

General Guidelines

Initiation of Screening	<ul style="list-style-type: none"> All women who are, or have ever been sexually active (sexual intercourse and intimate touching) should be screened. Screening should begin three years after first sexual activity.
Routine Screening	<ul style="list-style-type: none"> Screen every two years.
Cessation of Screening	<ul style="list-style-type: none"> Screening can be discontinued if a woman is 70 years or older and has had three or more Negative Pap tests in the previous 10 years with no change in partner.

Screening Women With Special Circumstances

Never Been Sexually Active	Focus on education and the benefits of regular screening once sexually active.
HPV Vaccinated	Routine screening should begin three years after first sexual activity.
Previous High Grade Lesions	Screen every year.
Immunocompromised or HIV Positive	
Pregnant	<p>Screening pregnant women is unnecessary if:</p> <ul style="list-style-type: none"> The woman has had routine Negative Pap tests, The woman has no symptoms of cervical cancer and/or no visual abnormalities. <p>Women with symptoms of cervical cancer and/or visual abnormalities should be evaluated with colposcopy. If a Pap test is required, it should occur during the first trimester using a spatula and saline-moistened cotton swab (a cytobrush should not be used).</p>
Hysterectomy	<p>Screening the vaginal vault is unnecessary if:</p> <ul style="list-style-type: none"> Hysterectomy was total, Hysterectomy was performed for a benign disease (pathology negative for dysplasia), and The woman has no previous abnormal Pap tests. <p>If Pap test results or hysterectomy pathology is not available, continue screening until two annual Negative vaginal vault tests occur.</p>
Women Having Sex With Women	Screen every two years.
Transgender	

NOTE: Any visual cervical abnormalities and/or abnormal symptoms must be investigated regardless of cytology findings.

Management of Cytology Results

Cytology Result

Management

Negative	Routine screening.	
ASC-US (Atypical squamous cells of undetermined significance)	< 21 years of age	≥ 21 years of age
	Repeat Pap test in 12 months.	<p>Repeat Pap test in 6 months</p> <pre> graph TD A[Repeat Pap test in 6 months] --> B[Negative] A --> C[Abnormal] B --> D[Repeat Pap test in 6 months] D --> E[Negative] D --> F[Abnormal] E --> G[Routine screening] F --> H[Colposcopy] </pre>
LSIL (Low-grade squamous intraepithelial lesion)	Colposcopy not recommended for persistent ASC-US or LSIL.	
ASC-H (Atypical squamous cells, cannot rule out high grade)	Refer for colposcopy.	
HSIL (High-grade squamous intraepithelial lesion)		
AGC (Atypical glandular cells)	Refer for colposcopy, endocervical curettage and if the woman is ≥ 35 years of age or has abnormal bleeding, endometrial biopsy.	
AIS (Adenocarcinoma in situ)	Refer for colposcopy and endocervical curettage.	
Squamous carcinoma, adenocarcinoma, other malignant neoplasms.	Refer for colposcopy and oncology.	
Unsatisfactory	Repeat Pap test in 3 months. If persistent (2 consecutive), refer for colposcopy.	

Other Results

Management

Absence of Transformation Zone Cells	Screen according to cytology result if woman has had routine Negative Pap tests.
Rejected Specimen	Repeat Pap test in three months. Inform woman repeat is not due to abnormal cytology.
Endometrial Cells	Refer for Endometrial biopsy if: <ol style="list-style-type: none"> 1) Over 40, has irregular bleeding and no history of hormones or IUCD, 2) Over 40 and her menstrual history is unknown, or 3) Post-menopausal with no history of HRT.

NOTE: For more details on the Screening Guidelines, please see the MCCSP Pap Test Learning Module for Health Care Providers at www.EveryTwoYears.ca.