

The MCCSP Screening Guidelines:

New Recommendations for Risk Reduction Create Opportunities for Recruitment

Attached are the **Manitoba Cervical Cancer Screening Program (MCCSP) Screening Guidelines** which include changes in the time to initiate screening, the screening interval, and the management of low-grade Pap test results for women under 21 years of age. The changes reflect an increased understanding of the epidemiology of human papillomavirus (HPV) infection and cervical cancer, and aim to maximize the benefits of screening while minimizing the harms.

Initiation of Screening

Women should begin screening three years after the onset of sexual activity (intimate genital touching and sexual intercourse).

Recommendation

- ✓ Most cytological abnormalities in young women will spontaneously regress within 24 months.
- ✓ High-grade lesions and cervical cancer are very rare in young women.
- ✓ Follow-up procedures expose young women to unnecessary risks and anxieties including reduced reproductive performance.

Rationale

Infection with human papillomavirus (HPV) is the main risk factor for cervical cancer and is the most prevalent sexually transmitted infection in Canada.¹ 75% of Canadians will have at least one HPV infection within their lifetime. Persistent HPV infections may cause cervical dysplasia, and if left untreated over time, can progress to invasive cervical cancer. Almost all cervical cancers can be traced to oncogenic HPV types; 70% of invasive cervical cancer are caused by HPV types 16 and 18.

The peak incidence of HPV occurs in women under 25 years of age.² However, over 90% of cervical abnormalities spontaneously regress within 24 months without symptoms or intervention.^{2,3} When progression occurs, it happens over a long period of time. One study showed that the mean time for progression from LSIL to HSIL was as long as seven years.⁴ Approximately 15% of Pap tests in women under the age of 21 in

Manitoba will be reported as either low-grade squamous intraepithelial lesion (LSIL) or atypical squamous cells of undetermined significance (ASC-US).⁵

High-grade squamous intraepithelial lesions (HSIL) represent less than 4% of Pap tests in women under the age of 21 in Manitoba.⁵ Cervical cancer in young women is very rare. Since 1980, 0.18% of invasive cervical cancers were diagnosed in women under 21.⁵ As well, there is a long latent period between exposure to HPV infection and the development of precancerous lesions and invasive cervical cancer. Therefore, delaying the onset of screening young women will still provide the opportunity to detect and treat these lesions if they occur.

Screening sexually active young women and adolescent girls will identify some Pap test results as abnormal leading to further investigations and procedures when, in most cases, the women will clear the HPV infection without any intervention. This often exposes young women to unnecessary risks and anxieties. Recent reports have found that women exposed to loop electrosurgical excisions (LEEP) or cone biopsy procedures are at an increased risk for preterm delivery, low birth weight, caesarean section rate, and premature rupturing of membranes.⁶ Given that most young women's reproductive years still lie ahead of them, colposcopy procedures should be avoided in low-risk circumstances.

Without the proper education and counseling, adolescents and young women often experience anxiety and unnecessary distress when confronted with an abnormal Pap test. "The emotional impact of labeling an adolescent with both a sexually transmitted infection and a potential precancer must be considered because adolescence is a time of heightened concern for self-image and emerging sexuality."⁷ If screening occurs in this population, the health care provider should ensure the experience is normalized for the adolescent and that sufficient education and counseling is provided.

It is for these reasons that the initiation of cervical screening in young, sexually active women can be delayed. It is important for clinicians to conduct a thorough health history to determine whether or not and for how long a woman has been sexually active.

Screening Interval

Screen every two years.

Recommendation

- ✓ Annual screening offers little benefit over screening performed at two to three year intervals and exposes young women to unnecessary risks and anxieties.

Rationale

The previous MCCSP Screening Guidelines recommended a screening interval of two years after three annual negative cytology results. The optimal number of negative cervical cytology results needed to reduce the false-negative rate to a minimum has not yet been determined.^{8 9} Research indicates that where organized screening programs exist, annual screening offers little more protection over screening performed at 2 – 3 year intervals.^{10 11 12 13} The MCCSP now recommends routine screening every two years *without* the three annual negative cytology test results required to extend the interval. The MCCSP will continue to monitor and follow-up on all abnormal Pap test results where the recommended management is absent.

Follow-up of Low-Grade Pap Tests for Women under 21

Women under 21 with low-grade (LSIL and/or ASC-US) cytology results should be monitored with repeat Pap tests at 12 month intervals.

Recommendation

- ✓ Most cytological abnormalities in young women will spontaneously regress within 24 months.
- ✓ Follow-up procedures expose young women to unnecessary risks and anxieties including reduced reproductive performance.

Rationale

The MCCSP does not recommend routine screening until three years after initiation of sexual activity. While the incidence of HPV is most prevalent in women under 25 years of age, most infections will be low-grade in severity and will regress spontaneously

over time.^{4 14} Management of LSIL and ASC-US cytology results for women under 21 is more conservative than for women 21 years of age and older. Women under 21 with low-grade cytology results should be monitored with repeat Pap tests at 12 month intervals unless:

- she receives a negative Pap test result, at which time she should return to routine screening (every two years),
- she receives a high-grade (> LSIL and ASC-US) Pap test result, at which time she should be referred for colposcopy, or
- she turns 21 and presents with persistent LSIL and/or ASC-US cytology results, at which time she should be referred for colposcopy.

The MCCSP Screening Guidelines will continue to evolve as new technologies and evidence based data emerge on best cervical cancer screening practices for women in Manitoba.

To further understand the issues surrounding cervical screening in Manitoba, please refer to the **MCCSP Pap Test Learning Module for Health Care Providers** at www.EveryTwoYears.ca

The revisions to the MCCSP Screening Guidelines coincide with the initiation of letters to unscreened women.

We encourage health care providers to increase the screening interval of those women in your practice who may be overscreened in order to increase participation rates of the unscreened women in your community.

Please contact us to coordinate a Pap clinic in conjunction with letters to unscreened women in your community.

**Recruitment
Opportunities**

References

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