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**Title:** Appropriate time interval for repeat cervical excision procedures for women undergoing treatment of cervical neoplasia

**Abstract:**

Cervical cancer incidence has continuously increased over the last several decades. Neoplastic grading systems traditionally have been used to assess the severity of lesions removed during colposcopy. High grade lesions or cervical intraepithelial lesions (CIN) II or III often warrant excision to prevent progression to invasive cancer. Diagnostic excisional procedures of the cervix include removal of a cone-shape portion of the cervix which surrounds the endocervical canal and include areas of the transformation zone. Excisional procedures can be performed with a scalpel, loop electrosurgical excision procedure, or LEEP, and cold knife conization. Post-operative complications of these procedures are well established and include increased risk of adverse obstetrical outcomes. Women who undergo repeat excisional procedures are often at a greater risk for such complications. The purpose of this research is to determine if a time interval is appropriate for repeating cervical excision procedures in women with residual lesions and if timing of repeat procedures minimizes certain risks attributable to repeat conization.