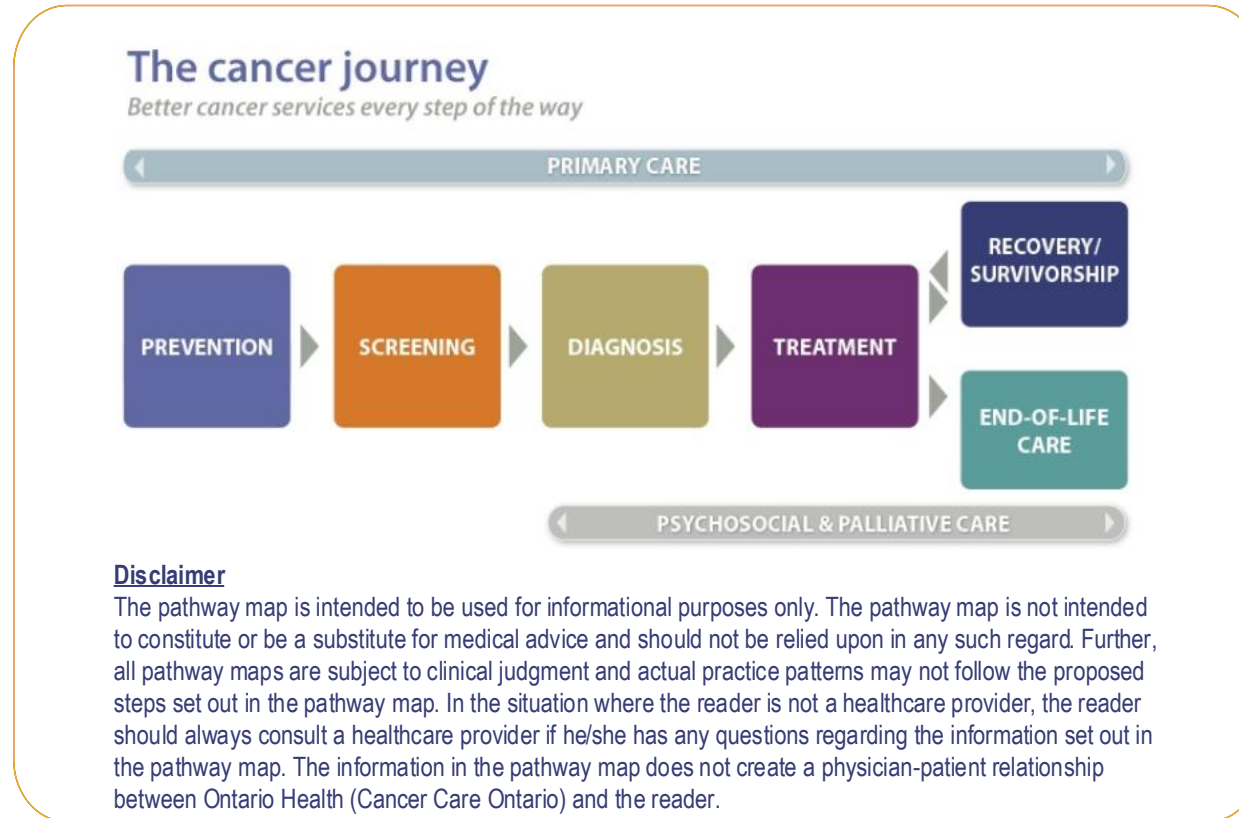


Cervical Cancer Prevention & Screening Pathway Map

Version 2020.01



Target Population

- The OCSP screens average risk asymptomatic people with a cervix* in Ontario, 21-70 years of age who are or ever have been sexually active.
- This pathway map applies equally to HPV immunized and non-HPV immunized people with a cervix at average risk.




















*People with a cervix can include women, trans men and gender non-binary people.

Pathway Map Considerations

- The Ontario Cervical Screening Program (OCSP) provides high quality cervical screening free-of-charge in Ontario. For more information on the OCSP refer to [Screening Resources for Healthcare Providers](#).
- Optimum reduction in cervical cancer incidence and mortality requires a focus on risk reduction strategies. Strategies include HPV immunization, smoking cessation, safer sexual practices, and education surrounding the importance of cervical screening. Each patient interaction is an opportunity for education.
- Counseling and treatment for smoking cessation should be initiated early on in the pathway and continued by care providers throughout the pathway as necessary. [Program Training & Consultation Centre – Hospital Based Resources](#)
- The term 'healthcare provider', used throughout the pathway map, includes primary care providers and specialists, e.g. family doctors, nurse practitioners, gynecologists, midwives and emergency physicians
- HPV vaccination has maximal benefits in population based programs in adolescents prior to onset of sexual activity
- Primary care providers play an important role in the cancer journey and should be informed of relevant tests and consultations. Ongoing care with a primary care provider is assumed to be part of the pathway map. For patients who do not have a primary care provider, [Health Care Connect](#), is a government resource that helps patients find a doctor or nurse practitioner.
- Throughout the pathway map, a shared decision-making model should be implemented to enable and encourage patients to play an active role in the management of their care. For more information see [Person-Centered Care Guideline](#) and [EBS #19-2 Provider-Patient Communication*](#)
- Hyperlinks are used throughout the pathway map to provide information about relevant Ontario Health (Cancer Care Ontario) tools, resources and guidance documents.

* **Note.** [EBS #19-2](#) is older than 3 years and is currently listed as 'For Education and Information Purposes'. This means that the recommendations will no longer be maintained but may still be useful for academic or other information purposes.

Pathway Map Legend

Colour Guide		Shape Guide	
	Primary Care		Intervention
	Palliative Care		Decision or assessment point
	Pathology		Patient (disease) characteristics
	Surgery		Consultation with specialist
	Radiation Oncology		Exit pathway
	Medical Oncology		Off-page reference
	Radiology		Patient/Provider interaction
	Gynecology		Referral
	Multidisciplinary Cancer Conference (MCC)		Wait time indicator time point
	Psychosocial Oncology (PSO) & Supportive Care	Line Guide	
			Required
			Possible

Pathway Map Disclaimer

This pathway map is a resource that provides an overview of the treatment that an individual in the Ontario cancer system may receive.

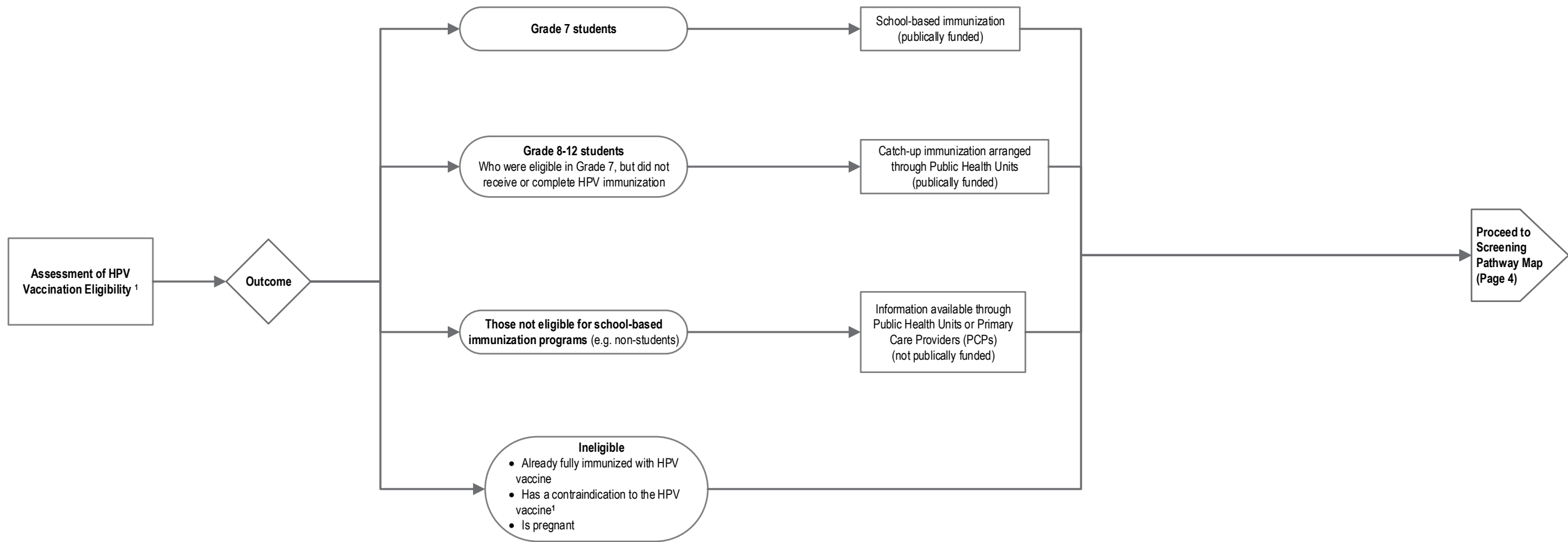
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¹ For more information on Public Health Ontario's vaccination recommendations, visit [Public Health Ontario Website](#) and the [Canadian Immunization Guide](#) for more details on contraindications and precautions.

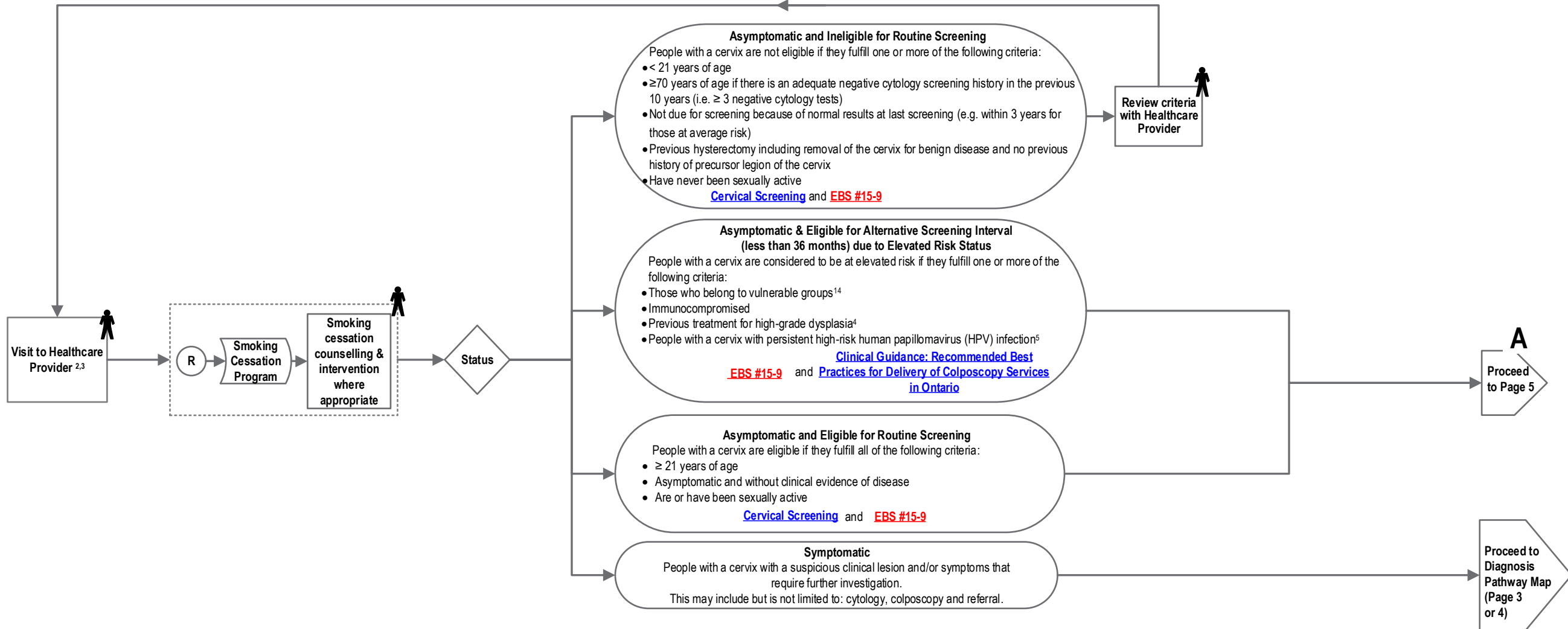
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Ontario Cervical Screening Program (OCSP)

Ontario's province-wide, population-based cervical screening program

NOTE: The OCSP applies to average risk asymptomatic people with a cervix. For further details regarding people with special circumstances (e.g. immunocompromised people or people who have been treated for dysplasia), refer to [EBS #15-9](#) and [Cervical Screening](#)

Note: EBS #15-9 is currently in-review



² Providers should inquire about HPV vaccine history

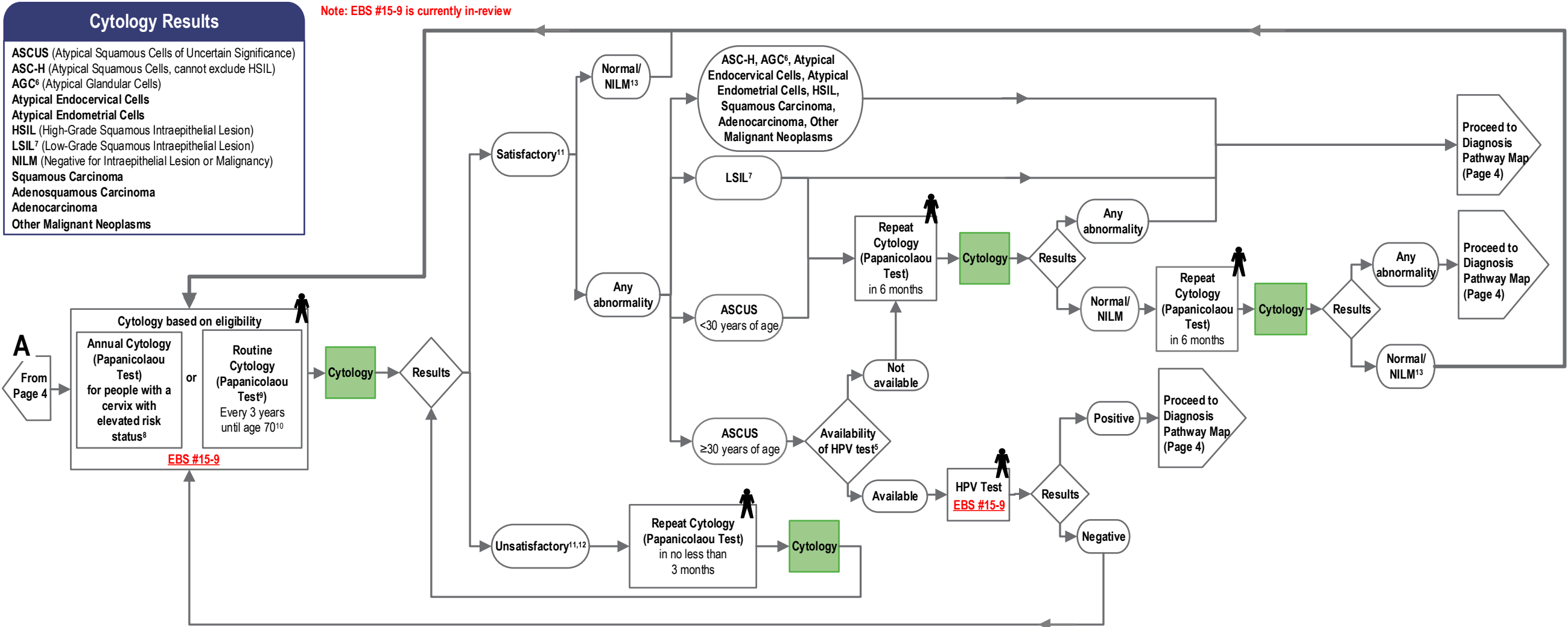
³ In alignment with Ontario Health (Cancer Care Ontario)'s screening guidelines, and to support healthcare providers, and people with a cervix in Ontario, invitations, recalls and reminders are sent as part of the OCSP

⁴ If dysplasia previously treated and grade unknown, presume High-Grade Squamous Intraepithelial Lesion (HSIL)

⁵ Although HPV testing is not publicly funded in Ontario, there is a subset of people with a cervix who choose to undergo HPV testing. In people with a cervix over 30 with a positive high risk HPV test, persistent infection rather than incident infection is more likely

¹⁴ Those who have difficulty accessing services and are at risk of not returning for routine screening

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⁵ Although HPV testing is not publicly funded in Ontario, there is a subset of people with a cervix who choose to undergo HPV testing. In people with a cervix over 30 with a positive high risk (hr) HPV test, persistent infection rather than incident infection is more likely

⁶ AGC may be sent for for a colposcopy and receive endometrial and endocervical sampling

⁷ Evidence suggests that either repeat cytology or colposcopy are acceptable management options after the first LSIL result. Though colposcopy may be useful to rule out high-grade lesions, low-grade abnormalities, particularly in young people with a cervix, often regress and as such may be best managed by surveillance

⁸ There is insufficient evidence to inform guidance on the age of screening cessation for people with a cervix at elevated risk

⁹ If initial setting is inappropriate or the screening test is not available at initial visit, patient should be rebooked or redirected to undergo screening test

¹⁰ Screening may be discontinued after the age of 70 if there is an adequate and normal cytology screening history in the previous 10 years (i.e. ≥ 3 normal tests) Refer to [EBS #15-9](#)

¹¹ Categorization of a cytology specimen as satisfactory versus unsatisfactory refers to the presence or absence of a sufficient number of squamous cells. It is not dependent on the presence or absence of transformation zone. Absence of transformation zone does not require repeat cytology

¹² After 2-3 sequential unsatisfactory specimens, refer to colposcopy

¹³ people with a cervix who are at an elevated risk with normal/ NILM results should continue to receive annual Papanicolaou tests