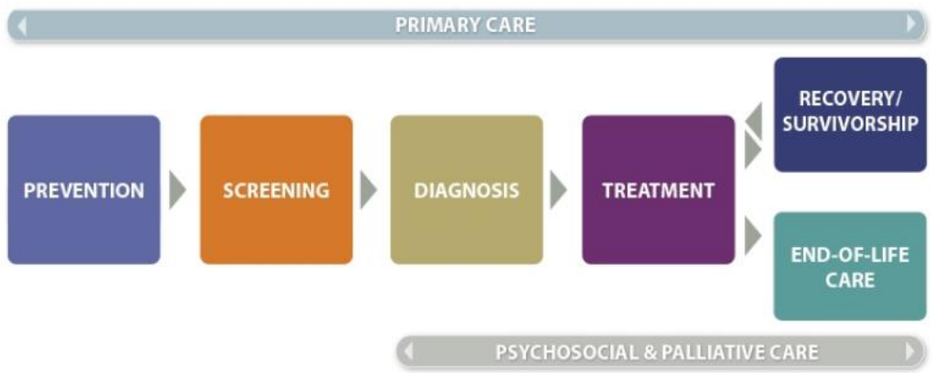
Cancer Care Ontario

Cervical Cancer Prevention & Screening Pathway Map

Disease Pathway Management

Version 2018. 03



Ontario
Cancer Care Ontario

Target Population

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

Pathway Map Considerations

- The Ontario Cervical Screening Program (OCSP) provides high quality cervical cancer screening free-of-charge in Ontario. For more information on the OCSP refer to **Information for Healthcare Providers on the OCSP.**
- 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 CCO 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

- Primary Care
- Palliative Care
- Pathology
- Surgery
- Radiation Oncology
- Medical Oncology
- Radiology
- Gynecology
- Multidisciplinary Cancer Conference (MCC)
- Psychosocial Oncology (PSO) & Supportive Care

Shape Guide

- Intervention
- Decision or assessment point
- Patient (disease) characteristics
- Consultation with specialist
- Exit pathway
- Off-page reference
- Patient/Provider interaction
- Referral
- Wait time indicator time point

Line Guide

- Required
- Possible

Pathway Map Disclaimer

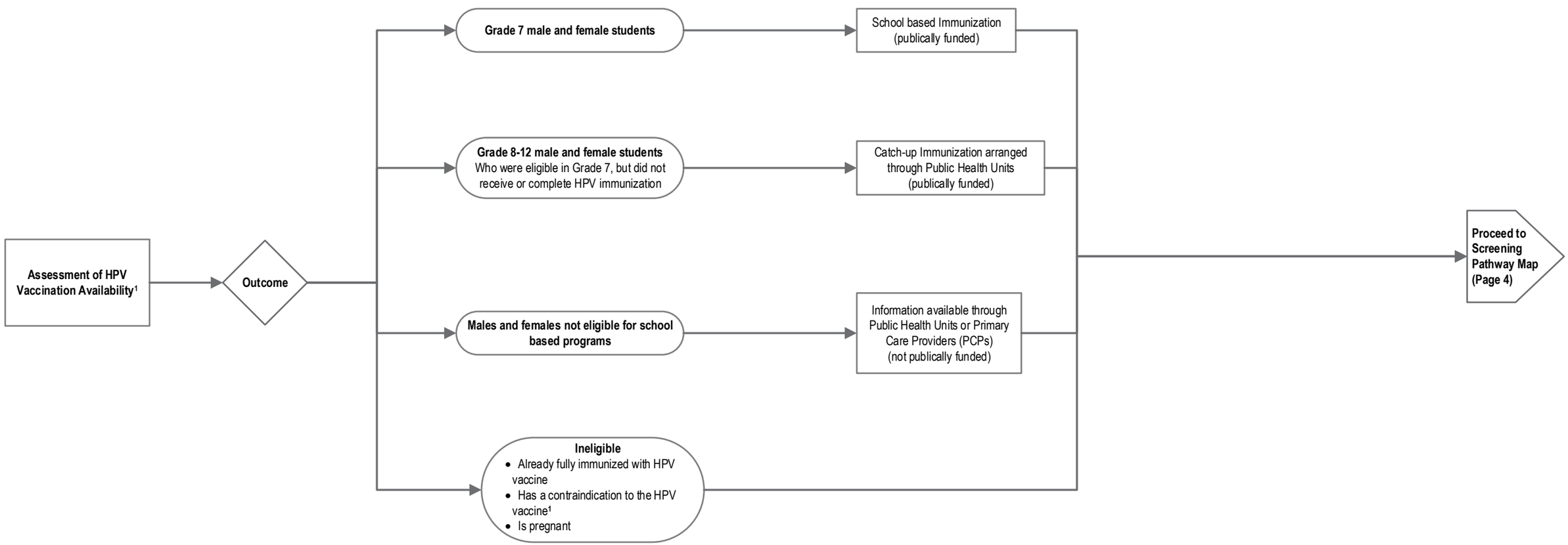
This pathway map is a resource that provides an overview of the treatment that an individual in the Ontario cancer system may receive.

The pathway map is intended to be used for informational purposes only. The pathway map is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. Further, all pathway maps are subject to clinical judgment and actual practice patterns may not follow the proposed steps set out in the pathway map. In the situation where the reader is not a healthcare provider, the reader should always consult a healthcare provider if he/she has any questions regarding the information set out in the pathway map. The information in the pathway map does not create a physician-patient relationship between Cancer Care Ontario (CCO) and the reader.

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.

CCO and the pathway map's content providers (including the physicians who contributed to the information in the pathway map) shall have no liability, whether direct, indirect, consequential, contingent, special, or incidental, related to or arising from the information in the pathway map or its use thereof, whether based on breach of contract or tort (including negligence), and even if advised of the possibility thereof. Anyone using the information in the pathway map does so at his or her own risk, and by using such information, agrees to indemnify CCO and its content providers from any and all liability, loss, damages, costs and expenses (including legal fees and expenses) arising from such person's use of the information in the pathway map.

This pathway map may not reflect all the available scientific research and is not intended as an exhaustive resource. CCO 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.

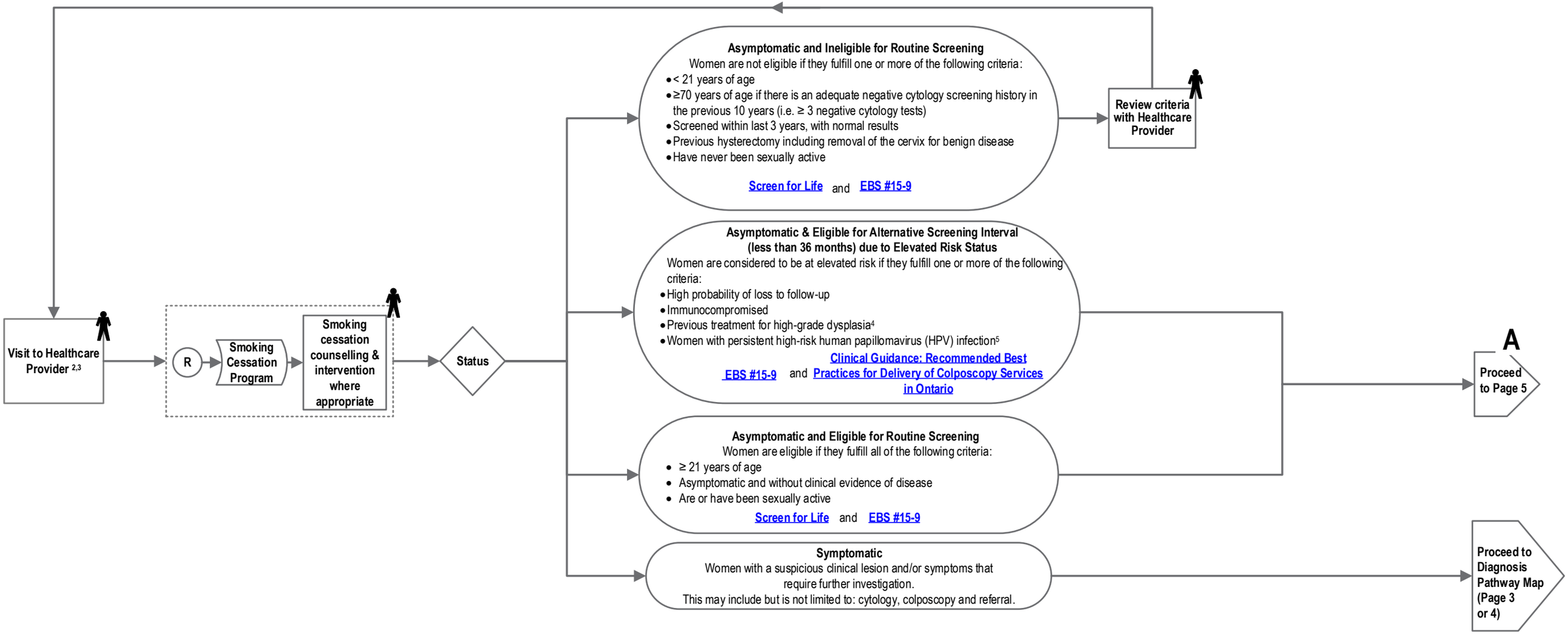


[1] For more information on Public Health Ontario's vaccination recommendations, visit Public Health Ontario Website and the Canadian Immunization Guide for more details on contraindications and precautions.

Ontario Cervical Screening Program (OCSP)

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

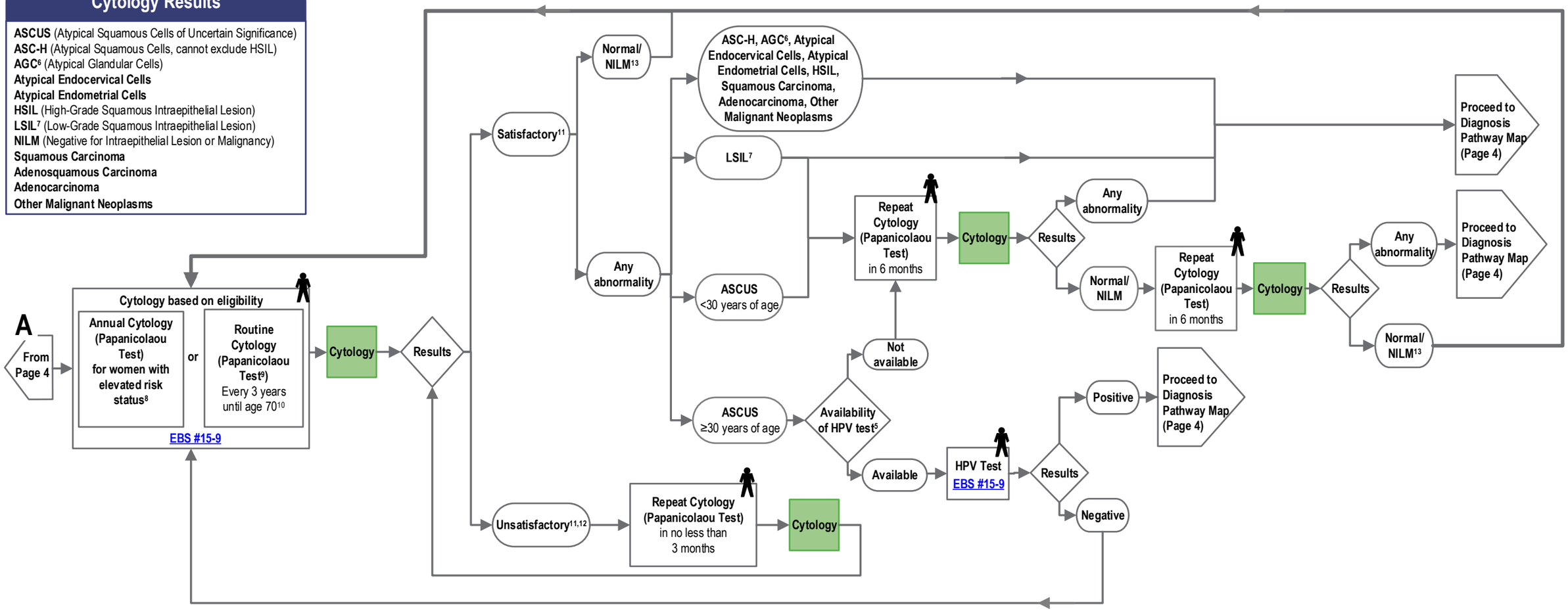
NOTE: The OCSP applies to average risk asymptomatic women. For further details regarding women with special circumstances (e.g. immunocompromised women or women who have been treated for dysplasia), refer to EBS #15-9 and Screen for Life



[2] Providers should inquire about HPV vaccine history
[3] In alignment with CCO's screening guidelines, and to support healthcare providers, and women 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 women who choose to undergo HPV testing. In women over 30 with a positive high risk HPV test, persistent infection rather than incident infection is more likely

Cytology Results

ASCUS (Atypical Squamous Cells of Uncertain Significance)
ASC-H (Atypical Squamous Cells, cannot exclude HSIL)
AGC[6] (Atypical Glandular Cells)
Atypical Endocervical Cells
Atypical Endometrial Cells
HSIL (High-Grade Squamous Intraepithelial Lesion)
LSIL[7] (Low-Grade Squamous Intraepithelial Lesion)
NILM (Negative for Intraepithelial Lesion or Malignancy)
Squamous Carcinoma
Adenosquamous Carcinoma
Adenocarcinoma
Other Malignant Neoplasms



[5] Although HPV testing is not publicly funded in Ontario, there is a subset of women who choose to undergo HPV testing. In women 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 a colposcopy and endometrial 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 women, 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 women 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] Women who are at an elevated risk with normal/ NILM results should continue to receive annual Papanicolaou tests