GISCi

Gruppo Italiano Screening del Cervicocarcinoma

Curettage endocervicale: quando e come?

Mario Preti

Dipartimento di Ostetricia e Ginecologia

Università degli studi di Torino

Nessun conflitto di interesse

CONVEGNO NAZIONALE GISCi

Torino 2-3 Ottobre 2025

- Che cos'è e come si esegue
- Evidenze scientifiche a supporto
- Quando eseguirlo?

Colposcopy Standards: Guidelines for Endocervical Curettage at Colposcopy

L. Stewart Massad, MD,[1] Rebecca B. Perkins, MD,[2] Amber Naresh, MD,[3] Erin L. Nelson, MD,[4] Lisa Spiryda, MD, PhD,[5] Kimberly S. Gecsi, MD,[6] Elie Mulhem, MD,[7] Elizabeth Kostas-Polston, PhD,[8] Tianle Zou, MD,[9] Tashima Lambert Giles, MD,[10] and Nicolas Wentzensen, MD, PhD[11]

Campionamento dell'endocervice mediante curette e/o cytobrush

Curette: movimento di entrata-uscita sulle quattro pareti dell'endocervice

Cytobrush: movimento rotatorio (90-180°) all'interno dell'endocervice

Ripetere se visibilmente insufficiente.

Journal of Lower Genital Tract Disease • Volume 27, Number 1, January 2023

Adequacy in Endocervical Curettage

Roa Alqabbani, MD, MS, Joanna Chan, MD, and Allison Goldberg, MD

TABLE 1 Mean Cellularity and p16 Immunohistochemical Staining in Biopsy and Endocervical Curettage Specimens

	ECC Negative (n = 37)	ECC Positive (n = 14)	*P* Value
Cellularity, mean (range)	1,055 (0-2,3050)	10,165 (473-52,080)	<.05
IHC staining for p16 performed on ECC, %	3	50	<.05

- 10,000 cellule: adeguato per diagnosi di HG-CIN nel ECC
- 1,000 cellule: inadeguato

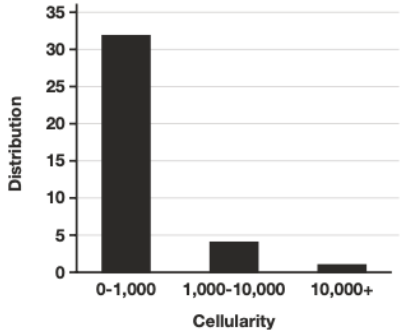

FIGURE 2 Cellularity distribution of negative endocervical curettage cases.

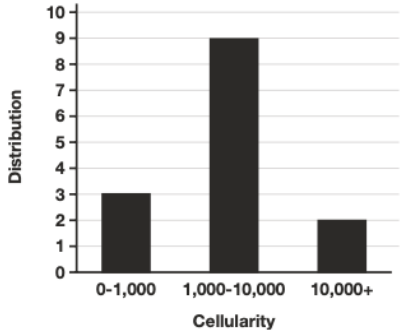

FIGURE 3 Cellularity distribution of positive endocervical curettage cases.

Am J Clin Pathol 2022;XX:1-5
HTTPS://DOI.ORG/10.1093/AJCP/AQAC058

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The ATHENA human papillomavirus study: design, methods, and baseline results

Thomas C. Wright Jr, MD; Mark H. Stoler, MD; Catherine M. Behrens, MD, PhD; Raymond Apple, PhD; Toniann Derion, PhD; Teresa L. Wright, MD

Un approccio standardizzato per colposcopie con biopsie/ECC*

Colpo	Satisfactory (Visualization of cervix & SCJ)		Unsatisfactory (Partial visualization of SCJ)		Unsatisfactory (SCJ not visualized)	
	Lesion(s) visible	No lesion visible	Lesion(s) visible	No lesion visible	Lesion(s) visible	No lesion visible
Biopsy	All lesions	Single biopsy at SCJ	All lesions	Single biopsy at SCJ	All lesions	No
ECC	✗	✗	✗	✓	✓	✓

* Le colposcopie sono state eseguite secondo I criteri ASCCP

Wright et al, Am J Obstet Gynecol, 2012

The ATHENA human papillomavirus study: design, methods, and baseline results

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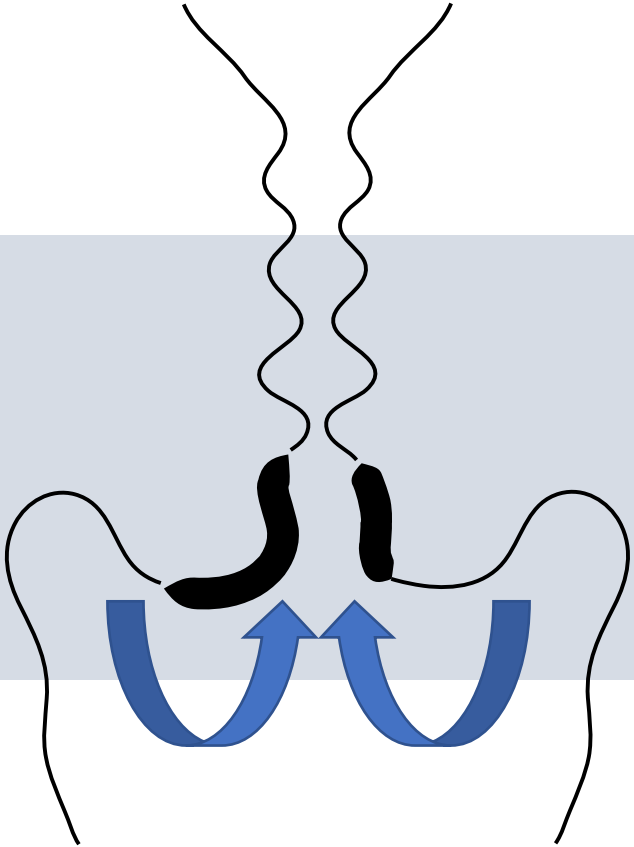
- 13,115 colposcopie in cui sono state eseguite **ECC + biopsie esocervicali**
- **L'additional yield dell'ECC è del 1.01%** (132/13,115)
- Di 132 casi: **CIN2** (n=86,0.7%), **CIN3** (n=34, 0.3%), o **AIS** (n=9, 0.07%)

Wright et al, Am J Obstet Gynecol, 2012



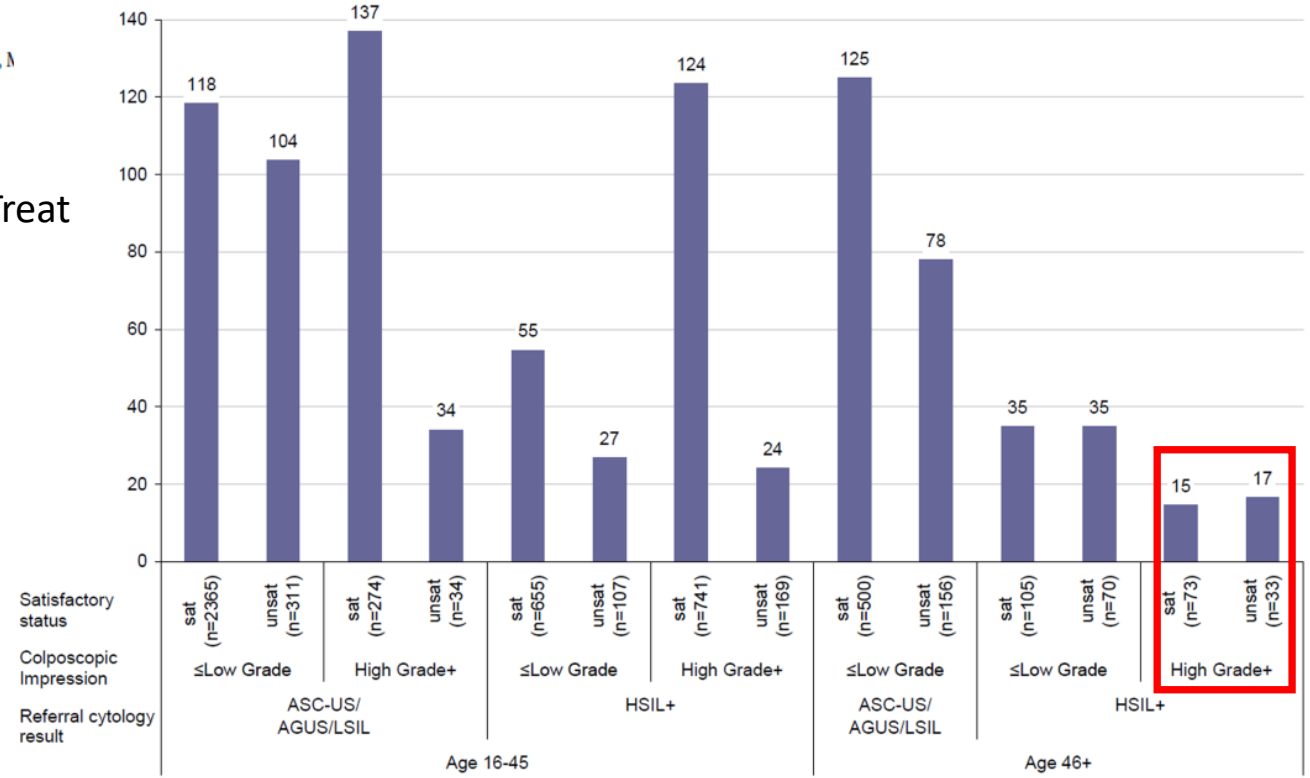
Il “**GREATEST DIAGNOSTIC YIELD**” dell’ECC si ha con l’**aumentare dell’età** (> 46 anni) e con la **mancata visualizzazione della GSC**

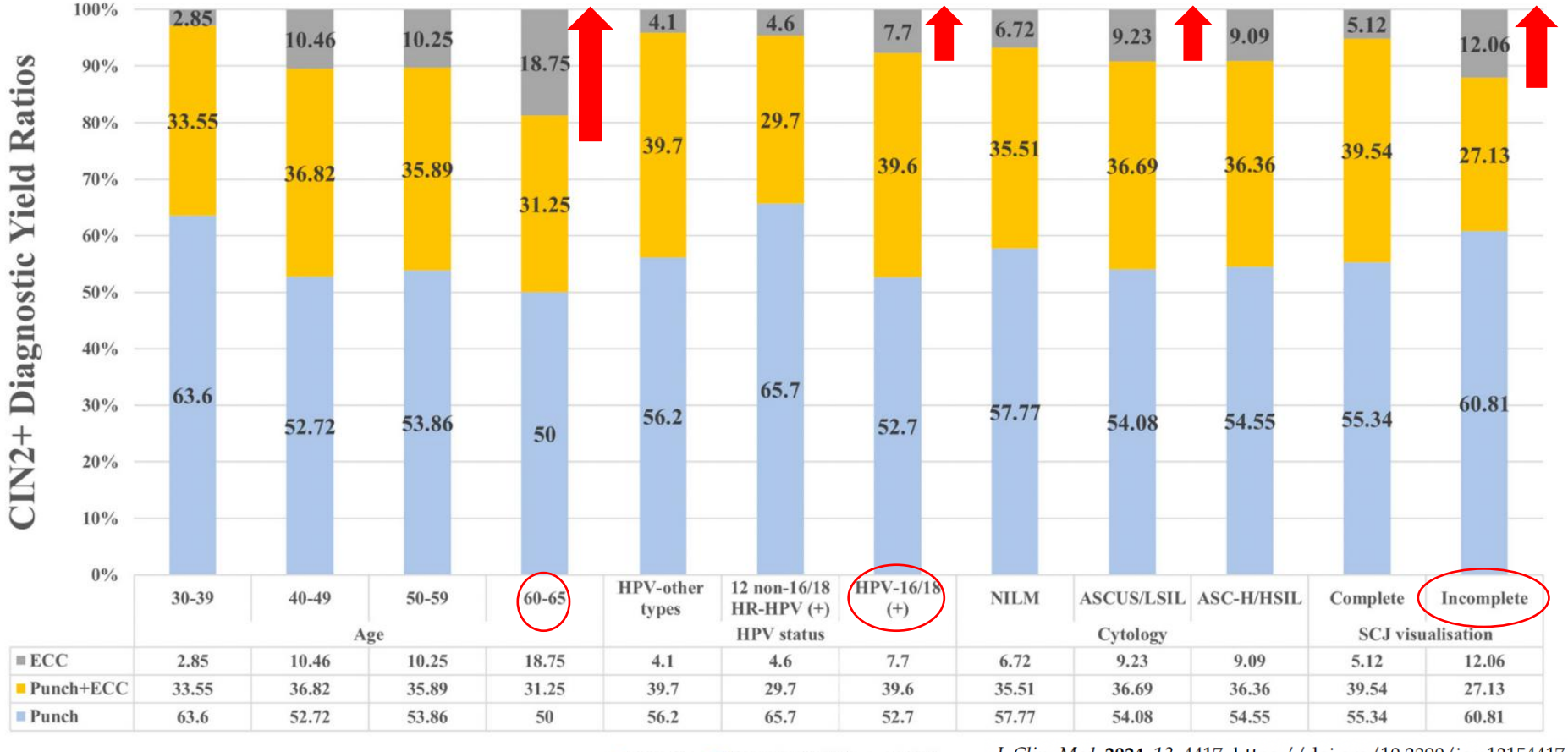
ONCOLOGY

Detection of cervical cancer and its precursors by endocervical curettage in 13,115 colposcopically guided biopsy examinations

Julia C. Gage, PhD, MPH; Máire A. Duggan, MD; Jill G. Nation, M

Number Needed to Treat (NTT)



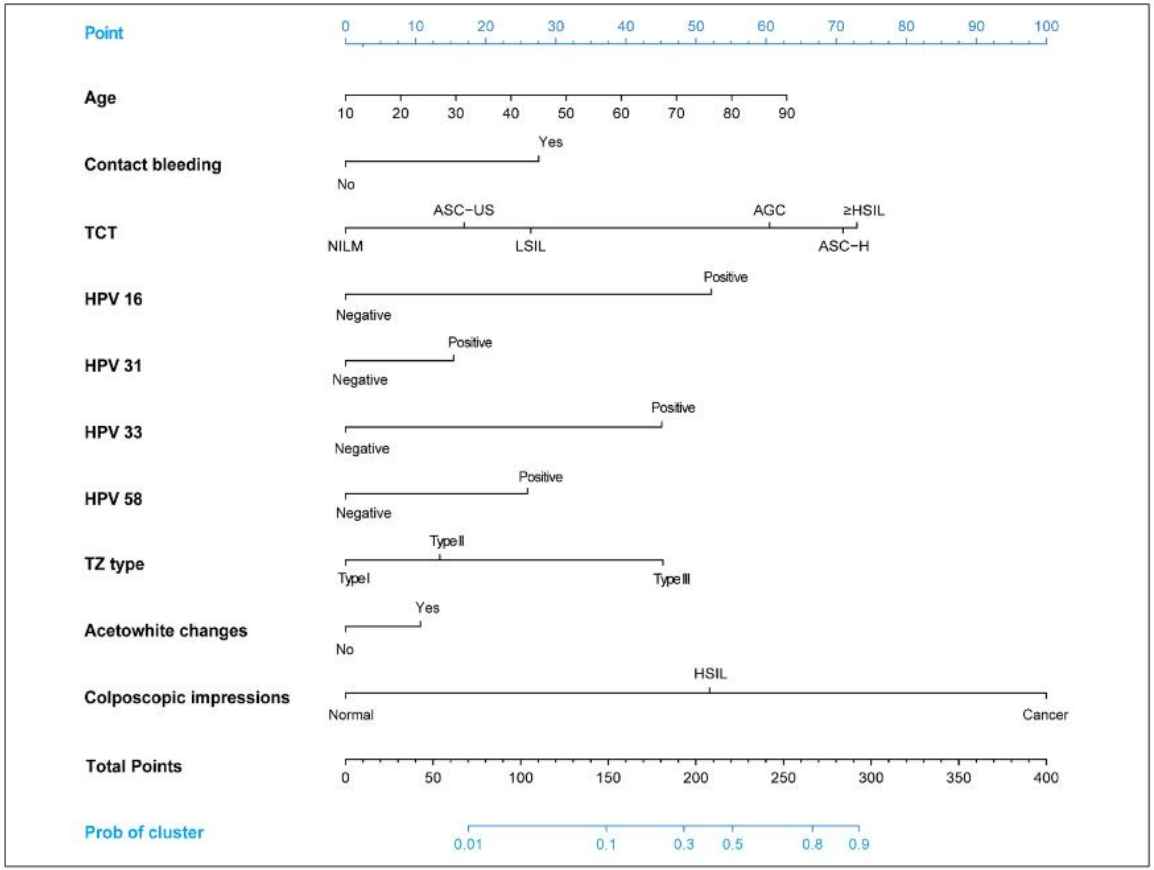


	30-39	40-49	50-59	60-65	HPV-other types	12 non-16/18 HR-HPV (+)	HPV-16/18 (+)	NILM	ASCUS/LSIL	ASC-H/HSIL	Complete	Incomplete
	Age				HPV status			Cytology			SCJ visualisation	
ECC	2.85	10.46	10.25	18.75	4.1	4.6	7.7	6.72	9.23	9.09	5.12	12.06
Punch+ECC	33.55	36.82	35.89	31.25	39.7	29.7	39.6	35.51	36.69	36.36	39.54	27.13
Punch	63.6	52.72	53.86	50	56.2	65.7	52.7	57.77	54.08	54.55	55.34	60.81

J. Clin. Med. **2024**, *13*, 4417. https://doi.org/10.3390/jcm13154417

Risk Factors of Positive Endocervical Curettage and Predictive Model Construction Based on Primary Human Papillomavirus Screening

Hangjing Gao, MS[1,*], Guanxiang Huang, MS[2,*], Binhua Dong, MS[2,3,4,*], Ye Li, MS[2], Hongning Cai, MD[5], Xianqian Chen, MS[6], Tingting Jiang, MS[2], Kelvin Stefan Osafo, MS[2], Dabin Liu, MS[1,2,3,4], Jiancui Chen, MS[7], Huihua Ge, MS[8], Diling Pan, MS[9], Huifeng Xue, MS[7], and Pengming Sun, PhD, MD[1,2,3,4]



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- ECC is **NOT ACCETTABLE** during **PREGNANCY**

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- ECC is **RECOMMENDED** when the SCJ is **not fully visualized**
- ECC is **PREFERRED** for patients aged **40 years and older**
- ECC is **RECOMMENDED** for all patients with a known positive test for **HPV 16/18**

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- ECC is **RECOMMENDED** in patients with high grade citology (**HSIL/ASC-H**) and in patients with **AGC**

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Yield of endocervical curettage in detecting cervical intraepithelial neoplasia grade 2 or higher during colposcopy: A prospective, cross-sectional study

Nida Jareemit[1] | Lalita Theerarojanapong[2] | Natthawadee Laokulrath[3] | Vuthinun Achariyapota[1] | Khemanat Khemworapong[1] | Sompop Kuljarasnont[1] | Pornporm Ittiamornlert[1] | Vitcha Poonyakanok[1] | Perapong Inthasorn[1]

L'analisi multivariata ha evidenziato un'associazione indipendente tra l'infezione da HPV-16 e l'additiona yield dell'ECC, con adjusted OR di 6,26 (IC 95%, 1,49–26,23; P = 0,012).

Int J Gynecol Obstet. 2024;00:1–

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- ECC is **RECOMMENDED** for all patients with double stain positivity for **p16/ki67+**

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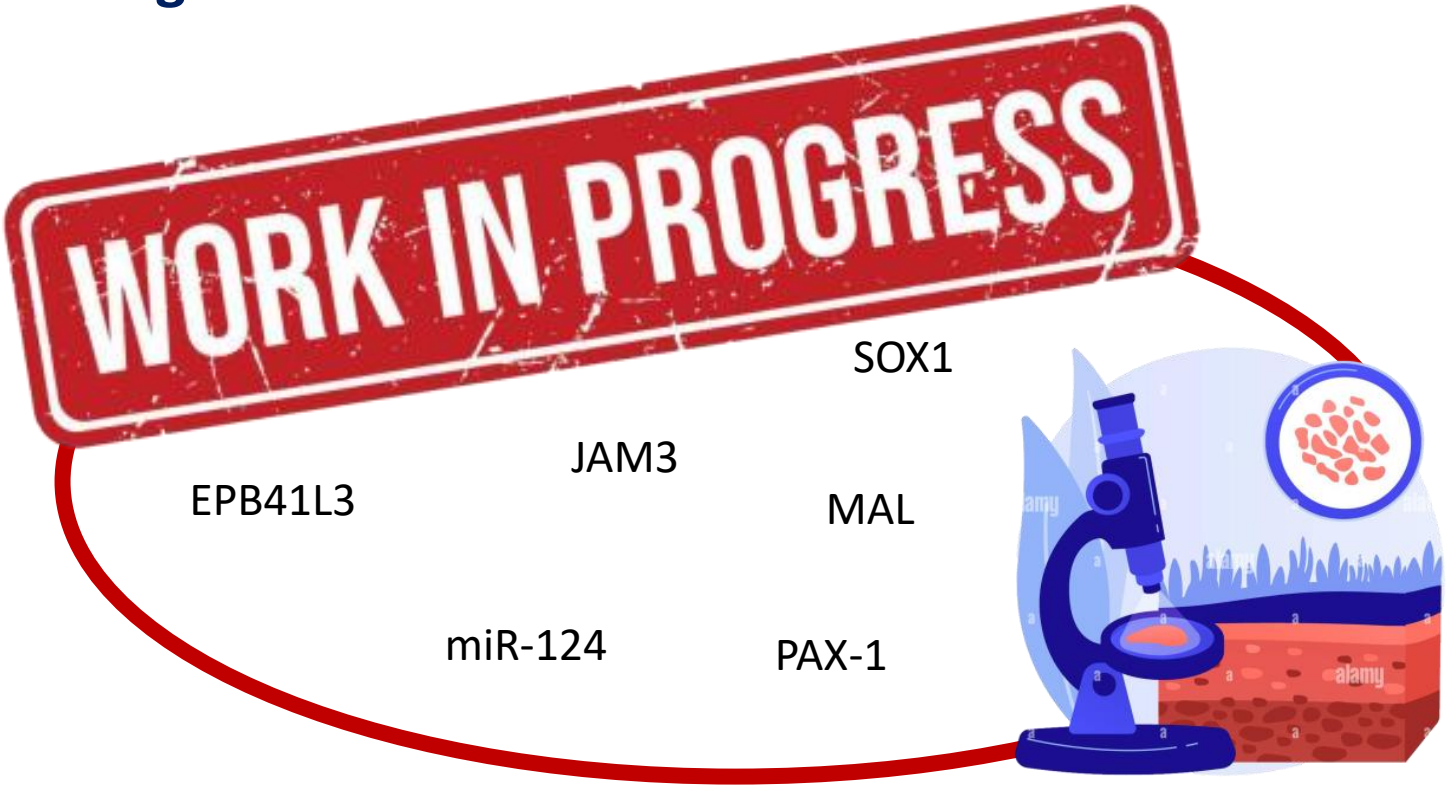
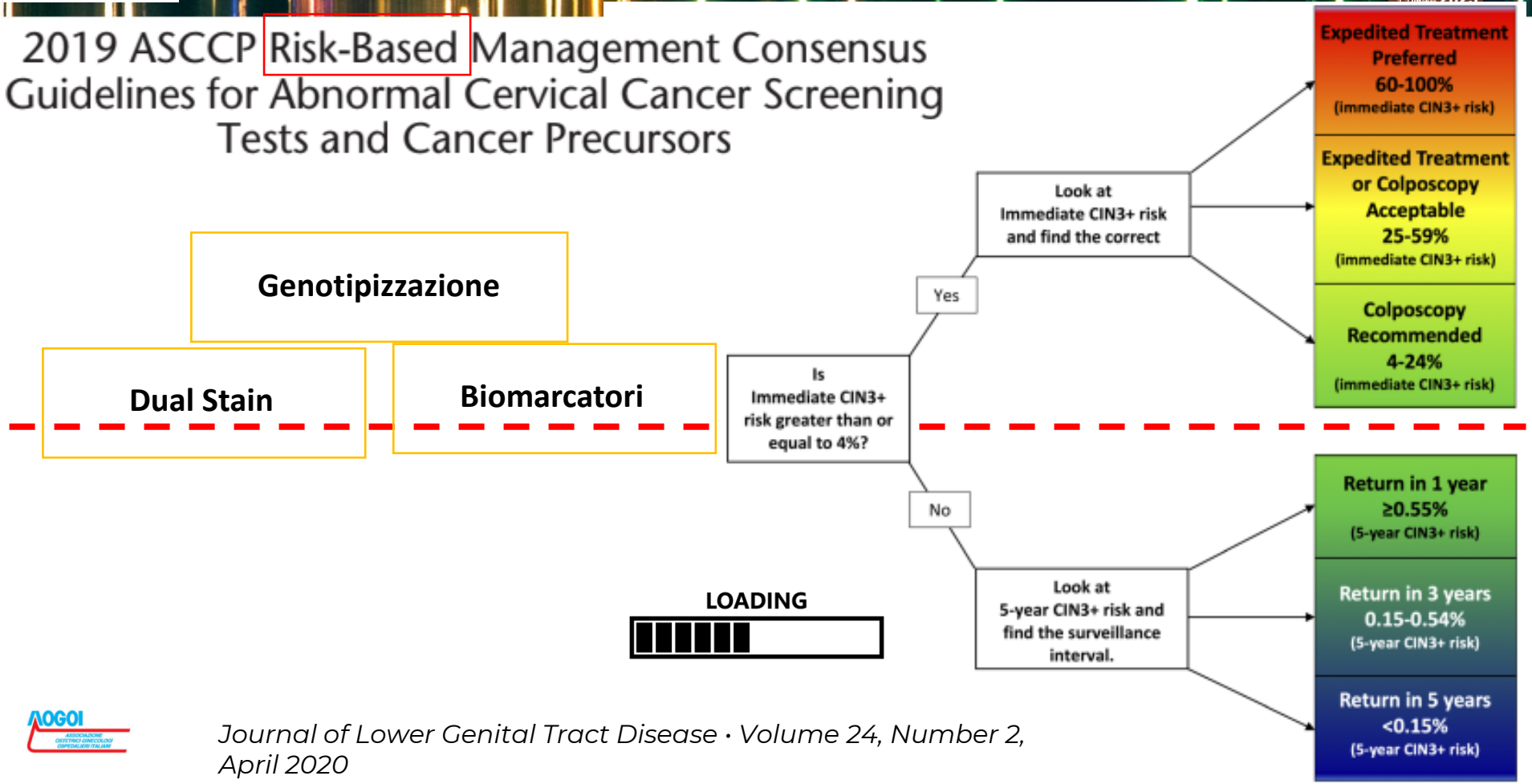
- ECC is **RECOMMENDED** for all patients with a previous treatment for **CIN2+ lesions**

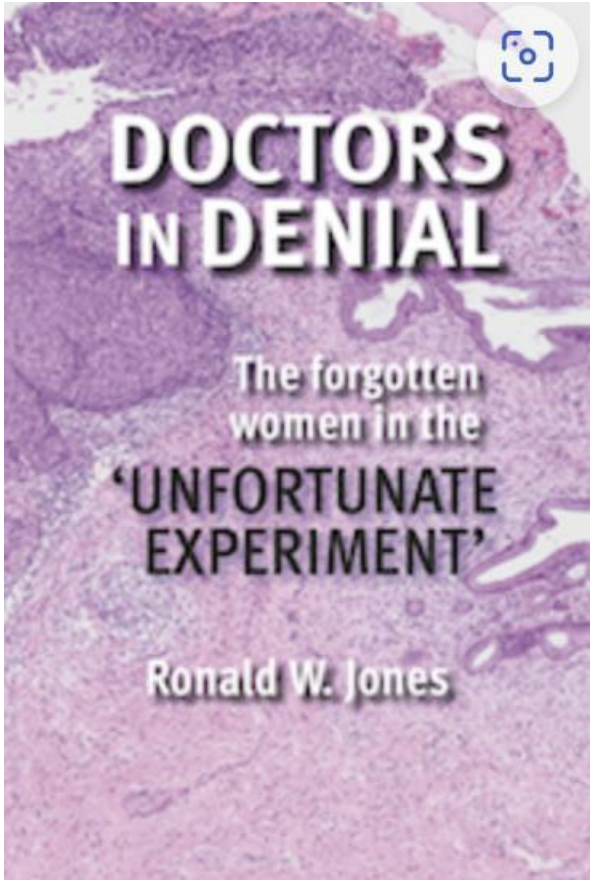
Più 100 geni sono stati testati come marker di metilazione…



2019 ASCCP Risk-Based Management Consensus Guidelines for Abnormal Cervical Cancer Screening Tests and Cancer Precursors



Journal of Lower Genital Tract Disease · Volume 24, Number 2, April 2020


DOCTORS
IN DENIAL
The forgotten
women in the
'UNFORTUNATE
EXPERIMENT'
Ronald W. Jones

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