

Cervical Dysplasia

© Ingenix, Inc. 2011
Confidential

Care Pattern

CP-I

9000001 Patient(s) with cervical dysplasia that had a PAP smear, hysterectomy, or other cervical procedure within 12 months of the initial diagnosis.

Cervical cytology screening has been associated with a reduction in cervical cancer incidence and mortality (1). Loss to follow-up or undertreatment of significant lesions can reduce the value of cervical cancer screening (2).

In this measure, a diagnosis of cervical dysplasia identifies patients with mild dysplasia, moderate dysplasia, carcinoma in situ of the cervix, or unspecified cervical dysplasia. A limitation of a claims-based tool is the inability to identify and classify patients based on the specific histological report that describes the cervical abnormality.

This measure addresses follow-up evaluation and treatment of cervical dysplasia in women 16 years of age or older at the end of the report period. The earliest face-to-face encounter for cervical dysplasia is identified during the time period 730 through 365 days prior to the report period end date. A member is excluded if there is a claim for cervical dysplasia or cervical cancer 365 days before the initiating cervical dysplasia encounter. Based on guideline recommendations Gynecologists (2-4) and expert opinion, a member is adherent to this measure if any of the following interventions are identified on or within 365 days of the initiating cervical dysplasia encounter: cervical cancer screening diagnosis or procedure, hysterectomy (excluding radical hysterectomy), colposcopy, conization of the cervix, or cryocautery of the cervix.

1. Sawaya GF, McConnell KJ, Kulasingam SL, et al. Risk of cervical cancer associated with extending the interval between cervical-cancer screenings. *N Engl J Med* 2003;349:1501-9.
2. American College of Obstetricians and Gynecologists (ACOG) Committee on Practice Bulletins. Management of abnormal cervical cytology and histology. *ACOG Practice Bulletin* 2005;66:603-621.
3. Wright TC, Massad LS, Dunton CJ, Spitzer M, Wilkinson EJ, Solomon D, for the 2006 American Society for Colposcopy and Cervical Pathology-sponsored Consensus Conference. 2006 consensus guidelines for the management of women with cervical intraepithelial neoplasia or adenocarcinoma in situ. *American Journal of Obstetrics & Gynecology* 2007;197(4):340-5.
4. Wright TC, Massad LS, Dunton CJ, Spitzer M, Wilkinson EJ, Solomon D, for the 2006 American Society for Colposcopy and Cervical Pathology-sponsored Consensus Conference. 2006 consensus guidelines for the management of women with abnormal cervical cancer screening tests. *American Journal of Obstetrics & Gynecology* 2007;197(4):346-55.