

module4

HOW TO PROCEED

Comprehensive Visual Inspection of the Cervix with Acetic Acid (VIA) and Lugol's Iodine (VLI)
<http://www.afmer.ch/vic/>

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Learning objectives

The purpose of this **course** is to provide guidance and explain how to perform the test correctly.

This will allow participants to assess their **knowledge** prior to beginning the test.

About the test

This test was constructed on a « **screen and treat** » approach, meaning that participants should determine « **presence or absence** » of digital imaging VIA (*D-VIA*) lesions suspicious of CIN2+ and then indicate the best treatment option.

In this « **pre-test course** » (*as in the final test*) **all** patients are **HPV positive**.

Among the 3 options, participants should select **only one**.

In case of CIN1 treatment or no treatment are both considered as correct answer.

How to perform the test

1. Observe the native cervix

Identify the transformation zone (TZ).

2. Observe if there is an aceto-white area

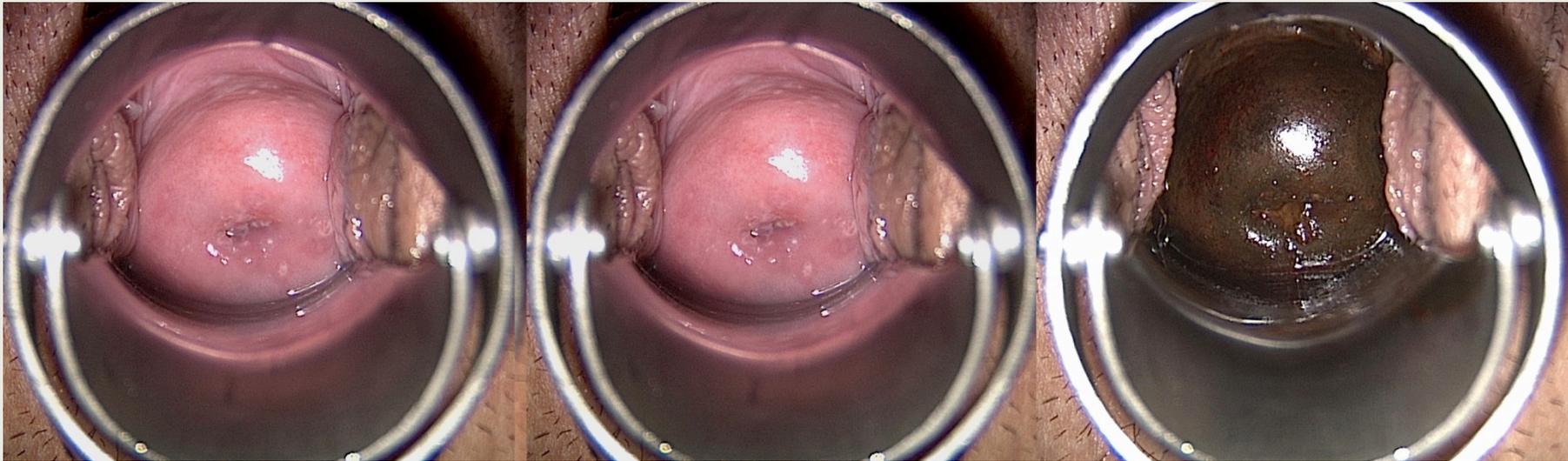
Acetowhite areas located inside the TZ have pathological significance and could be CIN2+. Satellite lesions outside the TZ are generally not significant.

3. Observe if there is a iodine negative area

Identify the presence of Lugol's iodine yellow areas inside the TZ. This area should be considered as pathologic if it corresponds to an aceto-white lesion previously noted.

Example: Case 1

No aceto-white lesion is observed.
This patient should not be treated.



Step 1:

Native

Step 2:

Acetic acid

Step 3:

Lugol iodine

Example: Case 1

No aceto-white lesion is observed.

The correct answer is indicated below:



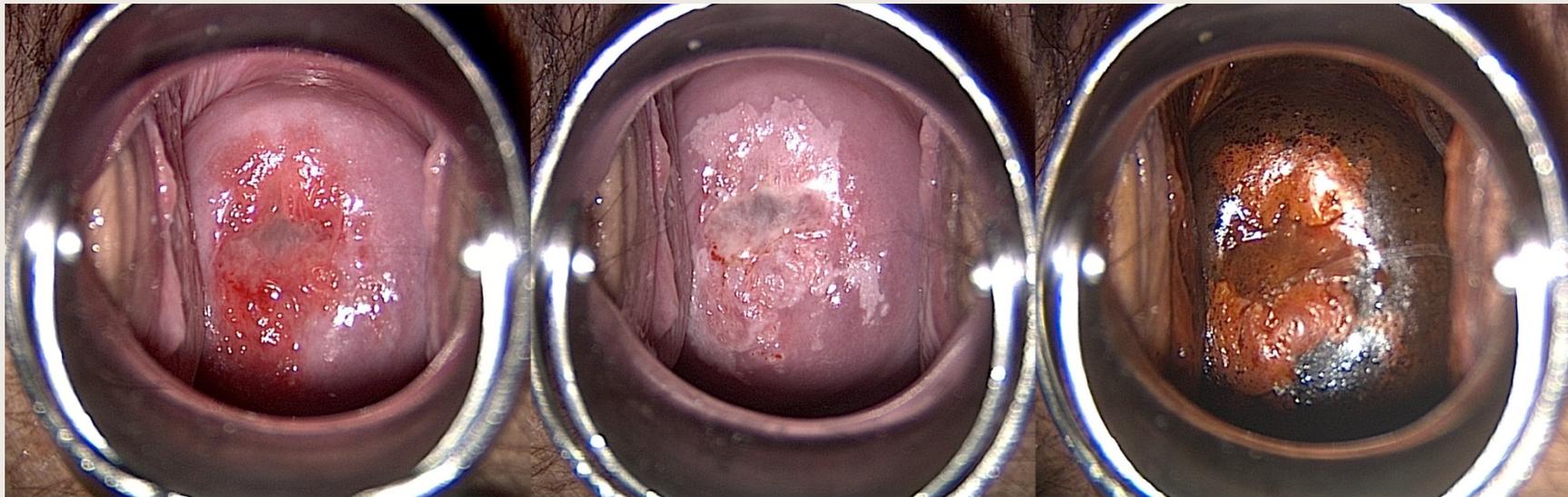
- This patient has no lesion
- This patient has a lesion and may be treated in the same session*
- This patient has a lesion that is suspicious for invasive cancer and should be referred for biopsy and appropriate management**

**Includes a "see and treat" approach with either cryotherapy, thermocoagulation or conization*

***includes an approach with either radical surgery, radiation therapy, chemotherapy or multimodal therapy*

Example: Case 2

Presence of an aceto-white lesion at the SCJ corresponding to a VIA-positive lesion suspicious of CIN2+. This patient requires treatment as indicated below:



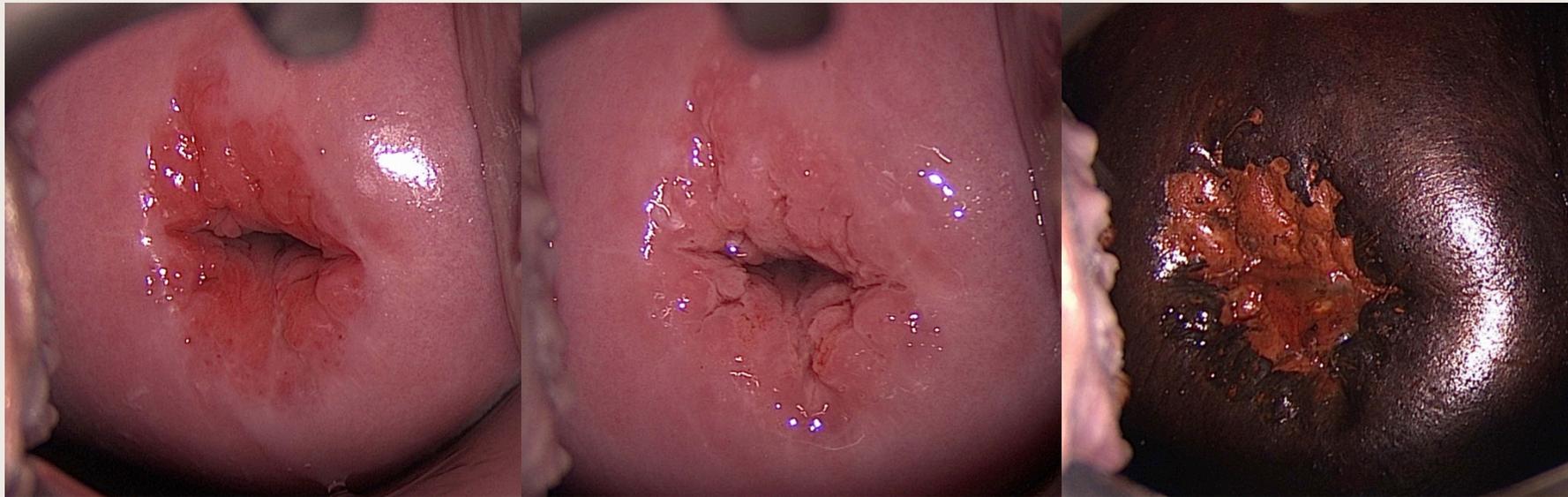
- This patient has no lesion
- This patient has a lesion and may be treated in the same session*
- This patient has a lesion that is suspicious for invasive cancer and should be referred for biopsy and appropriate management**

**Includes a “see and treat” approach with either cryotherapy, thermocoagulation or conization*

***includes an approach with either radical surgery, radiation therapy, chemotherapy or multimodal therapy*

Example: Case 3

Presence of an aceto-white lesion at the SCJ corresponding to a VIA-positive lesion suspicious of CIN2+. This patient requires treatment as indicated below:



- This patient has no lesion
- This patient has a lesion and may be treated in the same session*
- This patient has a lesion that is suspicious for invasive cancer and should be referred for biopsy and appropriate management**

**Includes a “see and treat” approach with either cryotherapy, thermocoagulation or conization*

***includes an approach with either radical surgery, radiation therapy, chemotherapy or multimodal therapy*

Example: Case 4

There is no aceto-white lesion, this condition is normal.

This patient should not be treated.



- ⦿ This patient has no lesion
- This patient has a lesion and may be treated in the same session*
- This patient has a lesion that is suspicious for invasive cancer and should be referred for biopsy and appropriate management**

**Includes a "see and treat" approach with either cryotherapy, thermocoagulation or conization*

***includes an approach with either radical surgery, radiation therapy, chemotherapy or multimodal therapy*

Example: Case 5

Presence of an aceto-white lesion at the SCJ corresponding to a VIA-positive lesion suspicious of CIN2+. This patient requires treatment as indicated below:



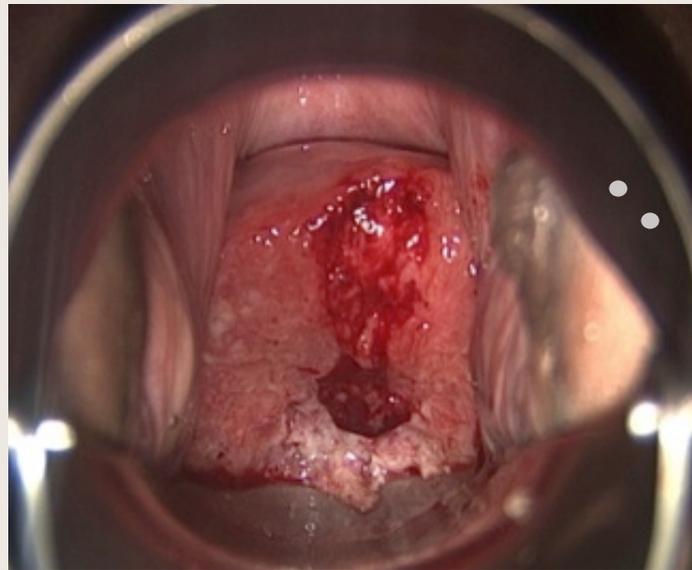
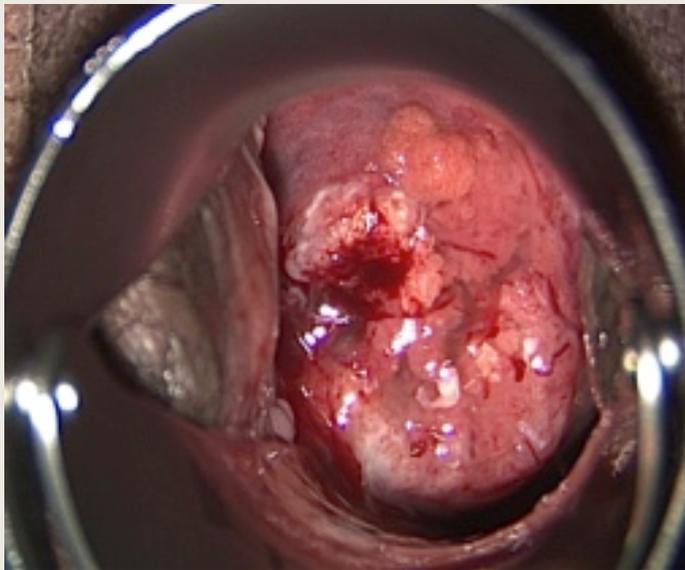
- This patient has no lesion
- This patient has a lesion and may be treated in the same session*
- This patient has a lesion that is suspicious for invasive cancer and should be referred for biopsy and appropriate management**

**Includes a “see and treat” approach with either cryotherapy, thermocoagulation or conization*

***includes an approach with either radical surgery, radiation therapy, chemotherapy or multimodal therapy*

Example: Case 6

Presence of a lesion suspicious of advanced cancer. This patient should have a biopsy and be referred to a tertiary center for staging and treatment.



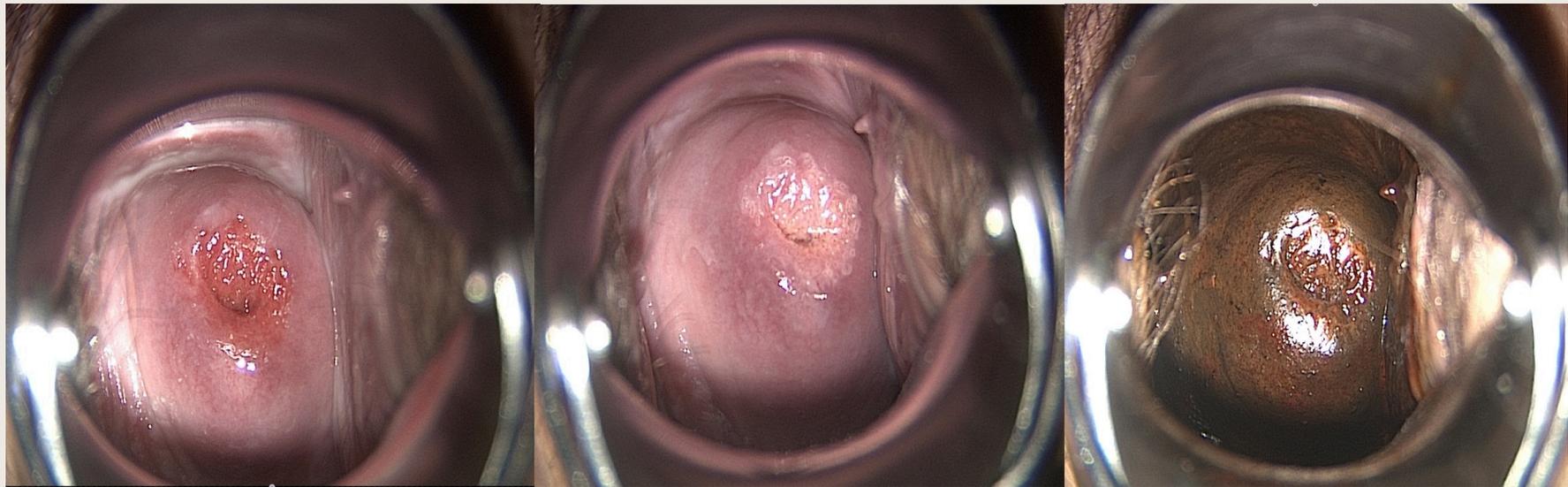
- This patient has no lesion
- This patient has a lesion and may be treated in the same session*
- This patient has a lesion that is suspicious for invasive cancer and should be referred for biopsy and appropriate management**

**Includes a "see and treat" approach with either cryotherapy, thermocoagulation or conization*

***includes an approach with either radical surgery, radiation therapy, chemotherapy or multimodal therapy*

Example: Case 7

Presence of an aceto-white lesion at the SCJ corresponding to a VIA-positive lesion suspicious of CIN2+. This patient requires treatment as indicated below:



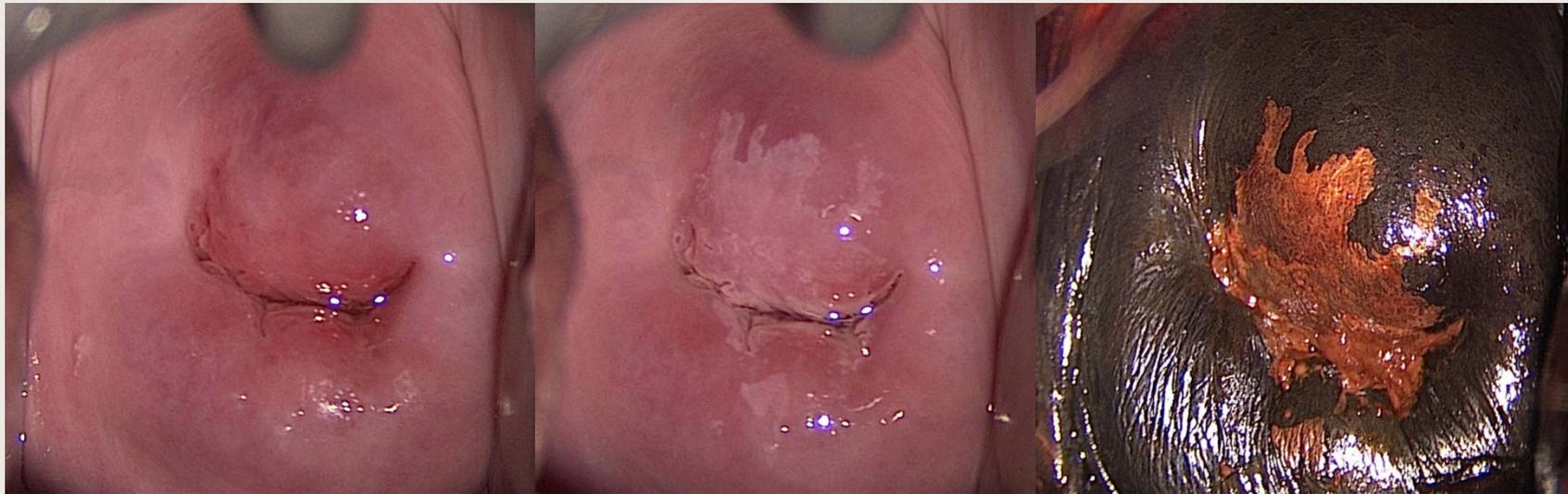
- This patient has no lesion
- This patient has a lesion and may be treated in the same session*
- This patient has a lesion that is suspicious for invasive cancer and should be referred for biopsy and appropriate management**

**Includes a "see and treat" approach with either cryotherapy, thermocoagulation or conization*

***includes an approach with either radical surgery, radiation therapy, chemotherapy or multimodal therapy*

Example: Case 8

Presence of an aceto-white lesion at the SCJ corresponding to a VIA-positive lesion suspicious of CIN2+. This patient requires treatment as indicated below:



- This patient has no lesion
- This patient has a lesion and may be treated in the same session*
- This patient has a lesion that is suspicious for invasive cancer and should be referred for biopsy and appropriate management**

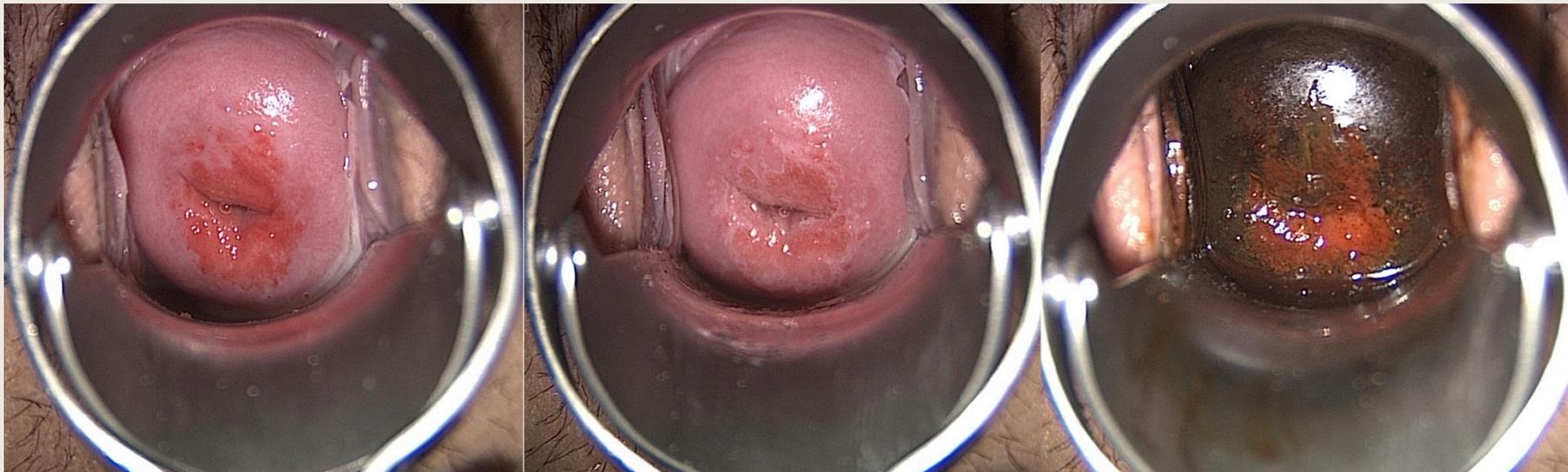
**Includes a “see and treat” approach with either cryotherapy, thermocoagulation or conization*

***includes an approach with either radical surgery, radiation therapy, chemotherapy or multimodal therapy*

Example: Case 9

There is no aceto-white lesion, this condition is normal.

This patient should not be treated.



- ⦿ This patient has no lesion
- This patient has a lesion and may be treated in the same session*
- This patient has a lesion that is suspicious for invasive cancer and should be referred for biopsy and appropriate management**

**Includes a “see and treat” approach with either cryotherapy, thermocoagulation or conization*

***includes an approach with either radical surgery, radiation therapy, chemotherapy or multimodal therapy*

Example: Case 10

There is no aceto-white lesion, this condition is normal.
This patient should not be treated.



- ⦿ This patient has no lesion
- This patient has a lesion and may be treated in the same session*
- This patient has a lesion that is suspicious for invasive cancer and should be referred for biopsy and appropriate management**

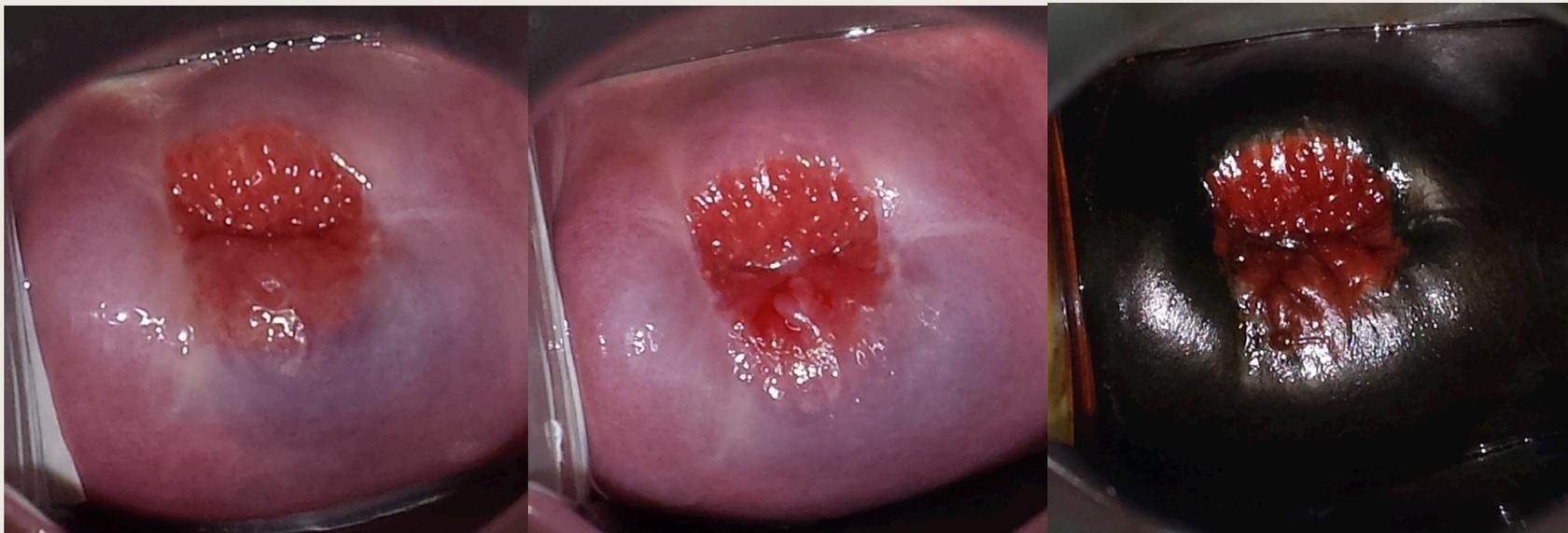
**Includes a "see and treat" approach with either cryotherapy, thermocoagulation or conization*

***includes an approach with either radical surgery, radiation therapy, chemotherapy or multimodal therapy*

Example: Case 11

There is no aceto-white lesion, this condition is normal.

This patient should not be treated.



- ⦿ This patient has no lesion
- This patient has a lesion and may be treated in the same session*
- This patient has a lesion that is suspicious for invasive cancer and should be referred for biopsy and appropriate management**

**Includes a “see and treat” approach with either cryotherapy, thermocoagulation or conization*

***includes an approach with either radical surgery, radiation therapy, chemotherapy or multimodal therapy*

Example: Case 12

There is no aceto-white lesion, this condition is normal.

This patient should not be treated.



- This patient has no lesion
- This patient has a lesion and may be treated in the same session*
- This patient has a lesion that is suspicious for invasive cancer and should be referred for biopsy and appropriate management**

**Includes a "see and treat" approach with either cryotherapy, thermocoagulation or conization*

***includes an approach with either radical surgery, radiation therapy, chemotherapy or multimodal therapy*

Example: Case 13

Presence of an aceto-white lesion at the SCJ corresponding to a VIA-positive lesion suspicious of CIN2+. This patient requires treatment as indicated below:



- This patient has no lesion
- This patient has a lesion and may be treated in the same session*
- This patient has a lesion that is suspicious for invasive cancer and should be referred for biopsy and appropriate management**

**Includes a "see and treat" approach with either cryotherapy, thermocoagulation or conization*

***includes an approach with either radical surgery, radiation therapy, chemotherapy or multimodal therapy*

Example: Case 14

Presence of an aceto-white lesion at the SCJ corresponding to a VIA-positive lesion suspicious of CIN2+. This patient requires treatment as indicated below:



- This patient has no lesion
- This patient has a lesion and may be treated in the same session*
- This patient has a lesion that is suspicious for invasive cancer and should be referred for biopsy and appropriate management**

**Includes a "see and treat" approach with either cryotherapy, thermocoagulation or conization*

***includes an approach with either radical surgery, radiation therapy, chemotherapy or multimodal therapy*

Example: Case 15

Presence of a large aceto-white lesion at the SCJ corresponding to a VIA-positive lesion suspicious of CIN2+. The patient requires treatment as indicated below:



- This patient has no lesion
- This patient has a lesion and may be treated in the same session*
- This patient has a lesion that is suspicious for invasive cancer and should be referred for biopsy and appropriate management**

*Includes a “see and treat” approach with either cryotherapy, thermocoagulation or conization

**includes an approach with either radical surgery, radiation therapy, chemotherapy or multimodal therapy

Conclusions

VIA-positive lesion inside the TZ and suspicious of CIN2 may be treated by immediate therapy.

If early cancer may not be excluded, histological assessment is mandatory (*biopsia or conization*).

Patients with lesions suspicious of advanced cervical cancer should be referred to a tertiary center for staging and therapy.