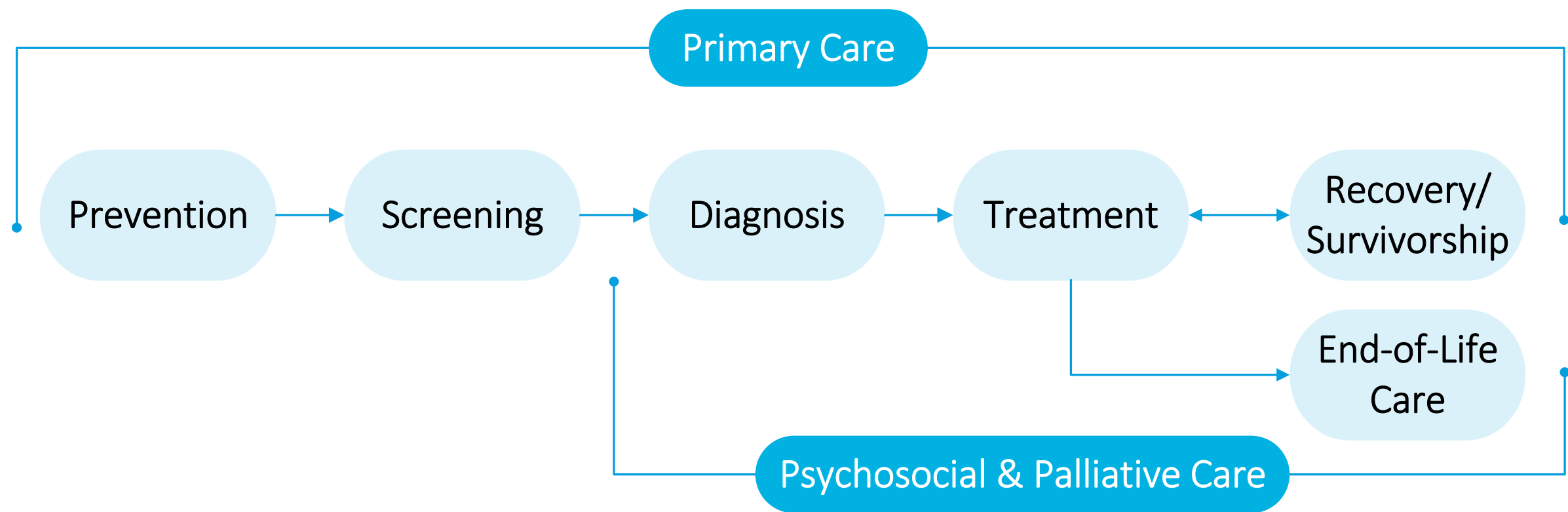


Cervical Cancer Diagnosis Pathway Map

Version 2025.06



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Ontario Health
Cancer Care Ontario

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Target Population

- This pathway map reflects the clinical management of people with a cervix* with abnormal cervical screening test results, or signs or symptoms that are concerning for lower genital tract neoplasia, who are in need of diagnostic intervention.
- This pathway map does not address the primary screening tests. For primary screening, please see the Cervical Cancer Prevention and Screening Pathway Map.






















*Includes women, Two-Spirit people, transmasculine people and nonbinary people with a cervix

Pathway Map Considerations

- Any disease site-specific information that applies throughout the pathway map can go at the top of the Considerations. The following text is boilerplate and should be mostly uniform across all pathway maps, though there may be some variation.
- 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. Patients who do not have a primary care provider can use [Health811](#) any time to find a setting that performs cervical screening tests and can assist with follow-up.
- 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.
- The term ‘health care provider’, used throughout the pathway map, includes primary care providers and specialists, e.g. family doctors, nurse practitioners, and emergency physicians.
- Multidisciplinary Cancer Conferences (MCCs) may be considered for all phases of the pathway map. For more information on Multidisciplinary Cancer Conferences, visit [MCC Tools](#).
- For more information on wait time prioritization, visit [Surgery](#).
- Clinical trials should be considered for all phases of the pathway map.
- Psychosocial oncology (PSO) is the interprofessional specialty concerned with understanding and treating the social, practical, psychological, emotional, spiritual and functional needs and quality-of-life impact that cancer has on patients and their families. Psychosocial care should be considered an integral and standardized part of cancer care for patients and their families at all stages of the illness trajectory. For more information, visit [EBS #19-3](#).*

* **Note.** [EBS #19-2](#) and [EBS #19-3](#) are older than 3 years and are 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	Line Guide
 Primary Care	 Intervention	 Required
 Palliative Care	 Decision or assessment point	 Possible
 Pathology	 Patient (disease) characteristics	
 Organized Diagnostic Assessment	 Consultation with specialist	
 Gynecologic Oncology	 Exit pathway	
 Radiation Oncology	 Off page reference	
 Medical Oncology	 Referral	
 Radiology		
 Gynecology		
 Multidisciplinary Cancer Conference (MCC)		
 Genetics		
 Psychosocial Oncology (PSO)		

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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While care has been taken in the preparation of the information contained in the pathway map, such information is provided on an “as-is” basis, without any representation, warranty, or condition, whether express, or implied, statutory or otherwise, as to the information’s quality, accuracy, currency, completeness, or reliability.

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This pathway map may not reflect all the available scientific research and is not intended as an exhaustive resource. Ontario Health (Cancer Care Ontario) and its content providers assume no responsibility for omissions or incomplete information in this pathway map. It is possible that other relevant scientific findings may have been reported since completion of this pathway map. This pathway map may be superseded by an updated pathway map on the same topic.

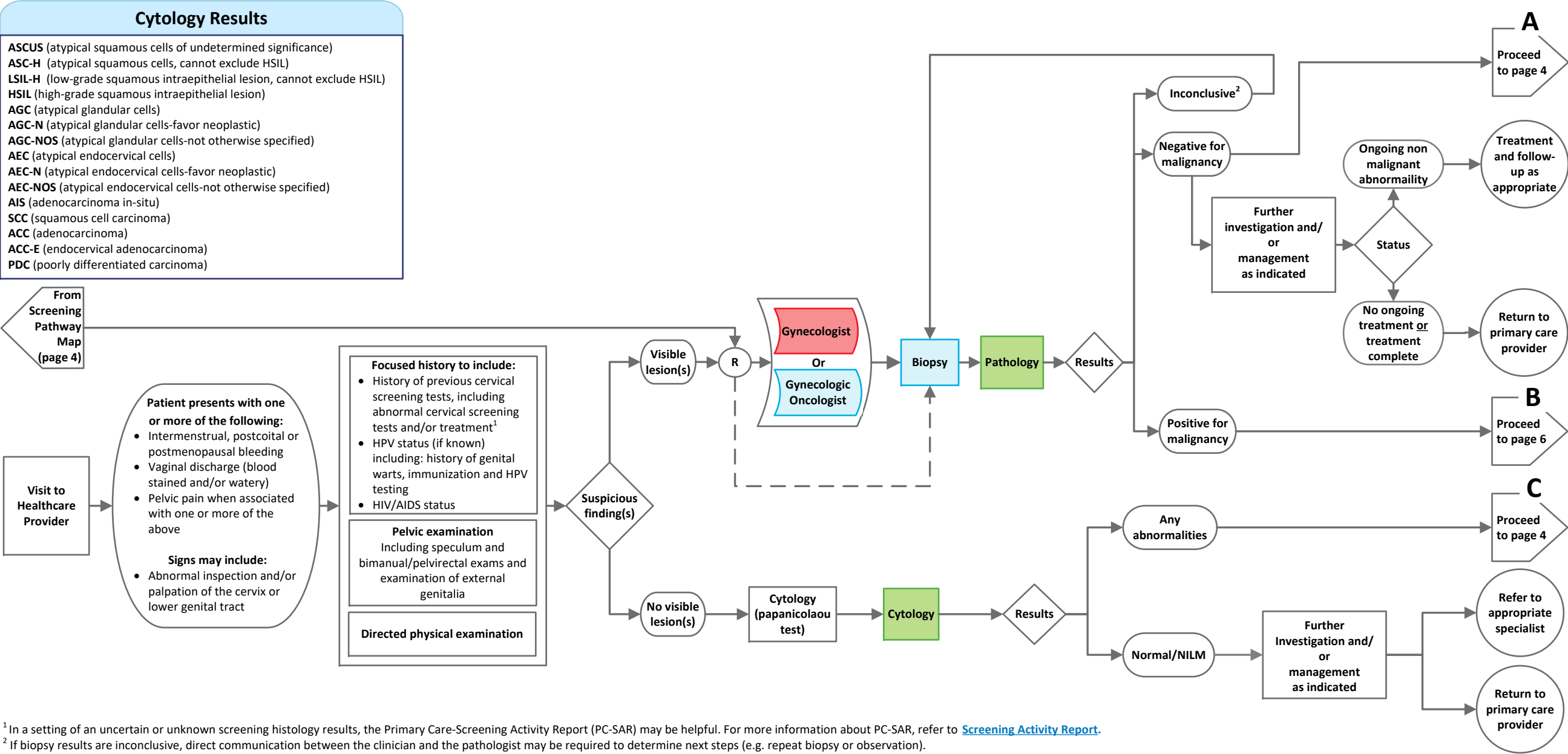
Cervical Cancer Diagnosis Pathway Map

Initial Presentation

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Screen for psychosocial needs, and assessment and management of symptoms. [Click here for more information about symptom assessment and management tools](#)



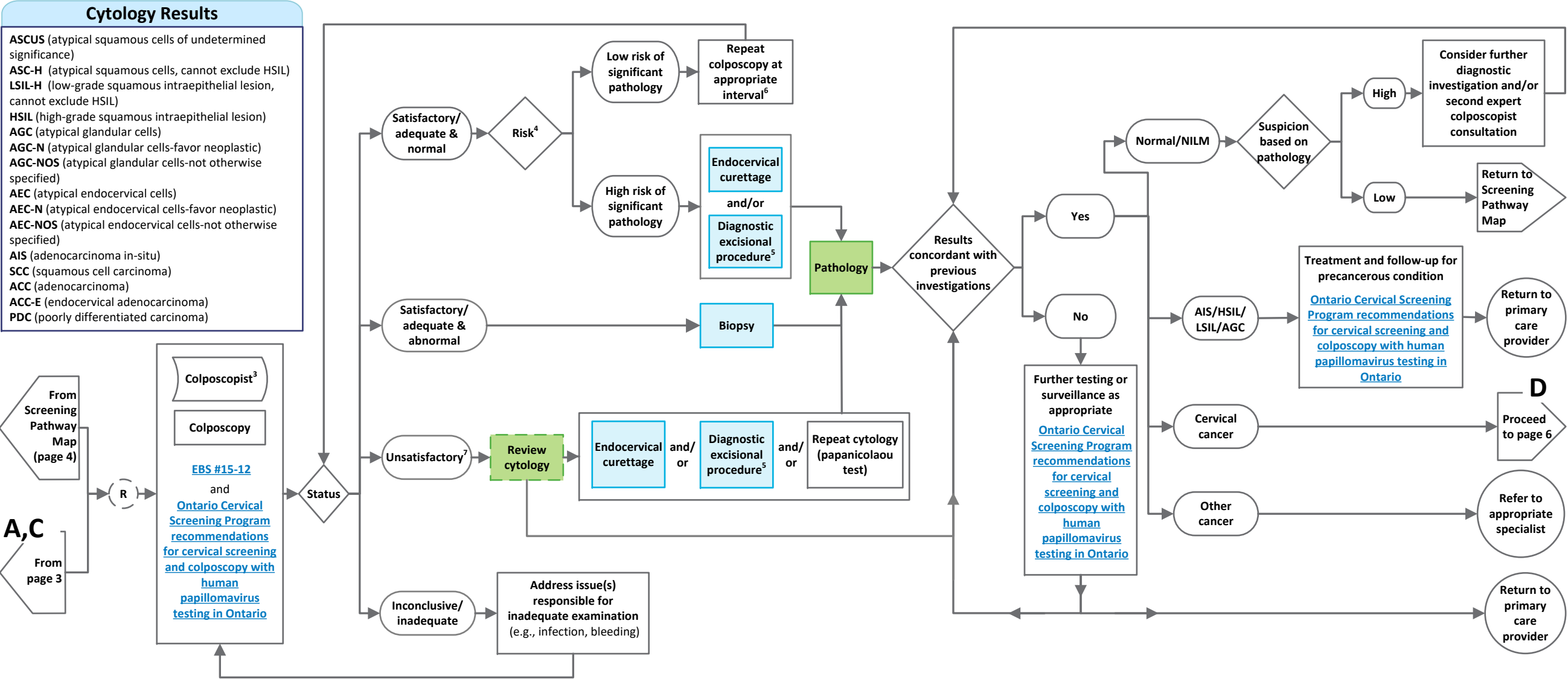
Cervical Cancer Diagnosis Pathway Map

Diagnostic Procedure

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³ A colposcopist may be a gynecologist, gynecologic oncologists, pathologists and primary care physicians trained in colposcopy. For more information about training requirements, refer to [EBS #15-12](#).
⁴ Risk factors to be considered include: age, cytology, histology, degrees of discordance, presence of visible lesions, duration of abnormality, immunocompromised individuals, fertility preservation, and loss to follow-up.
⁵ A conservative approach is preferred for people with low grade abnormalities who are young (e.g. under 30 years old) and/or who wish to preserve fertility options.
⁶ Repeat colposcopy as needed based on clinical discretion.
⁷ Squamo-columnar junction or the entire lesion cannot be seen.

Cervical Cancer Diagnosis Pathway Map

Elevated Risk

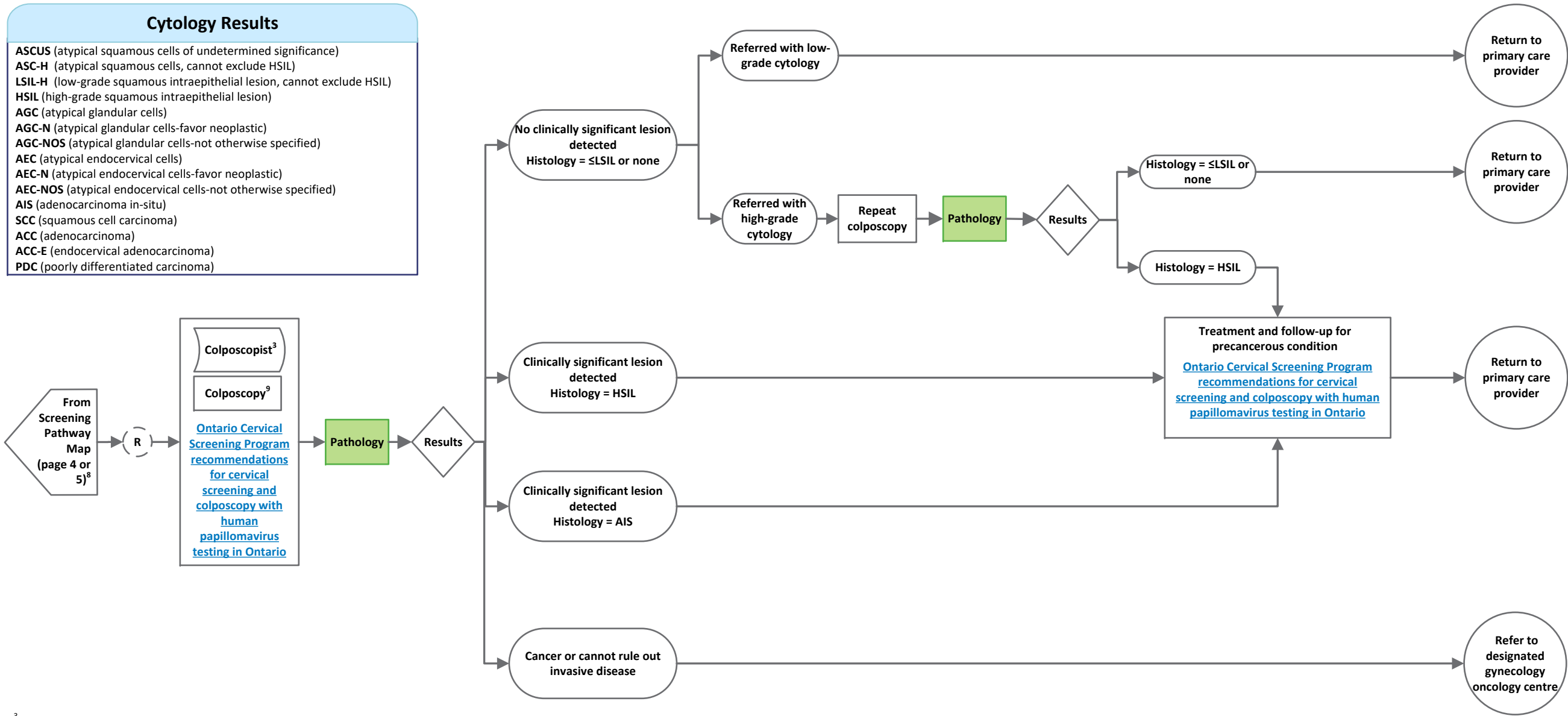
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Cytology Results

ASCUS (atypical squamous cells of undetermined significance)
ASC-H (atypical squamous cells, cannot exclude HSIL)
LSIL-H (low-grade squamous intraepithelial lesion, cannot exclude HSIL)
HSIL (high-grade squamous intraepithelial lesion)
AGC (atypical glandular cells)
AGC-N (atypical glandular cells-favor neoplastic)
AGC-NOS (atypical glandular cells-not otherwise specified)
AEC (atypical endocervical cells)
AEC-N (atypical endocervical cells-favor neoplastic)
AEC-NOS (atypical endocervical cells-not otherwise specified)
AIS (adenocarcinoma in-situ)
SCC (squamous cell carcinoma)
ACC (adenocarcinoma)
ACC-E (endocervical adenocarcinoma)
PDC (poorly differentiated carcinoma)



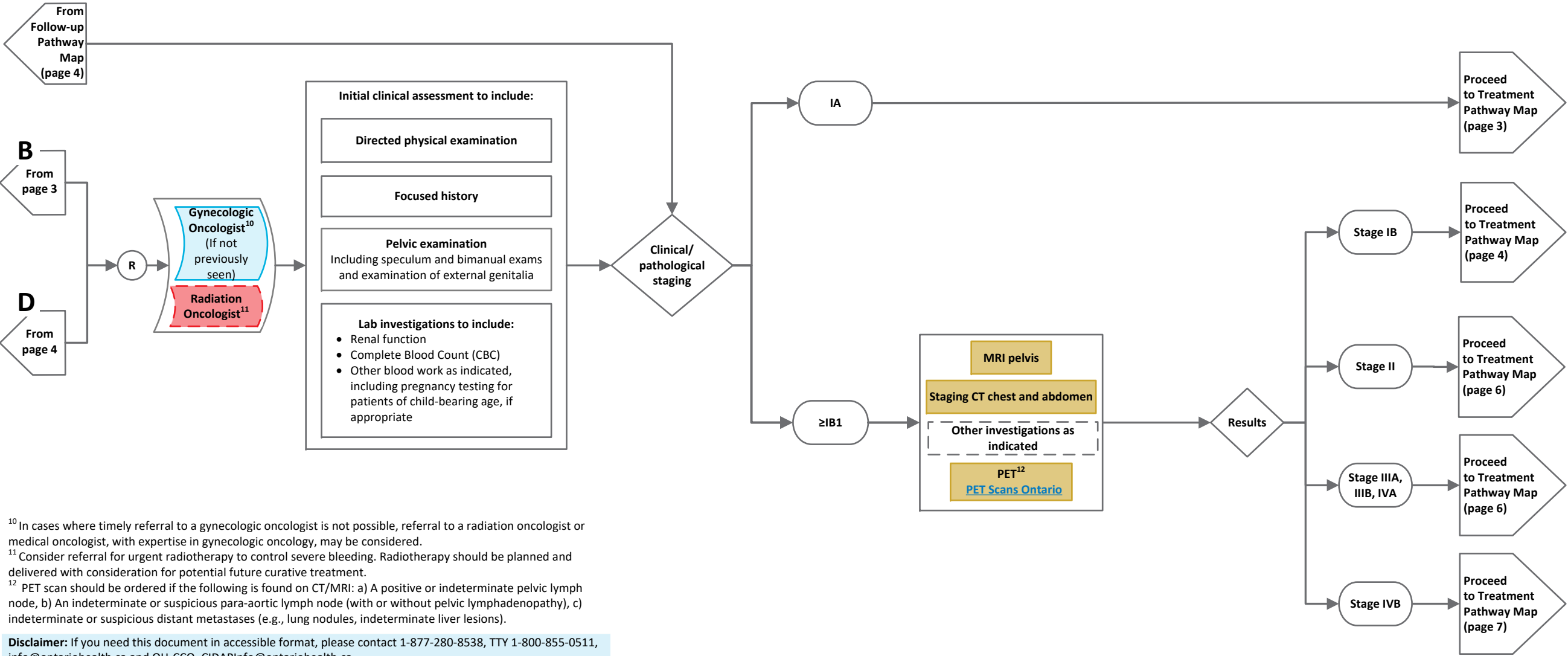
³A colposcopist may be a gynecologist, gynecologic oncologists, pathologists and primary care physicians trained in colposcopy. For more information about training requirements, refer to: [Ontario Cervical Screening Program recommendations for cervical screening and colposcopy with human papillomavirus testing in Ontario](#).

⁸If referred with SCC, ACC, ACC-E or PDC cytology results, the next steps are dependent on if a lesion is grossly visible.

⁹This does not refer to a single colposcopy, but rather an episode of care in colposcopy where multiple tests may be performed.

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¹⁰ In cases where timely referral to a gynecologic oncologist is not possible, referral to a radiation oncologist or medical oncologist, with expertise in gynecologic oncology, may be considered.

¹¹ Consider referral for urgent radiotherapy to control severe bleeding. Radiotherapy should be planned and delivered with consideration for potential future curative treatment.

¹² PET scan should be ordered if the following is found on CT/MRI: a) A positive or indeterminate pelvic lymph node, b) An indeterminate or suspicious para-aortic lymph node (with or without pelvic lymphadenopathy), c) indeterminate or suspicious distant metastases (e.g., lung nodules, indeterminate liver lesions).