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**FC604.2 Cervical Biopsy - „Select and Treat“ in CIN - Management**

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Cervical Intraepithelial Neoplasm (CIN) treatment is caused by their regression nature. No Conization should be done with a histological result  $\leq$  CIN II. Especially on younger women and patients who want to have a child, the aim of diagnosis should be an approximate definitive cut of CIN I/II and CIN III / Cervical Cancer Ia. Our concept of CIN Management means „Select and Treat“. The state of the art of bioptical diagnosis is the colposcopic directed biopsy. Questions are: 1. How valid is the colposcopic directed biopsy in cases with Pap III and no clear colposcopic signs for CIN? 2. In which cases do we have to use additional methods e. g. Ectocervical Surface Scraping (ESS) and Endocervical Curettage (ECC)? 3. Which reasons are there for better results in ESS/ECC than in the colposcopic directed biopsy? We have reviewed 714 Conizations/ ECC and 519 ESS/ECC from 1985-1995 and 130 cases of combined Biopsy and ESS/ECC, all with preoperative cytology repeat Pap III or single Pap IV according to Soost (Munich). Histology on Conization and Pap III demonstrate in 24,4 % no atypical findings/CIN I and in 18,8% in CIN II. Related to Pap IV these are 4,31%/6,03% respectively. Otherwise ESS and Pap III with 20,73% CIN III/ Ia, Pap IV 67,0%. In 33,08% of the combined group the histological result of the biopsy is less than for ESS (in 9,23% of all with important difference between  $\leq$  CIN II and  $\geq$ CIN III). Related to Pap III (n=91) 34,07% (7,69%). On the other hand there are 22,31% of the combined group higher than ESS. Related to Pap III 16,48%. Reasons to be discussed: 1. Inflammation with non clear colposcopic punctum maximum 2. Failure of the biopsy technology 3. inadequate colposcopic training. In conclusion : No preoperative diagnostic without Cervical biopsy.

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