

**Table 2. Recommended Treatment Regimens for Anogenital Warts Based on Anatomic Location<sup>a</sup>**

Anatomic location	Patient-applied			Provider-administered				
	Podofilox <sup>b</sup>	Imiquimod <sup>b</sup>	Sinecatechins <sup>b</sup>	Cryotherapy	Podophyllin <sup>b</sup>	TCA/BCA	Surgical removal	Other
External genital	X	X	X	X	X	X	X	<sup>c</sup>
Meatus				X	X			
Vagina				X		X		<sup>d</sup>
Cervical/rectal								Biopsy, consult a specialist
Anal/perianal				X		X	X	Digital rectal exam, anoscopy

Abbreviation: TCA/BCA, trichloroacetic acid or bichloroacetic acid 90%–90%.

<sup>a</sup> Adapted from the 2010 Centers for Disease Control and Prevention Sexually Transmitted Diseases Treatment Guidelines.

<sup>b</sup> Podofilox, podophyllin, imiquimod, and sinecatechins are not recommended during pregnancy.

<sup>c</sup> Alternative regimens include intralesional interferon, laser therapy, topical cidofovir, and other.

<sup>d</sup> Some experts recommend use of podofilox or imiquimod, but limited data exist.

with patients; however, recommendations for condom use may not be realistic or palatable for some patients, particularly those in long-term, monogamous relationships.

Because of the possible distress associated with HPV diagnoses and the large number of HPV-associated visits at STD clinics, we have included messages to guide patient education and counseling. The messages address common questions encountered by providers and include messages for persons with genital warts and their partners, women undergoing cervical cancer screening, and women who have an abnormal Pap test and/or HR HPV test result and their partners. General HPV information is also provided below, which should accompany the key messages for specific patient scenarios.

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