

1.0 Cervical Cancer Screening Provided By Registered Nurses

Note: Terms bolded within the content of this document are defined in the Definitions section.

Objectives

- To identify the educational resources and requirements supporting Registered Nurses (RNs) to perform cervical cancer screening in Alberta.
- To guide an RN on the cervical screening process and appropriate follow-up on screening test results.
- To support improvement in accessing cervical cancer screening for women in Alberta.

Principles

This guideline was developed to support the Alberta Cervical Cancer Screening Program (ACCSP) which aims to reduce the incidence and mortality of invasive cervical cancer through regular **cervical cancer screening**. **Papanicolaou** (Pap) tests together with the human papillomavirus (HPV) vaccination are the best way to prevent cervical cancer. Over 90% of cervical cancers can be prevented or cured when found and treated early.

There are groups of women that are less likely to receive regular screening for cervical cancer. Therefore, this guideline is intended to support screening engagement and retention rates in populations less likely to be screened such as; older women, women living in poverty, immigrant women, Indigenous women, rural women, individuals in the LGBTQ2S+ community, and women who have poor access to Pap test providers.

Applicability

This guideline applies to all Registered Nurses performing cervical cancer screening within Alberta, along with their employers, preceptors, and any other health professionals involved in the cervical cancer screening pathway.

Elements

1. Preparation Requirements

- 1.1 Registered Nurses providing cervical cancer screening shall complete the required training and/or demonstrate competence.
 - a) Complete the [ACCSP Cervical Cancer Screening Learning Module for Registered Nurses](#) and demonstrate competence (theoretical and practical) as outlined in the Module with evaluation by a **preceptor**.
 - b) For the RN who has previously completed training and demonstrated competence in cervical cancer screening, completion of the learning module is recommended (skill in competencies is determined by the practice setting manager or preceptor review).

- c) Review the College and Association of Registered Nurses of Alberta (CARNA) document: [Registered Nurse Role in Cervical Cancer Screening: Practice Advice.](#)

- 1.2 It is the responsibility of the RN, preceptor, and practice setting to ensure the educational preparation is documented, demonstrated, and the appropriate documents are reviewed.
- 1.3 The RN is responsible to register as a 'New Provider' with the appropriate labs prior to submitting Pap test samples under their own name.

2. Practice setting/program Requirements

2.1 The practice setting/program shall:

- a) Establish a protocol for the review and follow-up on client cervical cancer screening results;
 - (i) The protocol shall ensure that clients can be referred to a Physician or Nurse Practitioner when clinically indicated. This includes but is not limited to scenarios listed in appendix B. In addition, refer to [Toward Optimized Practice Cervical Cancer Screening Clinical Practice Guidelines \(TOP CPGs\).](#)
 - (ii) The protocol shall include a plan for the follow-up of results if the RN is unable to provide follow-up themselves.
- b) Develop a collaborative relationship with a Physician and/or Nurse Practitioner to support the protocol; and
- c) Consider utilizing the support and services offered by the ACCSP to improve appropriate screening and increase screening participation rates for those un/under-screened (see appendix C).

3. Competency Maintenance

- 3.1 On-going competence is reviewed, documented and evaluated by the RN, practice setting, Medical Laboratory, and the ACCSP.
- 3.2 To maintain competence, the RN shall provide at least 12 satisfactory Pap tests annually, and regularly engage in continuing competence activities to ensure best practice and client safety.
- 3.3 Specimen adequacy of Pap tests may be monitored by the labs and reports may be generated for all healthcare providers should they register an unsatisfactory rate above the lab's target rate.
- 3.4 The RN is responsible to participate in quality assurance activities, and review relevant Medical Laboratory reports.

- 3.5 When a need for retraining or improvement in competencies in performing Pap tests is identified, it is the responsibility of the RN to develop a learning plan with the practice setting manager (which may include review of the learning module and additional practical experience).

4. Cervical Cancer Screening Appointment

- 4.1 Perform an intake assessment to ensure the client is eligible for cervical cancer screening according to TOP CPGs.
- a) The RN will refer to a Physician or Nurse Practitioner when the client is outside the recommendations for cervical cancer screening.
- 4.2 As part of the assessment, the RN shall:
- a) Confirm the identity of the client according to employer identification policy;
 - b) Identify the need for cervical screening based on the client's age, history and/or relevant risk factors;
 - c) Review past cervical screening lab results;
 - (i) If the client has previously had abnormal results, the RN will assess and refer clients back to the testing Physician, Nurse Practitioner or another provider as identified by the client for follow-up (refer to appendix A).
 - d) Identify client's Primary Care Physician or Nurse Practitioner if follow-up required;
 - e) Complete additional assessments as required by practice setting.
- 4.3 Provide opportunity for health education (e.g. Sexually Transmitted Infections, HPV Immunization, ACCSP resources) and discussion of pertinent health issues including key messages regarding cervical cancer screening with client.
- 4.4 Present information on the possible benefits and harms of the cervical screening process considering the client's values and beliefs.
- 4.5 Obtain informed consent for cervical screening from the client according to employer consent policy. Consent should be obtained to share results with the Primary Care Physician or Nurse Practitioner.
- 4.6 Follow Pap test process/protocols described in the ACCSP Cervical Cancer Screening Learning Module for Registered Nurses and/or other practice setting approved resources (e.g. Blue Book).
- 4.7 Obtain the cytology sample according to the Pap test collection guidelines and recommendations in the TOP guideline.
- 4.8 Review the process for a client obtaining Pap test results and provide instructions for when follow-up is needed.

- 4.9 Inform the client regarding timelines of when and by whom they will be contacted with their results.
- 4.10 Provide client with practice setting and/or RN contact information, for future reference.
- 4.11 Document all assessment and intervention activity, as outlined by practice setting and according to employer documentation requirements.

5. Labelling Transport and Storage of Cervical Screening Specimens

- 5.1 Complete appropriate laboratory requisitions and label requisition and specimen containers according to the lab's specific packaging requirements.
- 5.2 Specimens should be stored with consideration given to the type of fridge, storage temperature and timelines. Follow the specimen storage standards, as per facility practice.
- 5.3 Arrange specimen transportation to the laboratory according to laboratory processes and employer requirements to ensure timely and appropriate delivery.

6. Cervical Cancer Screening Results and Client Communication and Follow up

- 6.1 The RN who performed the Pap test shall look up clients laboratory result when available* and provide appropriate information and timely follow-up (refer to Appendix A) according to practice setting processes.
 - a) The RN shall perform repeat Pap tests when applicable and/or refer to the appropriate (or designated) healthcare professional for follow up according to recommended Follow up of Abnormal Results (Appendix A) and the TOP Cervical Cancer Screening Clinical Practice Guideline
 - b) In accordance with the follow-up recommendations in Appendix A, an RN shall contact a client to inform them of their result or to inform them of their referral to a Physician, Nurse Practitioner or other specialist;
 - c) All clients should be notified of their abnormal Pap test result (including if a Physician or Nurse Practitioner referral is required) within one (1) week after results are available, as results are mailed out to the client by the ACCSP within three (3) weeks.
- 6.2 The RN documents in the client health record their communication of abnormal Pap test results to client and other healthcare professionals for follow-up and other interventions, and other requirements of the practice setting.
- 6.3 The RN documents in the client health record all attempts to contact the client.

* Results are processed by the laboratory within seven (7) days of receiving specimens.

Definitions

Cervical Cancer Screening: Comprehensive screening process that tests eligible women for abnormal or precancerous cervical cells inclusive of providing the necessary follow-up.

Papanicolaou (Pap) test: A test in which cells are removed from the cervix and examined under a microscope to find abnormal changes.

Preceptor: a Physician, Nurse Practitioner, or RN experienced and competent in well-woman care and performing Pap tests, who will oversee the educational process and be willing to participate in the required learning activities.

References

- Appendix A: Follow-Up of Abnormal Pap Test Results
- Alberta Health Services Resources:
 - ACCSP Cervical Cancer Screening Learning Module for Registered Nurses 2020
 - [ACCSP Follow Up of Abnormal Pap Test Results Algorithm](#)
- Non-Alberta Health Services Documents:
 - [Practice Advice Role of RN in Cervical Cancer Screening \(CARNA\)](#)
 - [Toward Optimized Practice \(TOP\) Cervical Cancer Screening: Clinical Practice Guideline](#)

Appendix A – Follow-up of Abnormal Pap Test Results

PAP TEST RESULT	RECOMMENDED MANAGEMENT
Negative for Intraepithelial lesion or malignancy (NILM)	Return to routine screening
Unsatisfactory (Unsat)	Repeat Pap test but not before three months
Atypical squamous cells of undetermined significance (ASC-US)	Clients < 24 years (Although routine screening is NOT recommended)
	Repeat Pap test every 12 months for two years (two tests): <ul style="list-style-type: none"> - At 12 months: ONLY high grade lesions refer to colposcopy* - At 24 months: <ul style="list-style-type: none"> - Negative → return to routine screening - ASC-US or greater → refer for colposcopy*
	Clients 25-29 years
	Repeat Pap test every six months for one year (two tests). These tests must be at least six months apart. <ul style="list-style-type: none"> - If both repeat test results are negative → follow up is routine screening (every three years) - If either repeat result is ASC-US or greater → refer for colposcopy*
	Clients ≥ 30 years (the lab will automatically perform HPV reflex testing)
<ul style="list-style-type: none"> - HPV Negative → risk equivalent to NILM. Follow-up is routine screening. - HPV Positive → refer to colposcopy* - HPV Indeterminate → manage as per lab instructions* 	

Low-grade squamous intraepithelial lesions (LSIL)	Clients < 24 years (Although routine screening is NOT recommended)
	Repeat Pap test every 12 months for two years (two tests): <ul style="list-style-type: none"> - At 12 months: Only high grade lesions refer to colposcopy* - At 24 months: <ul style="list-style-type: none"> - Negative → follow up is routine screening - ASC-US or greater → refer to colposcopy*
	Clients 25-49 years
	Repeat Pap test every six months for one year (two tests). These tests must be at least six months apart. <ul style="list-style-type: none"> - If both repeat test results are negative → follow up is routine screening (every three years) If either repeat result is ASC-US or greater → refer for colposcopy*
	Clients ≥ 50 years (the lab will automatically perform HPV reflex testing) <ul style="list-style-type: none"> - HPV Negative → risk level is equivalent to NILM. Follow up is routine screening. - HPV Positive → refer to colposcopy* - HPV Indeterminate → manage as per lab instructions*
High-grade squamous intraepithelial lesions (HSIL)	Refer all ages to colposcopy
Atypical squamous cells – cannot exclude HSIL (ASC-H)	
Atypical glandular cells (AGC)	
Adenocarcinoma in situ (AIS)	
Squamous carcinoma, other malignancy	Refer all ages to specialist
<p>*Ensure Care Coordination: Appropriate mechanisms should be established to ensure timely referral to the Primary Care Provider, Nurse Practitioner or colposcopist/specialist.</p>	

Appendix B – Referral Requirements

Please note that this list is not inclusive of all scenarios in which an RN would need to refer to a Physician or Nurse Practitioner.

DO NOT SCREEN:

Clients with any of the following should be referred to a Primary Care Provider and the RN should NOT proceed with the Pap test:

- Pregnancy, only if client is due for screening
- Previous diagnosis of cervical cancer
- Symptomatic clients:
 - Unusual bleeding or discharge
- Visual abnormality
- Clients under the age of 21
- Clients under the age of 25 should not be screened unless they are at high risk (e.g. early sexual debut, multiple partners, immunosuppressed, etc.)
- Biopsy confirmed high-grade squamous intraepithelial lesions (HSIL), adenocarcinoma in situ (AIS), or invasive cervical cancer.
- Immunocompromised (e.g. HIV/AIDS) and/or those taking long term oral immunosuppressant medications.
- Total or subtotal hysterectomy due to biopsy confirmed high grade lesions or cervical cancer.

Appendix C – Alberta Cervical Cancer Screening Program (ACCSP) Information

The ACCSP develops and coordinates activities that contribute to preventing and/or finding cervical cancer early. Services include:

- Providing a personalized correspondence system that includes invitations, results, recalls, and follow-up letters for clients and healthcare providers.
- Promoting and increasing access to cervical cancer screening services in the province
- Working with healthcare providers and labs to ensure appropriate diagnostic follow up after screening.
- Educating women and healthcare providers.
- Supporting continual quality improvement of cervical cancer screening services based on feedback from Albertans and healthcare providers and research/evidence based practice.
- For cervical cancer screening resources visit <https://screeningforlife.ca/for-health-providers/cervical-screening-information/>