Current cytology-based recommendations for eligible participants with a cervix who have ever been sexually active

Initiation
Age ≥ 25 is the preferred age of initiation. See below for guidance on change from starting at age ≥ 21*

Screening interval
Every 3 years with cytology if screening test is negative

Cessation
Age 70 if person has had 3 negative cytology results in routine screening in the previous 10 years

*Guidance during the change to human papillomavirus (HPV) testing

Ontario Health (Cancer Care Ontario) is working with the Ministry of Health to implement HPV testing in cervical screening in Ontario. Until then, please continue to use cytology-based screening. Recommendations from the Canadian Task Force on Preventive Health Care and recent evidence support a higher age of initiation for cervical screening (with cytology or HPV testing). Primary care providers are encouraged to initiate cytology-based screening at age 25 now. Please note, primary care cancer screening tools and resources are not yet aligned with this guidance and will be updated with HPV implementation.

Screening pathway

Cytology test

Normal/NILM

ASCUS

Repeat cytology in 6 months

≥ ASCUS

Repeat cytology in 6 months

Normal/NILM

≥ ASCUS

Repeat cytology in 6 months

Return to cytology screening every 3 years

Return to cytology
screening every 3 years

Refer to colposcopy

Refer to colposcopy

High grade: ASC-H, HSIL, AGC, AIS

Repeat cytology in 6 months

≥ ASCUS

Repeat cytology in 6 months

Normal/NILM

≥ ASCUS

Repeat cytology in 6 months

Normal/NILM

≥ ASCUS

Repeat cytology in 6 months

Risk-based screening in primary care after discharge from colposcopy

Discharged from colposcopy with HPV test, where available

HPV result at discharge: Negative for oncogenic HPV

Return to cytology screening every 3 years

HPV result at discharge: HPV positive

Annual screening with cytology

Discharged from colposcopy where HPV status is unknown

Cytology result at discharge: Normal/NILM cytology

Return to cytology screening every 3 years

Cytology result at discharge: ASCUS/LSIL cytology

Annual screening with cytology

Definitions: NILM (normal) – no intraepithelial lesion or malignancy seen; ASCUS – atypical squamous cells of undetermined significance; LSIL – low-grade squamous epithelial lesion; ASC-H – atypical squamous cells, cannot rule out high-grade; HSIL – high-grade squamous intraepithelial lesion; AGC – atypical glandular cells; AIS – adenocarcinoma in-situ

1 These guidelines apply to anyone with a cervix including: women; pregnant people; transmen; non-binary people; people who have undergone a subtotal hysterectomy; and people who have been vaccinated with the HPV vaccine.

2 Any visible cervical abnormalities or abnormal symptoms must be investigated. Consider referral to a specialist (e.g., colposcopist, gynecologist, gynec-oncologist).

3 Immunocompromised people may be at elevated risk and should receive annual screening.

4 HPV testing is not currently funded by the Ministry of Health. Healthcare providers can consider HPV testing to discharge eligible patients from colposcopy on a patient-pay basis or where available (i.e. in some hospital settings).

5 HPV testing is not currently funded by the Ministry of Health. Primary care providers can consider HPV testing for those with ASCUS results on a patient-pay basis or where available (i.e. in some hospital settings) for people age 30 and older.

6 Repeat cytology or colposcopy are acceptable management options after the first LSIL result. Low-grade abnormalities often regress on their own and may be best managed in surveillance, however colposcopy may be considered.

7 HPV testing is not currently funded by the Ministry of Health. Healthcare providers can consider HPV testing to discharge eligible patients from colposcopy on a patient-pay basis or where available (i.e. in some hospital settings).