Ontario Cervical Screening Program (OCSP)
Screening Recommendations Summary

January 2022

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 now encouraged to initiate cytology-based screening at age 25 for those who are or have ever been sexually active, with one exception: people who are immunocompromised and are or have ever been sexually active can continue to start screening at age 21. 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

- Normal/NILM
- ASCUSb
- LSILc
- High grade: ASC-H, HSIL, AGC, AIS

Cytology test

Normal/NILM

≥ ASCUS

Repeat cytology in 12 months

Normal/NILM

≥ ASCUS

Repeat cytology in 12 months

Normal/NILM

≥ ASCUS

Repeat cytology in 12 months

Return to cytology screening every 3 years3

Refer to colposcopy

Return to cytology screening every 3 years

Refer to colposcopy

Risk-based screening in primary care after discharge from colposcopy

- Discharged from colposcopy with HPV test, where availabled
  - 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, gyn-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. 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).
5 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).