

Appendix 4: Case Studies

A. Case Study Questions

- i. **Complete the following case studies.**
- ii. **Review answer key in section B and discuss your answers with your preceptor.**

Case Study #1

A 45 year old individual presents at your clinic. They are anxious and tell you they have recently had unprotected sex with a new partner. They request to be “checked for everything.” What considerations should be made to appropriately manage their cervical cancer screening?

Case Study #2

A 30 year old pregnant female presents at your clinic for an initial prenatal visit. What, if any, cervical cancer screening considerations should be made?

Case Study #3

A 33 year old individual presents at your clinic seeking a Pap test. They have recently moved to Winnipeg from The Pas and do not know the date of their last Pap test. They vaguely recall an abnormal result in the past. After you review the screening history from CervixCheck, you notice a referral to colposcopy five years ago due to a high grade Pap test result. The biopsy result on the colposcopy report shows “moderate dysplasia.” The individual was treated and discharged from colposcopy three years ago, but has not returned to routine screening.

1. How do you proceed?
2. If a Pap test is recommended, how should you rotate the broom when collecting the cervical sample?

Case Study #4

A 55 year old individual presents to your clinic and insists on continuing with annual Pap tests. The screening history does not suggest they should be screened more frequently than routinely (every three years) as per the

CervixCheck guidelines. How would you proceed?

Case Study #5

A 38-year-old female presents in clinic. On taking a health history you note that they have not menstruated for a couple of months but they indicate that their periods are often irregular and they don't think they are pregnant. They have never had a Pap test and agree to have one done today. On performing a speculum examination you note a bluish discolouration of the cervix. There is also a thin, creamy, gray-white, vaginal discharge. There is no inflammation on the vaginal wall or cervix.¹

1. What may be causing the discolouration of the cervix?
2. What may be causing the vaginal discharge?
3. How would you proceed?
4. Outline your educational and counseling strategies for this individual.

Case Study #6

A 42-year-old individual presents for a Pap test. They have not participated in cervical cancer screening in the past. They are very self-conscious about their body, and believe they are overweight; however they have developed a good trusting relationship with you, their HCP. The history is taken and there are no signs to indicate that this will be anything other than a routine screening. However, upon examination the individual becomes tense and anxious. You have trouble finding their cervix. The individual's anxiety continues to increase and they start to cry, saying that the examination is painful.

1. What is the first priority for this individual?
2. What are some ideas to promote comfort for an anxious patient?
3. When the individual starts to cry, what should you do?
4. The cervix is pink and fleshy, but has some "bumps" on it. What might this be and what should you do?

Case Study #7

A 28-year-old individual presents to a community clinic. They have had 3 pregnancies in 4 years, a history of 1 spontaneous abortion, 1 termination at 15 weeks and 1 live birth. The individual states that they do not want their male doctor to examine them and they think they may be pregnant. They tell you that they had an abnormal Pap test 3 years ago. They are adamant that they want a female examiner, know there is a trained provider on site, and refuse to leave if they are not examined.

2. What are your first priorities for this individual?
2. What information do you need to proceed?

Case Study #8

A 25-year-old individual presents at a well-baby clinic in a rural community. Her husband and 4-month-old baby are with her, and she has a 2 and 3 year old at home. She is trying to get pregnant again. Discussion ensues as to a plan for a pregnancy so soon after this birth. They are slow to answer. The husband finally says that his wife has been told that she had an "abnormal cancer test" during her last pregnancy and was referred to the Health Sciences Centre at the 6-week postpartum doctor's visit. They did not attend the post-partum doctor's visit because they were afraid that she might have cancer "down there". They want to have more babies before having surgery and worry that her "womb will be taken out".

1. What is your first priority as a HCP?
2. Should the HCP do cervical screening?
3. What else should be considered?

Case study #9

You work in a low socioeconomic inner city practice with multiple new Canadian patients, many of whom do not have English as a first language. A 65-year-old individual who speaks little English attends your office for the first time to get their blood pressure checked. They have recently moved to stay with their son and help look after her grandchildren. The individual still has monthly periods but they are getting heavier and closer together, i.e. q3 weeks. When asked about previous Pap tests the client said, “I had a few when I was younger, in my 20’s and they said one was abnormal, so I had to have more frequent examinations at the physician’s office.” They tell you they have had no Pap tests since having children (the last child was born 45 years ago), and only rarely have sex with their partner of many years. The client says that they really do not want any more Pap tests and doesn’t understand why one would be necessary.

1. If this individual had a history of a hysterectomy, how would you approach their cervical cancer screening needs?
2. How would you discuss the risk of cervical cancer with this individual?
3. What if they refuse the Pap test? What would you do?

Case Study #10

A 35 year old trans male presents to your clinic but does not state on the intake form the reason for the visit. This is the first time you are seeing them. After bringing them into your exam room, the individual discloses they may need to get checked ‘down there.’ They appear nervous and very uncomfortable.

1. How would you proceed?
2. What can you do at your site to help trans clients feel safer?

How would you manage the clients with the following screening histories?

Case Study #11



Patient name: **Hannah Smith**
Health number: **123456789**
Date of birth:
Age: **48**

Cervical Cancer Screening History

Date	Service	Detail	Clinician	Analyzing Lab
6 months ago	Cytology	Result: Negative for Intraepithelial Lesion or Malignancy	Dr. Smith	Health Sciences Centre - Cytology
1.5 years ago	Cytology	Result: Negative for Intraepithelial Lesion or Malignancy	Dr. Smith	Health Sciences Centre - Cytology
2.5 years ago	Cytology	Result: A High Grade Squamous Intraepithelial Lesion is Seen consistent with Moderate Dysplasia Recommendation: Colposcopy	Dr. Smith	Health Sciences Centre - Cytology
3.5 years ago	Cytology	Result: Negative for Intraepithelial Lesion or Malignancy	Dr. Smith	Health Sciences Centre - Cytology
5 years ago	Cytology	Result: Negative for Intraepithelial Lesion or Malignancy	Dr. Smith	Health Sciences Centre - Cytology

Case Study #12



Patient name: **Jane Smith**
Health number: **123456789**
Date of birth:
Age: **48**

Cervical Cancer Screening History

Date	Service	Detail	Clinician	Analyzing Lab
1 year ago	Cytology	Result: Negative for Intraepithelial Lesion or Malignancy	Dr. Smith	Health Sciences Centre - Cytology
2 years ago	Colposcopy	Biopsy: Negative Recommendation: Return to screening as per the CervixCheck Guidelines	Dr. Jones	
2 years ago	Cytology	Result: Negative for Intraepithelial Lesion or Malignancy	Dr. Jones	Health Sciences Centre - Cytology
3 years ago	Colposcopy	Biopsy: Severe Atypia Treatment: Laser	Dr. Jones	
3 years ago	Cytology	Result: Negative for Intraepithelial Lesion or Malignancy	Dr. Jones	Health Sciences Centre - Cytology
4 years ago	Colposcopy	Biopsy: Mild Atypia Recommendation: Follow up in 6 months	Dr. Jones	
4 years ago	Cytology	Result: Negative for Intraepithelial Lesion or Malignancy	Dr. Jones	Health Sciences Centre - Cytology
5 years ago	Cytology	Result: High Grade Squamous Intraepithelial Lesion is Seen consistent with Mild to Moderate Dysplasia Recommendation: Colposcopy	Dr. Smith	Health Sciences Centre - Cytology

Case Study #13



Patient name: **Minnie Mouse**

Health number: **123456789**

Date of birth:

Age: **72**

Cervical Cancer Screening History

Date	Service	Detail	Clinician	Analyzing Lab
1 year ago	Cytology	Result: Unsatisfactory Specimen due to Insufficient Epithelial Cells	Dr. Smith	Health Sciences Centre - Cytology
2 years ago	Cytology	Result: Unsatisfactory Specimen due to Presence of Mainly Endocervical Cells	Dr. Smith	Health Sciences Centre - Cytology
3 years ago	Cytology	Result: Negative for Intraepithelial Lesion or Malignancy	Dr. Smith	Health Sciences Centre - Cytology
6 years ago	Cytology	Result: Negative for Intraepithelial Lesion or Malignancy	Dr. Smith	Health Sciences Centre - Cytology
7 years ago	Cytology	Result: Negative for Intraepithelial Lesion or Malignancy	Dr. Smith	Health Sciences Centre - Cytology

Case Study #14



Cervical Cancer Screening History

Patient name: **Jennifer Smith**
Health number: **123456789**
Date of birth:
Age: **26**

Date	Service	Detail	Clinician	Analyzing Lab
1 year ago	Cytology	Result: Negative for Intraepithelial Lesion or Malignancy	Dr. Smith	Health Sciences Centre - Cytology
2 years ago	Cytology	Result: Unsatisfactory Specimen due to Presence of Mainly Endocervical Cells Recommendation: Repeat smear due to unsatisfactory specimen	Dr. Smith	Health Sciences Centre - Cytology
4 years ago	Cytology	Result: Negative for Intraepithelial Lesion or Malignancy	Dr. Smith	Health Sciences Centre - Cytology
6 years ago	Cytology	Result: Negative for Intraepithelial Lesion or Malignancy	Dr. Smith	Health Sciences Centre - Cytology
8 years ago	Cytology	Result: Negative for Intraepithelial Lesion or Malignancy	Dr. Smith	Health Sciences Centre - Cytology

Case Study #15



Patient name: **Krista Smith**
Health number: **123456789**
Date of birth:
Age: **30**

Cervical Cancer Screening History

Date	Service	Detail	Clinician	Analyzing Lab
1 month ago	Cytology	Result: Atypical squamous cells of unknown significance ASC-US	Dr. Smith	Health Sciences Centre - Cytology
	HPV	Overall result: High Risk HPV Positive Type 16 Detected Type 18 Not detected Type Other Not detected		
9 months ago	Cytology	Result: Atypical Cells of Undetermined Significance AS-CUS Recommendation: Repeat Test in 6 months	Dr. Smith	Health Sciences Centre - Cytology
3 years ago	Cytology	Result: Negative for Intraepithelial Lesion or Malignancy	Dr. Smith	Health Sciences Centre - Cytology

Case Study #16



Patient name: **Haya Smith**

Health number: **123456789**

Date of birth:

Age: **32**

Cervical Cancer Screening History

Date	Service	Detail	Clinician	Analyzing Lab
1 month ago	Cytology	Result: Atypical squamous cells of unknown significance ASC-US	Dr. Smith	Health Sciences Centre - Cytology
	HPV	Overall result: High Risk HPV Negative Type 16 Not detected Type 18 Not detected Type Other Not detected		
4 years ago	Cytology	Result: Negative for Intraepithelial Lesion or Malignancy	Dr. Smith	Health Sciences Centre - Cytology

Case Study #17



Cervical Cancer Screening History

Patient name: **Kelly Smith**
Health number: **123456789**
Date of birth:
Age: **38**

Date	Service	Detail	Clinician	Analyzing Lab
2 months ago	Cytology	Result: Atypical squamous cells of unknown significance ASC-US	Dr. Smith	Health Sciences Centre - Cytology
	HPV	Overall result: High Risk HPV Negative Type 16 Not detected Type 18 Not detected Type Other Not detected		
3 years ago	Cytology	Result: Negative for Intraepithelial Lesion or Malignancy	Dr. Smith	Health Sciences Centre - Cytology
5 years ago	Cytology	Result: Negative for Intraepithelial Lesion or Malignancy	Dr. Smith	Health Sciences Centre - Cytology
6 years ago	Cytology	Result: A High Grade Squamous Intraepithelial Lesion is Seen consistent with Moderate Dysplasia Recommendation: Colposcopy	Dr. Smith	Health Sciences Centre - Cytology

Case Study #18



Cervical Cancer Screening History

Patient name: **Jessica Jones**

Health number: **123456789**

Date of birth:

Age: **29**

HPV Vaccination Summary

First Dose Age: **21** First Dose Date: **DATE** Last Dose Date: **DATE** Total Doses: **3** Vaccine Type: **Gardasil**

Date	Service	Detail	Clinician	Analyzing Lab
1 year ago	Colposcopy	Biopsy: Negative Recommendation: Repeat colp. in 6 months	Dr. John	
1 year ago	Cytology	Result: Negative for Intraepithelial Lesion or Malignancy	Dr. John	Health Sciences Centre - Cytology
3 years ago	Colposcopy	Biopsy: Low grade squamous Intraepithelial Lesion Recommendation: Repeat colp. in 6 months	Dr. John	Health Sciences Centre - Cytology
3.5 years ago	Cytology	Result: Atypical Squamous Cells of Unknown Significance ASC-US Recommendation: Colposcopy	Dr. Lock	Gamma Dynacare Lab
5.5 years ago	Cytology	Result: Low Grade Squamous Intraepitheleal Lesion is Seen Recommendation: Repeat test. in 6 months	Dr. Lock	Gamma Dynacare Lab

Case Study #19



Patient name: **Hiba Smith**

Health number: **123456789**

Date of birth:

Age: **30**

Cervical Cancer Screening History

Date	Service	Detail	Clinician	Analyzing Lab
2 years ago	Cytology	Result: Unsatisfactory Specimen due to Obscuring Inflammation - Unsatisfactory Specimen due to Obscuring Blood Recommendation: Colposcopy	Dr. Smith	Health Sciences Centre - Cytology
2 years ago	Cytology	Result: Unsatisfactory Specimen due to Obscuring Inflammation Recommendation: Repeat smear due to unsatisfactory specimen	Dr. Smith	Health Sciences Centre - Cytology
4 years ago	Cytology	Result: Negative for Intraepithelial Lesion or Malignancy	Dr. Smith	Health Sciences Centre - Cytology

B. Answer Key for Written Case Studies

Case Study #1

A 45 year old individual presents at your clinic. They are anxious and tell you they have recently had unprotected sex with a new partner. They request to be “checked for everything.” What considerations should be made to appropriately manage their cervical cancer screening?

- **Eligible?** Are they between ages 21-69? Have they ever been sexually active? Are they a female or transgender?
- **History?** Obtain a screening history from CervixCheck by phone or fax.
- **Due?** Are they eligible for “routine” screening (i.e. age, hysterectomy status, immunocompromised, previous high-grade Pap test results, etc.?)
 - Eligibility for routine screening means they have not had a Pap test in the previous 3 years. Some individuals may need more regular screening. Refer to the cervical cancer screening guidelines for recommendations related to specific screening results.
 - If a Pap test has been completed within the last 3 years refer to cervical cancer screening guidelines for recommendations related to specific screening results.
- **Education:**
Confirm the patient wants to be screened for **sexually transmitted infections (STIs)**. Obtain consent, and collect specimens as per the Canadian Sexually Transmitted and Blood-Borne Infections: Guides for Health Professionals.

The decision to perform a **Pap test** depends on the individual’s screening history. In the absence of abnormal Pap test results, and other patient characteristics that exclude her from routine screening, and where the individual is “compliant”, screening should occur every 3 years.

Case Study #2

A 30 year old pregnant female presents at your clinic for an initial prenatal visit. What, if any, cervical cancer screening considerations should be made?

ANSWER:

- **Eligible?** Are they between ages 21-69? Have they ever been sexually active? Are they a female or transgender?
- **History?** Obtain a screening history from CervixCheck by phone or fax.
- **Due?**
 - If they have a normal (Negative for Intraepitheal Lesion) screening history within the last 3 years, and no symptoms of cervical cancer and/or visual abnormalities of the cervix, a Pap test should not be performed. Delay routine screening until 3 years from the last normal Pap test.
 - If they are eligible for routine screening and have not had a Pap test in the previous 3 years, they may need to be screened. The benefits and harms of screening should be considered. If the benefits of completing a Pap test outweigh the potential harms then aim to screen during the first 10 weeks of pregnancy.
IMPORTANT: Only the plastic spatula should be used when performing a Pap test on pregnant clients. **The cytobrush is contraindicated.**
 - If they are eligible for routine, but are over 10 weeks pregnant, consider whether the benefits of screening outweigh the potential harms. If the balance is not in the individual's favour then consider screening at minimum 6-weeks postnatally.

RATIONALE: The cervix undergoes physiological changes during pregnancy. Although cervical neoplasia prevalence rates are similar for pregnant and non-pregnant women, screening during pregnancy may produce a significant number of false positive and false negative results.

Historically cervical screening has been opportunistic, usually because the screening history was unclear. However, CervixCheck can now provide HCPs with patient screening histories so that screening can be individualized.

Screening during pregnancy is unnecessary if the individual:

- has had **routine Negative Pap tests** (screening histories can be obtained from CervixCheck), and
- has **no symptoms** of cervical cancer
- has **no visual abnormality of the cervix**.

False positive results during pregnancy are more likely for the following reasons:

- eversion of the squamocolumnar junction occurs as a consequence of HIGH oestrogen levels and exposed columnar epithelium undergoes squamous metaplasia;
- cervical infiltration by leukocytes occurs in pregnancy;
- decidualisation of the cervix is a frequent finding;
- Trophoblasts may be present in the cervical canal;
- relative immunosuppression may allow greater human papillomavirus (HPV) activity

[From: Luesley D.M., & Kilby M.D. (2016). Obstetrics & Gynaecology: An Evidence-based Text for MRCOG (3rd ed.). Boca Raton, Florida: CRC Press.]

To review a decision-making algorithm for pregnant females, see chapter 3.

Case Study #3

A 33 year old individual presents at your clinic seeking a Pap test. They have recently moved to Winnipeg from The Pas and do not know the date of their last Pap test. They vaguely recall an abnormal result in the past. After you review the screening history from CervixCheck, you notice a referral to colposcopy five years ago due to a high grade Pap test result. The biopsy result on the colposcopy report shows “moderate dysplasia.” The individual was treated and discharged from colposcopy three years ago, but has not returned to routine screening.

1. How do you proceed?
2. If a Pap test is recommended, how should you rotate the broom when collecting the cervical sample?

ANSWER:

1. How do you proceed?
 - **Eligible?** Are they between ages 21-69? Have they ever been sexually active? Are they a female or transgender?
 - **History?** Already requested from CervixCheck.
 - **Due?** Yes. The individual should be screened.
 - The screening history shows a high grade cervical biopsy result (≥HSIL/CIN2/moderate dysplasia) which, as indicated on the colposcopy report, should be monitored with Pap tests at annual intervals. **RATIONALE:** Higher risk for cervical cancer after a high-grade pathology result.
2. If a Pap test is recommended, how should you rotate the broom when collecting the cervical sample?
 - Insert the broom deeply enough into the endocervical canal so that the shorter bristles full contact the ectocervix. Rotate the broom 5 times in a clockwise direction.

Case Study #4

A 55 year old individual presents to your clinic and insists on continuing with annual Pap tests. The screening history does not suggest they should be screened more frequently than routinely (every three years) as per the CervixCheck guidelines. How would you proceed?

ANSWER:

- **Eligible?** Are they between ages 21-69? Have they ever been sexually active? Are they a female or transgender?
- **History?** Already requested from CervixCheck.
- **Due?** No.
- **Education?** Initiate a person-centred discussion about the benefits and harms of cervical cancer screening and engage the individual in an informed conversation to determine together whether annual screening is appropriate for the person. The Pap test can expose individuals to the following risks:
 - discomfort and bleeding from the tests;
 - anxiety that may result from abnormal test results;
 - over-diagnosis and over-treatment of abnormal cell changes that can go away on their own;
 - problems with future pregnancies from some treatments during colposcopy (this point is more of a concern during childbearing years)

NOTES:

The goal of the person-centred discussion with your patient is to:

- i. foster the individual's understanding of the Pap test and its benefits and potential harms;
- ii. engage the individual in an informed decision-making process about screening that is consistent with their preferences and values.

Case Study #5

A 38-year-old female presents in clinic. On taking a health history you note that they have not menstruated for a couple of months but they indicate that their periods are often irregular and they don't think they are pregnant. They have never had a Pap test and agree to have one done today. On performing a speculum examination you note a bluish discolouration of the cervix. There is also a thin, creamy, gray-white, vaginal discharge. There is no inflammation on the vaginal wall or cervix.²

1. What may be causing the discolouration of the cervix?
 - Possibly pregnancy
2. What may be causing the vaginal discharge?
 - Likely bacterial vaginosis
3. How would you proceed?
 - Perform a pregnancy test
 - Perform a Pap test with a broom. While cervical screening is not routinely recommended for pregnant clients due to a significant number of false positive results, this individual has never had a Pap test and is a priority to screen. The cytobrush is contraindicated.
4. Outline your educational and counseling strategies for this individual.
 - Discuss the importance of regular Pap tests
 - Provide information about bacterial vaginosis
 - Discuss STI risk, prevention, and testing
 - Reinforce use of male or female condoms with regular birth control methods (e.g. pill, patch, depoprovera)
 - Answer questions

Case Study #6

A 42-year-old individual presents for a Pap test. They have not participated in cervical cancer screening in the past. They are very self-conscious about their body, and believe they are overweight; however, they have developed a good trusting relationship with you, their HCP. The history is taken and there are no signs to indicate that this will be anything other than a routine screening. However, upon examination the individual becomes tense and anxious. You have trouble finding their cervix. The individual's anxiety continues to increase and they start to cry, saying that the examination is painful.

1. What is the first priority for this individual?
 - Prior to starting an exam, build on the positive relationship
 - Obtain their cervical cancer screening history from CervixCheck
 - Discuss any concerns before the exam
2. What are some ideas to promote comfort for an anxious patient?
 - Provide an opportunity to look at the equipment
 - Provide a choice to leave on as many clothes as possible, including their shoes if they desire
 - Ensure a comfortable examination
 - Give them choices between different exam positions
 - If they have not emptied their bladder, have them void or empty again as this can increase their anxiety
 - Ensure the speculum is warm
3. When the individual starts to cry, what should you do?
 - Stop the exam and discuss how they want to proceed
 - Proceed with test only when they are ready
 - Change the size of the speculum if required
4. The cervix is pink and fleshy, but has some “bumps” on it. What might this be and what should you do?
 - May be nabothian follicles but assess appropriately to determine if they look like genital warts.
 - Refer to colposcopy if you are unsure of a diagnosis.

Case Study #7

A 28-year-old individual presents to a community clinic. They have had 3 pregnancies in 4 years, a history of 1 spontaneous abortion, 1 termination at 15 weeks and 1 live birth. The individual states that they do not want their male doctor to examine them and they think they may be pregnant. They tell you that they had an abnormal Pap test 3 years ago. They are adamant that they want a female examiner, know there is a trained provider on site, and refuse to leave if they are not examined.

1. What are your first priorities for this individual?
 - Consent for treatment and sharing of information. Education, confidence, and trust building are the most important priorities. Obtain a screening history from CervixCheck by phone or fax.
 - Pregnancy test
2. What information do you need to proceed?
 - Cervical screening history from CervixCheck. Are they due for a Pap test? Remember to consider any abnormal Pap test results.
 - Results from pregnancy test

Case Study #8

A 25-year-old individual presents at a well-baby clinic in a rural community. Her husband and 4-month-old baby are with her, and she has a 2 and 3 year old at home. She is trying to get pregnant again. Discussion ensues as to a plan for a pregnancy so soon after this birth. They are slow to answer. The husband finally says that his wife has been told that she had an "abnormal cancer test" during her last pregnancy and was referred to the Health Sciences Centre at the 6-week postpartum doctor's visit. They did not attend the post-partum doctor's visit because they were afraid that she might have cancer "down there". They want to have more babies before having surgery and worry that her "womb will be taken out".

1. What is your first priority as a HCP?

- Obtain the cervical screening history from CervixCheck
- Based on their history, determine which direction to move forward with

2. Should the HCP do cervical screening?

- The cervical screening history will determine if a Pap test is necessary. A Pap test can be completed if their last Pap test required a repeat. However, if the screening history indicates a colposcopy, make another referral to the same colposcopist. Do not perform a Pap test if colposcopy was indicated. Encourage the client to keep their appointment.

3. What else should be considered?

- Education is important. This includes:
 - explaining the purpose of the Pap test,
 - explaining the etiology of cervical cancer and dysplasia in plain language,
 - emphasizing the importance of keeping all appointments related to cervical screening,
 - discussing follow-up/treatment options specifically related to the client's desire for more children.
- Ensure follow-up with the client.

Case study #9

You work in a low socioeconomic inner city practice with multiple new Canadian patients, many of whom do not have English as a first language. A 65-year-old individual who speaks little English attends your office for the first time to get their blood pressure checked. They have recently moved to stay with their son and help look after her grandchildren. The individual still has monthly periods but they are getting heavier and closer together, i.e. q3 weeks. When asked about previous Pap tests the client said, “I had a few when I was younger, in my 20’s and they said one was abnormal, so I had to have more frequent examinations at the physician’s office.” They tell you they have had no Pap tests since having children (the last child was born 45 years ago), and only rarely have sex with their partner of many years. The client says that they really do not want any more Pap tests and doesn’t understand why one would be necessary.

1. If this individual had a history of a hysterectomy, how would you approach their cervical cancer screening needs?
 - Obtain the cervical cancer screening history from CervixCheck
 - Obtain the hysterectomy pathology report to determine if screening is still necessary.
 - Proceed based on hysterectomy screening recommendations.
2. How would you discuss the risk of cervical cancer with this individual?
 - Discuss relevant risk factors, e.g. history of abnormal Pap tests, lack of regular Pap tests, etc.
 - Work with interpreter services to ensure the individual understands all the information you are providing them.
3. What if they refuse the Pap test? What would you do?
 - Gradually build rapport and trust by helping them with other issues they may have identified during their history
 - Discuss necessity of Pap test and ways to improve their comfort
 - May be helpful to explore language barriers and the meaning of the Pap test
 - Assess if there is a history of abuse which may make the Pap test more challenging for the individual
 - Accept refusal for service and ensure the client is provided with good education about risks and benefits
 - Clearly document educational efforts, resources provided and offered, and the individual’s decision to refuse the Pap test

Case Study #10

A 35 year old trans male presents to your clinic but does not state on the intake form the reason for the visit. This is the first time you are seeing them. After bringing them into your exam room, the individual discloses they may need to get checked 'down there.' They appear nervous and very uncomfortable.

1. How would you proceed?
2. What can you do at your site to help trans clients feel safer?

ANSWER:

1. How would you proceed?
 - a. Further inquire about the concerns they have re: 'down there.' Avoid making any assumptions.
 - b. Consider cervical cancer screening eligibility:
 - i. **Eligibility** – Are they between ages 21-69? Have they ever been sexually active? Are they a female or transgender? Review health history form to determine if they have had bottom surgery?
 - ii. **History** - Obtain a screening history from CervixCheck by phone or fax.
 - iii. **Educate** - If you proceed with the Pap test remember:
 - the vaginal canal will be dry in individuals with no history of bottom surgery who take testosterone. Use a water-based lubricant to make the exam more comfortable.
 - to mark *testosterone* on the cytology requisition form to alert the cytotechnologist. Testosterone affects interpretation of the cytology sample.
 - c. Complete your primary care needs as per your normal daily practice.
2. What can you do at your site to help trans individuals feel safer?
 - use gender-neutral pronouns;
 - use the word "partner" rather than girlfriend/boyfriend;
 - ask if they have had previous positive Pap test experiences;
 - understand that sexual reassignment surgery is not necessarily the end goal for trans people;
 - display posters and/or literature that indicate a trans-friendly environment, but only if it actually is a trans-friendly environment;
 - provide intake forms that allow for trans clients to self-identify.

Case Study #11



Cervical Cancer Screening History

Patient name: **Hannah Smith**
Health number: **123456789**
Date of birth:
Age: **48**

Date	Service	Detail	Clinician	Analyzing Lab
6 months ago	Cytology	Result: Negative for Intraepithelial Lesion or Malignancy	Dr. Smith	Health Sciences Centre - Cytology
1.5 years ago	Cytology	Result: Negative for Intraepithelial Lesion or Malignancy	Dr. Smith	Health Sciences Centre - Cytology
2.5 years ago	Cytology	Result: A High Grade Squamous Intraepithelial Lesion is Seen consistent with Moderate Dysplasia Recommendation: Colposcopy	Dr. Smith	Health Sciences Centre - Cytology
3.5 years ago	Cytology	Result: Negative for Intraepithelial Lesion or Malignancy	Dr. Smith	Health Sciences Centre - Cytology
5 years ago	Cytology	Result: Negative for Intraepithelial Lesion or Malignancy	Dr. Smith	Health Sciences Centre - Cytology

ANSWER:

This individual should have been referred to colposcopy for the high-grade result 2.5 years ago. However, because they had two subsequent negative Pap tests, a conversation between the HCP and the individual is recommended. The benefits and harms of either referring them to colposcopy or repeating the Pap test at this time should be discussed. Based on their values, preferences and beliefs, a person-centred decision can be made about what is best for this person.

When there is a previous high grade cervical **pathology** result (define as: \geq HSIL/CIN2/moderate dysplasia) CervixCheck recommends screening annually after colposcopy discharge. There is no evidence to support how long an individual should be screened annually. A conservative approach would be to screen annually until they are 69 years of age and then discontinue if their results are Negative in previous 10 years.

Case Study #12



Patient name: **Jane Smith**
 Health number: **123456789**
 Date of birth:
 Age: **48**

Cervical Cancer Screening History

Date	Service	Detail	Clinician	Analyzing Lab
1 year ago	Cytology	Result: Negative for Intraepithelial Lesion or Malignancy	Dr. Smith	Health Sciences Centre - Cytology
2 years ago	Colposcopy	Biopsy: Negative Recommendation: Return to screening as per the CervixCheck Guidelines	Dr. Jones	
2 years ago	Cytology	Result: Negative for Intraepithelial Lesion or Malignancy	Dr. Jones	Health Sciences Centre - Cytology
3 years ago	Colposcopy	Biopsy: Severe Atypia Treatment: Laser	Dr. Jones	
3 years ago	Cytology	Result: Negative for Intraepithelial Lesion or Malignancy	Dr. Jones	Health Sciences Centre - Cytology
4 years ago	Colposcopy	Biopsy: Mild Atypia Recommendation: Follow up in 6 months	Dr. Jones	
4 years ago	Cytology	Result: Negative for Intraepithelial Lesion or Malignancy	Dr. Jones	Health Sciences Centre - Cytology
5 years ago	Cytology	Result: High Grade Squamous Intraepithelial Lesion is Seen consistent with Mild to Moderate Dysplasia Recommendation: Colposcopy	Dr. Smith	Health Sciences Centre - Cytology

ANSWER:

Book a Pap test appointment for the individual based on the biopsy result of *severe atypia* on the colposcopy report 3 years ago. This individual should be screened annually.

Follow-up question: Has this individual been discharged from colposcopy? How can you tell? **Answer:** Yes, discharge from colposcopy is evident by “Return to screening as per CervixCheck guidelines” as listed in the colposcopy report from 2 years ago.

Case Study #13



Patient name: **Minnie Mouse**
Health number: **123456789**
Date of birth:
Age: **72**

Cervical Cancer Screening History

Date	Service	Detail	Clinician	Analyzing Lab
1 year ago	Cytology	Result: Unsatisfactory Specimen due to Insufficient Epithelial Cells Recommendation: Repeat smear due to unsatisfactory specimen	Dr. Smith	Health Sciences Centre - Cytology
2 years ago	Cytology	Result: Unsatisfactory Specimen due to Presence of Mainly Endocervical Cells Recommendation: Repeat smear due to unsatisfactory specimen	Dr. Smith	Health Sciences Centre - Cytology
3 years ago	Cytology	Result: Negative for Intraepithelial Lesion or Malignancy	Dr. Smith	Health Sciences Centre - Cytology
6 years ago	Cytology	Result: Negative for Intraepithelial Lesion or Malignancy	Dr. Smith	Health Sciences Centre - Cytology
7 years ago	Cytology	Result: Negative for Intraepithelial Lesion or Malignancy	Dr. Smith	Health Sciences Centre - Cytology

ANSWER:

This individual could have discontinued screening after they obtained 3 negative Pap tests between the ages of 65 and 69. However they should be re-screened, because they continued to be screened and obtained two unsatisfactory results (one with too many endocervical cells). The individual can discontinue screening if the result is negative and there are no symptoms of cervical cancer and/or visual abnormalities of the cervix.

Case Study #14



Patient name: **Jennifer Smith**
Health number: **123456789**
Date of birth:
Age: **26**

Cervical Cancer Screening History

Date	Service	Detail	Clinician	Analyzing Lab
1 year ago	Cytology	Result: Negative for Intraepithelial Lesion or Malignancy	Dr. Smith	Health Sciences Centre - Cytology
2 years ago	Cytology	Result: Unsatisfactory Specimen due to Presence of Mainly Endocervical Cells Recommendation: Repeat smear due to unsatisfactory specimen	Dr. Smith	Health Sciences Centre - Cytology
4 years ago	Cytology	Result: Negative for Intraepithelial Lesion or Malignancy	Dr. Smith	Health Sciences Centre - Cytology
6 years ago	Cytology	Result: Negative for Intraepithelial Lesion or Malignancy	Dr. Smith	Health Sciences Centre - Cytology
8 years ago	Cytology	Result: Negative for Intraepithelial Lesion or Malignancy	Dr. Smith	Health Sciences Centre - Cytology

ANSWER:

Routine screening every 3 years. A Pap test should be booked for 3 years after the last negative Pap test result.

Case Study #15



Patient name: **Krista Smith**
Health number: **123456789**
Date of birth:
Age: **30**

Cervical Cancer Screening History

Date	Service	Detail	Clinician	Analyzing Lab
1 month ago	Cytology	Result: Atypical squamous cells of unknown significance ASC-US	Dr. Smith	Health Sciences Centre - Cytology
	HPV	Overall result: High Risk HPV Positive Type 16 Detected Type 18 Not detected Type Other Not detected		
9 months ago	Cytology	Result: Atypical Cells of Undetermined Significance AS-CUS Recommendation: Repeat Test in 6 months	Dr. Smith	Health Sciences Centre - Cytology
3 years ago	Cytology	Result: Negative for Intraepithelial Lesion or Malignancy	Dr. Smith	Health Sciences Centre - Cytology

ANSWER:

Because this client is 30 years of age with an ASCUS result, her specimen was tested for high-risk HPV (hrHPV). Her hrHPV result was positive because HPV type 18 is detected. This patient should be referred to colposcopy.

Case Study #16



Cervical Cancer Screening History

Patient name: **Haya Smith**
Health number: **123456789**
Date of birth:
Age: **32**

Date	Service	Detail	Clinician	Analyzing Lab
1 month ago	Cytology	Result: Atypical squamous cells of unknown significance ASC-US	Dr. Smith	Health Sciences Centre - Cytology
	HPV	Overall result: High Risk HPV Negative Type 16 Not detected Type 18 Not detected Type Other Not detected		
4 years ago	Cytology	Result: Negative for Intraepithelial Lesion or Malignancy	Dr. Smith	Health Sciences Centre - Cytology

ANSWER:

Because this client is 32 years of age and older, and her Pap test result was ASCUS, her specimen was also tested for hrHPV. The hrHPV result is negative because none of the three high-risk HPV genotype categories (Type 16, Type 18 and Type Other) came back detected. This patient should return to routine screening (in this case every three years).

Case Study #17



Patient name: **Kelly Smith**
Health number: **123456789**
Date of birth:
Age: **38**

Cervical Cancer Screening History

Date	Service	Detail	Clinician	Analyzing Lab
2 months ago	Cytology	Result: Atypical squamous cells of unknown significance ASC-US	Dr. Smith	Health Sciences Centre - Cytology
	HPV	Overall result: High Risk HPV Negative Type 16 Not detected Type 18 Not detected Type Other Not detected		
3 years ago	Cytology	Result: Negative for Intraepithelial Lesion or Malignancy	Dr. Smith	Health Sciences Centre - Cytology
5 years ago	Cytology	Result: Negative for Intraepithelial Lesion or Malignancy	Dr. Smith	Health Sciences Centre - Cytology
6 years ago	Cytology	Result: A High Grade Squamous Intraepithelial Lesion is Seen consistent with Moderate Dysplasia Recommendation: Colposcopy	Dr. Smith	Health Sciences Centre - Cytology

ANSWER:

This individual was never seen in colposcopy. Because the patient had an ASCUS and an hrHPV negative result, she will return to routine screening every 3 years. There is no evidence to support a recommended interval with a high-grade Pap test result (HSIL, ASC-H) with no biopsy/histopathology result. However, because this patient has since had a hrHPV result of negative, it is safe to return to routine screening every 3 years.

Case Study #18



Patient name: **Jessica Jones**
 Health number: **123456789**
 Date of birth:
 Age: **29**

Cervical Cancer Screening History

HPV Vaccination Summary					
First Dose Age: 21		First Dose Date: DATE	Last Dose Date: DATE	Total Doses: 3	Vaccine Type: Gardasil
Date	Service	Detail	Clinician	Analyzing Lab	
1 year ago	Colposcopy	Biopsy: Negative Recommendation: Repeat colp. in 6 months	Dr. John		
1 year ago	Cytology	Result: Negative for Intraepithelial Lesion or Malignancy	Dr. John	Health Sciences Centre - Cytology	
3 years ago	Colposcopy	Biopsy: Low grade squamous Intraepithelial Lesion Recommendation: Repeat colp. in 6 months	Dr. John	Health Sciences Centre - Cytology	
3.5 years ago	Cytology	Result: Atypical Squamous Cells of Unknown Significance ASC-US Recommendation: Colposcopy	Dr. Lock	Gamma Dynacare Lab	
5.5 years ago	Cytology	Result: Low Grade Squamous Intraepitheal Lesion is Seen Recommendation: Repeat test. in 6 months	Dr. Lock	Gamma Dynacare Lab	

ANSWER:

This individual was never formally discharged from colposcopy as indicated by the last colposcopy recommendation: *repeat colp. in 6 months*. Since they have had a negative **pathology** result which confirms the **cytology** result 2 years ago, they can return to routine screening (every 3 years in the absence of high-grade pathology results). However, a person-centred conversation is recommended to assess whether a repeat Pap test should be completed today or to wait until the individual is due for routine screening in 3 years.

Case Study #19



Patient name: **Hiba Smith**
Health number: **123456789**
Date of birth:
Age: **30**

Cervical Cancer Screening History

Date	Service	Detail	Clinician	Analyzing Lab
2 years ago	Cytology	Result: Unsatisfactory Specimen due to Obscuring Inflammation - Unsatisfactory Specimen due to Obscuring Blood Recommendation: Colposcopy	Dr. Smith	Health Sciences Centre - Cytology
2 years ago	Cytology	Result: Unsatisfactory Specimen due to Obscuring Inflammation Recommendation: Repeat smear due to unsatisfactory specimen	Dr. Smith	Health Sciences Centre - Cytology
4 years ago	Cytology	Result: Negative for Intraepithelial Lesion or Malignancy	Dr. Smith	Health Sciences Centre - Cytology

ANSWER

This individual has had two results of *Unsatisfactory Specimens due to Obscuring Blood/Inflammation*. This means they should be referred to colposcopy.

Specific concerns for these cytology results:

1. *Obscuring Blood* can reflect menstruation but may also be a sign of disease (i.e. cancer).
2. *Obscuring Inflammation* can indicate infection or necrosis (dying cells, usually due to disease).

References

¹ Adapted from Calgary Health Region. (2001).

² Adapted from Calgary Health Region. (2001).