

# CervixCheck

## Frequently Asked Questions (FAQs)

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

### 1. 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](#)

### 2. 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.

### **3. 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)).

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

Request a screening history by:

- phone at 204-788-8626 or 1-855-95-CHECK
- fax a completed [Screening History Request Form](#) (pdf) to 204-779-5748

### **5. 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

### **6. 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.