Key recommendations of the LAST project

Unified terminology for HPV lesions of lower anogenital tract

Squamous intraepithelial lesions (Work Group 2)

Recommendations:

✦ A single set of diagnostic terms for HPV-associated preinvasive squamous lesions of lower anogenital tract.

✦ A two-tiered nomenclature (HSIL and LSIL) for noninvasive HPV-associated squamous proliferations, which may be qualified with the appropriate –IN terminology.

Superficially Invasive Squamous Cell Carcinoma—SISCCA (Work Group 3)

Recommendations:

✦ Use the term SISCCA for minimally invasive squamous cell carcinoma of the lower anogenital tract that has been completely excised and may be amenable to conservative surgical therapy.

✦ For invasive squamous carcinoma with positive biopsy/resection margins, pathology report should say whether or not SISCCA dimensions are exceeded. Note presence or absence of lymph-vascular invasion, using defined parameters for cervix, anal canal, and perianus.

✦ No change in current definition of vaginal carcinoma, vulvar cancer, penile cancer, and carcinoma of the scrotum.

Biomarkers in HPV-associated lower anogenital squamous lesions (Work Group 4)

Recommendations:

✦ Use p16 IHC when H&E morphologic differential diagnosis is between precancer and a mimic of precancer.

✦ Use p16 IHC to clarify a possible morphologic interpretation of –IN2 under the old terminology.

✦ Use p16 as adjudication tool where there is professional disagreement in histologic specimen interpretation.

✦ Do not use p16 as a routine adjunct to histologic assessment of negative, –IN1, and –IN3 biopsy specimens.