

# CervixCheck Screening Guidelines

PATIENT CHARACTERISTICS	RECOMMENDATIONS
<b>Never been sexually active</b> Sexual activity includes intercourse, as well as digital or oral sexual activity involving the genital area with a partner of either gender	Screening <b>not</b> recommended  Women who are not sexually active by age 21 should delay screening until sexually active
<b>Hysterectomy</b>	Screening the vaginal vault is not recommended if: <ul style="list-style-type: none"> <li>• Hysterectomy was total,</li> <li>• Hysterectomy was performed for a benign disease (pathology negative for high-grade dysplasia), and</li> <li>• The woman has no previous high-grade Pap test result.</li> </ul> If Pap test results or hysterectomy pathology is unavailable, continue screening until two negative vaginal vault tests are obtained.
<b>70 years of age or older</b>	<b>Discontinue screening if the woman has had 3 negative Pap tests in the previous 10 years</b>
<b>All women who have ever been sexually active</b>	<b>Initiate screening with Pap tests* at age 21</b>  <b>Routine screening should continue every three years until age 69</b>  Health care providers should discuss the benefits and harms of screening with their patients
<b>HPV Vaccinated</b>	
<b>Women having sex with women</b>	
<b>Transgender</b>	
<b>Pregnant</b>	
<b>Immunocompromised or HIV positive</b>	
<b>Previous high-grade cervical pathology result (≥HSIL/CIN2/moderate dysplasia)</b>	Screen every year once discharged from colposcopy. 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.

\* HPV testing is not routinely available in Manitoba.

**Any visual abnormalities and/or symptoms (ie. abnormal bleeding or discharge) must be investigated regardless of cytology findings.**

For more information visit [canadiantaskforce.ca](http://canadiantaskforce.ca)

## Potential Benefits & Harms of Cervical Screening with the Pap Test

BENEFITS	HARMS
<ul style="list-style-type: none"> <li>• Observational data have shown declines of up to 80% in cervical cancer mortality following introduction of organized screening with Pap tests.</li> <li>• Cervical dysplasia can be removed with procedures during colposcopy.</li> <li>• Detecting cancer at an early stage may result in simpler treatment, more treatment options, and less need for chemotherapy.</li> </ul>	<ul style="list-style-type: none"> <li>• False positives.</li> <li>• False negatives.</li> <li>• Screening and follow up may cause anxiety.</li> <li>• Discomfort or bleeding may result from the Pap test or colposcopy.</li> <li>• Treatment with cold knife conisation and large loop excision of the transformation zone (LLETZ) may increase a woman's risk for pre-term delivery, low birth weight, caesarean section, and premature rupturing of membranes.</li> </ul>

# Management of Cytology Results

CYTOLOGY RESULTS	MANAGEMENT
<b>Negative</b>	Routine screening every 3 years The absence of transformation zone is not a reason to repeat a Pap test earlier than the recommended interval
<b>Unsatisfactory</b>	Repeat Pap test in 3 months If persistent (2 consecutive, or 2 within 12 months) unsatisfactory due to “obscuring blood” or “obscuring inflammation,” refer for colposcopy
<b>ASC-US</b> Atypical squamous cells of undetermined significance	<b>Repeat Pap test in 6 months</b> <pre> graph LR     A[Repeat Pap test in 6 months] --&gt; B[Negative]     A --&gt; C[Abnormal]     B --&gt; D[Repeat Pap test in 6 months]     C --&gt; E[Colposcopy]     D --&gt; F[Negative]     D --&gt; G[Abnormal]     F --&gt; H[Routine screening]     G --&gt; I[Colposcopy]                     </pre>
<b>LSIL</b> Low-grade squamous intraepithelial lesion	
<b>ASC-H</b> Atypical squamous cells, cannot rule out high-grade	Refer for colposcopy
<b>HSIL</b> High-grade squamous intraepithelial lesion	
<b>AGC</b> Atypical glandular cells	Refer for colposcopy and endocervical curettage • If woman is ≥ 35 years of age or has abnormal bleeding, refer for endometrial biopsy
<b>Atypical endocervical cells</b>	Refer for colposcopy
<b>Atypical endometrial cells</b>	Refer for endometrial biopsy
<b>Benign endometrial cells</b>	< <b>45 years of age:</b> In the absence of abnormal bleeding, woman can continue routine screening ≥ <b>45 years of age:</b> If woman is postmenopausal and/or has abnormal bleeding, refer for endometrial biopsy
<b>AIS</b> (Adenocarcinoma in situ)	Refer for colposcopy and endocervical curettage
<b>Squamous carcinoma, adenocarcinoma, other malignant neoplasms.</b>	Refer for colposcopy and oncology
<b>Absence of transformation zone cells</b>	Screen according to cytology result. The absence of transformation zone is not a reason to repeat a Pap test earlier than the recommended interval
<b>Rejected specimen</b>	Repeat Pap test in 3 months Inform woman repeat is not due to abnormal cytology

## Key Messages

- 90% of HPV infections will spontaneously regress within 2 years.
- High grade lesions and cervical cancer are very rare in young women < 21 years of age.
- There is a long latent period between exposure to HPV infection and the development of precancerous lesions and invasive cervical cancer.
- Annual screening offers little benefit over screening performed at 2 to 3 year intervals and exposes women to unnecessary risks and anxieties.
- The sensitivity of the Pap test is about 51% and the specificity is about 98%.

## CervixCheck Operations

- Operates a registry of Pap test and colposcopy results for all Manitoba women.
- Sends letters to:
  - clinicians and women when follow up has not occurred for low-grade abnormal and unsatisfactory cytology
  - result letters to women with high-grade Pap test results
  - reminder letters for women who are overdue for a Pap, and
  - invitation letters to women who are unscreened.
- Sends screening histories to clinicians and women upon request.
- Coordinates education and awareness activities for the public and health care professionals.