

Manitoba Cervical Cancer Screening Program

2002 Statistical Report



MANITOBA
CERVICAL CANCER
SCREENING PROGRAM
PROGRAMME
MANITOBAIN DE
DÉPISTAGE DU CANCER
DU COL UTÉRIN



CancerCare
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MANITOBA CERVICAL CANCER SCREENING PROGRAM

2002 Statistical Report

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Table of Contents

Introduction	3
Goal and Objectives	3
Objective 1: Increase Pap test utilization province-wide	4
Objective 2: Develop and maintain a population-based information system and registry	6
Objective 3: Facilitate and support quality assurance for cervical cancer screening services	7
Objective 4: Facilitate and support a common laboratory network	8
Objective 5: Establish monitoring and evaluation methodology	9
MCCSP Future Directions.....	10
2002 Statistical Reports	11
Appendix A	15
Appendix B	16
Appendix C	17

Tables

Table 1	Number of Pap tests by age group and diagnostic category 2002	11
Table 2	Number of women with at least one Pap test result by age group and diagnostic category 2002.....	12
Table 3	Pap test adequacy, 18 to 69 years of age, 2002.....	12
Table 4	Participation by age group, 2002.....	13
Table 5	Participation by age group and Regional Health Authority, 2002.....	14

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Introduction

The Manitoba Cervical Cancer Screening Program (MCCSP) was established in January 2000 with a mandate to ensure that Manitoba women receive organized, high quality cervical cancer screening services. MCCSP is supported by Manitoba Health and managed by CancerCare Manitoba. On April 27, 2001, an amendment to the Public Health Act requiring the reporting of all cervical cancer screening tests to the MCCSP commenced operation of the MCCSP Registry. The Registry is a central and confidential record of Pap test, colposcopy and biopsy results.

Screening with the use of the Pap test has significantly reduced the incidence and mortality of cervical cancer over the past 30 years. Because the Pap test detects pre-cancerous cell changes, most cervical cancers can be prevented. Unfortunately, not all eligible women are screened. An organized population-based approach to screening is thought to be the most effective way to screen. Organized, population-based cervical screening includes the identification of target populations to improve screening participation rates and facilitation of recruitment initiatives, the implementation of information systems to support laboratory quality assurance procedures and monitor follow-up activity related to abnormal cytology results, and the inclusion of overall program evaluation. In Manitoba, the Manitoba Cervical Cancer Screening Program is responsible for these functions.

The purpose of this report is to provide an update on the major program accomplishments in 2000 and 2001, to report on 2002 program initiatives and to provide 2002 MCCSP Registry Statistical Reports on Pap test rates and cytology results.

Goal and Objectives

The goal of the Manitoba Cervical Cancer Screening Program is to reduce the incidence of and mortality from invasive cervical cancer. The MCCSP organizes, implements and monitors an effective cervical screening program to ensure that a uniform standard of screening is provided. To accomplish this goal, the MCCSP is guided by five objectives.

Objective 1: Increase Pap test utilization province-wide

To improve screening rates, public and professional education initiatives and partnerships are a major activity. While many women and health care providers in Manitoba are aware of the benefits of screening and follow a regime to ensure that regular screening occurs, a significant number of women remain unscreened or underscreened. Almost one-half of newly diagnosed cases of invasive cervical cancer occur in women who are unscreened or underscreened.

To increase the number of women having Pap tests, reasons for non-participation must be determined and addressed with appropriate interventions. Public education to improve knowledge and reinforce the benefits of cervical screening is supported through community-based approaches. Community devised strategies to increase screening rates and remove barriers including lack of transportation, limited access to screening services, and shortage of trained health providers are promoted through program funded initiatives.

Professional education is required to increase knowledge and awareness of cervical screening practices such as technique, screening intervals, and follow-up management of women with abnormalities. Health care providers play a key role in recognizing women who are underscreened and encouraging them to have Pap tests and follow-up care. Providing professionals with educational resources enhances knowledge and supports the overall outcome of increasing screening rates (Appendix A).

2000 – 2001 Program Highlights

- Partnered with Manitoba Breast Screening Program for access to public education and community events to promote women's health and wellness. Participated in over 25 presentations and community health fair exhibits.
- Circulated "*Pap Smears: A Resource Guide for Manitoba Health Professionals*" to over 1300 physicians, midwives, community clinics and northern nursing stations. With endorsement from the College of Physicians and Surgeons of Manitoba, Manitoba College of Family Physicians and University of Manitoba Faculty of Medicine, Department of Obstetrics, Gynecology and Reproductive Sciences and Division of Gynecologic Oncology, this professionally directed resource provides information about best practice techniques, identification of target populations to increase screening and medical management guidelines for screening results.

- Developed three public education brochures in English and French: *"The Pap Smear – What every woman needs to know"*, *"Abnormal Results – Understanding your diagnosis and treatment"* and *"Registry – Facts and Information"*. Province wide distribution to public health offices, nursing stations, physician offices and pharmacies.
- Launched first annual Pap Test Awareness Week October 23-30, 2000. Activities included public education at a variety of community events, interviews on radio and articles published in major newspaper publications in Winnipeg and rural communities.
- Piloted Pap Clinic at St. Boniface General Hospital for female staff and family members during Pap Test Awareness Week 2001. Sixty (60) women attended the pilot clinic. Feedback about the pilot was positive and recommendations were made to continue clinic service annually.
- Launched MCCSP web pages January 2001 through CancerCare Manitoba Web site. MCCSP public and professional education tools accessible from MCCSP Web pages.

2002 Program Highlights

- Translated public education brochures into 10 languages including Cree, Chinese, Vietnamese, Filipino, Portuguese, Hindi, Punjabi, Spanish, High German and Polish.
- Distributed Pap Test Education Resource Kit to all Manitoba nursing stations and key staff in community nursing offices. The Kit consists of paper and electronic copies of a public presentation, a 5-minute video about Pap Tests, information sheets to share with women and samples of the equipment used to take a Pap test. The kit is for small or large group presentations and one to one consultations with women.
- Partnered with two Regional Health Authorities (RHA) for community based projects to increase Pap test participation following a provincial Request for Proposal process. \$10,000 was provided to each NOR-MAN and Interlake Regional Health Authorities.
 - The NOR-MAN RHA project goal to increase the number of women participating in cervical cancer screening was accomplished through delivery of nurse operated clinics in two isolated rural communities with low screening rates.
 - The Interlake RHA project provided educational presentations to women identified as hard-to-reach and at-risk for cervical cancer due to low screening rates. Results of these presentations included the ability for community nurses to reduce barriers affecting participation rates.
- Expanded Pap Test Awareness Week clinics to include North Eastman RHA for two rural community clinics in Lac du Bonnet and Beausejour. Staffed by nurse practitioners and female family physicians, these

clinics provided over 150 women with Pap tests, with an average of 76% of the participants being underscreened or not screened in the previous 3 years.

Objective 2: Develop and maintain a population-based information system and registry

A population-based Registry supports the key components of an organized cervical cancer screening program. Through central collection of screening test results, the program supports cytology laboratory quality assurance activities including the provision of screening histories to all cytology laboratories. The Registry enables notification to health care providers if recommended follow-up has not occurred. In addition, the Registry supports evaluation of screening activities, outcomes and program effectiveness.

The population database includes demographic identifiers for all women between 18-69 years of age, cervical cancer screening test results, and health care provider and laboratory identifiers.

2000- 2001 Program Highlights

- Conducted focus group testing in March 2000 to determine consumer and provider attitudes towards a centralized cervical cancer screening information system. Seven focus groups were conducted: five groups representing rural, urban and Aboriginal women and two groups with urban and rural physicians. Both women and physicians supported the idea of a central registry. Overall, women expressed preference for reminder and follow-up communication to be coordinated through their physician or health care provider.
- Amended the Province of Manitoba Diseases and Dead Bodies Regulation requiring mandatory reporting of all cervical cancer screening test results to the Manitoba Cervical Cancer Screening Program.
- Created process for Manitoba women to opt out of MCCSP Registry operations. Promoted access to paper and electronic version of "Registry – Facts and Information" brochure informing women of this option.
- Contracted with Artificial Intelligence in Medicine (AIM) Inc for the development of ISIS Cervical Screening Program Registry Information System, customized to meet Manitoba practices.
- Established link with Manitoba Health, Decision Support Services, for regular population updates of all women between 18-69 years of age.

- Established laboratory reporting requirements consistent with reporting guidelines set out by the College of Physicians and Surgeons of Manitoba.
- Ensured information system processes comply with Manitoba Personal Health Information Act.
- Adopted Bethesda Reporting Terminology in conjunction with all cytology laboratories.
- Developed uniform cytology requisition in collaboration with cytology laboratories and assumed financial responsibility for printing all requisitions.
- Implemented system for electronic submission of cervical cancer screening test results to MCCSP Registry from laboratories operating with a computerized information system.
- Implemented system for manual data entry services for submission of cervical cancer screening test results to MCCSP Registry from laboratories operating without a computerized information system.
- Coordinated submission of cytology results from all cytology laboratories by September 2001.

2002 Program Highlights

- Implemented uniform provincial Colposcopy Report Form effective September 2002.
- Expanded electronic submission of cytology cervical cancer screening results from three to five laboratories with financial support from the program.
- Promoted availability of cervical cancer screening results and histories to laboratories performing Pap test analysis, health care providers conducting tests and to individual women upon request.

Objective 3: Facilitate and support quality assurance for cervical cancer screening services

Quality assurance processes are required for all components of a screening program including collection of specimens, interpretation of results, follow-up and treatment interventions. Quality assurance can be used to facilitate and demonstrate best possible care. Manitoba provincial standards will be developed utilizing historical provincial data, comparison between Manitoba RHAs, comparison between Manitoba cytology laboratories and colposcopy services and from data collected by the MCCSP Registry and other jurisdictions.

2000-2001 Program Highlights

- Established laboratory reporting requirements consistent with reporting guidelines set out by College of Physicians and Surgeons of Manitoba.
- Implemented uniform Cytology Requisition.
- Coordinated submission of cytology results to MCCSP Registry.
- Established link with Manitoba Health for monthly population updates.
- Established link with CancerCare Manitoba Cancer Registry for regular updates.
- Promoted access to cervical cancer screening history results to health care providers conducting Pap tests.
- Developed guidelines for follow-up management based on cytology results (Appendix B).

2002 Program Highlights

- Provided access to all cytology laboratories for electronic screening history inquiry from laboratory site.
- Converted to Bethesda 2001 Cytology Reporting Terminology.
- Implemented uniform Colposcopy Report effective September 2002.
- Developed MCCSP Registry software for colposcopy report collection.

Objective 4: Facilitate and support a common laboratory network

MCCSP works in partnership with Manitoba's cytology laboratories. They are either publicly funded or private companies. An important function of the program during 2002 has been to work in collaboration with the laboratories and related professional organizations to achieve program objectives.

2000 – 2001 Program Highlights

- Established Cytology Laboratory Sub-Committee comprised of Laboratory Directors and Cytotechnologists.
- Developed uniform cytology requisition in compliance with College of Physicians and Surgeons of Manitoba, Manitoba Quality Assurance Program (MANQAP) Cytology Standards.
- Integrated requisition form and reporting requirements into MCCSP Registry information system software.
- Provided cervical cancer screening histories on individual women.
- Provided Personal Health Information Numbers (PHINs) to health care providers prior to or at the time of conducting Pap tests, as requested.

2002 Program Highlights

- Converted to Bethesda 2001 Reporting Terminology.
- Provided statistical data to each cytology laboratory, as required by MANQAP.

Objective 5: Establish monitoring and evaluation methodology

Program evaluation is essential to quality assurance and critical to determining the effectiveness of the MCCSP. The data collected from cytology and colposcopy reports will be utilized to establish benchmarks for Manitoba. Ideally, data will be compared against other provinces with comparable, organized programs. A variety of activities have been ongoing in the development of processes for program evaluation. During 2000 - 2002, these processes have centered on the establishment of components to operate a centralized registry.

2000 –2001 Program Highlights

- Developed Registry software to collect Pap test reports. Registry became operational with Public Health Act amendment.
- Coordinated submission of results from all cytology laboratories.

2002 Program Highlights

- Developed uniform Colposcopy Report.
- Collected Colposcopy Reports from 96% of Colposcopists as of September 2002.
- Initiated contract with AIM Inc for MCCSP Registry software development to enable colposcopy report collection.
- Collaborated with the Department of Epidemiology and Cancer Registry, CancerCare Manitoba, to produce a report entitled "Cervical Cancer and Pap Test Utilisation in Manitoba 1970-1999"¹.

¹ Demers A, Harrison M, Musto G, Decker K, Lotocki R. Cervical cancer and Pap test utilisation in Manitoba, 1970-1999. Winnipeg: Manitoba Cervical Cancer Screening Program, CancerCare Manitoba, 2004. Available from www.cancercare.mb.ca/EPI/epi_reports.

MCCSP Future Directions

The MCCSP will continue to work with regional health authorities, health care providers and community stakeholders to provide education about cervical cancer screening and to increase Pap test participation in the province. The MCCSP will utilize the information in the Registry to ensure that women with any type of abnormal Pap test result will be adequately followed, as dictated by type of abnormality and MCCSP recommended medical management. These follow-up events will be measured through registered cytology or colposcopy results contained in the Registry. In the absence of appropriate follow-up activity, the MCCSP will notify the health care provider identified with the abnormal Pap test result. It is anticipated that this component of program operations will be initiated late in 2004.

- Expand public education and promotion strategies and community development initiatives throughout the province to target hard-to-reach and underscreened women.
- Initiate partnerships with inner-city community clinics to develop creative service mechanisms to reach underscreened new immigrant and Aboriginal women.
- Coordinate continuing professional education forums about evolving cervical cancer screening technologies for cytopathologists, cytotechnologists and colposcopists.
- Implement follow-up and monitoring component of program operations.
- Develop plain language materials to target underscreened populations where literacy and English as a first language are barriers.
- Translate plain language materials for immigrant and refugee women.
- Develop Fact Sheet on interpreting Pap test results to empower and assist women to understand their Pap test results.
- Develop and initiate use of chart sticker system that will enable health care practitioners to identify women needing Pap tests.

2002 Statistical Reports

The statistics presented in the following tables reflect Pap test results reported to the MCCSP.

Table 1 shows the total number of Pap tests done in 2002 by age group and diagnostic category (Appendix C). Since some women had more than one Pap test during the year, Table 2 illustrates the total number of women who had at least one Pap test by age group and diagnostic category.

The majority of women received a negative Pap test result (94%). A total of 50 women received a cytology result that suggested invasive cervical cancer.

Table 1. Number of Pap tests¹ by age group and diagnostic category, 2002

Age Group	Negative	ASC	AGC	LSIL	HSIL	Carcinoma	Unspecified	Total (%) ²
18-19	5,634	217	1	441	301	0	0	6,594 (3.68)
20-29	40,148	1,416	30	1,959	1,463	1	5	45,022 (25.10)
30-39	40,715	924	55	822	765	15	9	43,305 (24.14)
40-49	38,094	914	86	722	349	11	151	40,327 (22.48)
50-59	27,614	579	65	340	193	17	40	28,848 (16.08)
60-69	14,834	217	37	126	70	14	7	15,305 (8.53)
Total (%) ³	167,039 (93.11)	4,267 (2.38)	274 (0.15)	4,410 (2.46)	3,141 (1.75)	58 (0.03)	212 (0.12)	179,401

Notes:

- 1) Does not include unsatisfactory Pap test results.
- 2) The number of Pap tests in each age group divided by the total number of Pap tests in 2002.
- 3) The number of Pap tests in each diagnostic category divided by the total number of Pap tests in 2002.

Table 2. Number of women with at least one Pap test result¹ by age group and diagnostic category, 2002

Age Group	Negative	ASC	AGC	LSIL	HSIL	Carcinoma	Unspecified	Total (%) ²
18-19	4,871	158	0	334	238	0	0	5,601 (3.50)
20-29	34,558	948	20	1,423	1,138	1	5	38,093 (23.83)
30-39	36,449	671	44	600	555	13	7	38,339 (23.99)
40-49	35,234	667	77	514	266	10	138	36,906 (23.09)
50-59	25,710	409	58	246	149	15	39	26,626 (16.66)
60-69	13,918	164	32	93	53	11	7	14,278 (8.99)
Total (%) ³	150,740 (94.31)	3,017 (1.89)	231 (0.14)	3,210 (2.01)	2,399 (1.50)	50 (0.03)	196 (0.12)	159,843

Notes:

- 1) Does not include unsatisfactory Pap test results.
- 2) The number of women in each age group divided by the total number of women who had at least one Pap test in 2002.
- 3) The number of women in each diagnostic category divided by the total number of women who had at least one Pap test in 2002.

Table 3 shows the number of satisfactory and unsatisfactory Pap test reports. The satisfactory category includes Pap tests that were satisfactory for evaluation and those that were satisfactory with limited results. Just over 2% of all reports were unsatisfactory.

Table 3. Pap test adequacy, 18 to 69 years of age, 2002

Specimen category	Number of reports (%)
Satisfactory ¹	179,401 (97.6)
Unsatisfactory	4,406 (2.4)
Total	183,807

Notes:

- 1) Includes all Pap tests with a satisfactory for evaluation and satisfactory with limitations results.

Participation by age group (the number of Manitoba women that had at least one Pap test in 2002) is illustrated in Table 4. Participation was highest in the 20 to 29 age group (51.4%) and decreased with age to 32% in the 60 to 69 age group. Overall, 43% of Manitoba women 18 to 69 years of age had at least one Pap test in 2002. Future reports will examine participation during two and three year time periods because current guidelines recommend that women receive a Pap test once every two years.

Table 4. Participation¹ by age group, 2002

Age Group	Population ^{2,3}	Participation (%) ⁴
18-19	15,838	5771 (36.44)
20-29	75,311	38,739 (51.44)
30-39	82,665	38,764 (46.89)
40-49	89,550	37,225 (41.57)
50-59	68,115	26,886 (39.47)
60-69	45,294	14,437 (31.87)
Total	376,773	161,822 (42.95)

Notes:

- 1) Participation is the number of women who had at least one Pap test in 2002 divided by the total number of women in the age group as of June 1, 2002.
- 2) Source: Manitoba Health Population Report, June 1, 2002.
- 3) Population is not corrected for hysterectomy.
- 4) Includes women who had a satisfactory or an unsatisfactory Pap test result.

Table 5 shows participation by age group and Regional Health Authority (RHA). Participation rates ranged from a low of 26.6% in NOR-MAN to a high of 46.3% in Brandon. The participation rate for all RHAs was 38.8%. This is less than the total participation of 42.9% from Table 4 because approximately 10% of women screened did not have a postal code and could therefore not be included in Table 5.

Table 5. Participation¹ by age group and Regional Health Authority², 2002

Age Group	Winnipeg	Brandon	North Eastman	South Eastman	Interlake	Central	Assiniboine	Parkland	Norman	Burntwood	Churchill	Total
18-19												
screened	2,556	299	181	203	357	372	332	171	129	325	7	4,932
population ^{3,4}	8,435	698	544	845	1,032	1,585	956	554	388	787	14	15,838
participation (%)	30.30	42.84	33.27	24.02	34.59	23.47	34.73	30.87	33.25	41.30	50.00	31.14
20-29												
screened	20,582	2,018	966	1,531	1,824	2,469	1,592	1,003	616	1,586	47	34,234
population	44,965	3,586	2,010	3,646	3,882	6,009	3,608	2,363	1,702	3,449	91	75,311
participation (%)	45.77	56.27	48.06	41.99	46.99	41.09	44.12	42.45	36.19	45.98	51.65	45.46
30-39												
screened	21,559	1,655	1,127	1,531	2,199	2,410	1,556	848	508	1,256	30	34,679
population	49,499	3,431	2,651	3,989	5,069	6,410	3,960	2,448	1,771	3,355	82	82,665
participation (%)	43.55	48.24	42.51	38.38	43.38	37.60	39.29	34.64	28.68	37.44	36.59	41.95
40-49												
screened	21,349	1,634	1,206	1,390	2,265	2,303	1,784	867	379	754	26	33,957
population	53,288	3,749	3,066	4,011	5,910	7,088	5,063	2,891	1,826	2,575	83	89,550
participation (%)	40.06	43.58	39.33	34.65	38.32	32.49	35.24	29.99	20.76	29.28	31.33	37.92
50-59												
screened	16,005	1,124	922	907	1,699	1,584	1,314	739	292	425	9	25,020
population	40,836	2,712	2,393	2,843	4,734	5,008	4,152	2,501	1,258	1,636	42	68,115
participation (%)	39.19	41.45	38.53	31.90	35.89	31.63	31.65	29.55	23.21	25.98	21.43	36.73
60-69												
screened	8,270	699	570	464	1,023	877	877	469	105	113	2	13,469
population	25,539	1,859	2,393	1,858	3,429	3,537	3,326	1,855	686	781	31	45,294
participation (%)	32.38	37.60	23.82	24.97	29.83	24.80	26.37	25.28	15.31	14.47	6.45	29.74
All												
screened	90,321	7,429	4,972	6,026	9,367	10,015	7,455	4,097	2,029	4,459	121	146,291
population	222,562	16,035	13,057	17,192	24,056	29,637	21,065	12,612	7,631	12,583	343	376,773
participation (%)	40.58	46.33	38.08	35.05	38.94	33.79	35.39	32.48	26.59	35.44	35.28	38.83

Notes:

- 1) Participation is the number of women who had at least one Pap test in 2002 divided by the population in the age group and RHA as of June 1, 2002.
- 2) Women for whom a RHA could not be determined (~10% of women screened in 2002) were not included.
- 3) Source: Manitoba Health Population Report, June 1, 2002.
- 4) Population is not corrected for hysterectomy.

Educational Resources and Publications

- **Pap Smears – A Resource Guide For Manitoba Health Professionals**
- **MCCSP Chart Stickers** – a visual tool for chart systems that highlights last Pap date and assists the health care provider in improving screening rates.
- **Pap Smear Education Resource Kit** – contains sample tools (speculum, spatula, brush) overhead &/or disk for presentation, speakers notes and samples of educational resources.
- Brochures
 - ***“The Pap Smear –What every woman needs to know”***,
 - ***“Abnormal Results – Understanding your diagnosis and treatment”***
 - ***“Registry Facts & Information”***

Languages available:

English	Chinese	Filipino	Hindu	Portuguese
French	Cree	German	Polish	Punjabi
Spanish	Vietnamese			

- **Plain Language Educational Bookmark** Languages available:

Amharic	Arabic	Chinese	Cree Syllabic	Cree Roman
Dinka	English	Farsi	Filipino	French
German	Hindu	Italian	Ojibway	Polish
Portuguese	Punjabi	Serbo-Croatian	Spanish	Ukrainian
Urdu	Vietnamese			

- **Over 50 Information Sheet:** a plain language article written for women over 50 years of age.
- **Posters: “Every woman should know about Pap tests”**
- **Human Papilloma Virus (HPV) and Cancer of the Cervix Fact Sheet**
- **Colposcopy Education Video: “Colposcopy – What every woman needs to know”.** An educational video for women who have been referred to colposcopy. The video explains why colposcopy has been recommended, describes and demonstrates the procedure and possible treatments, and explains aftercare and follow-up. The video also offers strategies for overcoming common emotions and barriers that women experience when referred to colposcopy.

Resources are available from our office and the web:

Telephone: 204-788-8626 or Toll Free: 1-866-616-8805

Fax: 204-799-5748

E-mail: mccsp@cancercare.mb.ca

Or visit the website: www.cancercare.mb.ca/MCCSP/

Appendix B

Manitoba Cervical Cancer Screening Guidelines

- Women of all ages who are or ever have been sexually active should be screened.
- After three negative for intraepithelial results at one-year intervals, screening should be continued every two years.

NOTE: These recommendations do not apply to those women who have had previous abnormal Pap test results.

Follow-up of Abnormal Results

Diagnosis	Follow-up Recommendation
Specimen Rejected	Repeat Pap test in three (3) months. Let patient know repeat is not due to abnormal findings.
Unsatisfactory for Evaluation	Repeat Pap test in three (3) months. Let patient know repeat is not due to abnormal findings.
Organisms Reactive/Repair	Check for and treat infections. Follow routine screening schedule.
Endometrial Cells: 1. Out of cycle in a woman over 40 with no history given of hormones or IUCD 2. Woman over 40, menstrual history not known 3. Post menopausal woman with no history given of HRT	Endometrial biopsy.
ASC, ASC-US favouring HPV, LSIL	Repeat Pap test in six (6) months. If follow-up result is negative resume routine schedule. If follow-up result demonstrates any persistent ASC/LSIL, refer to colposcopy. <i>Referral to colposcopy may be appropriate if patient is unreliable or anxious.</i>
ASC-H, HSIL, Atypical Glandular Cells (AGC)	Refer to colposcopy. After discharge from colposcopy, begin regular screening schedule.
Carcinoma In Situ	Refer to Colposcopy. After discharge from colposcopy, begin regular screening schedule.
Invasive Carcinoma	Refer to colposcopy or oncology. After discharge screen as per oncology recommendation.
<i>Note: Any visual abnormalities of the cervix and/or abnormal bleeding</i>	<i>Refer to colposcopy. Cytology has a high false-negative rate.</i>

Specimen adequacy

- ◆ Satisfactory for evaluation
- ◆ Unsatisfactory for evaluation (specify reason)
 - Specimen rejected/not processed
 - Specimen processed or examined, but unsatisfactory for evaluation because of (specify reason)

Interpretation/result

- ◆ Negative for intraepithelial lesion or malignancy
- ◆ Atypical Squamous Cells (ASC)
 - ASC-US Atypical Squamous Cells – Unknown Significance
 - ASC-H Atypical Squamous Cells – High Grade Squamous Intraepithelial Lesion
- ◆ Atypical Glandular Cells (AGC)
- ◆ Low Grade Squamous Intraepithelial Lesion (LSIL)
- ◆ High Grade Squamous Intraepithelial Lesion (HSIL)
 - Includes Carcinoma in-Situ
- ◆ Carcinoma – Abnormal Cells Consistent with Carcinoma are Seen