

Ontario Cervical Screening Program (OCSP)

Screening Recommendations Summary

June 2020

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

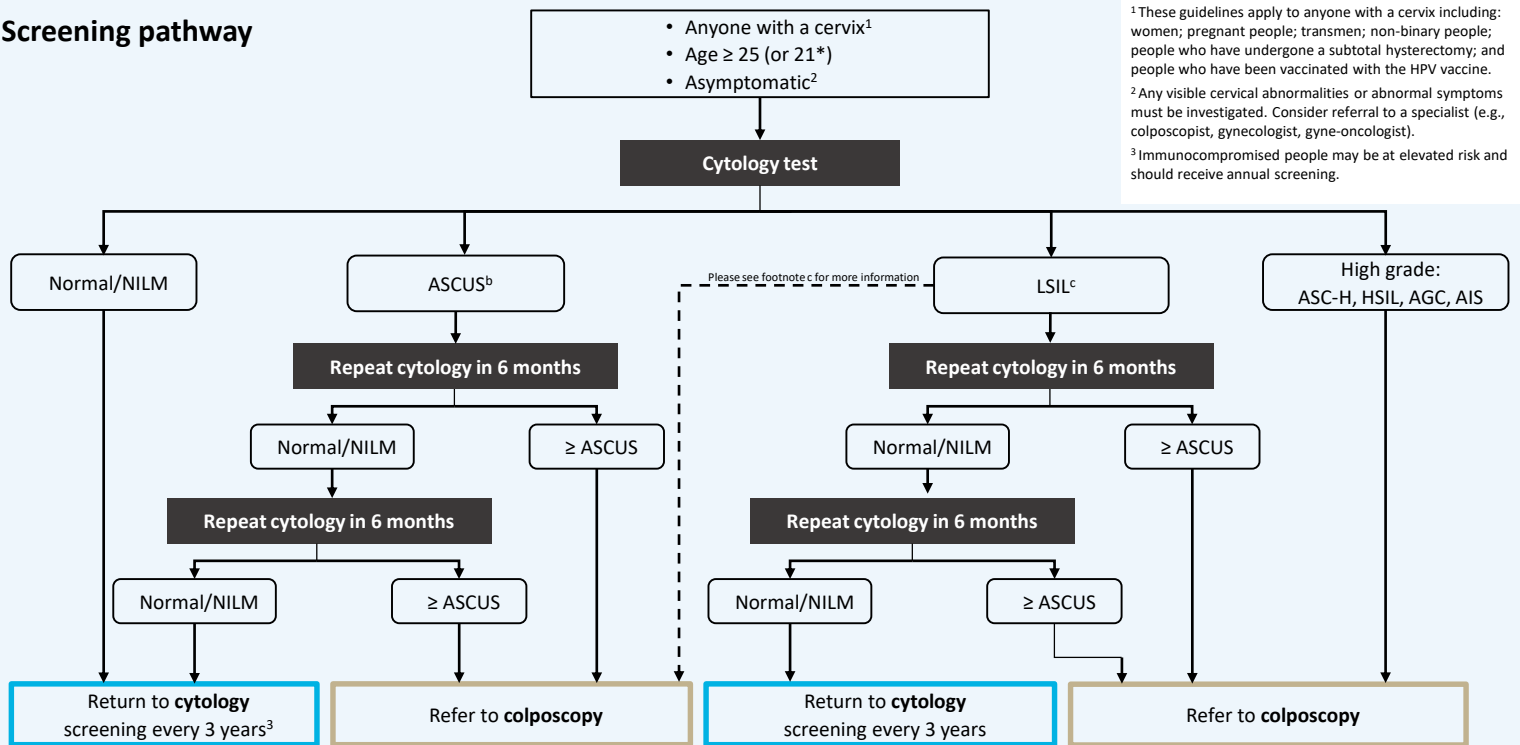
Cessation

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

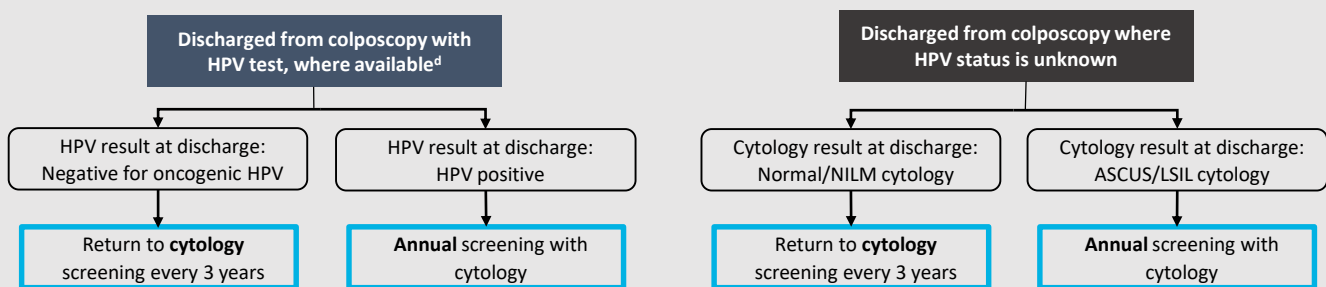
*Guidance during the change to human papillomavirus (HPV) testing

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 implementation³.

Screening pathway



Risk-based screening in primary care after discharge from colposcopy



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

² Ontario Health (Cancer Care Ontario) is aware that the Screening Activity Report is not yet aligned with this guidance and will be updated with HPV implementation. Criteria for preventive care bonuses may not be updated during the interim period of changeover to HPV testing. Criteria for preventive care bonuses will be updated when HPV testing is implemented in screening.

³ 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.

⁴ 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.

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).