

Spring 2024 Provincial Colposcopy Community of Practice (CoP)

Webinar 2
May 24



**Ontario
Health**

Land acknowledgement

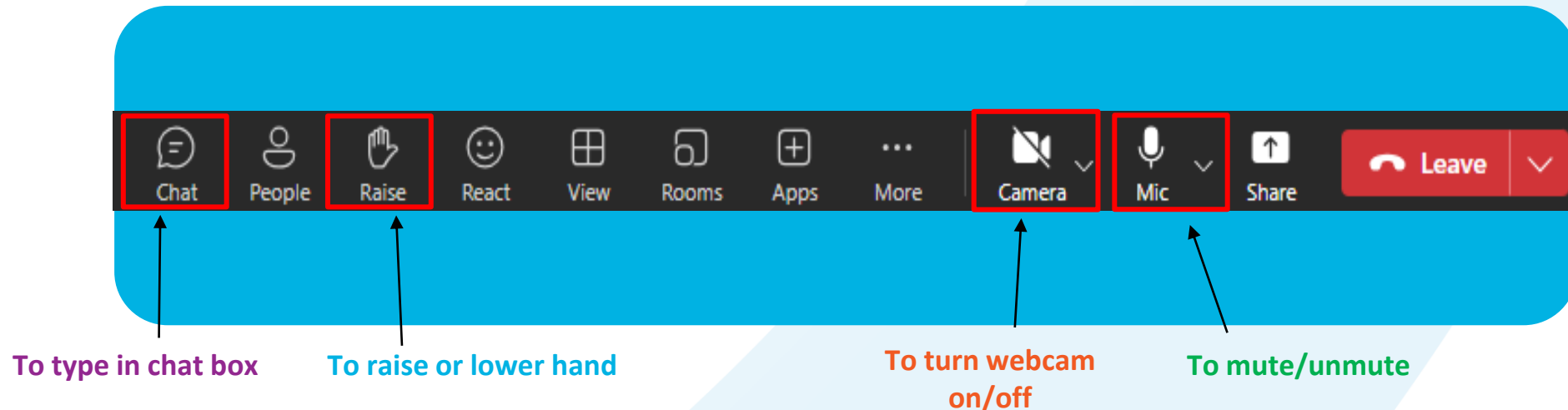


Agenda

Item	Presenter	Time
Welcome and introductions	Riley Crotta	7:30 – 7:35 am
Ontario Cervical Screening Program (OCSP) updates	Dr. Dustin Costescu	7:35 – 7:40 am
HPV testing implementation update	Dr. Dustin Costescu	7:40 – 7:45 am
Trends in cervical screening and colposcopy in Ontario	Dr. Rachel Kupets	7:45 – 7:50 am
Case study #1: Management of adenocarcinoma in situ (AIS) histology with negative margins	Dr. Dustin Costescu	7:50 – 8:15 am
Colposcopy quality reports	Dr. Rachel Kupets	8:15 – 8:25 am
Questions from the field	Dr. Dustin Costescu	8:25 – 8:40 am
Case study #2: Management of adenocarcinoma in situ (AIS) histology with positive margins	Dr. Rachel Kupets	8:40 – 8:55 am
Concluding remarks	Dr. Dustin Costescu	8:55 – 9:00 am

Housekeeping items

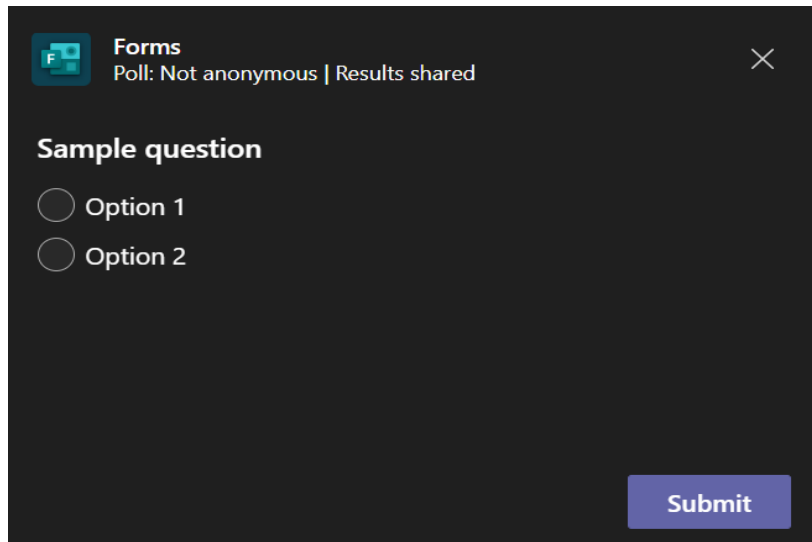
- Please mute yourself when you are not speaking
- Please turn on your webcam during discussions
- Please use the chat box or raise hand option to ask questions or share comments



Poll options

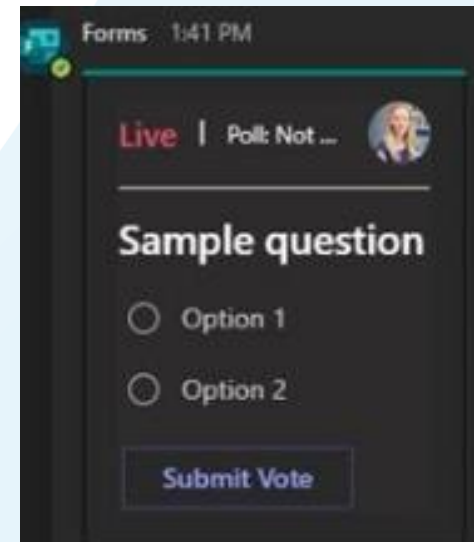
- Polls will either pop up on your screen, appear in the chat box, or both
- You can respond in either location

Poll pop-up



A screenshot of a poll pop-up window. The window has a dark background. At the top left, there is a small icon of a document with a checkmark, followed by the text "Forms" and "Poll: Not anonymous | Results shared". A close button (X) is in the top right corner. Below this, the text "Sample question" is displayed. Underneath, there are two radio button options: "Option 1" and "Option 2". At the bottom right, there is a blue button labeled "Submit".

Poll in chat box



A screenshot of a poll displayed within a chat box interface. The chat box has a dark background. At the top, it says "Forms 1:41 PM". Below this, there is a status bar with "Live" in red, "Poll: Not ..." in white, and a small circular profile picture of a person. The main content area shows "Sample question" followed by two radio button options: "Option 1" and "Option 2". At the bottom, there is a blue button labeled "Submit Vote".

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).

To receive a letter of accreditation for 1.5 credit hours, you must **participate in today's event**

Thank you to our CoP Planning Committee



Dr. Robert Di Cecco

Dr. Hélène Gagne

Dr. Nadia Ismiil

Dr. Felice Lackman

Recording of CoP spring webinar is underway

Please note that this session will be recorded and will be available on the Colposcopy CoP Resources Hub in the coming weeks. You can access the hub here:
cancercareontario.ca/ColposcopyHub

Learning objectives

- Following this webinar, participants will better understand:
 - What to expect leading up to the launch of HPV testing implementation
 - Trends in cervical screening and colposcopy services in Ontario
 - How to access the physician-level cervical screening and colposcopy quality reports
 - Management of adenocarcinoma in situ (AIS) histology according to margin status

OCSP updates

7:35 – 7:40am

Dr. Dustin Costescu

Regional Cervical Screening and Colposcopy Leads

Regional Cancer Program	Lead
Erie St. Clair	Dr. Rahi Victory
South West	Dr. Robert DiCecco
Waterloo Wellington	Dr. Cheryl Lee
Hamilton Niagara Haldimand Brant	Dr. Andra Nica
Central West/ Mississauga Halton	Dr. Tiffany Zigras
Toronto Central	Dr. Michael Shier
Central	Dr. Felice Lackman
Central East	Dr. Nathan Roth
South East	Dr. Elena Park
Champlain	Dr. Hélène Gagné
North Simcoe Muskoka	Dr. Jennifer Tomas
North East	Dr. Karen Splinter
North West	Dr. Naana Jumah

Colposcopy resources

- The OCSP has the following resources to help support colposcopists and other providers in the colposcopy community:
 - Guideline-based clinical tools
 - Sample declined referral and discharge letter templates
 - Slides and recordings from past CoP webinars

Resources are available on our Colposcopy
CoP Resources Hub:
cancercareontario.ca/colposcopyhub

Update: HPV testing implementation

7:40 – 7:45am

Dr. Dustin Costescu

HPV testing implementation vendor partners

HOLOGIC®

North Bay Regional
Health Centre

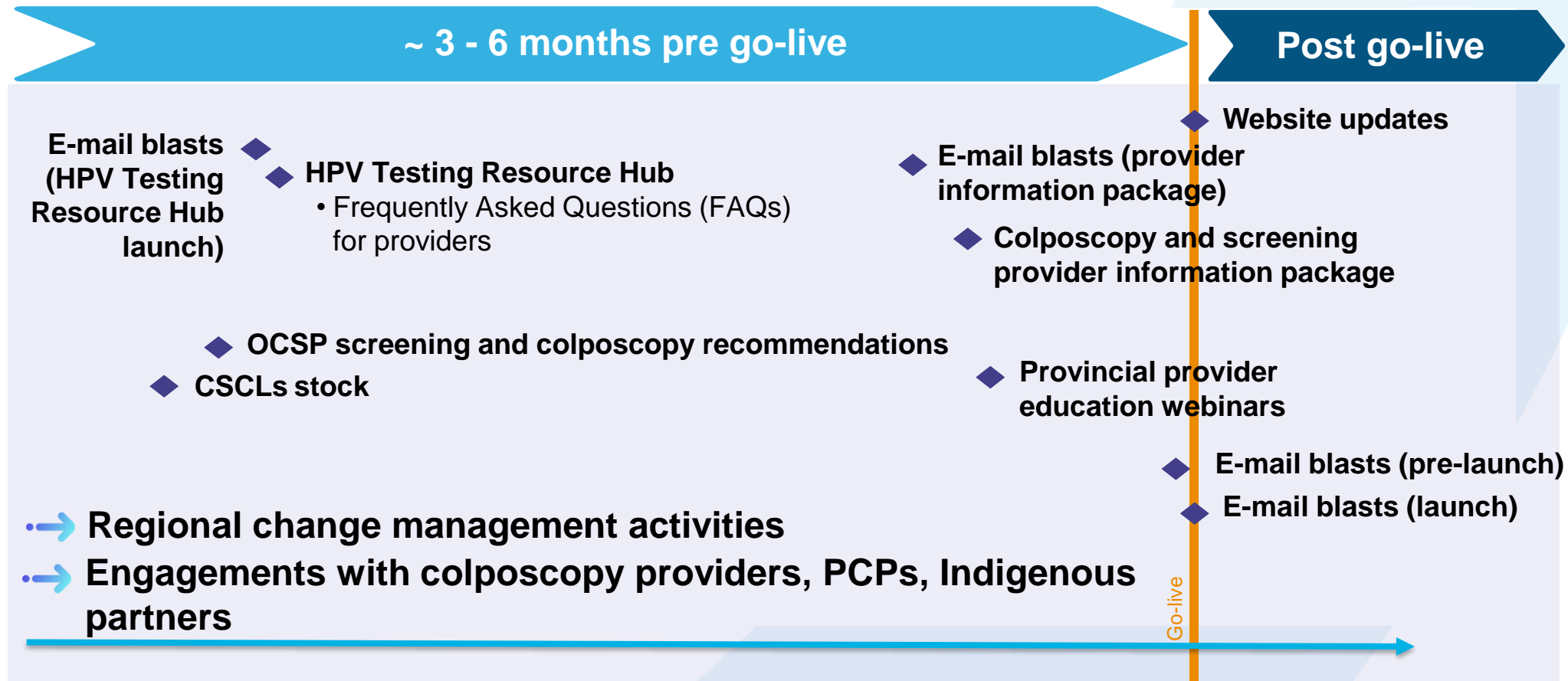


Centre régional
de santé de North Bay

LifeLabs®

Dynacare®

When to expect communications and resources to support your change management efforts

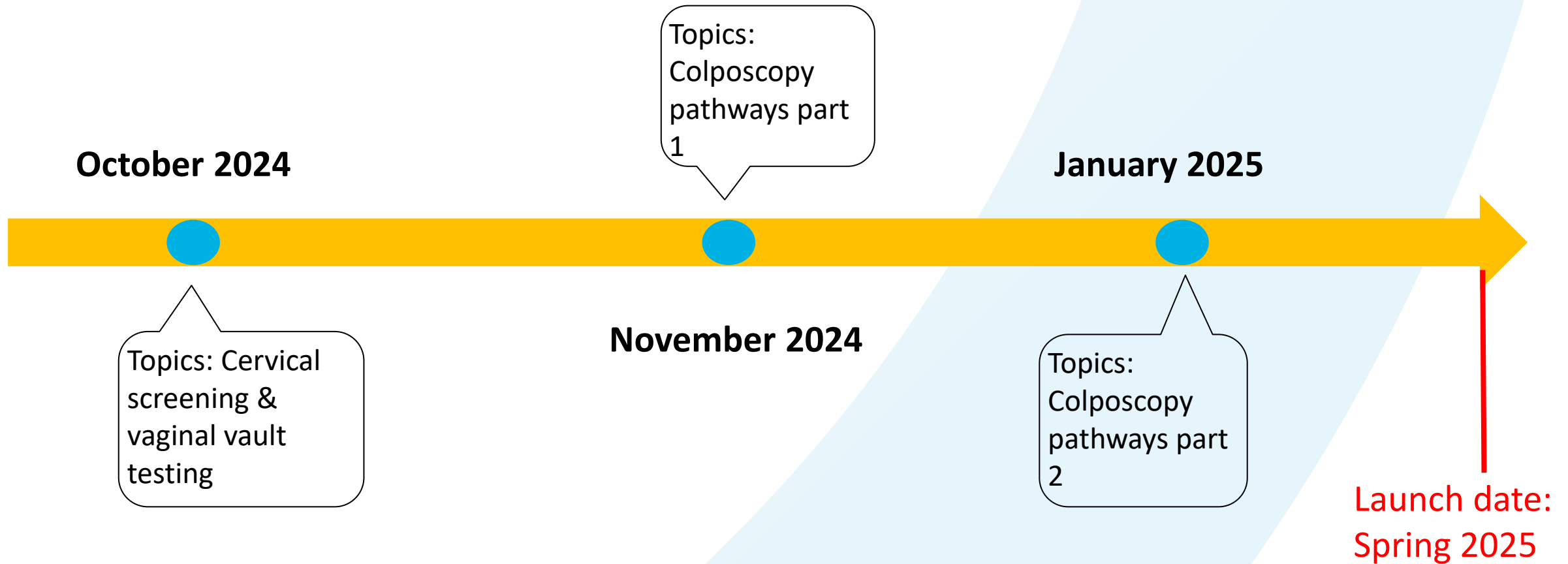


Self-collected HPV testing



- There is evidence that self-collected HPV testing can improve screening participation, particularly for under/never screened populations
- There are important regulatory, clinical and implementation considerations that must be considered and addressed before integrating self-collected HPV testing into the OCSP
- A phased approach to implementation in Ontario will allow us to determine how best to integrate self-collected HPV testing into the OCSP

Timeline of Colposcopy CoP webinars

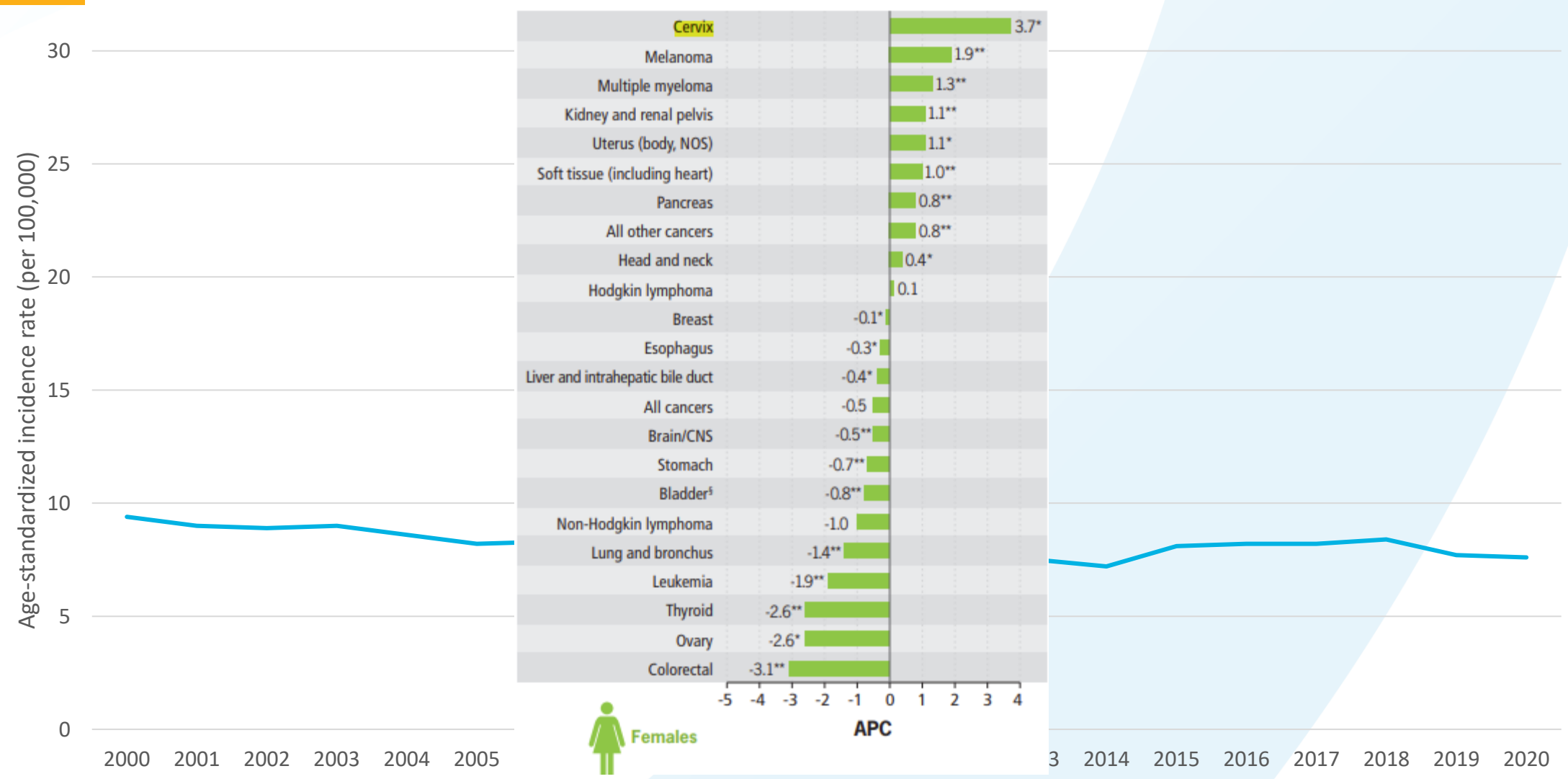


Trends in cervical screening and colposcopy in Ontario

7:45 – 7:50am

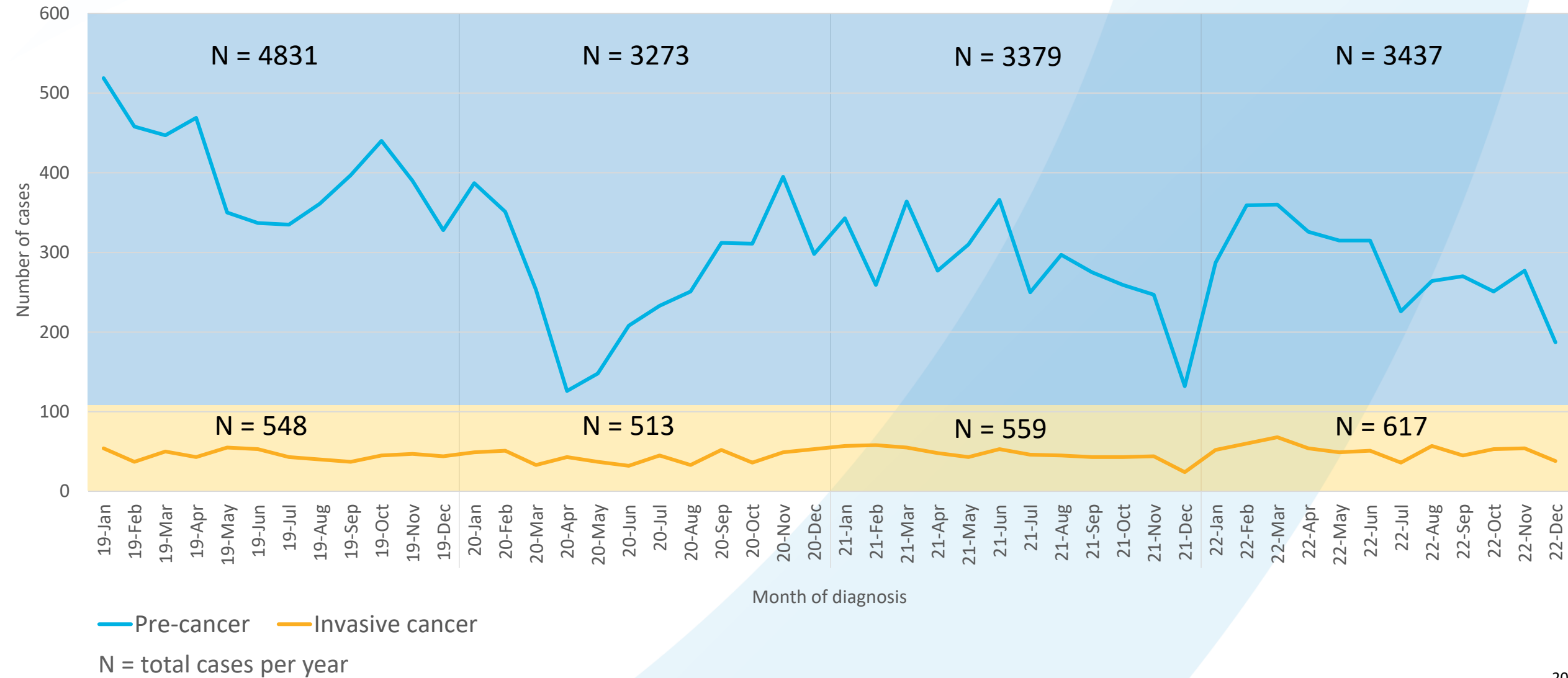
Dr. Rachel Kupets

Cervical cancer incidence rate

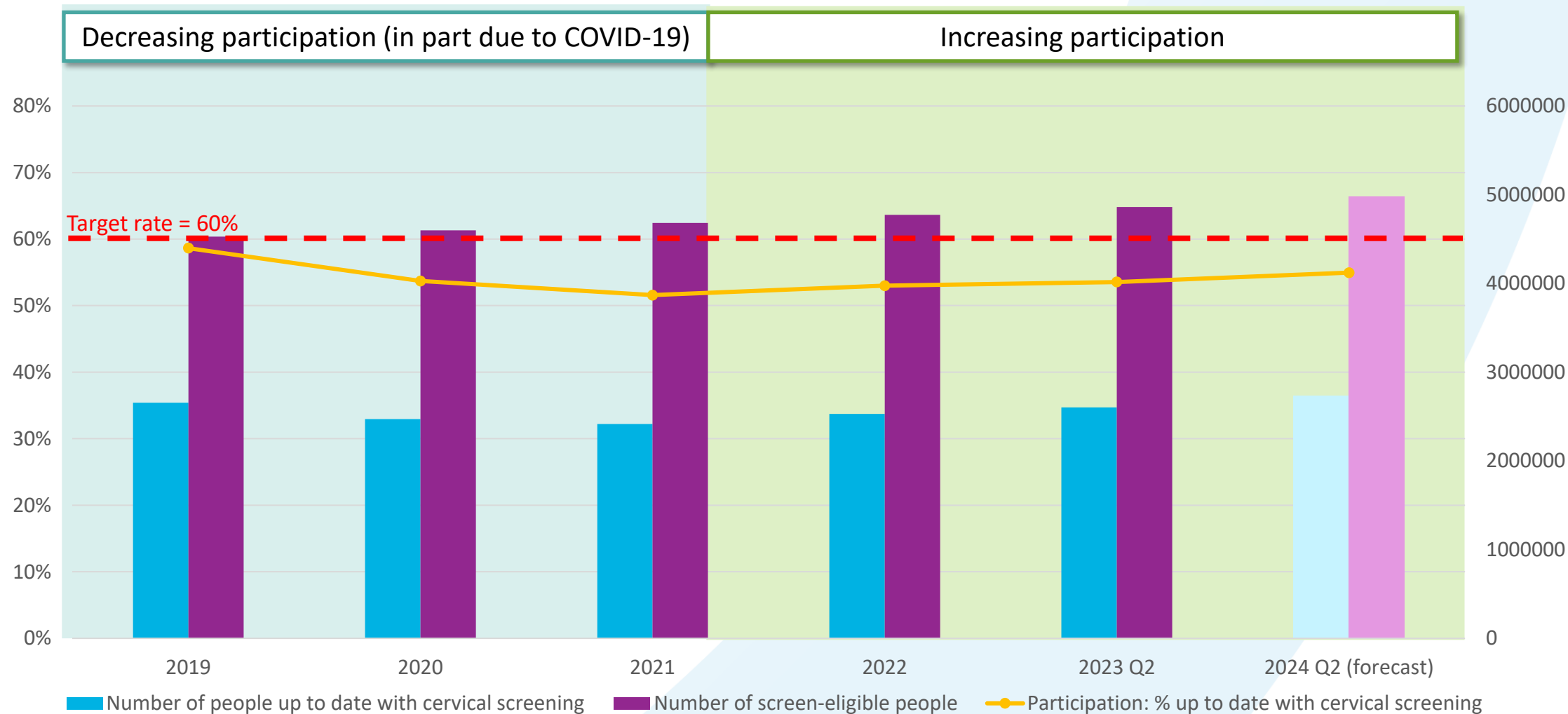


Canadian Cancer Statistics Advisory Committee in collaboration with the Canadian Cancer Society, Statistics Canada and the Public Health Agency of Canada. Canadian Cancer Statistics 2023. Toronto, ON: Canadian Cancer Society; 2023.

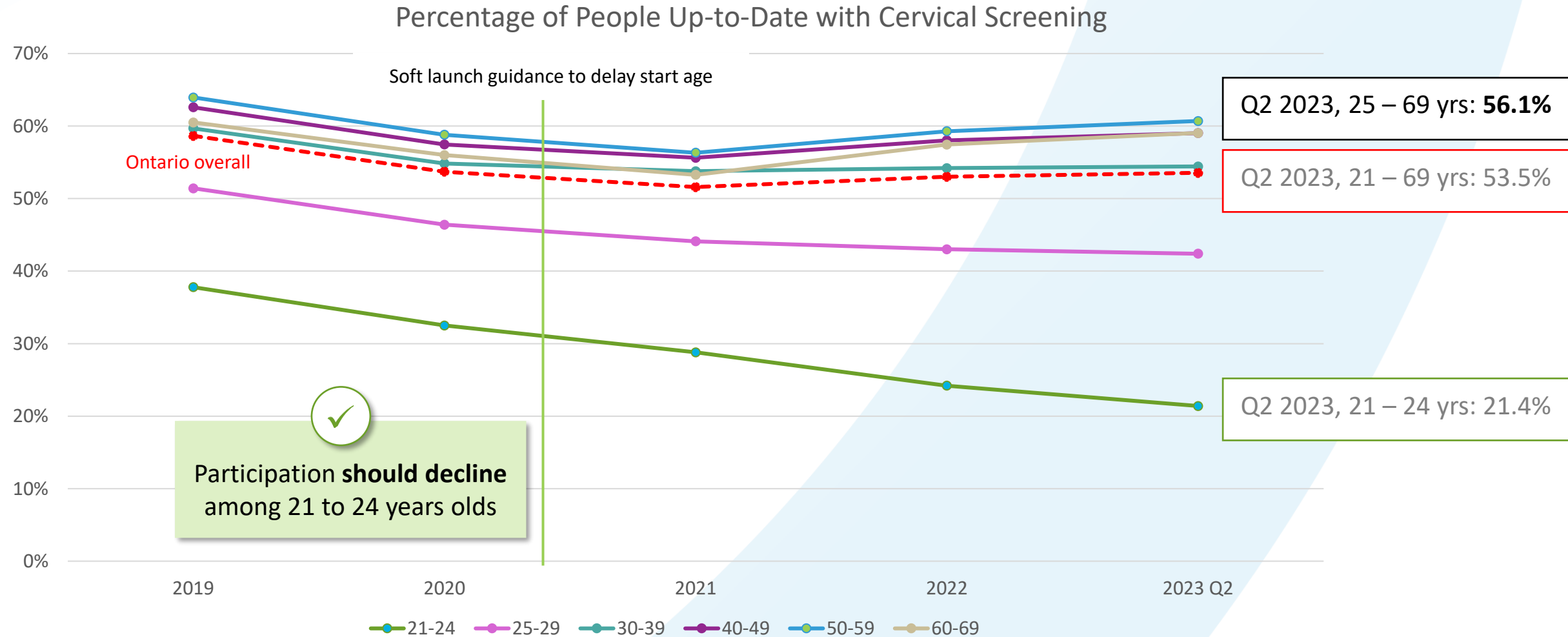
Total number of cervical pre-cancers and invasive cancers



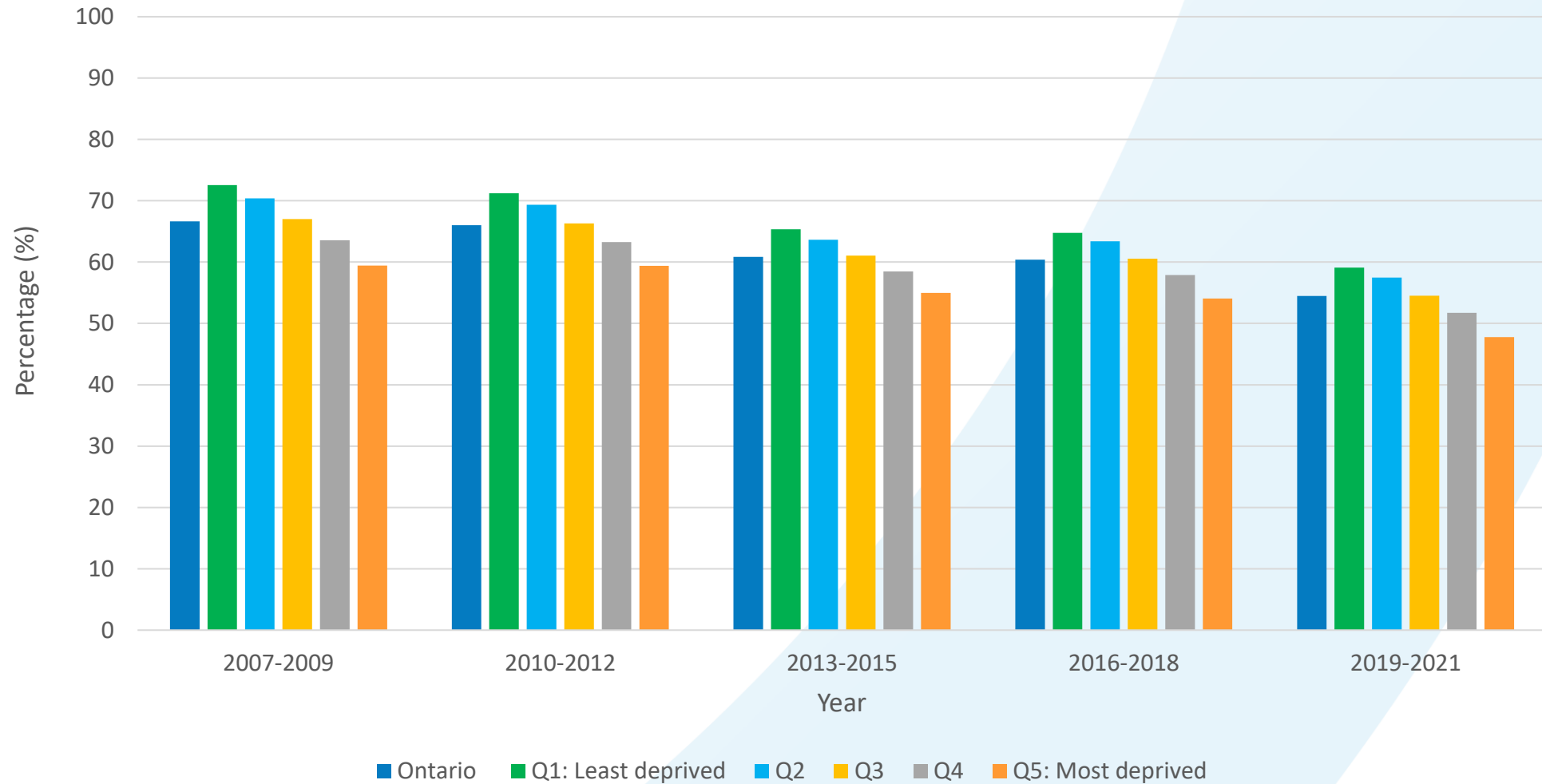
OCSP participation (ages 21 – 69)



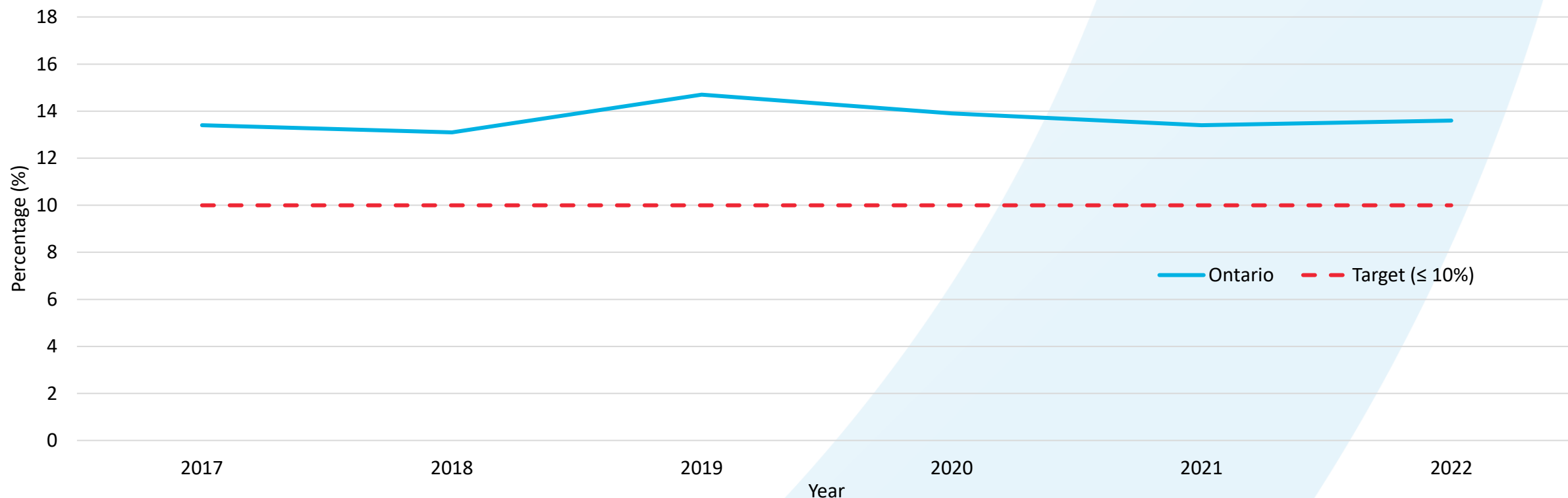
Age is driving decline in participation



OCSP participation by material deprivation



High-grade cytology test with no follow-up in 6 months



Colposcopists and primary care providers should continue to collaborate to ensure that people with high-grade cytology results have a follow-up colposcopy

Case study #1: Management of AIS histology with negative margins

7:50 – 8:15am

Dr. Dustin Costescu

AIS on the cervix

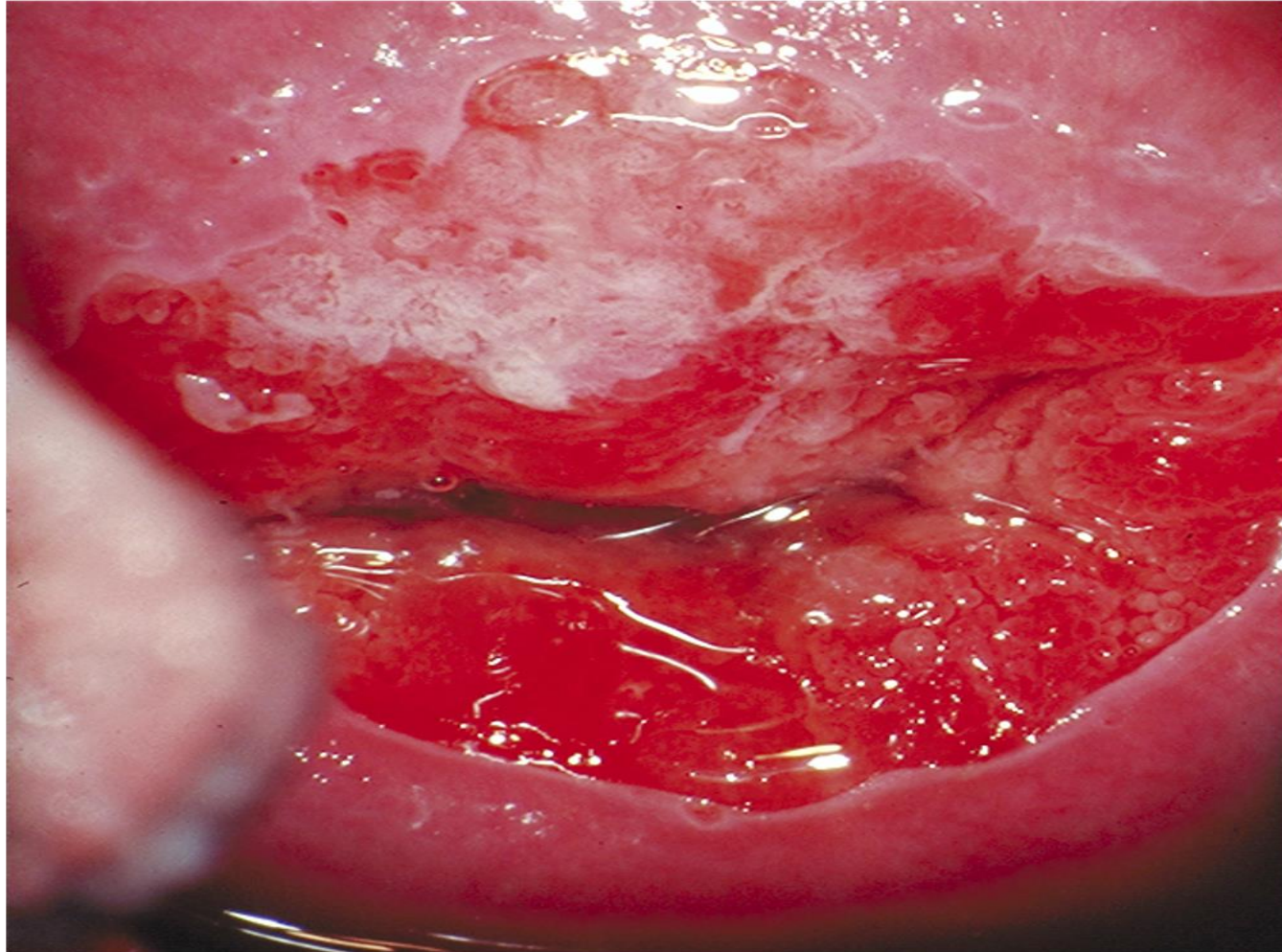


Image provided by Dr. Michael Shier

Patient history

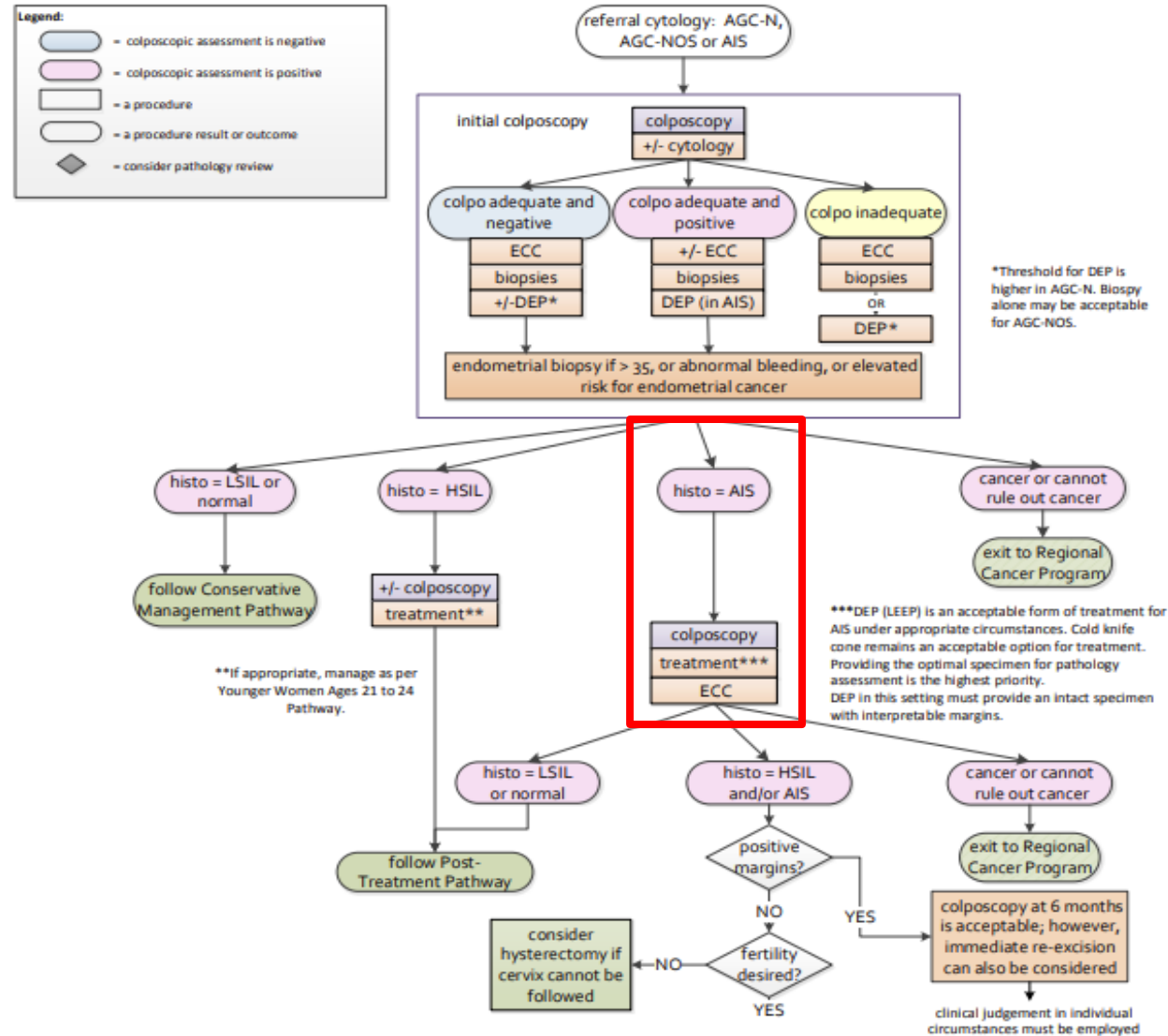
- Age 30
- Referred to colposcopy with atypical glandular cells-favor neoplastic (AGC-N) cytology
- At initial colposcopy visit:
 - An area of abnormality is detected
 - A biopsy is performed
 - Intrauterine device (IUD) strings are noted
- AIS histology is confirmed

Answer poll in chat or
via pop-up

What is your next step?

- A. Perform a loop electrosurgical excision procedure (LEEP)
- B. Perform a cold knife cone
- C. Perform a cytology test
- D. A or B

Treatment and management of AGC/AIS



LEEP vs. cold knife cone

- The evidence shows that both LEEP and cold knife cone are effective treatments for AIS

Total number of people	Hazard rate ratio of persistent or recurrent endocervical neoplasia	95% confidence interval	P-value
338	0.8	0.3-2.0	0.578

Reference: Munro A, Leung Y, Spilsbury K, Stewart CJ, Semmens J, Codde J, et al. Comparison of cold knife cone biopsy and loop electrosurgical excision procedure in the management of cervical adenocarcinoma in situ: What is the gold standard? Gynecol Oncol 2015 May;137(2):258-63

Colposcopy visit #2

- At the second colposcopy visit, you perform a LEEP followed by an endocervical curettage (ECC)

How would you perform a LEEP/ECC while managing patient's IUD strings?

- A. Carefully perform LEEP/ECC while trying to avoid IUD strings
- B. Push the IUD strings into the cervix and perform LEEP/ECC
- C. Remove IUD, perform LEEP/ECC and replace IUD immediately
- D. Remove IUD, perform LEEP/ECC and replace IUD at follow-up visit

Answer poll in chat or
via pop-up

Discussion



How do you manage a patient's IUD while performing a LEEP/ECC?

Type in chat box

Colposcopy visit #2 results

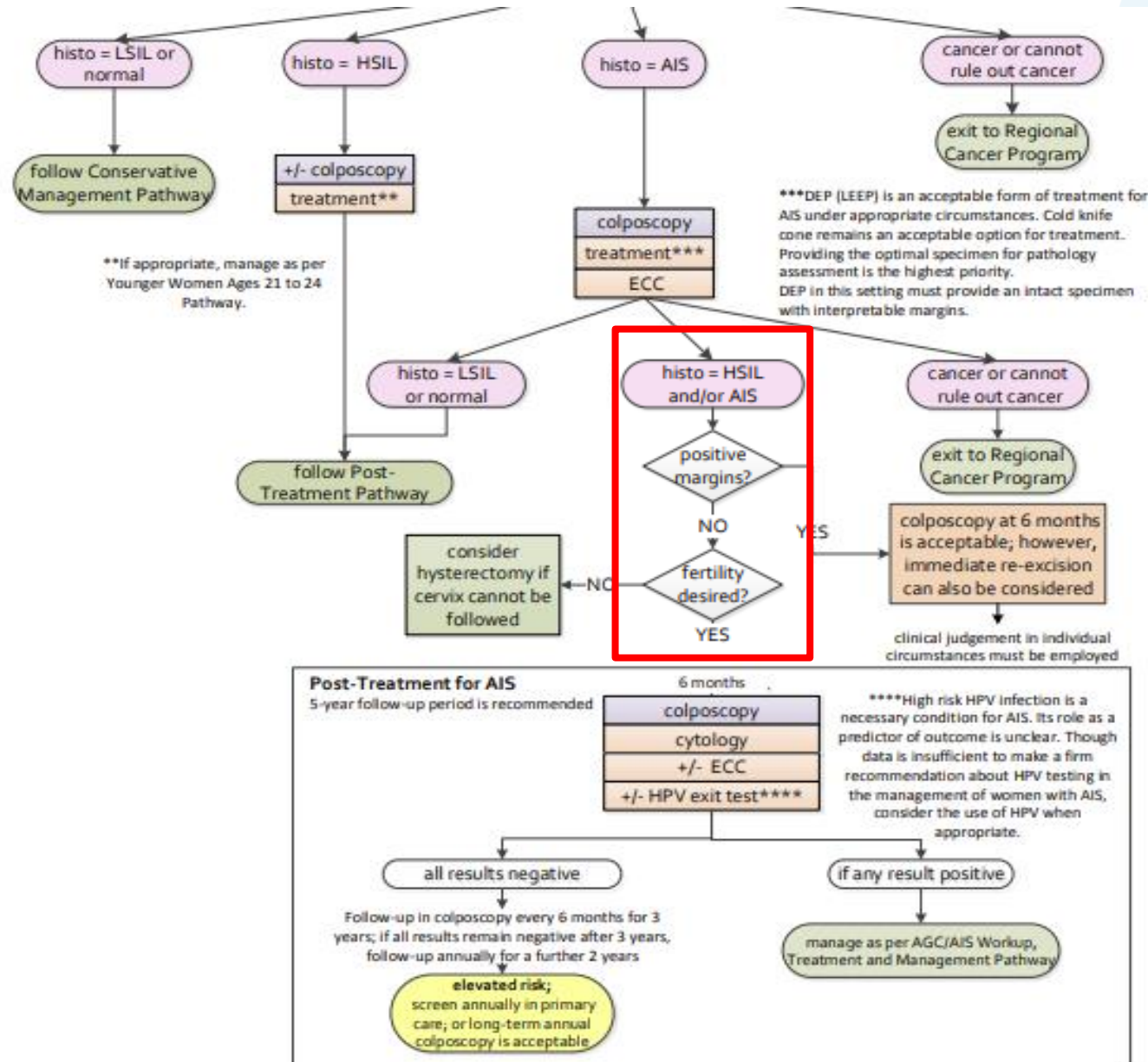
- AIS histology is detected on the LEEP specimen, ECC is normal and margins are negative
- Future fertility is desired

Answer poll in chat or
via pop-up

What is your next step?

- A. Follow-up in colposcopy in 3 months
- B. Follow-up in colposcopy in 6 months
- C. Follow-up in colposcopy in 12 months
- D. Refer for expert opinion

Treatment and management of AGC/AIS



Post-treatment colposcopy visit

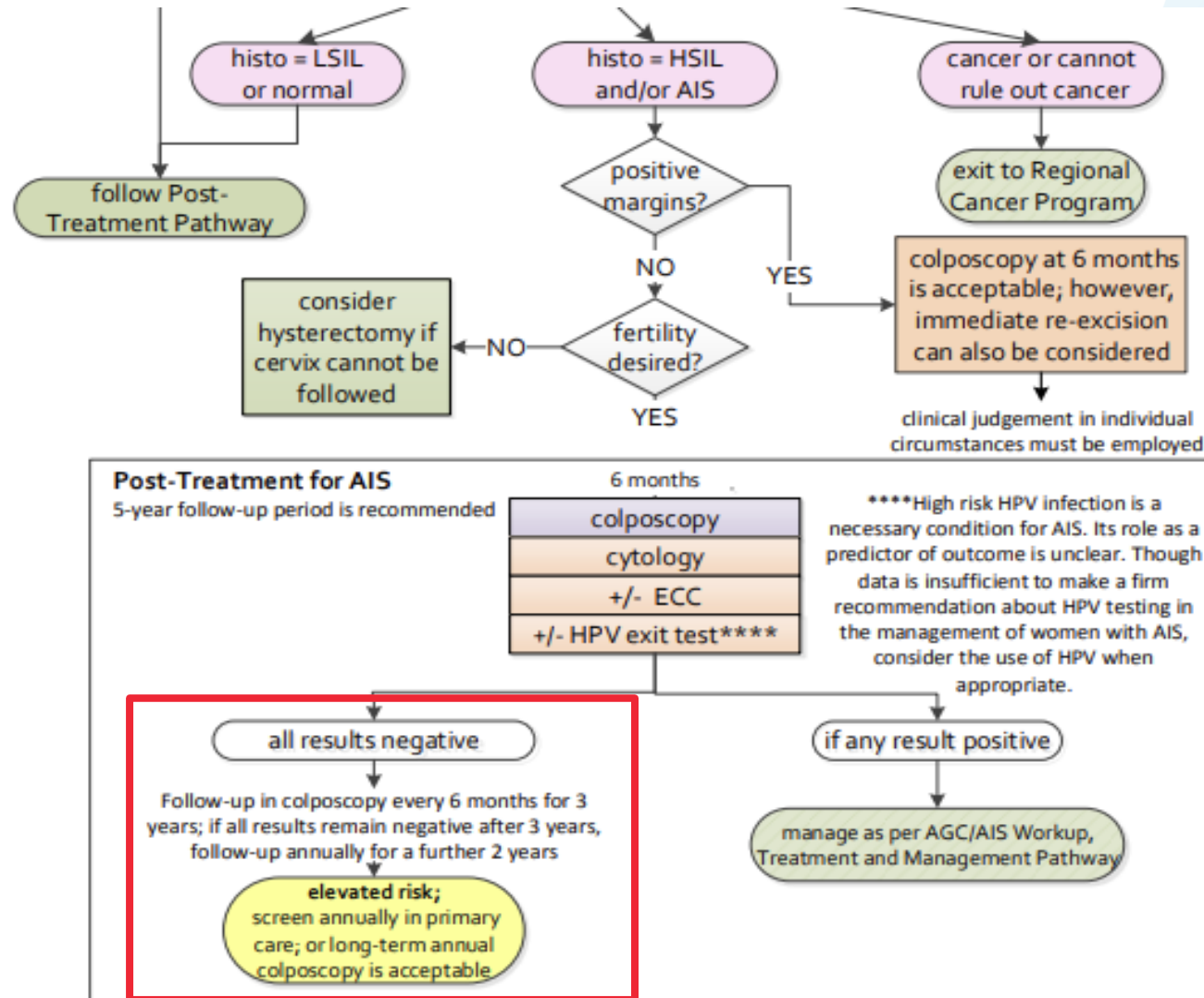
- At the post-treatment colposcopy visit in 6 months, AIS is not detected and a cytology test and an ECC are carried out
- ECC is normal and cytology test result is normal

How many more colposcopy visits over how many years are required if histology \leq LSIL (low-grade squamous intraepithelial lesion), and all cytology results are normal at subsequent visits?

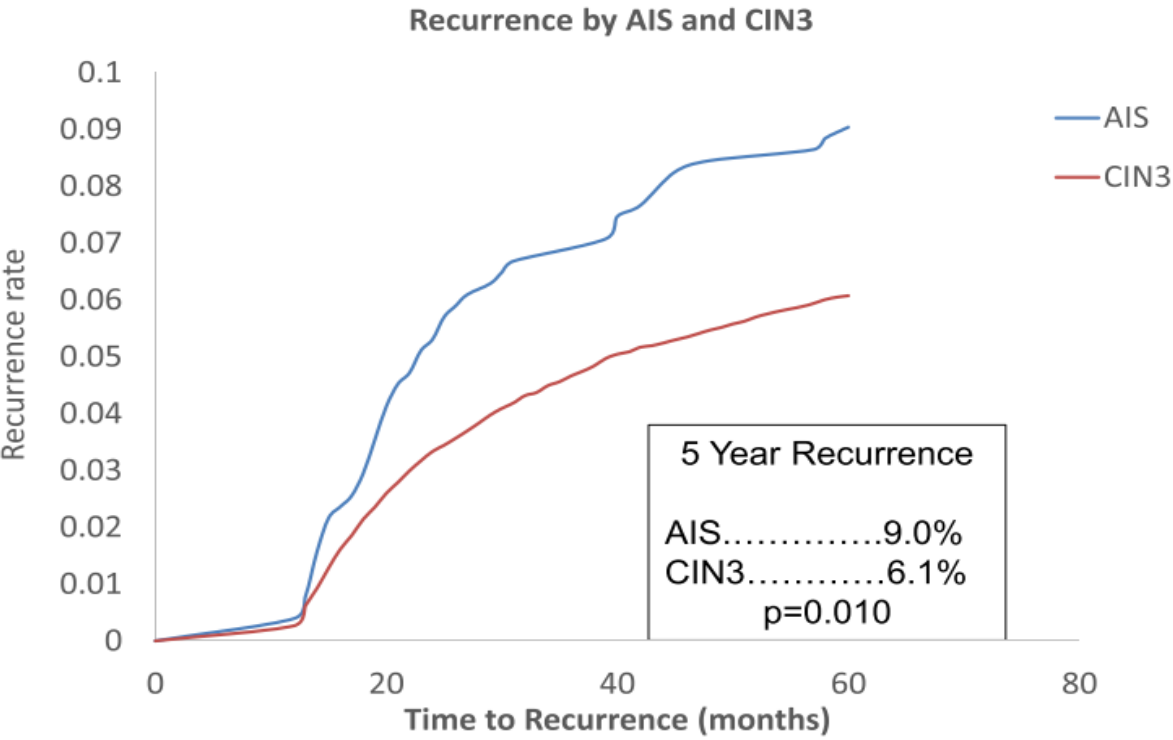
- A. 4 visits over 2 years
- B. 3 visits over 3 years
- C. 8 visits over 5 years
- D. Until hysterectomy is performed

Answer poll in chat or
via pop-up

Post-treatment management for AIS



Risk of recurrence and progression to cervical cancer



Rate of cervical cancer detected within 5 years of treatment	
HSIL*	0.20%
AIS	0.39%

*defined in study as CIN3

Key take-aways:

- People treated for AIS histology have an increased risk of recurrence and progression to cervical cancer compared to people treated for HSIL histology
- Longer follow-up in colposcopy is recommended for people treated for AIS histology

Colposcopy quality reports

8:15 – 8:25am

Dr. Rachel Kupets

2023 Quality Report Accomplishments

- **439** individual physician reports were made accessible to colposcopists on September 18
- **115** facility reports (F/R/P) sent to facility contacts and their respective Cervical Screening and Colposcopy Leads and Regional Directors (RDs) on September 26
- **14** regional reports and regional summaries were sent to the respective Regional Vice Presidents, RDs and RBILs on September 20

Sample: 2023 physician report

Colposcopy Quality Physician Report (Release Year 2023)

CPSO number:

Dr.



Total colposcopy volume, 2022
(target: ≥100 total colposcopies (for any indication)
and ≥ 25% are initial colposcopies)



Your total colposcopy volume: 269
Your initial colposcopy volume: 169
Your follow-up colposcopy (with biopsy) volume: 40
Your follow-up colposcopy (without biopsy) volume: 60

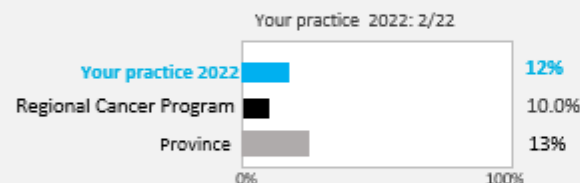
**Participation in the Ontario Colposcopy
Community of Practice (CoP), 2022**

Your participation: 0 of 2 webinars
Your Regional Cancer Program 2022: 30

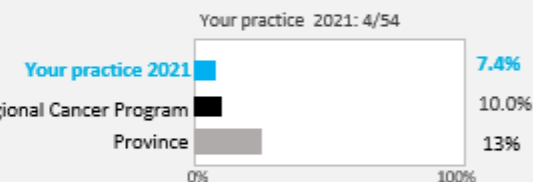


To join the CoP, please email:
ColposcopyCoP@ontariohealth.ca

**Proportion of people seen
for colposcopy following
their first-time ASCUS
cytology test result†, 2022**



**Proportion of people who
were not seen for follow-up
within 12 months post-
treatment*, 2021**

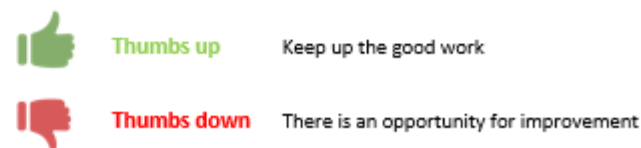


*May capture other lower genital tract treatments
beyond the cervix

**Number of treatments
performed for cervical
pre-cancer or cancer*, 2022**

Treatment type	Your practice
Total	11
Cryotherapy	0
Electrocautery	0
Electrosurgical Excision Procedure (LEEP)	8
Cone biopsy	1
Cryoconization, electroconization or CO2 laser therapy	2

Legend: N/A – Not applicable n.d. – No data
Performance rankings:



See definitions and technical notes on the next page. For more detailed definitions and methodology of indicators used in this report, visit <https://bit.ly/physmethodology2023>.

* Based on data from January to June 2022

How many colposcopists saw their report?

- In mid-September 2023, physician-level reports were made accessible to 439 colposcopists.

	Colposcopist Volume 2023
Colposcopists with a report	439
ONE ID account holders	277 (63%)
eReport access	124 (28%)

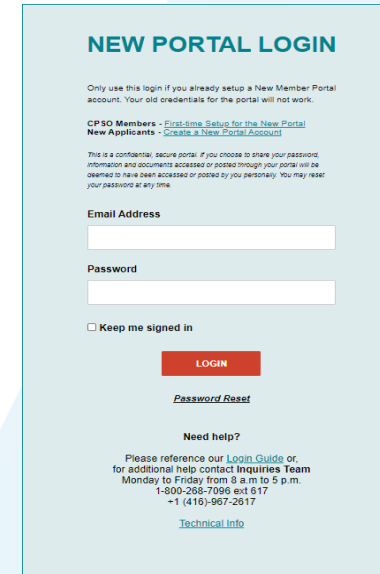
If you don't have a ONE ID account

Step 1:

Physicians can self-register for ONE ID via the CPSO website using your account credentials.

Step 2:

Once signed up, a ONE ID username (first.last@oneid.on.ca) and password will be generated (ONE ID credentials). Be sure to note this information in a secure location.



NEW PORTAL LOGIN

Only use this login if you already setup a New Member Portal account. Your old credentials for the portal will not work.

CPSO Members - [First-time Setup for the New Portal](#)
New Applicants - [Create a New Portal Account](#)

This is a confidential, secure portal. If you choose to share your password information and documents accessed or posted through your portal will be deemed to have been accessed or posted by you personally. You may reset your password at any time.

Email Address

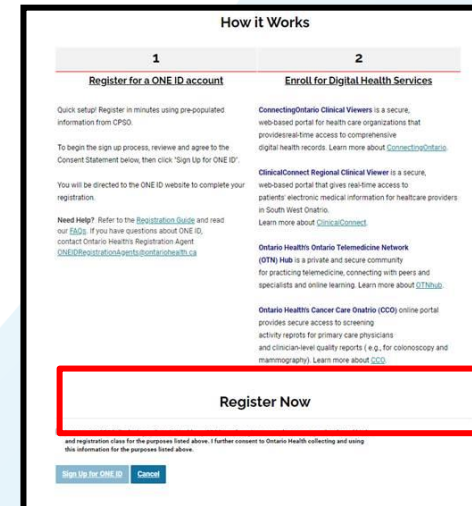
Password

☐ Keep me signed in

LOGIN

[Password Reset](#)

Need help?
Please reference our [Login Guide](#) or, for additional help, contact **Inquiries Team**
Monday to Friday from 8 a.m. to 5 p.m.
1-800-268-7096 ext 617
+1 (416)-967-2617
[Technical Info](#)



How it Works

1	2
Register for a ONE ID account Quick setup! Register in minutes using pre-populated information from CPSO. To begin the sign up process, review and agree to the Consent Statement below, then click 'Sign Up for ONE ID'. You will be directed to the ONE ID website to complete your registration. Need Help? Refer to the Registration Guide and read our FAQs . If you have questions about ONE ID, contact Ontario Health's Registration Agent OneID@registration.onhealth.on.ca	Enroll for Digital Health Services ConnectingOntario Clinical Viewers is a secure, web-based portal for health care organizations that provides real-time access to comprehensive digital health records. Learn more about ConnectingOntario . ClinicalConnect Regional Clinical Viewer is a secure, web-based portal that gives real-time access to patients' electronic medical information for healthcare providers in South West Ontario. Learn more about ClinicalConnect . Ontario Health's Ontario Telemedicine Network (OTN) Hub is a private and secure community for practicing telemedicine, connecting with peers and specialists and online learning. Learn more about OTN Hub . Ontario Health's Cancer Care Ontario (CCO) online portal provides secure access to screening activity reports for primary care physicians and clinician-level quality reports (e.g. for colonoscopy and mammography). Learn more about CCO .

Register Now

[Sign Up for ONE ID](#) [Cancel](#)

Access your report via eReport portal

1. Navigate to eReport portal:
<https://ereport.ontariohealth.ca>
2. Select ONE ID and login using your ONE ID account credentials



Reminder: Use your quality report to fulfill CPSO requirements

Quality Improvement Program

- It is mandatory to participate in one of these programs every 5 years unless physician is retiring in the next 3-6 months
- This requirement is irrespective of clinical specialty
- Either of these streams can earn physicians Continued Professional Development (CPD) credits

Quality Improvement for Hospitals

Quality Improvement for Individuals

Quality Improvement for Individuals

- **Data-Driven Quality Improvement** is designed to get physicians looking at their own practice-level data to reflect on how they deliver health care to their patients and to identify opportunities for improvement.
- The physician report can fulfill the QI program either as a colposcopy practice or an individual physician.



2024 Quality Reports



May 2024: Colposcopy Quality Facility Survey

- The survey will assess facilities' adherence to the quality standards.
- Responses to the survey will be reported in the 2024 cervical screening and colposcopy quality reports.

September 2024: Report Dissemination

- The 2024 cervical screening and colposcopy quality provincial, regional, facility and physician reports will be released in mid-September.

Questions from the field

8:25 – 8:40am

Dr. Dustin Costescu

Question from the field

Question:

- What is the best approach to colposcopy in pregnancy?

Answer:

- Aim of colposcopy in pregnancy is to exclude invasive disease
- A biopsy can be performed when there is suspicion of invasive disease
- If possible, defer treatment until pregnancy has concluded
- For more information, refer to the 2023 Canadian Colposcopy Guideline: A Risk-Based Approach to Management and Surveillance of Cervical Dysplasia

Question from the field

Question:

- What is the screening cessation age for patients not treated in colposcopy?

Answer:

- If someone is referred to colposcopy after age 70 and no lesion is detected, they can stop screening upon discharge from colposcopy
- In some cases, recommendations for screening cessation can be made at a colposcopist's discretion based on individualized risk factors

Case study #2: Management of AIS histology with positive margins

8:40 – 8:55am

Dr. Rachel Kupets

Patient history / colposcopy visits

- Age 30
- Referred with atypical glandular cells, not otherwise specified (AGC-NOS) cytology
- At initial colposcopy visit, histology = AIS
- At second colposcopy visit, a LEEP is performed followed by an ECC. ECC is normal and margins are positive

What is your next step?

- A. Repeat LEEP
- B. Repeat colposcopy in 6 months
- C. A or B
- D. Perform a cytology test

Answer poll in chat or
via pop-up

Positive margins are a risk factor for AIS recurrence and persistence

TABLE 2. Loop Electrosurgical Excision Procedure/Cone Biopsy Margin Status and Follow-up Results (Including 8 Pap Only)

	AIS or adenocarcinoma, <i>n</i> (%)	Negative, <i>n</i> (%)	Total, <i>n</i> (%)	κ
Margin positive	25 (47.2)	28 (52.8)	53 (32.7)	
Margin negative	10 (9.3) ^a	97 (90.7)	107 (67.3)	
Total	35 (21.9)	125 (78.1)	160 (100.0)	0.45

^a $p < .001$.

Key take-aways:

- AIS persistence/recurrence rate was significantly higher for those with positive margins compared to those with negative margins
- People with AIS histology and positive margins should continue with close monitoring or treatment in colposcopy until negative margins are achieved

HPV status

- HPV status is also associated with AIS recurrence and progression to cervical cancer
- A study showed that a positive HPV test result was an independent predictor of AIS recurrence and was most strongly associated with progression to cervical cancer
 - AIS recurrence (OR = 2.72; 95% CI: 1.08 - 6.87; p = 0.033)
 - Progression to cervical cancer (OR = 3.74; 95% CI: 1.84 - 7.61; p = 0.0001)

OR: Odds ratio

CI: Confidence interval

Key take-away

HPV tests can provide important data to inform risk-based management of people treated for AIS histology in colposcopy and will be used in future state pathways

Colposcopy visit #3

- A repeat LEEP shows AIS with negative margins
- Future fertility is desired
- Colposcopy is repeated in 6 months

Colposcopy visit #4

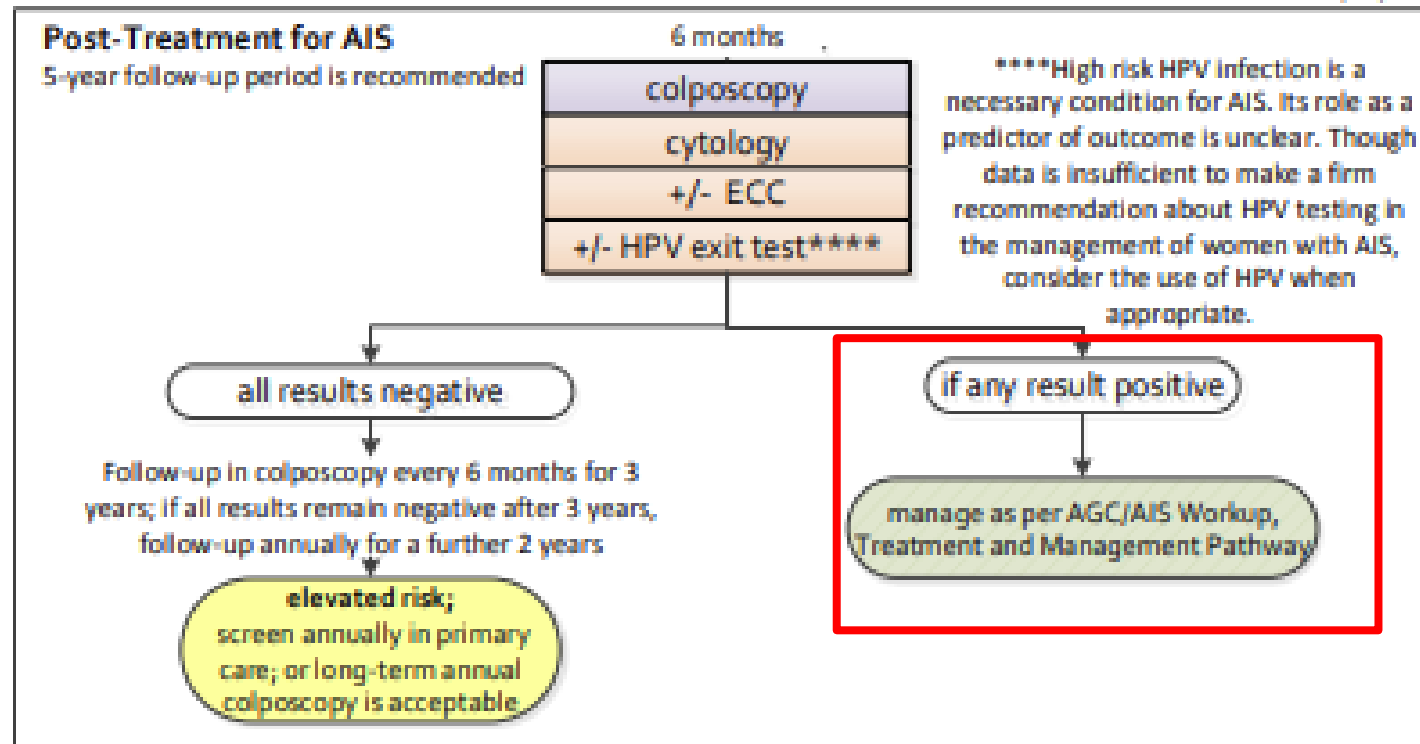
- A colposcopy repeated in 6 months shows:
 - AIS cytology
 - Positive ECC

Answer poll in chat or
via pop-up

What is your next step?

- A. Discuss a hysterectomy
- B. Repeat LEEP
- C. Discharge to primary care

Treatment and management of AGC/AIS



Discussion



What factors would you consider in recommending a hysterectomy for patients with AIS histology?

Type in chat box

Hysterectomy for people treated for AIS histology

- Hysterectomy can be considered when childbearing is complete in the following circumstances:
 - Negative margins cannot be achieved despite adequate diagnostic excisional procedure (DEP) excision
 - Cervix cannot be assessed adequately (e.g., post-treatment stenosis)
 - People who are persistently positive for HPV (people who have consecutive negative HPV results after treatment for AIS are unlikely to benefit from hysterectomy)
 - People who are not able to follow post-treatment recommendations, in particular those with residual risk of AIS

Final remarks

8:55 – 9:00am

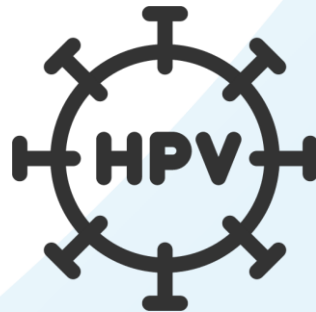
Dr. Dustin Costescu

What's next?

- Please fill out the post-webinar survey – survey link will be emailed to CoP webinar attendees
- Share your feedback and questions with us at ColposcopyCoP@ontariohealth.ca

Next CoP webinar: **October 2024** (dates TBD)

We will begin to review future state recommendations



Thank you!