

module4

# HOW TO PROCEED

*Comprehensive Visual Inspection of the Cervix with Acetic Acid (VIA) and Lugol's Iodine (VILI)*  
<http://www.qlmer.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.

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

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## 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).

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## 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.

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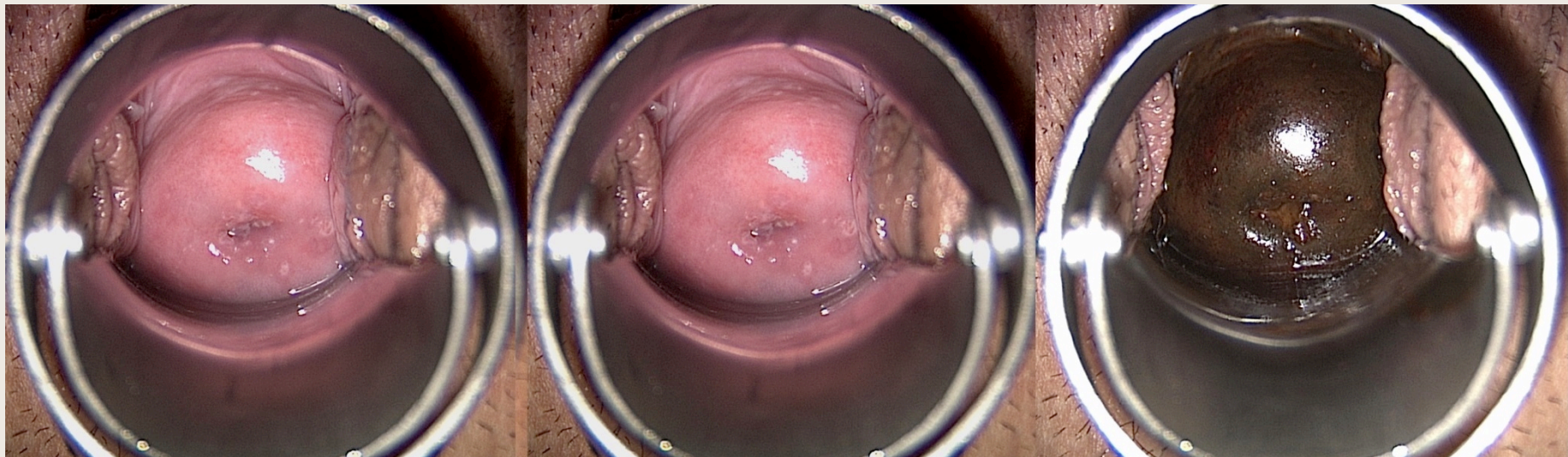
## 3. Observe if there is a iodine negative area

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

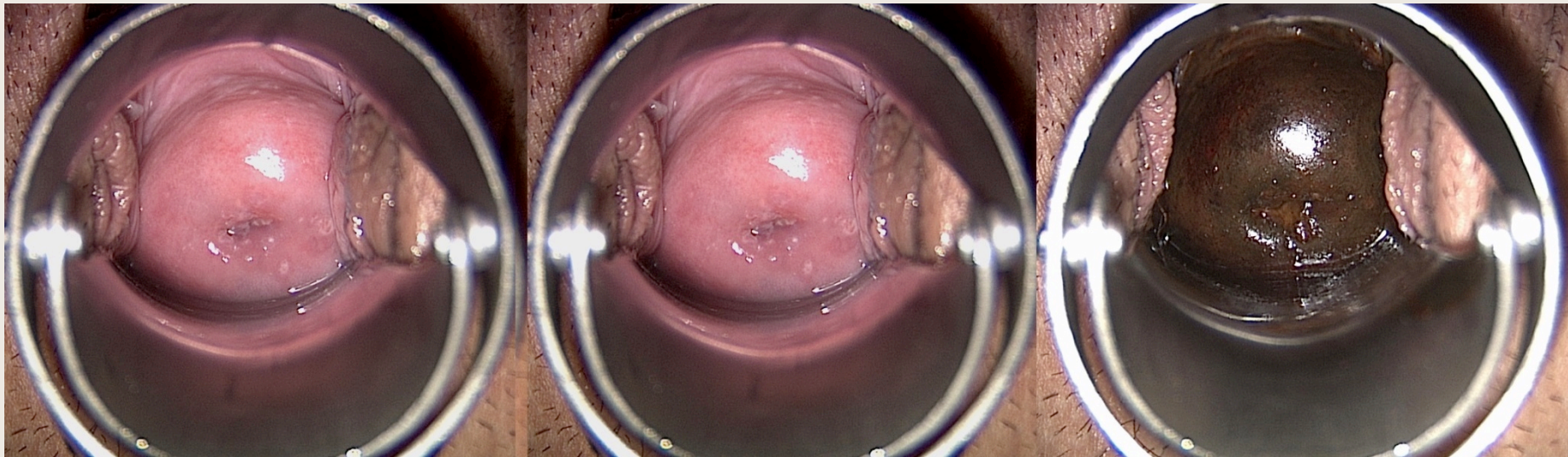
Step 3:

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\*\*

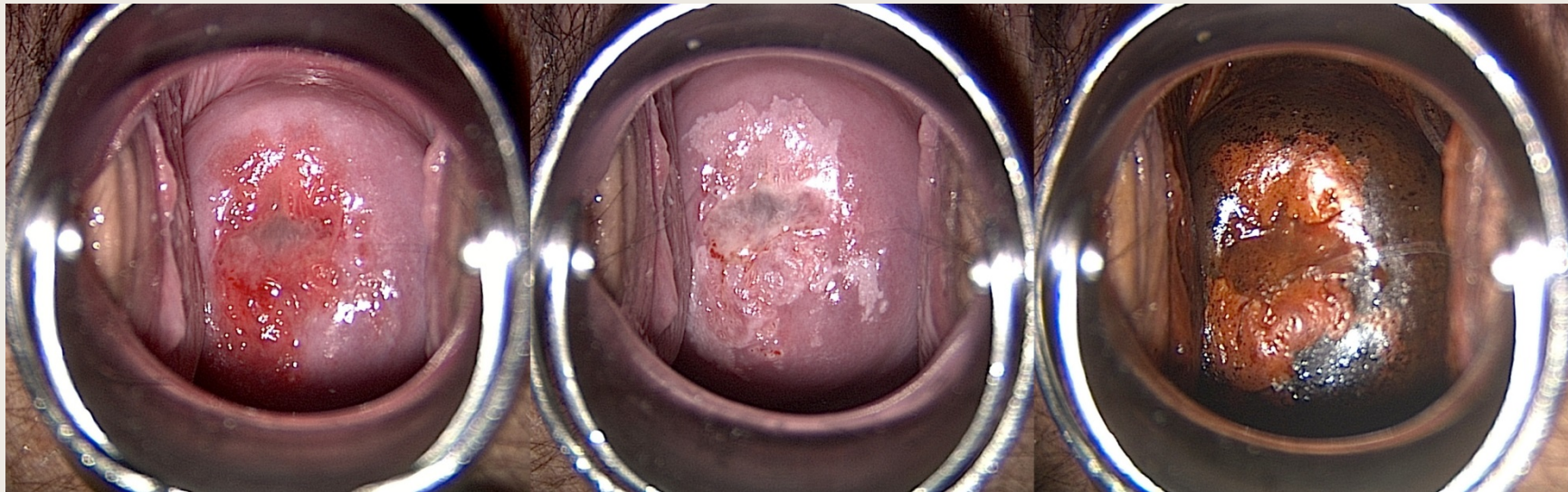
*\*Includes a “see and treat” approach with either cryotherapy, thermocoagulation or conization*

*\*\*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:



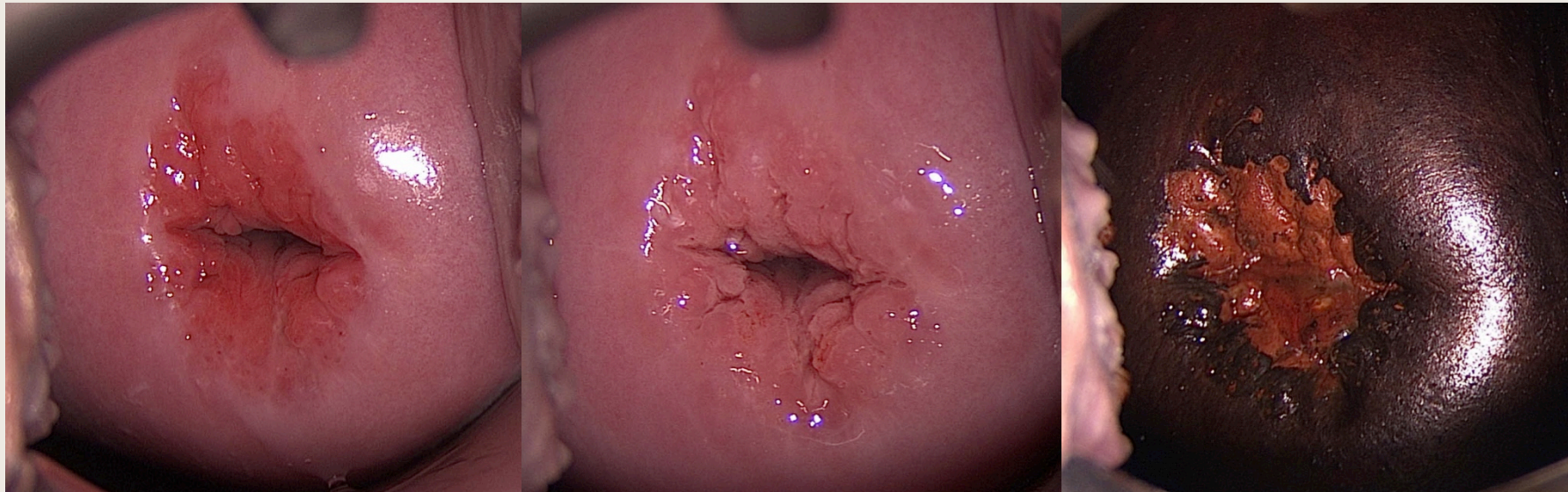
- ☐ This patient has no lesion
- ☒ This patient has a lesion and may be treated in the same session\*
- ☐ This patient has a lesion that is suspicious for invasive cancer and should be referred for biopsy and appropriate management\*\*

*\*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.



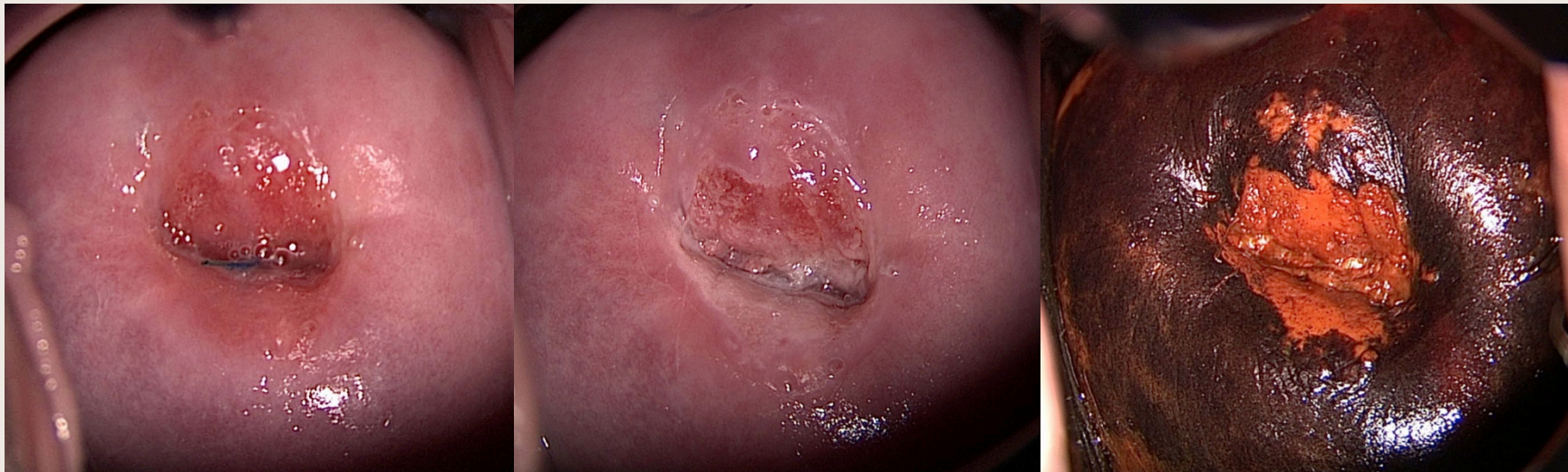
- ⦿ This patient has no lesion
- This patient has a lesion and may be treated in the same session\*
- This patient has a lesion that is suspicious for invasive cancer and should be referred for biopsy and appropriate management\*\*

*\*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:



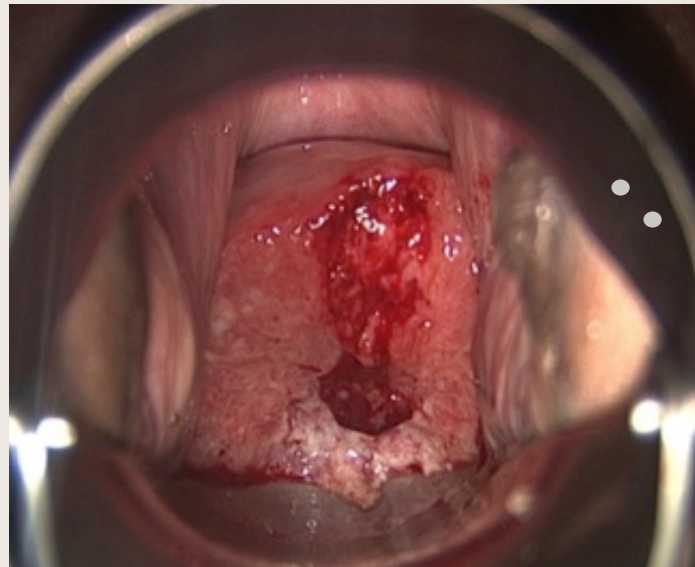
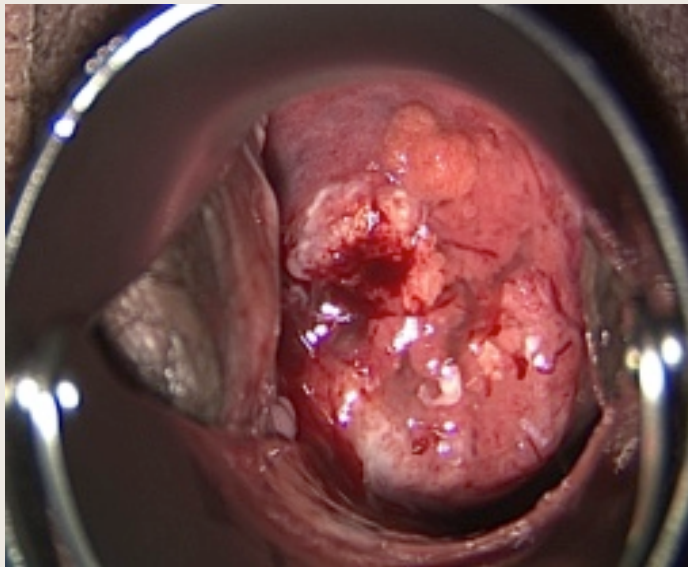
- ☐ This patient has no lesion
- ☒ This patient has a lesion and may be treated in the same session\*
- ☐ This patient has a lesion that is suspicious for invasive cancer and should be referred for biopsy and appropriate management\*\*

*\*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\*\*

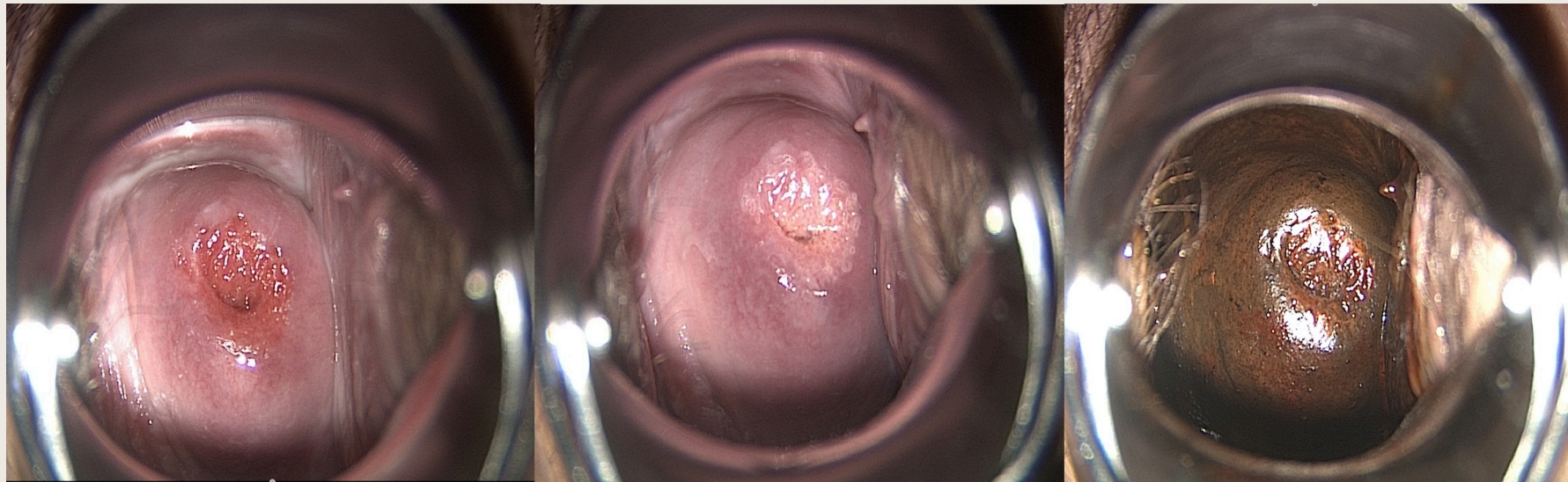
*\*Includes a “see and treat” approach with either cryotherapy, thermocoagulation or conization*

*\*\*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\*\*

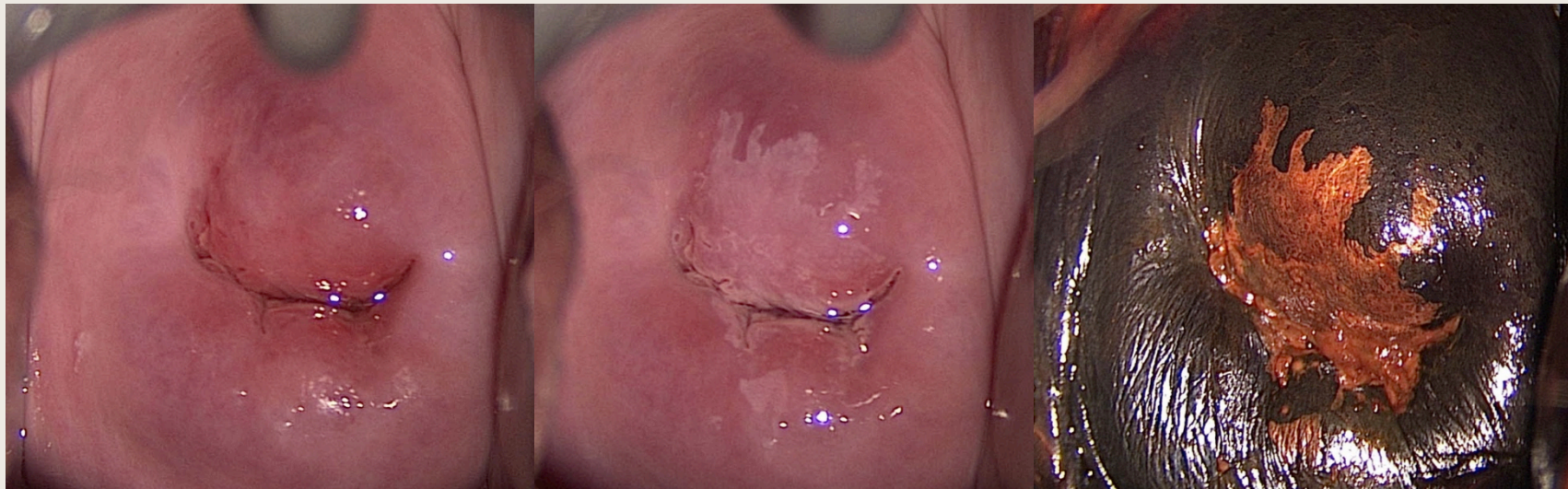
*\*Includes a “see and treat” approach with either cryotherapy, thermocoagulation or conization*

*\*\*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\*\*

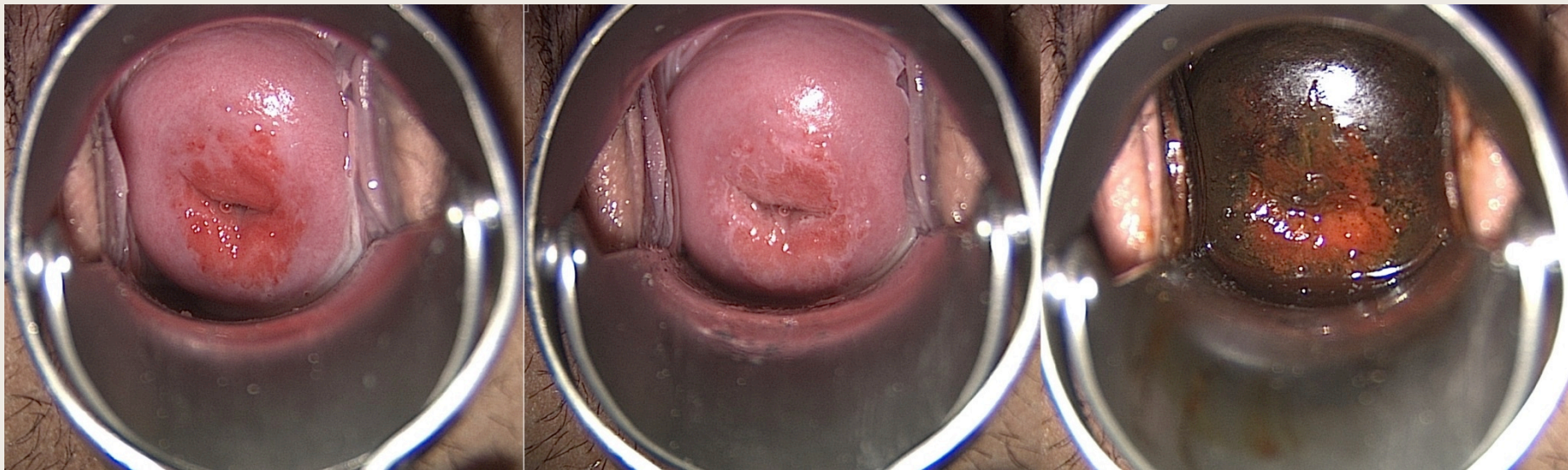
*\*Includes a “see and treat” approach with either cryotherapy, thermocoagulation or conization*

*\*\*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\*\*

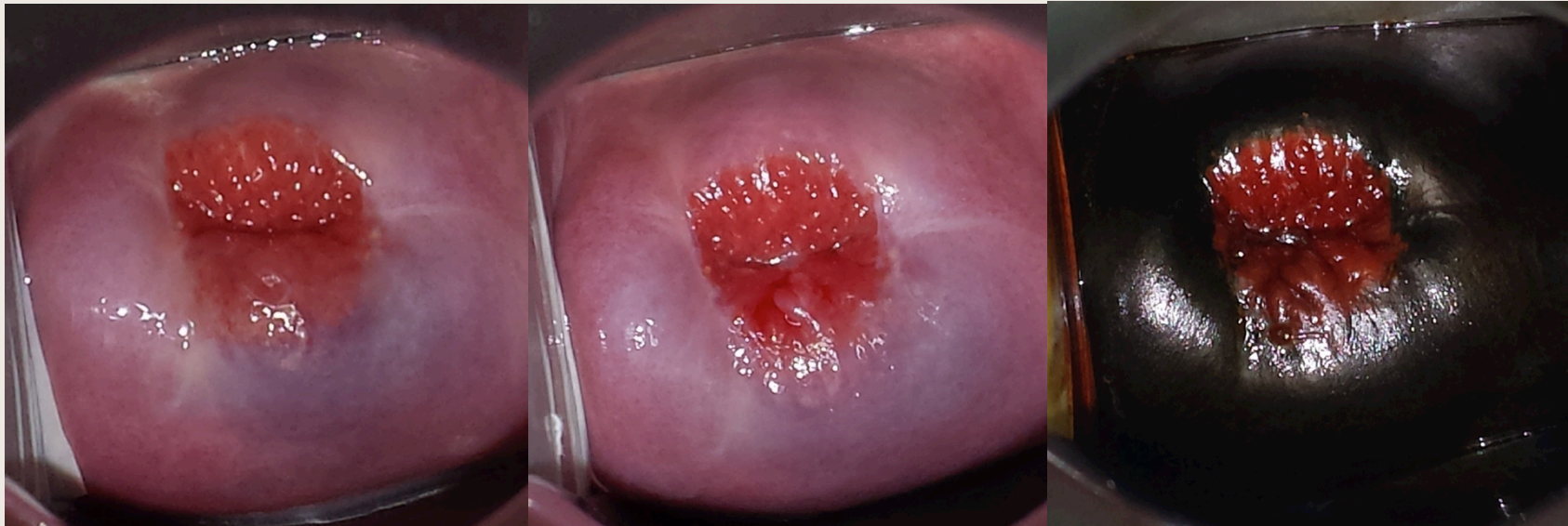
*\*Includes a “see and treat” approach with either cryotherapy, thermocoagulation or conization*

*\*\*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:



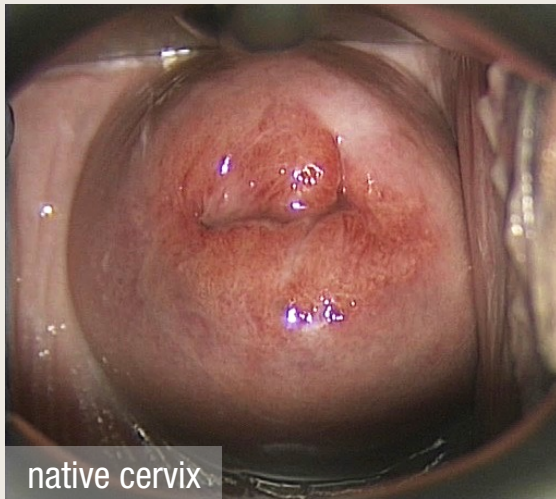
- ☐ This patient has no lesion
- ☒ This patient has a lesion and may be treated in the same session\*
- ☐ This patient has a lesion that is suspicious for invasive cancer and should be referred for biopsy and appropriate management\*\*

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

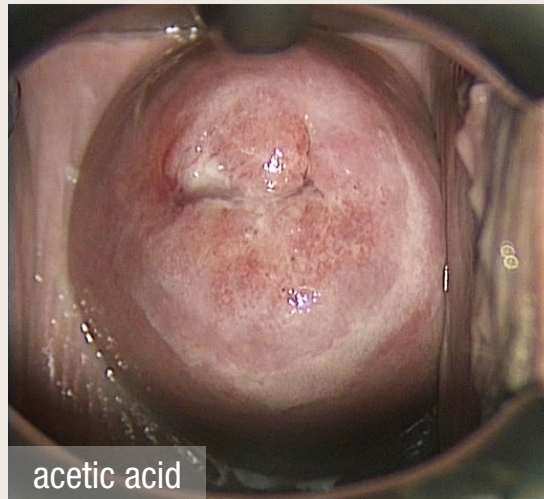
*\*\*includes an approach with either radical surgery, radiation therapy, chemotherapy or multimodal therapy*

## 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:



native cervix



acetic acid

- ☐ 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 assesment is mandatory (*biopsia or conization*).

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