÜKSEK

%20

- **HSIL**
- **HPV16-18 +**
- **Kolposkopik gözlem normal / yeterli**
- **>25 yaş**
- **Gebe olmayan kadınlarda**



- **Random 4 kadran biopsi + ECC**

ASCCP Colposcopy Standards: Risk-Based Colposcopy Practice

Nicolas Wentzensen, MD,[1] Mark Schiffman, MD,[1] Michelle I. Silver, PhD,[1] Michelle J. Khan, MD,[2] Rebecca B. Perkins, MD,[3] Katie M. Smith, MD,[4] Julia C. Gage, PhD,[1] Michael A. Gold, MD,[5] Christine Conageski, MD,[6] Mark H. Einstein, MD,[7] Edward J. Mayeaux, Jr, MD,[8] Alan G. Waxman, MD,[9] Warner K. Huh, MD,[10] and L. Stewart Massad, MD[11]

J Lower Genital Tract Dsiease OCT 2017

- **2016 haziran**
- **340 abstract**
- **196 abstract detaylı inceleme + expert görüşü**
- **Önerilerin yayınlanması için gerekli olan %67 oranı ilk oylamada kabul edildi**
- **2017 Nisan Florida 16. Dünya kongresinde yayınlandı**

Evidence-Based Consensus Recommendations for Colposcopy Practice for Cervical Cancer Prevention in the United States

Nicolas Wentzensen, MD, PhD, MS,[1] L. Stewart Massad, MD,[2] Edward J. Mayeaux, Jr., MD,[3] Michelle J. Khan, MD, MPH,[4] Alan G. Waxman, MD, MPH,[5] Mark H. Einstein, MD,[6] Christine Conageski, MD,[7] Mark H. Schiffman, MD, MPH,[1] Michael A. Gold, MD,[8] Barbara S. Apgar, MD,[9] David Chelmow, MD,[10] Kim K. Choma, DNP,[11] Teresa M. Darragh, MD,[12] Julia C. Gage, PhD, MPH,[1] Francisco A.R. Garcia, MD, MPH,[13] Richard S. Guido, MD,[14] Jose A. Jeronimo, MD,[15] Angela Liu, MD,[1] Cara A. Mathews, MD,[16] Martha M. Mitchell, RNC, MS,[17] Anna-Barbara Moscicki, MD,[18] Akiva P. Novetsky, MD, MS,[19] Theognosia Papasozomenos, MD, MPH,[20] Rebecca B. Perkins, MD, MSC,[21] Michelle I. Silver, PhD, ScM,[1] Katie M. Smith, MD,[22] Elizabeth A. Stier, MD,[21] Candice A. Tedeschi, NP,[23] Claudia L. Werner, MD,[24] and Warner K. Huh, MD[25]

(*J Low Genit Tract Dis* 2017;21: 216–222)

- **Kolposkopiye refere edilen hastanın risk belirlemesi /Risk tabanlı kolposkopik inceleme**

- **Kolposkopiye refere edilme nedenleri….**

- **Screening ve triage testleri : sitoloji , HPV ,HPV genotip, kolposkopik bulgular**

- **Prekanser riski düşük :**

  < HSIL sitoloji / HPV 16-18 negatif/ normal kolpskopi

- **Prekanser riski yüksek : HSIL sitoloji /HPV 16-18 + /yüksek dereceli kolposkopik bulgu .**

  En az ikisi varsa

- **Prekanser orta risk : İkisisnin arasında /SİTOLOJİ----- HPV16-18+**

- **Prekanser Risk yüksek :**

  Hemen tedavi /maliyet –hasta kaybı

- **Prekanser riski çok düşük :**

  Seri sitoloji – HPV testi / BİOPSİ ALMA

- **Prekanser riski orta : Asetwhite epitelden multiple biopsi**

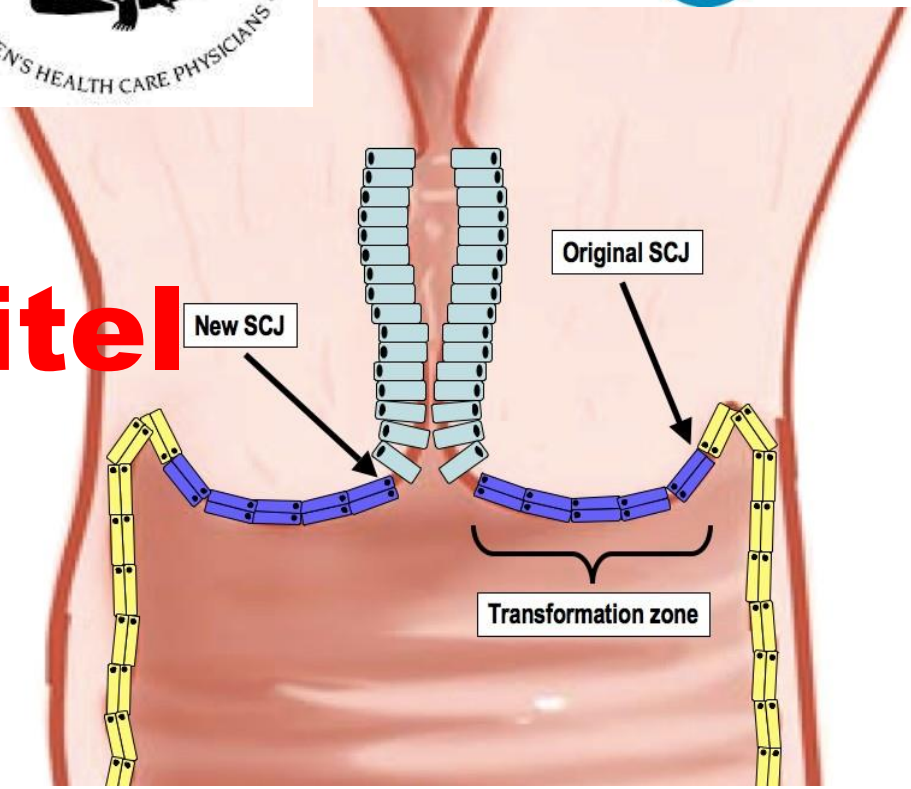
- **Kolposkopide biopsi sayısı ve şekli**

- **Asetowhite epitel belirgin ve silik, metaplazi,daha yüksek derecede kolposkopik görünümlerden**

- **En az 2 ve 4 e kadar**

NERDEN BİOPSİ ?

Yüksek dereceli lezyonlardan Her derecede Asetowhite epitel



Düşük risk ve normal kolposkopik gözlemde servikal prekanser riski

ÇALIŞMA	N	CIN2+	CIN3+	CIN2+ PROPORTION	CIN3+ PROPORTION
ATHENA TRIAL	660	15	6	0.0227	0.0091
ALTS TRIAL	402	4	2	0.0100	0.0050
BD onclarity TRIAL	1572	25	11	0.0159	0.0070
BIOPSY TRIAL TOTAL	38 2672	3	0	0.0789 0.015	0.0000 0.004

- **Düşük riskli prekanserlerde BİOPSİ**
- **<HSIL**
- **HPV16 / HPV18 negatif**
- **Normal kolposkopik bulgu**
- **Prekanser risk prevelansı çok düşük**
- **Nontarget biopsiye gerek yok**

Yüksek riskli hastalarda CIN2 + görülme oranları

ÖNCEKİ RİSK	ÇALIŞMA	N	PROPORTION CIN2+
Yüksek dereceli kolpo.+HPV 16-18+HSIL	ALTS	105	
	BD	9	
	BİOPSİ ÇALIŞMASI	57	
	Pooled estimated		0.86 (0.78-0.90)

ÖNCEKİ RİSK	ÇALIŞMA	N	PROPORTION CIN2+
Yüksek riskli Kolp+HPV16 18	ALTS	182	
	BD	31	
	BİOPSİ ÇALIŞMASI	83	
	Pooled estimated		0.76 (0.66-0.86)
HSIL+HPV16-18	ALTS	171	
	BD	46	
	BİOPSİ ÇALIŞMASI	91	0.73 (0.54-1)

ÖNCEKİ RİSK	ÇALIŞMA	N	PROPORTION CIN2+
HSIL sadece	ALTS	411	
	BD	124	
	Biopsi çalışması	206	
		Pooled estimated	0.79 (0.61-0.93)
Yüksek dereceli kolposkopi HSIL	ALTS	155	
	BD	17	
	Biopsi çalışması	80	
		Pooled estimated	0.86 (0.73-0.95)

➢ Yüksek riskli prekanserlerde BİOPSİ

- ➢ Gebe olmayan
- ➢ >25 yaş
- ➢ HSIL
- ➢ HPV 16 ve/veya HPV 18+
- ➢ Kolposkopik gözlemde yüksek dereceli lezyon

En az ikisi varsa

BİOPİSİ YOK /HEMEN TEDAVİ

KOLPOSKOPİK MULTİPLE TARGET BİOPSİ ECC

Sonuçlar

- **Risk tabanlı kolposkopik uygulamalar**

- **Düşük riskli grupda takip Kolposkopi normal < HSIL HR-HPV- random biopsiye gerek yok**

- **Yüksek riskli grupda hemen tedavi biopsi almadan .Normal kolposkopik gözlemde random biopsi /ECC >25 yaş ve gebe olmayanlarda**

- **SCJ belirle ,tamamı izlenemiyorsa ECC**
- **Tüm görülen lezyonyonlardan biopsi**
- **Kolposkopide 2-4 target biopsi OPTİMAL SENSİTİVİTY İÇİN YETERLİ silik asetwhite epitel dahil,metaplazi ,yüksek gradeli lezyonlardan alınmalı**

BAŞKENT ÜNİVERSİTESİ

TEŞEKKÜR EDERİM.....