

# CervixCheck Healthcare Provider Frequently Asked Questions (FAQs)

If you have a question that is not on this list, [contact](#) us.

**1. I am required to secure a preceptor for post-training clinical support. Tell me more about who qualifies as a preceptor.**

Choosing a preceptor is important because they will be the person to supervise your clinical cervical cancer screening practice post training. To read more about preceptors, see the Pap Test Learning Module:

- Preceptor qualities
  - [Chapter 13](#), page 2
- Competency requirement guidelines
  - [Chapter 1](#), page 3
- Performance Criteria Checklist for Preceptor
  - [Appendix 3](#), pages 9-10

**2. Does the Pap Test Learning Module (PTLM) have any processes to evaluate competence to perform cervical cancer screening?**

There are two assessment tools in the PTLM that may be used to evaluate performance:

- [Pre & Post](#) Tests
- [Performance Criteria Checklist for Preceptor](#)

**3. How can I learn more about sampling technique with liquid based cytology?**

View our videos:

- [SurePath LBC Collection](#)
- [ThinPrep LBC Collection](#)
- Review our [Liquid Based Cytology Sampling Technique](#) (pdf) resource

**4. How do I access the cervical cytology request form?**

If you are using EMR, the [cervical cytology request form](#) (pdf) can be accessed from the EMR's repository. Where paper is still in use, primary care should contact their cervical cytology lab service provider to order paper copies of the form.

**5. Should I screen a pregnant client?**

Screening prenatal and postnatal women is unnecessary if:

- the client has had routine negative Pap tests,
- the client is not overdue for screening,
- has no symptoms of cervical cancer, and/or
- no visual abnormalities of the cervix.

See the screening algorithm for pregnant woman ([chapter 3, page 6-7](#) (pdf)).

**6. How can I request a client's cervical cancer screening history?**

Request a screening history by:

- a) Phone (204-788-8626 or toll free at 1-855-95-CHECK)
- b) Faxing a completed [Screening History Request Form](#) (pdf) to 204-779-5748

**7. Should I repeat the Pap test for a negative satisfactory Pap test result with an absence of transformation zone (TZ) cells?**

Women with Pap test results that are "negative for Intraepithelial Lesion or Malignancy," and report and "absence of transformation zone cells," do not need a repeat Pap test - they may remain in routine screening unless:

- The woman has had a previous Pap test result that is  $\geq$ High-Grade and does not have three subsequent negative Pap test results, with at least one that has TZ/endocervical cells (EC),
- The woman has ever had a previous Pap test result that is atypical glandular cells (AGC),
- The woman has had a positive HPV test within 12 months,
- The health care provider cannot see the entire cervix upon visual inspection,
- The woman is immunocompromised, and/or
- The woman has an insufficient screening history (lack of routine screening every 3 years).

Also, a Pap test that lacks TZ/EC in women who have persistent post-coital bleeding (PCB) or inter-menstrual bleeding (IMB) should be referred to colposcopy or

gynecology. (Taken from the Pap Test Learning Module, [chapter 10, page 5](#))

How frequently should I screen a patient who has a history of colposcopy?

To determine how frequently a woman with a history of colposcopy should be screened:

1. obtain the woman's [screening history](#) from CervixCheck.
2. determine any/all biopsy results from the woman's colposcopy appointments.
  - If any of the biopsy results report a high-grade lesion ( $\geq$ HSIL/CIN2/moderate dysplasia), the woman will require annual screening
  - If the biopsy report(s) are ( $\leq$ HSIL/CIN2/moderate dysplasia), proceed with routine screening every 3 years.

For women with previous high-grade cervical histopathology specimens, there is no evidence to support how long a woman should be screened annually. A conservative approach would be to screen annually until the woman is 69 years of age and can discontinue if her results are Negative in previous 10 years.