Spring Provincial Colposcopy Community of Practice (CoP) Webinar

Webinar 2

JUNE 29, 2020, 5:30-7:00 PM

Recommended browser for Microsoft Teams: Google Chrome

Ontario Health
Cancer Care Ontario

Housekeeping items

- Please **mute** yourself when you are not speaking
- Please turn off your webcam to minimize connection issues
- Please use the **chat box** to ask questions or share comments and avoid using the "**raise hand**" option
- During the case studies, please submit your answers using the poll in the **chat box**

Open the task bar by hovering near the middle of the screen

To mute/unmute **To raise hand** **To open chat box**

Accreditation

- Today's session is a Royal College of Physicians and Surgeons Accredited Group Learning Activity
- To receive a letter of accreditation for 1.5 credit hours, you must:
  - **Participate in today's event**
  - **Be registered as a member of the CoP**
  - **Complete and submit the post-webinar evaluation survey**

Planning Committee

Thank you to our CoP Planning Committee:

Dr. Paul Gurland

Dr. Keiyan Sy (Gyn-Pathologist)

Dr. Laura White

Welcome to the Colposcopy Community of Practice (CoP) spring webinar

- Today's webinar will be interactive
  - Live poll during the case study
  - Q&A after each agenda item

Please note that this session will be recorded and will be available on the Colposcopy CoP Resources Hub in the coming weeks

Agenda

Item	Presenter	Time
Introduction	Dr. Joan Murphy	5:30-5:35 pm
Ontario Cervical Screening Program (OCSP) update: *Impact of COVID-19 pandemic on screening and colposcopy*	Dr. Joan Murphy and Dr. Rachel Kupets	5:35-5:50 pm
Update on HPV testing implementation in Ontario	Dr. Joan Murphy	5:50-6:00 pm
Case study #1: Management of ASC-H cytology results	Dr. Joan Murphy	6:00-6:05 pm
Case study #2: Appropriate follow-up of patients post-colposcopy	Dr. Joan Murphy	6:05-6:10 pm
CSCL presentation: Cervical screening and colposcopy care in LGBTQ populations	Dr. Dustin Costescu	6:10-6:50 pm
Questions from the field	Dr. Joan Murphy and Dr. Rachel Kupets	6:50-6:55 pm
Concluding remarks	Dr. Joan Murphy	6:55-7:00 pm

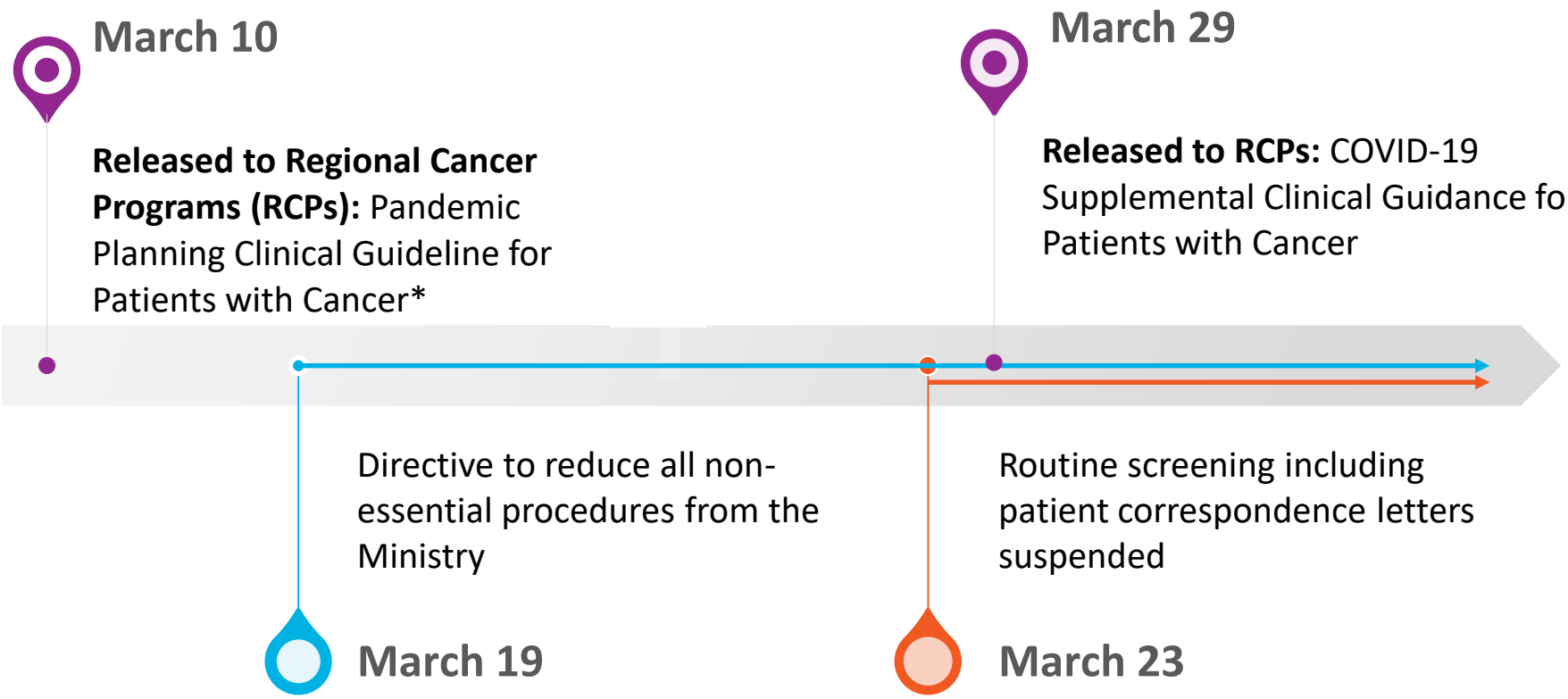
Learning Objectives

Following this meeting, participants will better understand:

1. Considerations for cervical screening and colposcopy care in LGBTQ populations
2. Risk assessment of patients with high-grade cytology results and implications for screening and colposcopy
3. Appropriate follow-up of patients post-colposcopy

OCSP update: Impact of COVID-19 pandemic on cervical screening and colposcopy

Guidance for ramping down services



**Low grade results (ASCUS, LSIL) = Priority C*

High grade results (ASC-H, HSIL, AGC, AIS) = Priority B

Definitions: Normal/NILM – 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

Guidance for increasing/resuming services

May 7

Release: A Measured Approach to Planning for Surgeries and Procedures During the COVID-19 Pandemic

May 26

Directive #2 amended by the Ministry

June 19

Release: COVID-19 Tip Sheet for Facilities Performing Colposcopy: Guidance for Increasing Colposcopy

To be released: COVID-19 Tip Sheet for Primary Care Providers: Guidance for Resumption of Cancer Screening

Impact of COVID on cervical screening

In March 2020, Pap tests volumes fell by **48%** compared with March 2019.

Prioritization of colposcopy services during the pandemic based on risk

- Prioritization framework uses risk-based thresholds
- Ontario data and evidence from the literature were used to establish the thresholds
- Each priority level corresponds to a person's immediate risk of cervical intraepithelial neoplasia 3+ (CIN3+) and is based on recent cervical screening history (i.e.: cytology and/or HPV)

Priority classification framework for colposcopy

Priority levels for cervical screening abnormalities

Priority A

N/A (i.e., no cervical screening abnormalities meet the criteria for priority A)

Patients deemed critical, unstable and/or immediately life threatening.

Priority B

Priority B1

While colposcopy services are restricted, patients in this category are the highest priority.

Non-critical patients with indications that may cause early negative impacts .

Priority B2

While colposcopy services are restricted, patients in this category are moderate to high priority.

Non-critical patients for which a delay of several weeks will not likely alter quality of life or prognosis.

Priority C

Do not perform colposcopy on these patients during the pandemic.

Patients should not be referred to colposcopy; referrals should be declined to facilitate repeat screening in primary care within ~12 months.

Priorities B1 and B2

Priority	Cytology result	HPV status
B1 Immediate risk for CIN3+ > 15%	AIS	Regardless of HPV status
	HSIL+	
	AGC	
	ASC-H	
B2 Immediate risk of CIN3+ is 7% - 15%	ASCUS	HPV positive
	LSIL	
	LSIL, LSIL	Unknown
	LSIL, ASCUS	
	ASCUS, LSIL	
	ASCUS, ASCUS	

Priority C

Priority	Cytology result	HPV status
C Immediate risk for CIN3+ < 7%	ASCUS	Unknown or HPV positive for non 16/18
	LSIL	

- Five year risk of CIN3+ is low → repeat cytology within ~12 months in primary care.

Next steps

- The guidance document has been shared with members of the colposcopy CoP
- We encourage CoP members to review and follow the guidance, as appropriate

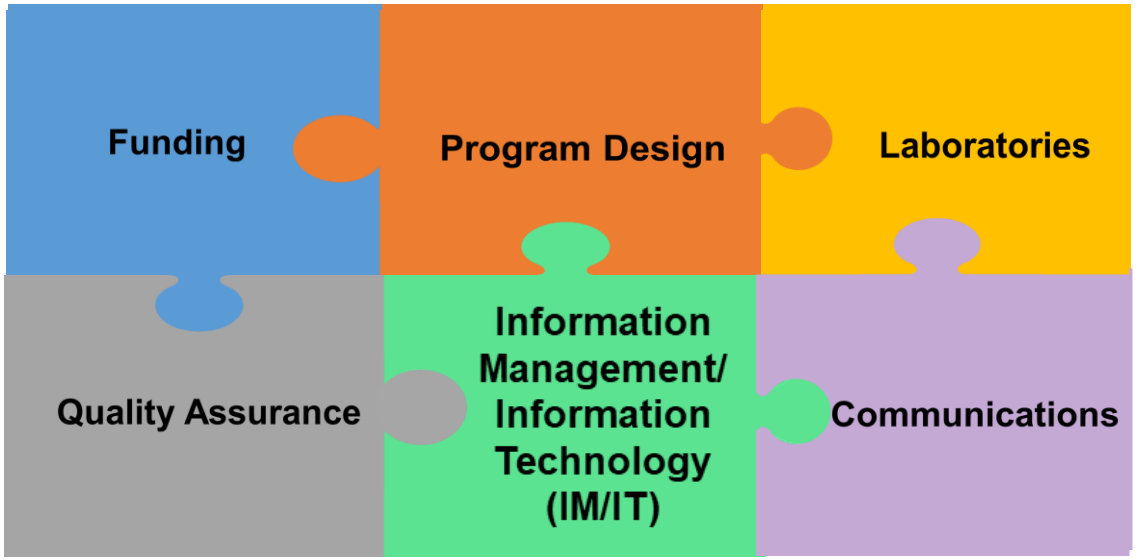
Update on HPV testing implementation in Ontario

Implementing HPV testing in Ontario

- Goal:
  - Implement HPV testing as the cervical screening test in primary care and for risk assessment in colposcopy
- To support implementation, Ontario Health (Cancer Care Ontario) will be procuring:
  - HPV test system
  - Lab(s) services

When will HPV testing be available in Ontario?

- Cytology testing remains the recommended cervical screening test in Ontario
- We continue to work towards implementing HPV testing as part of the OCSP!



Ongoing work

- Continuing work to finalize OCSP's future screening and colposcopy recommendations
- Developing minimum requirements for test system and lab(s)
- Developing quality assurance metrics
- Updating correspondence letters, including planning for cognitive testing
- Continuing to plan for resources to support education and awareness for providers; stakeholder engagement strategies

Products being considered to support the change to HPV testing for providers

- HPV Testing Resource Hub: website with provider resources and tools such as
  - OCSP Screening Recommendations Summary Tool
  - Frequently Asked Questions (FAQs)
  - Patient fact sheet
  - Letter template: Declined Referral Form
  - Letter template: Final Discharge Recommendations

Products being considered to support the change to HPV testing for providers

For Providers Offering Colposcopy

- Ontario Health (Cancer Care Ontario) webinars and conferences, including accredited Community of Practice (CoP) webinars
- Updated Colposcopy Clinical Guidance document
- Printable poster providing overview of colposcopy pathways
- Updated websites

For Providers Offering Screening

- Webinars and conferences, including regional presentations of continuing professional development (CPD) slide deck
- Mail-out package with key materials for primary care providers (PCPs)
- Updated websites

Future updates on HPV testing implementation

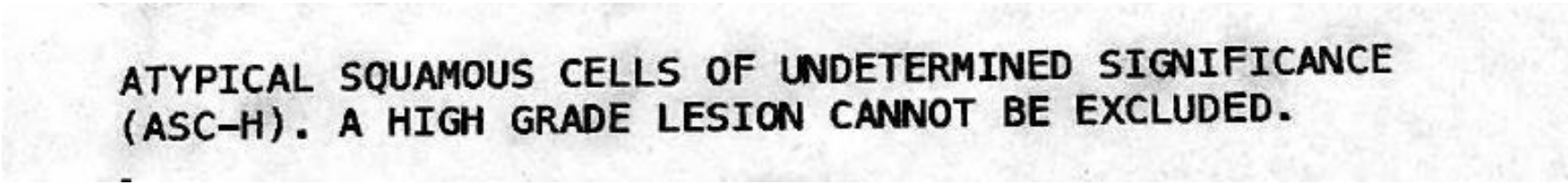
- As the work towards implementing HPV testing continues, we will continue to bring key updates to this group

Case study #1: Management of “atypical squamous cells, cannot exclude HSIL” (ASC-H) cytology results

To open chat box:

Case study #1

A 33 year old patient visited their primary care provider for cervical screening. Their cytology report returns as ASC-H (*atypical squamous cells – cannot rule out high-grade squamous intraepithelial lesion*), what are the recommended next steps?


ATYPICAL SQUAMOUS CELLS OF UNDETERMINED SIGNIFICANCE
(ASC-H). A HIGH GRADE LESION CANNOT BE EXCLUDED.

A. Repeat cytology in 3 months
B. Repeat cytology in 6 months
C. Refer directly to colposcopy

Please submit your answer using the poll in the chat box.

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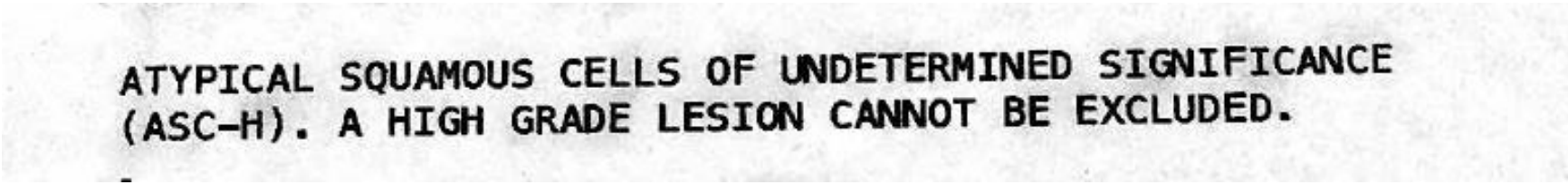
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Importance of referral of high-grade results

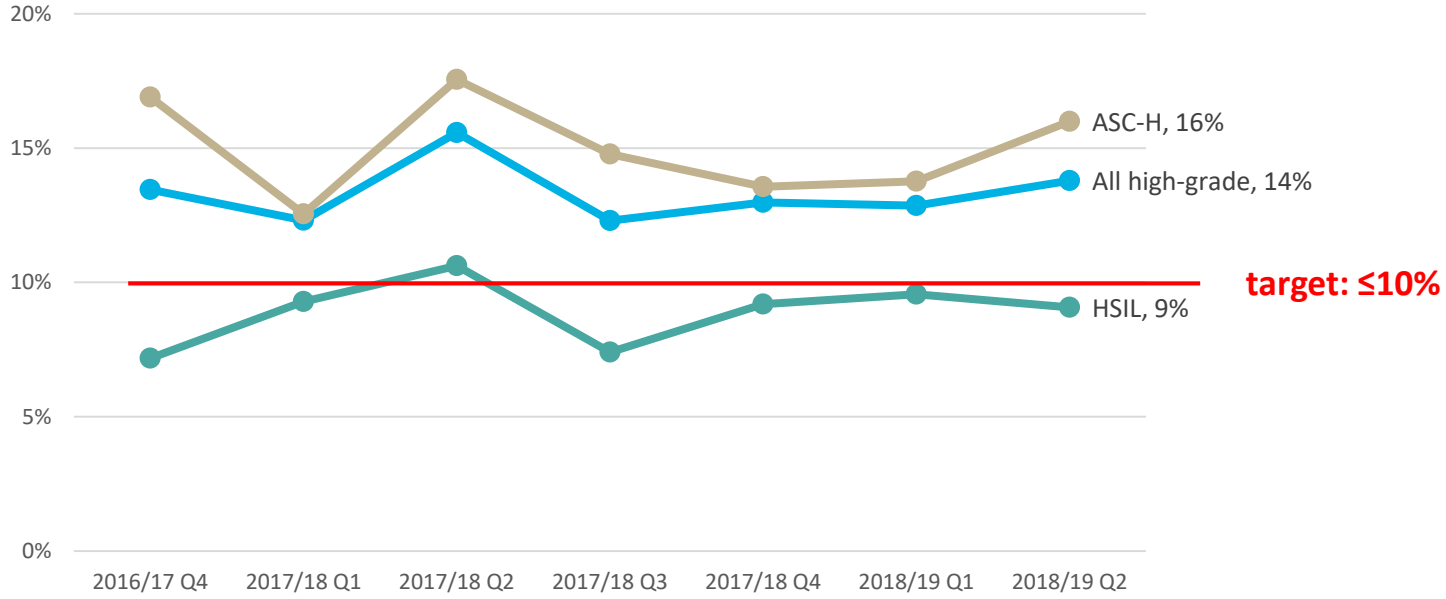
- People with ANY high-grade results are at a higher risk of having or developing cervical cancer and therefore require direct referral to colposcopy

High-grade results include:

- ✓ **ASC-H:** Atypical squamous cells – cannot rule out high-grade squamous intraepithelial lesion
- ✓ **HSIL:** High-grade squamous intraepithelial lesion
- ✓ **AGC:** Atypical glandular cells
- ✓ **AIS:** Adenocarcinoma in situ

High-grade results with no follow-up within 6 months (target: ≤10%)

Provincial



Regional (all high-grade results with no follow-up)

	Ontario	01 ESC	02 SW	03 WW	04 HNHB	05 CW	06 MH	07 TC	08 C	09 CE	10 SE	11 CH	12 NSM	13 NE	14 NW
2017/18	13%	16%	10%	13%	14%	18%	11%	10%	15%	13%	12%	12%	12%	11%	35%
2018/19	13%	16%	10%	12%	13%	17%	15%	10%	14%	10%	12%	13%	7%	11%	40%

Case study #2: Appropriate follow-up of patients post-colposcopy

Case study #2

A 33 year old patient was referred to colposcopy with LSIL pap result:

- Initial colposcopy: negative; cytology: LSIL; no treatment required
- At the next visit, the colposcopy is adequate and negative, and the cytology result is ASCUS.
- At the third visit, the colposcopy is adequate and negative, and the cytology result is normal.

What are the recommended next steps?

A. Return for follow-up colposcopy within 24 months

B. Return to routine triennial screening in primary care

C. Return for colposcopy and cytology in 12 months

Please submit your answer using the poll in the chat box.

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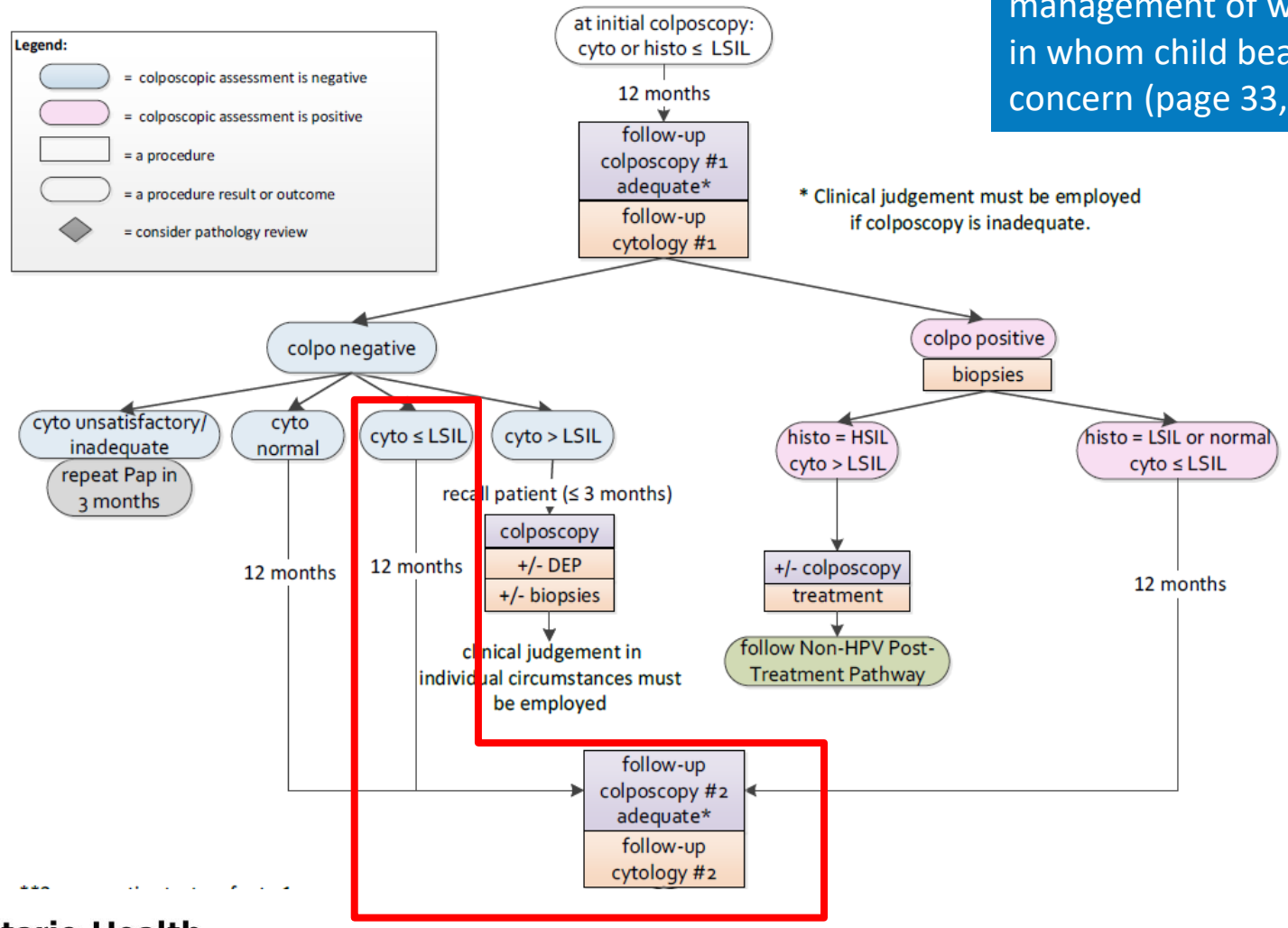
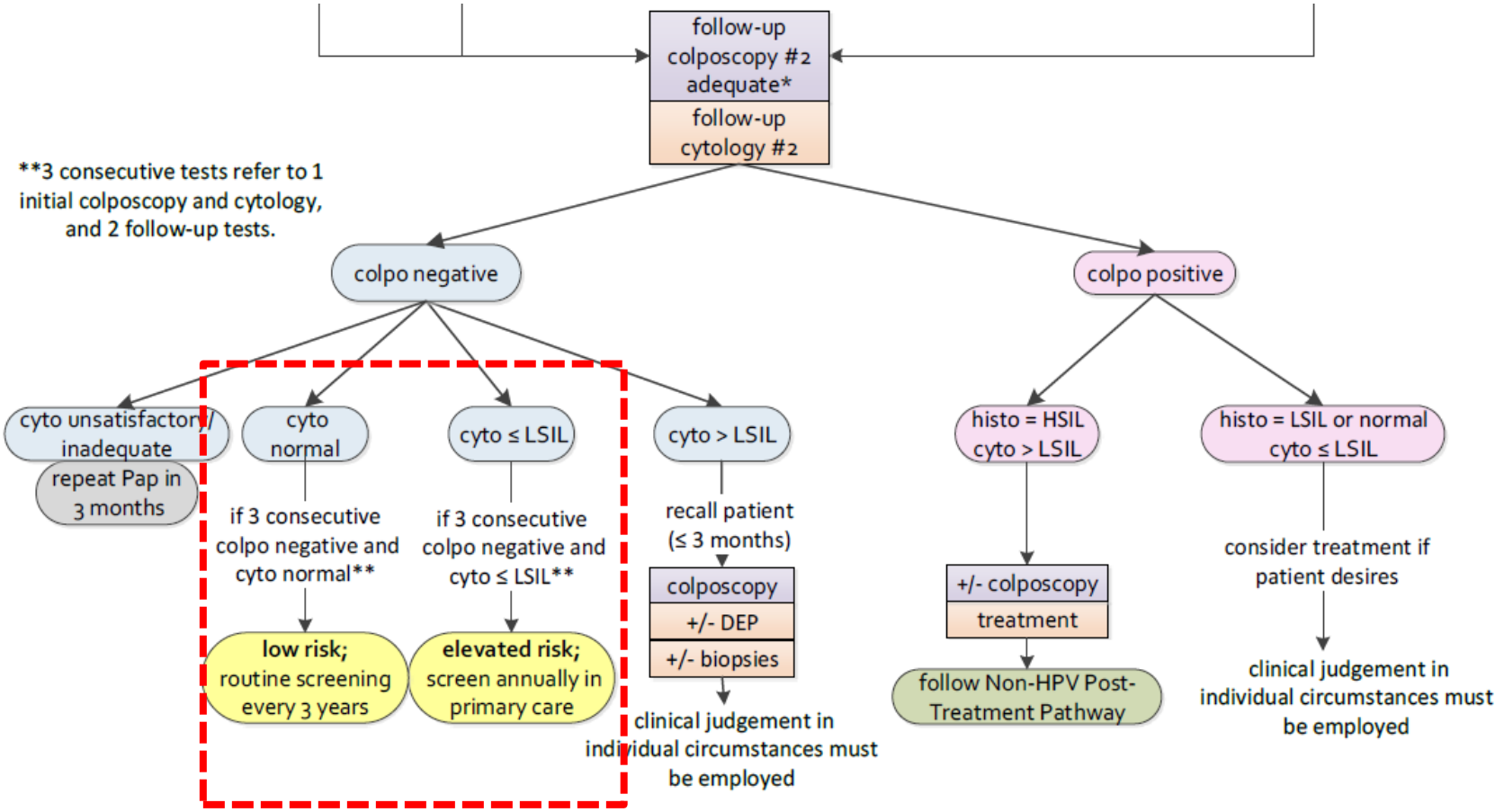
Case study #2: Algorithm

Without HPV testing:
Conservative squamous intraepithelial lesion (SIL) management of women ≥ 25 in whom child bearing is of concern (page 33, Figure 8)



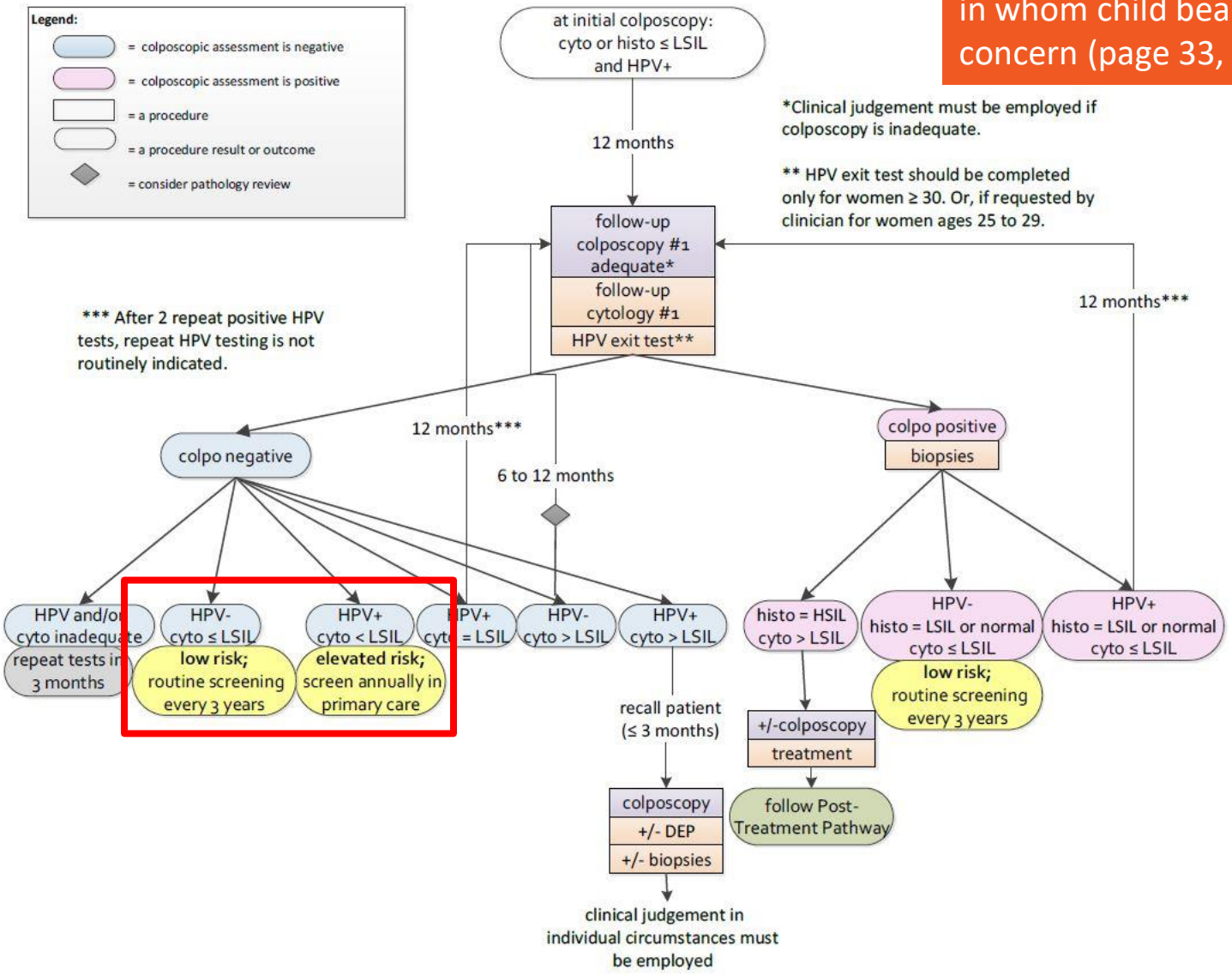
Case study #2 : Algorithm continued

Without HPV testing:
Conservative SIL management of women ≥ 25 in whom child bearing is of concern (page 33, Figure 8)



Case study #2 continued

With HPV testing:
Conservative SIL management of women ≥ 25 in whom child bearing is of concern (page 33, Figure 8)



Case study #2 continued

- Note: this case assumes a scenario preceding the COVID-19 pandemic
- During the pandemic, we recommend referring to OCSP's *COVID-19 Tip Sheet for Facilities Performing Colposcopy: Guidance for Increasing Colposcopy*, to assess the patient's priority level to be seen in colposcopy

Priority C

Priority	Cytology result	HPV status
C Immediate risk for CIN3+ < 7%	ASCUS*	Unknown or HPV positive for non 16/18
	LSIL*	
	Normal	HPV positive

- Five year risk of CIN3+ is low → repeat cytology within ~12 months in primary care.
- Recommendation is aligned with ASCCP's guidance.

Priority levels for cervical screening abnormalities

Priority A

N/A (i.e., no cervical screening abnormalities meet the criteria for priority A)

Patients deemed critical, unstable and/or immediately life threatening.

Priority B

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While colposcopy services are restricted, patients in this category are the highest priority.

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Do not perform colposcopy on these patients during the pandemic.

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Cervical screening and colposcopy care in LGBTQ populations

Dr. Dustin Costescu
Regional Cervical Screening and Colposcopy Lead, Hamilton Niagara region

CERVICAL SCREENING IN LGBTQ+ POPULATIONS

Dustin Costescu, MD MS FRCSC

Disclosures

- I have the following relationships to disclose:
- Speaking Engagements: Bayer, Allergan, Merck, Linepharma
- Advisory Boards: Bayer, Merck, Searchlight
- Research: Bayer, Mithra, Linepharma, Roche

Objectives

By the end of our brief session participants will:

Increase their knowledge about cervical cancer, cervical screening, and colposcopy in the LGBTQ+ community

Case 1 - Alex

Alex is 38 years old and requires a hysterectomy for benign indications, but has never had a pap.

Alex is a transgender man married to a woman

Question 1

- Does Alex need a pap prior to hysterectomy?

1) True
2) False
3) I need more information

True – with a few assumptions.

- Does Alex have a cervix?
  - YES
- Is Alex sexually active?
  - Presumably! Asking might help.
  - How might we ask?
    - Insertive intercourse
    - "Proximal to the Hymen"
- Alex "reallly" doesn't want to have a pap

Question 2

- Transgender Men have some unique challenges when performing a pap. What are they?

1) Paps may be more technically challenging owing to discomfort
2) Paps may be more likely to be reported as ASCUS or Unsatisfactory
3) Paps may trigger gender dysphoria
4) A and C
5) All of the Above

All of the Above

- Transgender guys may have some challenges with pap smears
  - Discomfort due to lack of insertion and atrophy from testosterone use
  - Triggering of cervical examination when patient has gender dysphoria
  - Overcall of abnormal.

- Alex has a pap return ASCUS
  - Alex has a hysterectomy booked in a parallel universe where OR time exists.
    - Does Alex need colposcopy?
      - YES
      - NO

YES

- Patients with abnormal cervical cytology should be evaluated with colposcopy prior to hysterectomy.

- Biopsy returns CIN 1
- Hysterectomy specimen returns CIN1 (and benign everything else but who cares this is a cervical cancer talk)

- Does this patient need further cytology
  - YES
  - NO

ASCCP

- **Don’t perform vaginal cytology (Pap test) or HPV screening in patients who had hysterectomy (with removal of the cervix) and have no history of high-grade cervical dysplasia (CIN 2/3) or cancer.**

Case 2 - Nicole

Nicole is referred to your office for difficult pelvic examination and pap.

On review of systems, you realize that Nicole is a Transgender Woman. She has a neovagina and has insertive intercourse

Does Nicole Need a Pap?

- YES
- NO

No.

- She does not have a cervix, and therefore does not need cervical screening.
- There are no guidelines for the screening of neovaginal cancers.
- Transgender Women have been reported to have:
  - Breast
  - Colorectal
  - Prostate
  - Testicular
  - Neovaginal cancers.

Case 3: Priya

Priya is 31 years old and is a newcomer to Canada about 5 years ago

She is overdue for screening because her last doctor told her to marry a man and have a baby and her paps would not hurt so much.

Which sexual identity is associated with the highest rate of cervical cancer?

- Heterosexual Women
- Heterosexual Women who have sex with men and women
- Bisexual Women
- Lesbian Women

Sexual Identity does not always correlate to current practices and risk behaviour

- Straight-identified women who have sex with men and women have a higher incidence of unintended pregnancy, dysplasia and cancer.

- In a cohort study of LGBTQ+ women
  - 16% of cancers in lesbian women were cervical
  - 41% of cancers in bisexual women were cervical
  - 14% of cancers in heterosexual women were cervical.

- And LGBTQ+ women are 2-3x more likely to report poor overall health.

Tips for making screening more accessible

- All patients with a cervix and who are sexually active should undergo cervical screening when eligible by age.

- Inquiring about sexual orientation can be helpful for getting to know your patient, less so for risk stratification.
  - Open-ended questions allow for more inclusive answers
    - Is contraception something you need now or foresee needing in the future
    - Have you ever had sex where there was insertion (where someone went inside your body)
    - Most patients are ok with anatomical language, but "front hole" may be used by some in the trans community over vagina.
  - Reiterating that all people deserve access to good care, including LGBTQ+ patients is a good way to build a relationship.

Questions?

@BirthControlDoc

OTN E-Consult

Questions from the field

Questions from the field

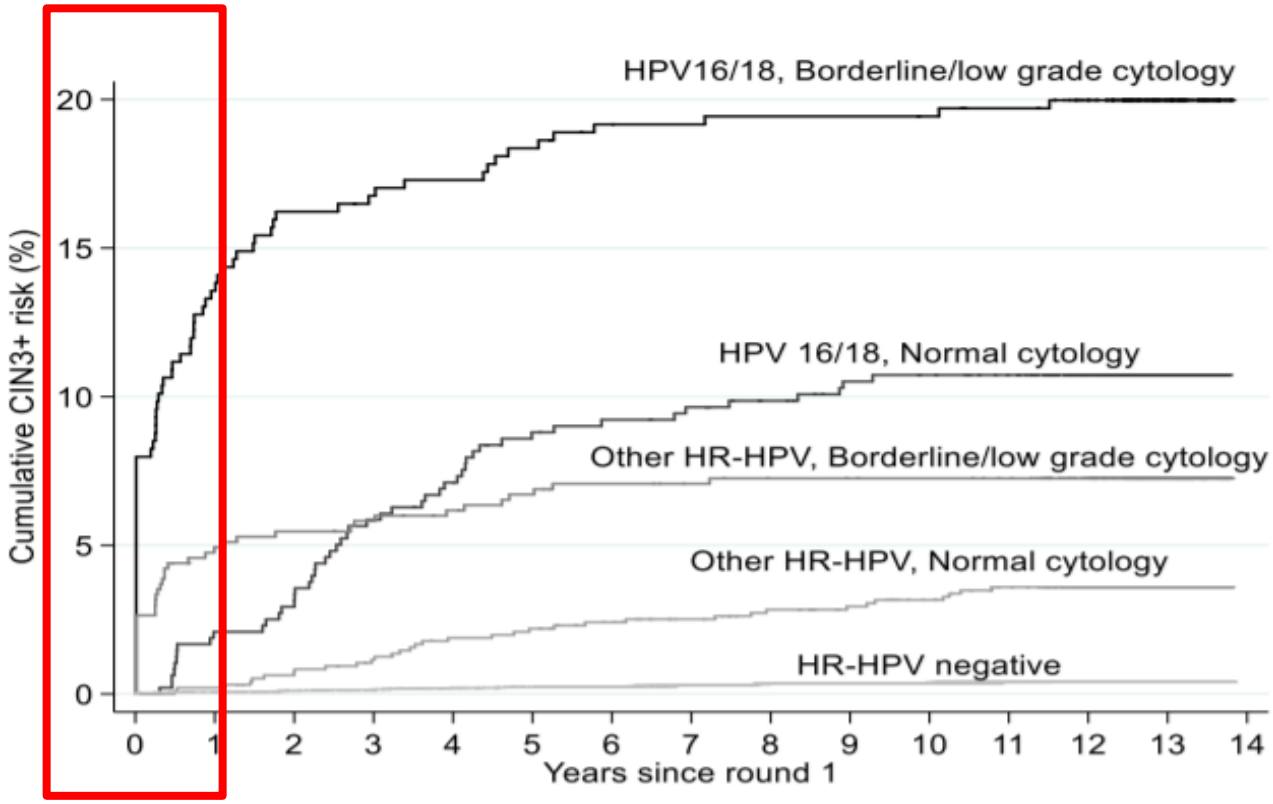
Which HPV test should be used for which purpose?

- HPV testing detects oncogenic HPV and some sub-types (e.g. 16/18)
- HPV testing can be used for:
  - Primary screening, followed by cytology for triage
  - In screening, for triage of cytology results
  - Co-testing in screening
  - Co-testing in colposcopy
  - Risk assessment in colposcopy
  - Test of cure in colposcopy

Current risks in Ontario in screened population

- Risk of CIN3+: 3 per 1000 screened
- Risk of invasive cervical cancer: 0.16 per 1000 screened
- Risk of CIN3+ is based on HPV infection type and cytology result

Understanding cumulative risk of CIN3+



Triage strategy	Immediate risk (%)	1-year risk (%)
HPV 16/18 – low-grade	7.8	14.9
HPV 16/18 – normal	2.4	2.9
HPV-other – low-grade	3.5	4.9
HPV-other – normal	0.4	0.5
HPV-negative	0.01	0.02

Questions from the field

Which HPV test should be used for which purpose?

- HPV testing quickly and accurately determines whether a person is at risk for developing cervical cancer
- Higher sensitivity than Pap test (98% vs. 55%)
- High negative predictive value (>99%)
- Objective, reproducible
- Longer screening interval possible due to longer duration of protection (5 year vs. 3 year)

Questions from the field

Which HPV test should be used for which purpose? (continued)

- HPV testing is available in Ontario:
  - On a patient-pay basis; or
  - Provided without charge in some hospitals
- OCSP currently recommends HPV testing as an optional triage test for women ≥30 years old with cytology ASCUS
- LSIL or ASCUS with HPV positive → colposcopy
- LSIL or ASCUS with HPV negative → routine screening with cytology in 3 years

Concluding remarks

Accreditation

Royal College of Physicians and Surgeons of Canada – Section 1:

This event is an Accredited Group Learning Activity (Section 1) as defined by the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada, approved by Continuing Professional Development, Faculty of Medicine, University of Toronto. You may claim up to a maximum of 1.5 hours (credits are automatically calculated).

In order to obtain your certificate of participation, you must fill out our survey that will be emailed to you following this meeting.

What's next?

- Please ensure you fill out the post-webinar survey to receive accreditation for today's webinar – survey link will be emailed to CoP
- Next CoP webinar: fall 2020 (dates TBD)
- Share your feedback and questions with us at ColposcopyCoP@cancercare.on.ca


Thank
You!