Toward Optimized Practice

CERVICAL CANCER SCREENING

Summary of the Clinical Practice Guideline | May 2016

These recommendations pertain to asymptomatic women. If the woman is symptomatic she should be investigated regardless of age. See: '*Abnormal Uterine Bleeding in Pre-Menopausal Women*' at: https://sogc.org/clinical-practice-guidelines.html.

Initiate Screening	**Cervical cancer screening applies to women including transgender people with a cervix who are or have ever been sexually active.** (Sexual activity includes intercourse as well as digital or oral sexual activity involving the genital area with a partner of any gender.) ✓ Do initiate screening three years after the first sexual activity or at age 25, whichever is later. ✓ Optional screening for ages 21-24 based on informed patient choice and/or where women may benefit, i.e., those at higher risk. (See FAQ for patient discussion points.) X DO NOT screen under age 21.
Screening Interval	✓ Every three years from initiation or the time of the last normal Pap test result
Discontinue Screening	✓ Stop screening women at 70 years old and older who have had at least three consecutive normal Pap tests at any interval. ✓ Initiate or continue screening women age 70 years old and older who have never been screened or under-screened with three annual Pap tests. If all three results are normal, screening can be discontinued. ✓ Women may choose to continue screening beyond age 70 provided they have a long life expectancy, can benefit from continued screening, and understand the possible risks and difficulties associated with screening at this age.
Increase Surveillance	Some women may require surveillance because of increased risk or past cervical disease however, the evidence is not conclusive at this time and therefore based on expert opinion and experience. **Consider screening the following women annually for life with:** • A biopsy-confirmed high-grade squamous intraepithelial lesions (HSIL), adenocarcinoma in situ (AIS), or invasive cervical cancer. (For women having had a hysterectomy for invasive cervical cancer, perform a vault smear annually thereafter for life.) • Severe autoimmune disorders (e.g., HIV/AIDs) and/or those taking long term oral immunosuppressant medications may require more frequent screening, i.e., annually.

Screening in Other Circumstances

Pregnancy → continue screening only if due for screening.

If ASC-US or LSIL is detected during pregnancy, do not repeat the Pap test until six months post-partum. All other findings, especially more advanced lesions, should be managed according to Management of Abnormal PapTest Result.

Hysterectomy with cervix removal for BENIGN DISEASE → discontinue screening.

Subtotal hysterectomy and retained cervix → continue screening as per guidelines.

HPV vaccinated → continue screening. The HPV vaccine should be recommended to eligible unimmunized women according to NACI guidelines: https://www.albertahealthservices.ca/assets/info/hp/cdc/lf-hp-cdc-hpv-bio-pg-07-241.pdf and http://www.albertahealthservices.ca/services.asp?pid=service&rid=1026220

MANAGEMENT OF ABNORMAL PAP TEST RESULT

Return to routine screening: Patient returns to three-year interval Pap testing and is defined as from the date of the last NILM [negative for intraepithelial lesion or malignancy] specimen regardless of age and/or any previous testing interval.

Unsatisfactory: Repeat Pap but not before three months.

Transformational zone absent (SNTZ) is a lab code (now modified): Absence of endocervical glandular cells/ transformation zone component. *Specimen still considered satisfactory for evaluation and does not require repeat*.

Atypical squamous cells of undetermined significance(ASC-US)

Patients ≤24 years: If screened, with ASC-US result, repeat Pap test every 12 months for two years (two tests):

- At 12 months: ONLY high-grade lesions refer for colposcopy.
- At 24 months: Negative → return to routine screening.
  ASC-US or greater → refer for colposcopy no later than three years after initial ASC-US result date; otherwise Pap test must be repeated.

Patients 25-29 years: Repeat Pap test every six months for one year (two tests). These tests must be at least six months apart.

- If both repeat results are negative → follow up is routine screening (every three years).
- If either repeat result is ASC-US or greater → refer for colposcopy no later than three years after initial ASC-US result date; otherwise Pap test must be repeated.

Patients ≥ 30 years: (*The lab will automatically perform HPV reflex testing*)

- HPV Negative* → risk level equivalent to NILM. Follow-up is routine screening
- HPV Positive → refer for colposcopy no later than three years after initial ASCUS result date; otherwise Pap test must be repeated.
- HPV Indeterminate → manage as per lab instructions.

Low-grade squamous intraepithelial lesion (LSIL)

Patients ≤24 years: If screened with LSIL result: Repeat Pap test every 12 months for two years (two tests):

- At 12 months: ONLY high-grade lesions refer for colposcopy
- At 24 months: Negative → follow up is routine screening
  ASC-US or greater→refer for colposcopy no later than three years after initial LSIL result date; otherwise Pap test must be repeated.

Patients 25-49 years: Repeat Pap test every six months for one year (two tests). These tests must be at least six months apart.

- If both repeat results are negative → follow up is routine screening.
- If any either repeat is ASC-US or greater → refer for colposcopy no later than three years after initial LSIL result date; otherwise Pap test must be repeated.

Patients ≥50 years: *(The lab will automatically perform HPV reflex testing)*

- HPV Negative* → risk level is equivalent to NILM. Follow-up is routine screening.
- HPV Positive → refer for colposcopy no later than three years after initial LSIL result date; otherwise Pap test must be repeated.
- HPV Indeterminate → manage as per lab instructions.

**The risk of CIN3+ over three years is virtually the same for HPV negative patients as for patients with negative cytology in the absence of HPV testing.*

High-grade squamous intraepithelial lesion (HSIL)	ASC-H	Atypical glandular cells (AGC), adenocarcinoma in situ	Squamous carcinoma, adenocarcinoma, other malignancy
Refer all ages for colposcopy.			Refer all ages to specialist

Patients with cytologically benign endometrial cells

Endometrial sampling is required if there is abnormal bleeding, the woman is asymptomatic and post-menopausal. Also consider endometrial sampling if the woman is asymptomatic, pre-menopausal and at increased risk for endometrial cancer due to chronic unopposed estrogen stimulation.

IMPLEMENTATION CONSIDERATIONS

- Initiate opportunistic discussion when women present for other health concerns. Outreach and preventive health screening checklists also increase the likelihood of engaging women to make informed decisions about cervical cancer screening.
- Use electronic medical records (EMRs) to track and flag patients due/overdue for screening in order to offer screening opportunistically.
- Utilize the support and services offered by the ACCSP to improve appropriate screening and increase screening rates for those un/under-screened.

PATIENT INFORMATION

http://www.screeningforlife.ca/healthcareproviders/cervical-cancer-resources