October 2024 Provincial Colposcopy Community of Practice (CoP)

Webinar option 2
October 25, 2024

Ontario Health
Cancer Care Ontario

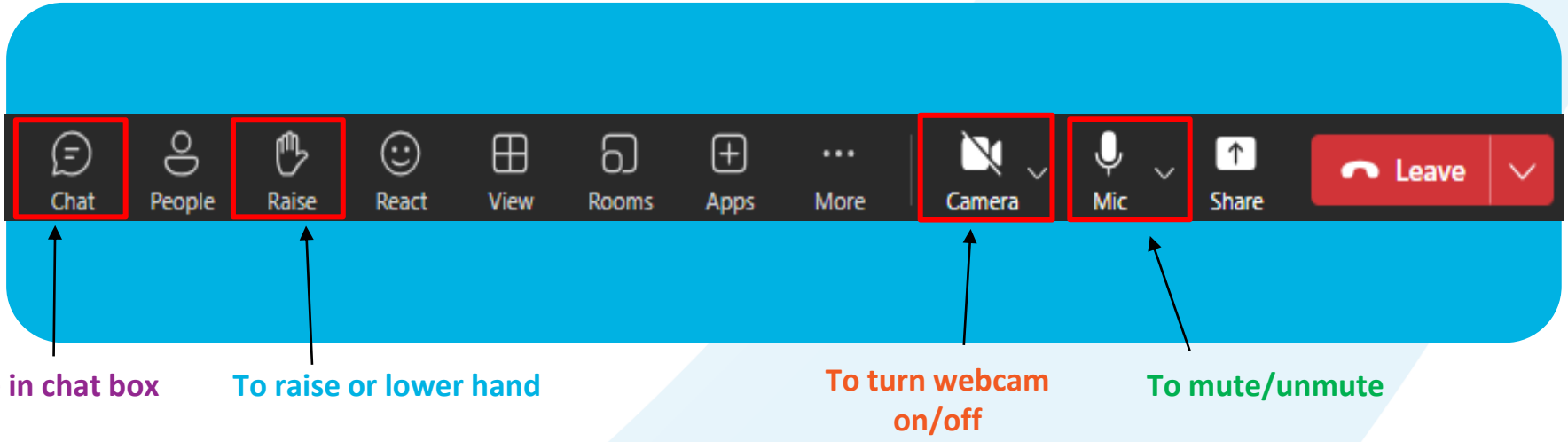
Land acknowledgement

Agenda

TIME	TOPIC	PRESENTER
7:30 - 7:35 am	Introductions	Riley Crotta
7:35 - 7:40 am	Colposcopy quality reports	Dr. Rachel Kupets
7:40 - 7:50 am	HPV testing implementation update	Dr. Dustin Costescu
7:50 - 8:10 am	New cervical screening recommendations	Dr Dustin Costescu Dr. Rachel Kupets
8:10 - 8:20 am	Vaginal vault testing	Dr. Rachel Kupets
8:20 - 8:30 am	Cervical screening quiz	Dr. Dustin Costescu
8:30 - 8:55 am	Overview of colposcopy recommendations	Dr. Rachel Kupets
8:55 - 9:00 am	Final remarks	Dr. Dustin Costescu

Housekeeping items

- Please mute yourself when you are not speaking
- Please use the chat box or raise hand option to ask questions or share comments



Recording of 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

- After this webinar, participants will better understand:
    1. How to access the physician-level cervical screening and colposcopy quality reports
    2. What to expect leading up to the launch of HPV testing implementation
    3. The new future state cervical screening recommendations and vaginal vault testing guidance
    4. A high-level overview of the future state colposcopy recommendations

Colposcopy quality reports

7:35 - 7:40 am

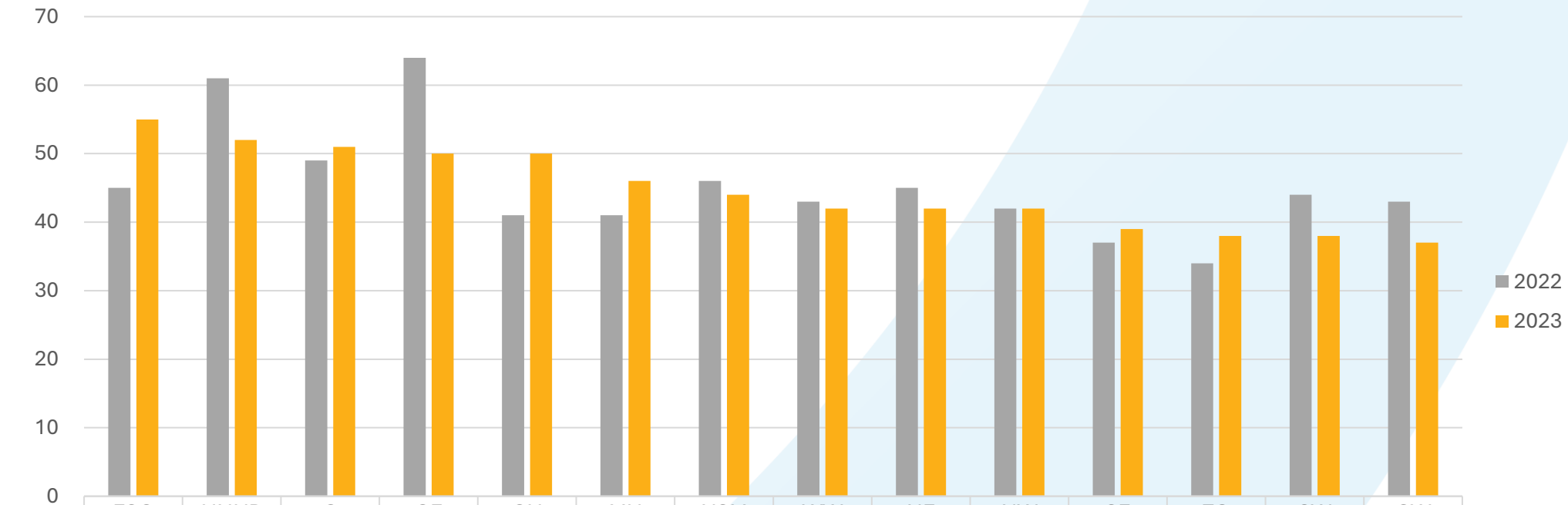
Dr. Rachel Kupets

At a glance: Colposcopy in Ontario

- Total colposcopy volume: 89,170
- Total number of colposcopists: 454
- Total procedure volume: 7,033
- Number of physicians who performed colposcopy per 10,000 people: 0.9/10,000
- Number of physicians who attended 1 out 2 Provincial CoP webinars in 2023: 161

Median wait time (in days) from high-grade cytology result to colposcopy by Regional Cancer Program

Ontario: 2023	**45**
Ontario: 2022	**47**

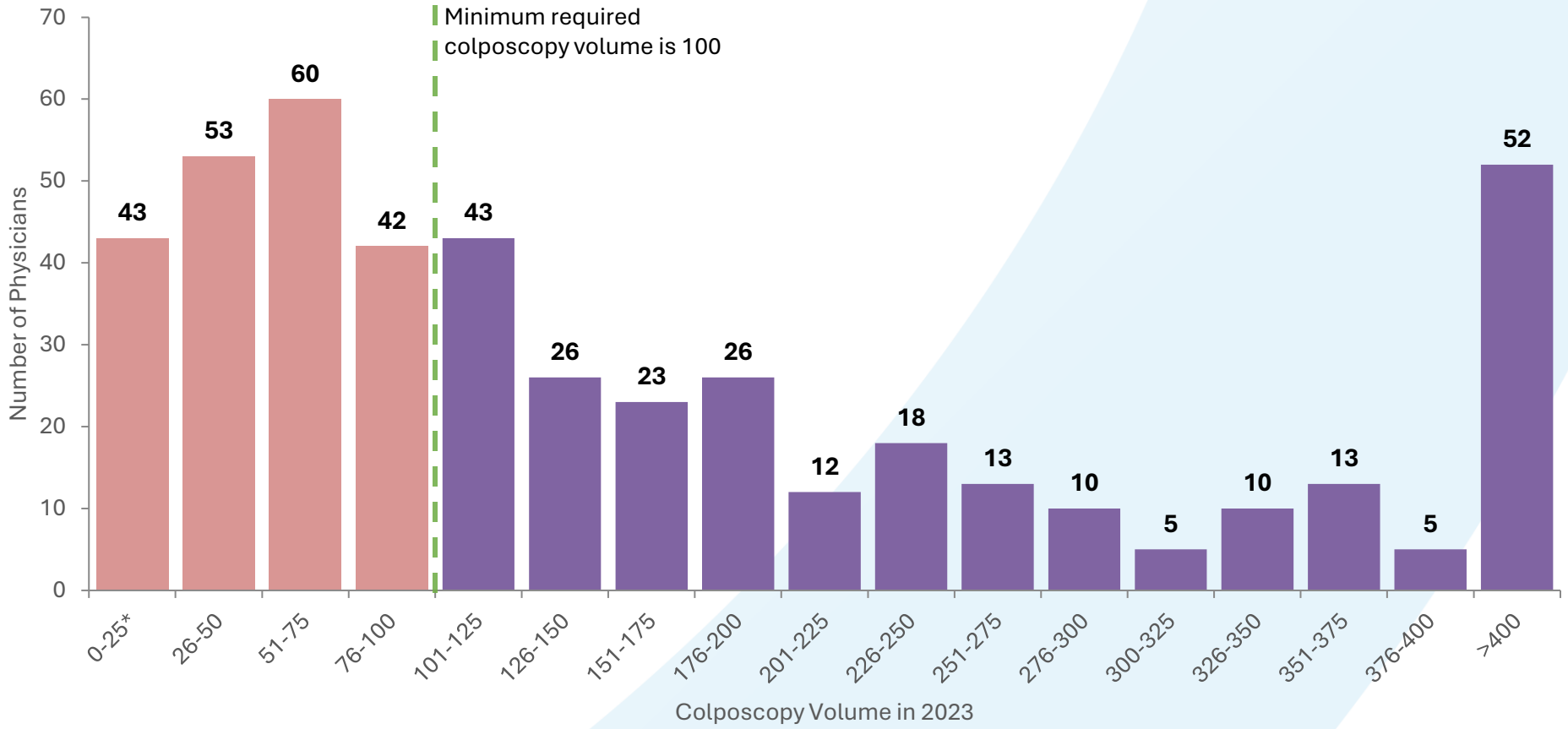


	ESC	HNHB	C	CE	CH	MH	NSM	WW	NE	NW	SE	TC	SW	CW
2022	45	61	49	64	41	41	46	43	45	42	37	34	44	43
2023	55	52	51	50	50	46	44	42	42	42	39	38	38	37

At a glance: Physician data

Total colposcopy volume

Total Ontario colposcopy volume 2023	**89,170**

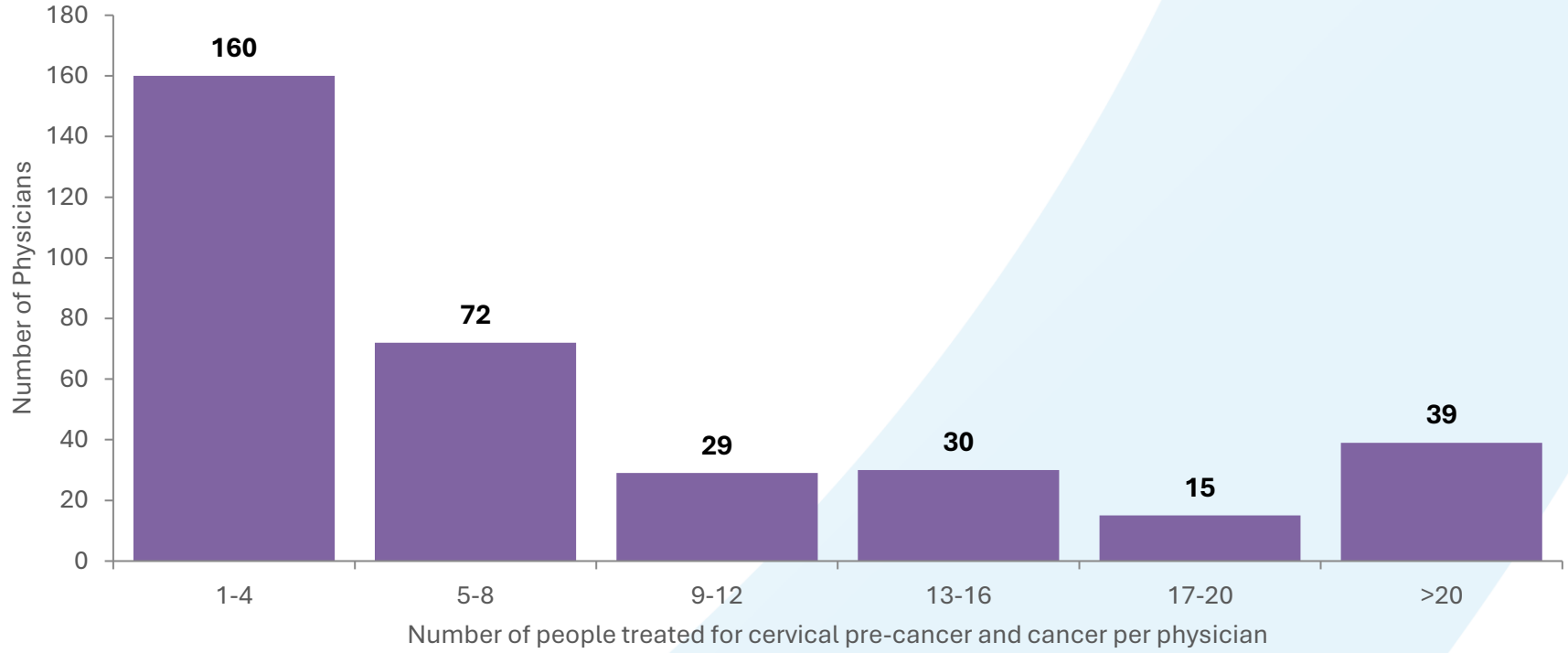


*Physicians with ≤5 colposcopies in the reporting period are excluded from data

At a glance: Physician data

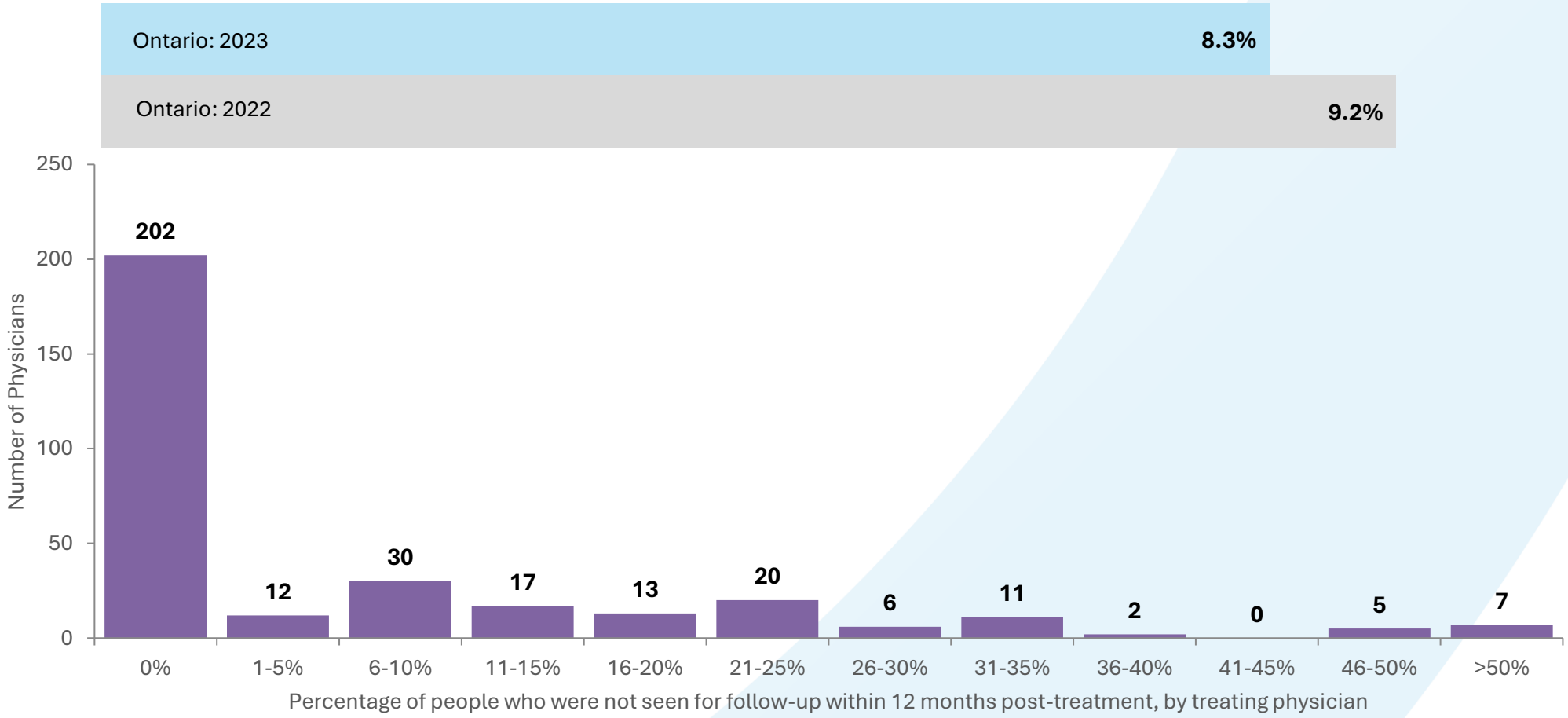
Number of people treated for cervical pre-cancer and cancer: Physician data

Ontario: 2023	**3,003**

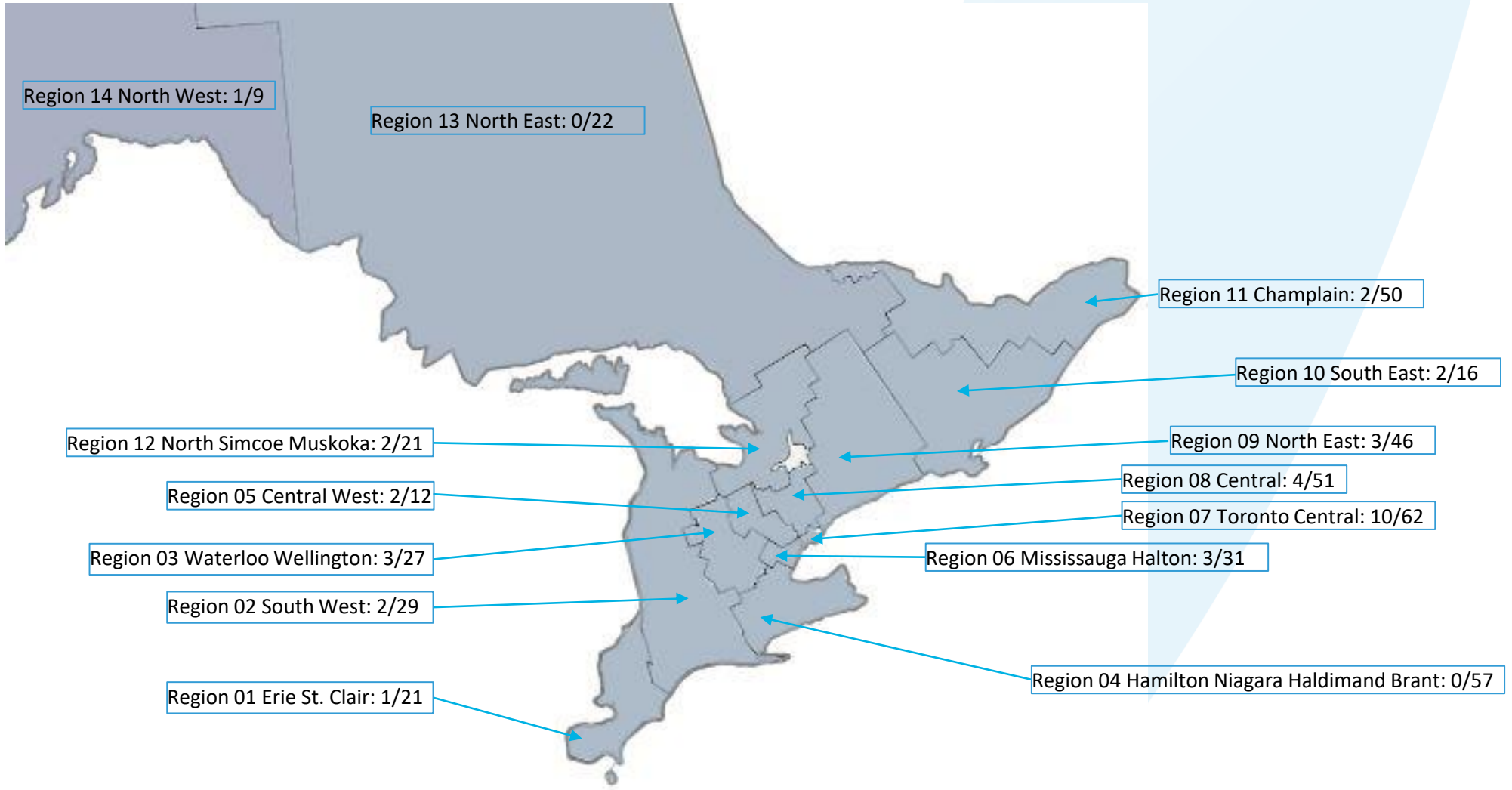


At a glance: Physician data

Proportion of people who were not seen for follow-up within 12 months post-treatment for cervical pre-cancer and cancer



Physician report eReport access* by Regional Cancer Program



*Based on 2024 physician reports.

Physician report eReport update

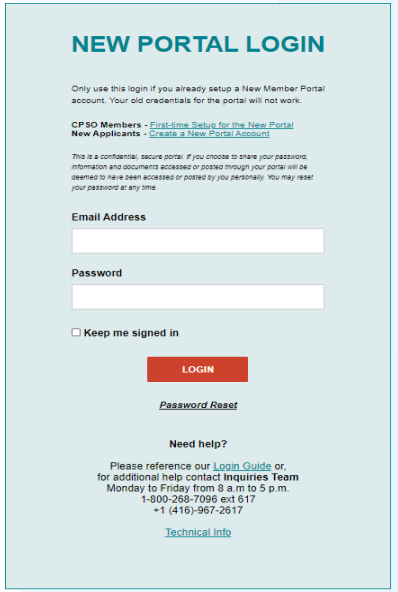
	Colposcopists Volume as of October 21, 2024
Colposcopists with a 2024 report	454
ONE ID users	295 (65%)
eReport portal access for 2024 report	56 (12.3%)

Previous years' physician report access access	
Release Year	**eReport access**
2023	134 (31%)

How to access your report: ONE ID self-registration

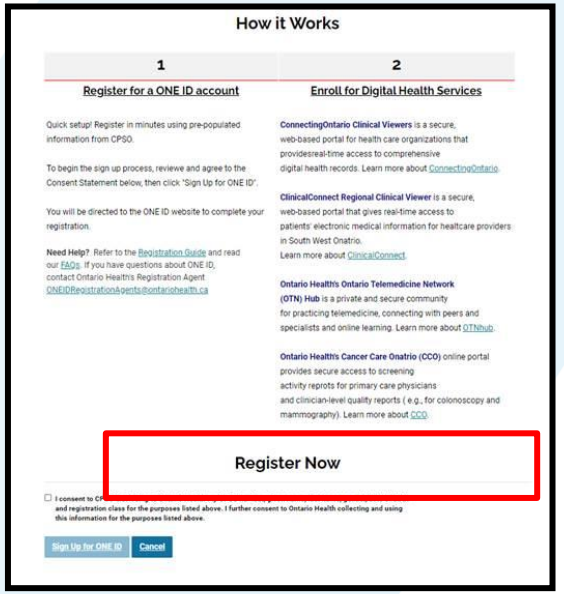
Step1:

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



Step 2:

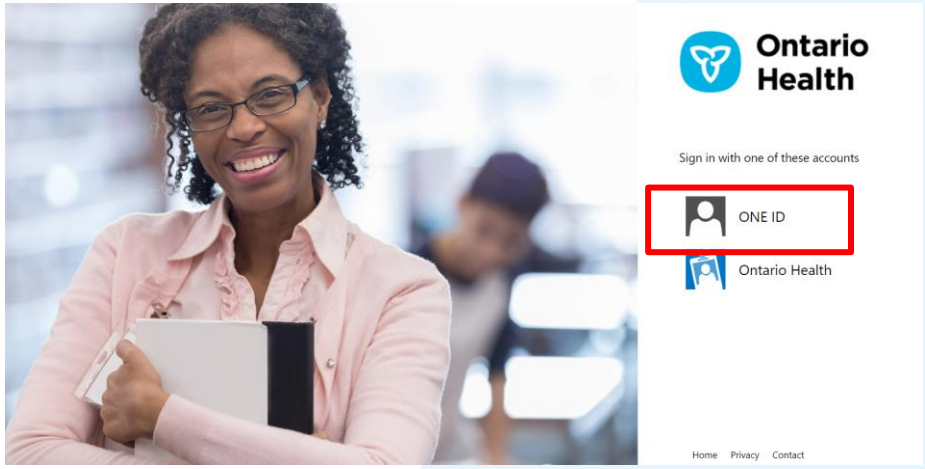
Once signed up, a ONE ID username (first.last@oneid.on.ca) and password will be generated (ONE ID credentials).



How to access your report: eReport portal

Step 3:

a. Navigate to eReport portal: https://ereport.ontariohealth.ca/



b. Select ONE ID and login using your ONE ID account credentials

HPV testing implementation update

7:40 - 7:50 am

Dr. Dustin Costescu

Timeline

Aug 2024:
HPV testing resource hub

Sep 2024:
CSCL stock deck
HPV and cytology tests requisition form and instructions

Winter 2025:
HPV testing launch date announcement – Provider information package

Winter 2025:
HPV testing launch reminder announcement

Go - LIVE
Spring 2025

3 months pre-launch: Regional engagements with PCPs

6 months pre-launch: Regional engagements with colposcopists

FY 24/25

Q2	Q3	Q4

Regional change management activities

Oct 2024: Colposcopy Community of Practice

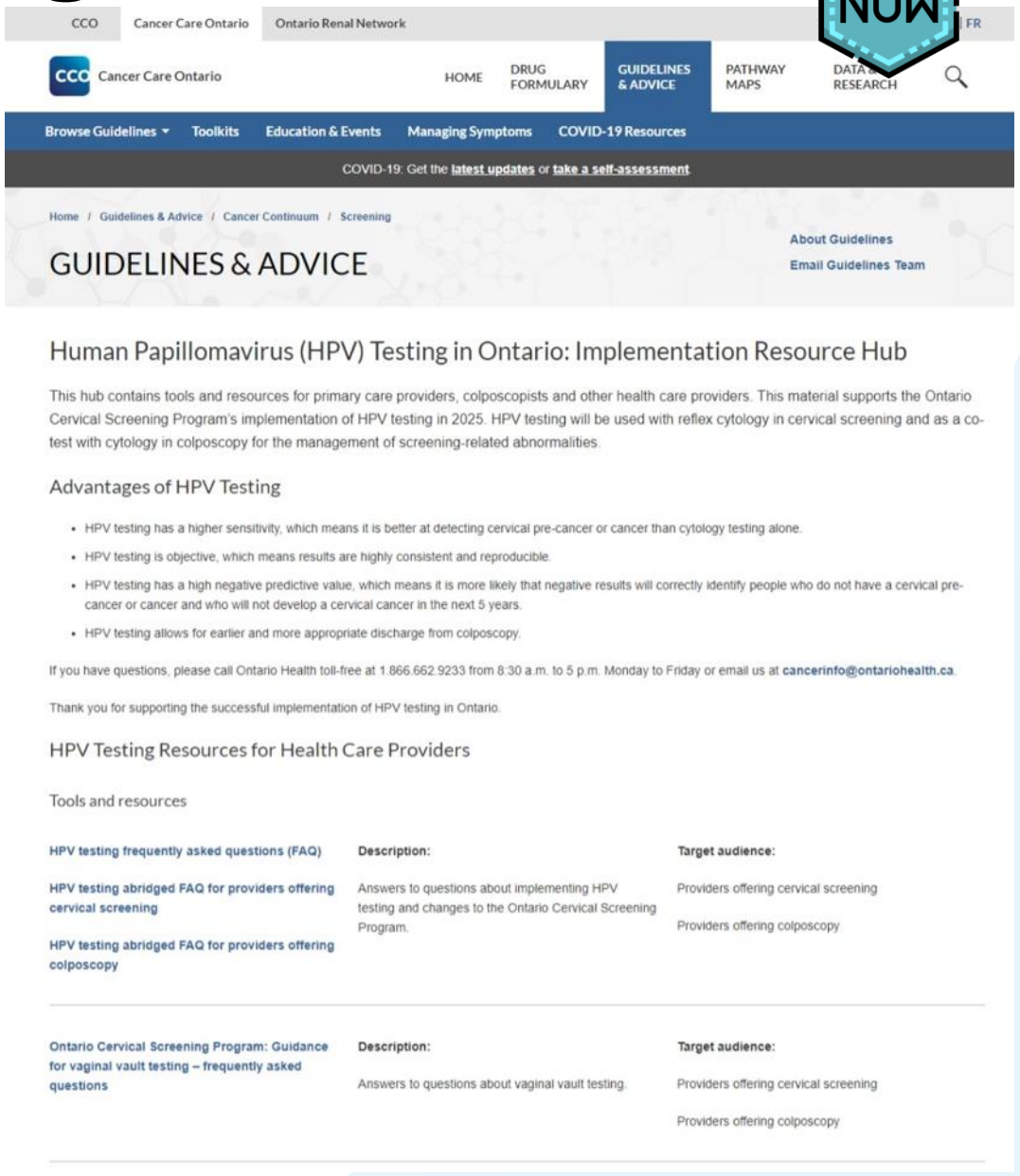
Nov 2024: Colposcopy Community of Practice

Jan 2025: Colposcopy Community of Practice

Winter/Spring 2025: Provincial provider webinars

Legend: | Broad email blast (includes provider associations and RCPs)

HPV testing resource hub



AVAILABLE NOW

Available in English and French:
ontariohealth.ca/hpvhub

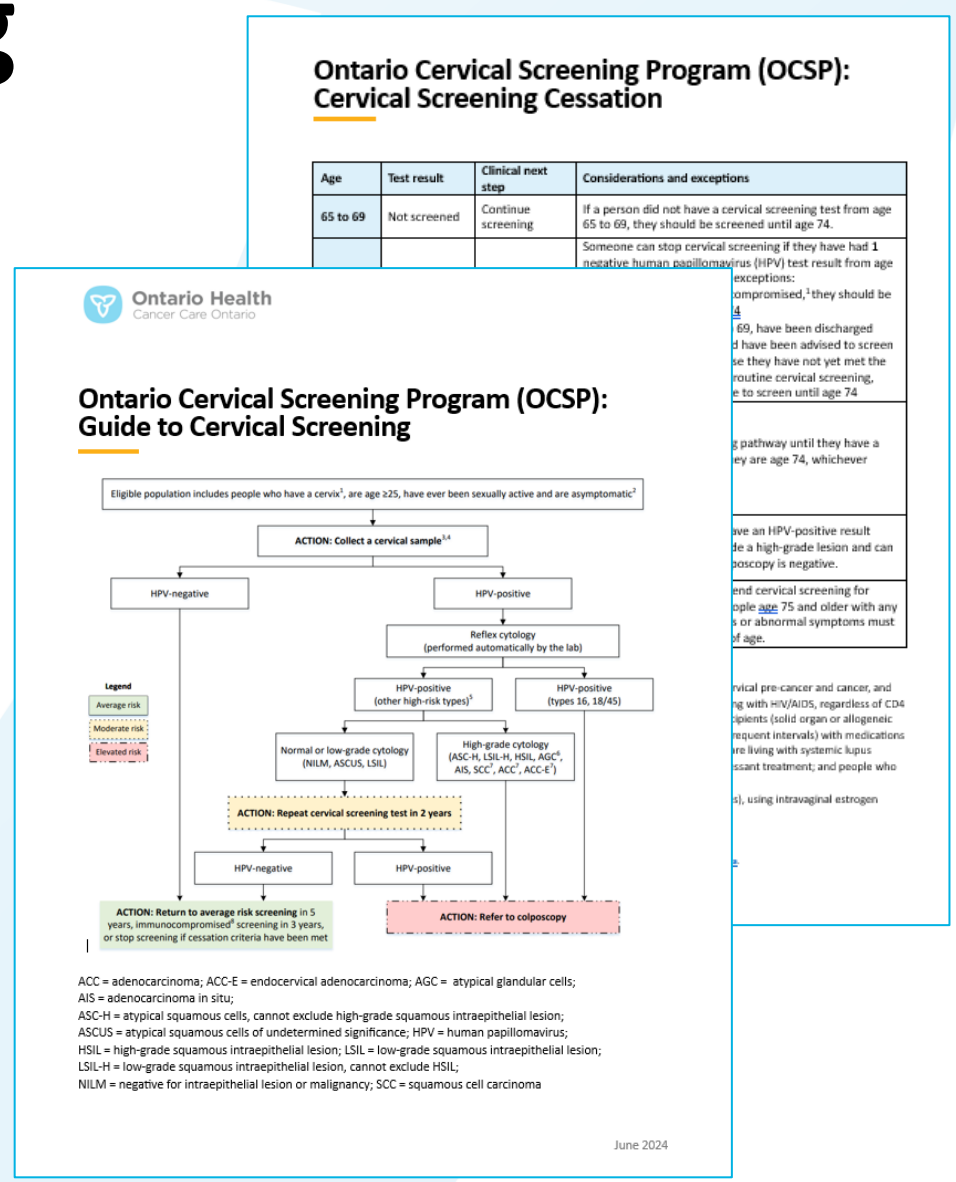
santeontario.ca/pole-vph

Resources for providers

Resource	Availability of resources
• Program guide: Ontario cervical screening and colposcopy recommendations • Guide to cervical screening • Guide to colposcopy • Guide to resuming cervical screening post-discharge from colposcopy • How to collect a cervical sample • HPV and cytology tests requisition form and instructions • Templates for colposcopists to support clear communication to PCPs (i.e., discharge letter templates and declined referral letter template)	• HPV testing resource hub in Winter 2025
• Frequently asked questions (FAQs)	• Currently available on HPV testing resource hub • Additional FAQs on HPV testing resource hub in Winter 2025
• CSCL stock decks	• Regional presentations to support launch

Guide to cervical screening

- Summarizes the new Ontario Cervical Screening Program (OCSP) cervical screening and cessation recommendations
- Includes an updated cervical screening pathway



Ontario Cervical Screening Program (OCSP): Cervical Screening Cessation

Age	Test result	Clinical next step	Considerations and exceptions
65 to 69	Not screened	Continue screening	If a person did not have a cervical screening test from age 65 to 69, they should be screened until age 74.
			Someone can stop cervical screening if they have had 1 negative human papillomavirus (HPV) test result from age exceptions: ompromised,[1] they should be 4 69, have been discharged d have been advised to screen se they have not yet met the routine cervical screening, e to screen until age 74
			g pathway until they have a ey are age 74, whichever
			ve an HPV-positive result de a high-grade lesion and can oscopy is negative.
			end cervical screening for ople age 75 and older with any s or abnormal symptoms must f age.

rvical pre-cancer and cancer, and ng with HIV/AIDS, regardless of CD4 ipients (solid organ or allogeneic requent intervals) with medications re living with systemic lupus ssant treatment; and people who

s), using intravaginal estrogen

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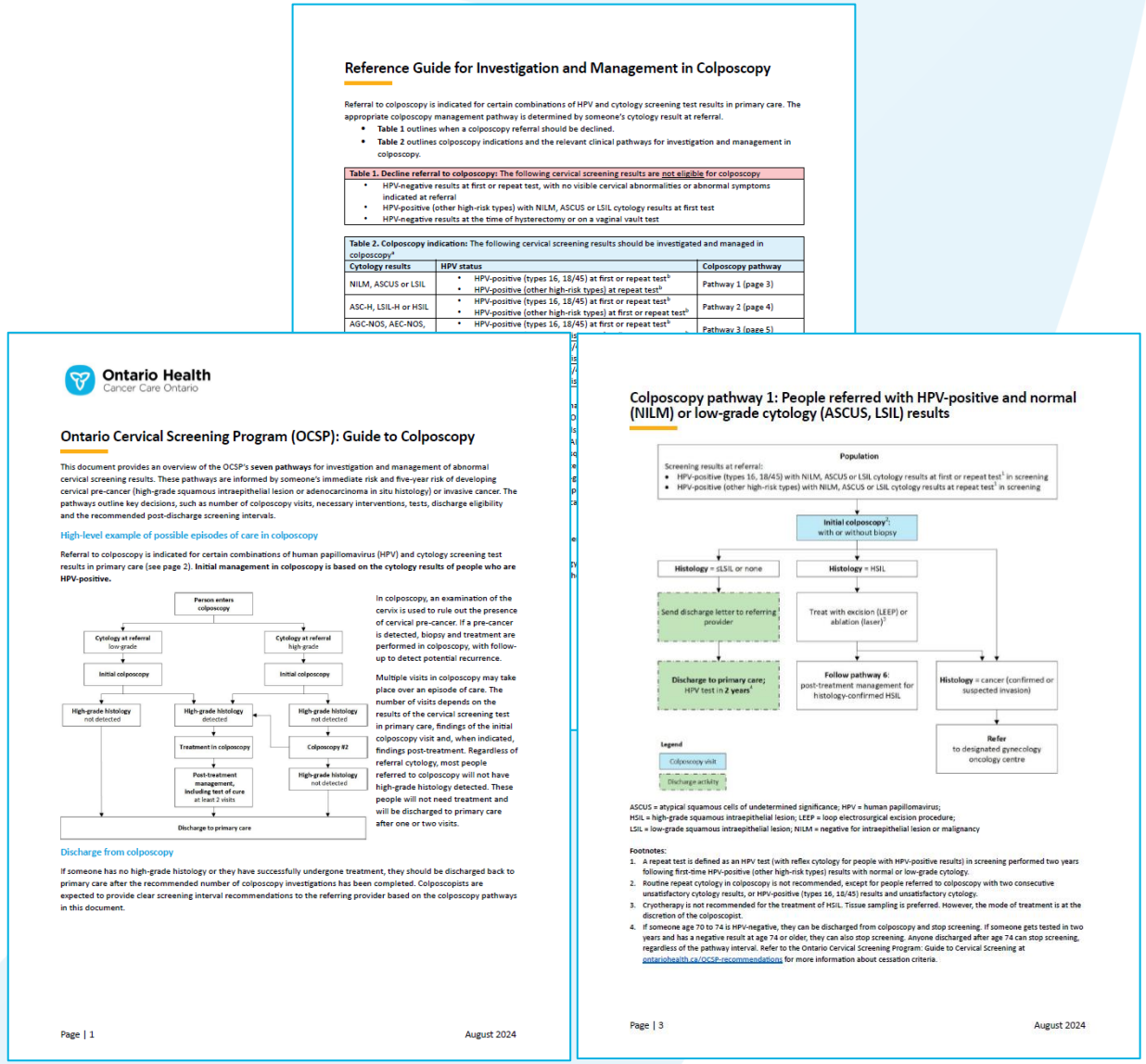
Ontario Cervical Screening Program (OCSP): Guide to Cervical Screening

ACC = adenocarcinoma; ACC-E = endocervical adenocarcinoma; AGC = atypical glandular cells;
AIS = adenocarcinoma in situ;
ASC-H = atypical squamous cells, cannot exclude high-grade squamous intraepithelial lesion;
ASCUS = atypical squamous cells of undetermined significance; HPV = human papillomavirus;
HSIL = high-grade squamous intraepithelial lesion; LSIL = low-grade squamous intraepithelial lesion;
LSIL-H = low-grade squamous intraepithelial lesion, cannot exclude HSIL;
NILM = negative for intraepithelial lesion or malignancy; SCC = squamous cell carcinoma

June 2024

Guide to colposcopy

- Summarizes the new OCSP colposcopy recommendations and pathways
- Available in winter 2025



Reference Guide for Investigation and Management in Colposcopy

Referral to colposcopy is indicated for certain combinations of HPV and cytology screening test results in primary care. The appropriate colposcopy management pathway is determined by someone's cytology result at referral.

- **Table 1** outlines when a colposcopy referral should be declined.
- **Table 2** outlines colposcopy indications and the relevant clinical pathways for investigation and management in colposcopy.

Table 1. Decline referral to colposcopy: The following cervical screening results are not eligible for colposcopy

- HPV-negative results at first or repeat test, with no visible cervical abnormalities or abnormal symptoms indicated at referral
- HPV-positive (other high-risk types) with NILM, ASCUS or LSIL cytology results at first test
- HPV-negative results at the time of hysterectomy or on a vaginal vault test

Table 2. Colposcopy indication: The following cervical screening results should be investigated and managed in colposcopy[a]

Cytology results	HPV status	Colposcopy pathway
NILM, ASCUS or LSIL	• HPV-positive (types 16, 18/45) at first or repeat test[b] • HPV-positive (other high-risk types) at repeat test[b]	Pathway 1 (page 3)
ASC-H, LSIL-H or HSIL	• HPV-positive (types 16, 18/45) at first or repeat test[b] • HPV-positive (other high-risk types) at first or repeat test[b]	Pathway 2 (page 4)
AGC-NOS, AEC-NOS,	• HPV-positive (types 16, 18/45) at first or repeat test[b]	Pathway 3 (page 5)

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Ontario Cervical Screening Program (OCSP): Guide to Colposcopy

This document provides an overview of the OCSP's **seven pathways** for investigation and management of abnormal cervical screening results. These pathways are informed by someone's immediate risk and five-year risk of developing cervical pre-cancer (high-grade squamous intraepithelial lesion or adenocarcinoma in situ histology) or invasive cancer. The pathways outline key decisions, such as number of colposcopy visits, necessary interventions, tests, discharge eligibility and the recommended post-discharge screening intervals.

High-level example of possible episodes of care in colposcopy

Referral to colposcopy is indicated for certain combinations of human papillomavirus (HPV) and cytology screening test results in primary care (see page 2). **Initial management in colposcopy is based on the cytology results of people who are HPV-positive.**

In colposcopy, an examination of the cervix is used to rule out the presence of cervical pre-cancer. If a pre-cancer is detected, biopsy and treatment are performed in colposcopy, with follow-up to detect potential recurrence.

Multiple visits in colposcopy may take place over an episode of care. The number of visits depends on the results of the cervical screening test in primary care, findings of the initial colposcopy visit and, when indicated, findings post-treatment. Regardless of referral cytology, most people referred to colposcopy will not have high-grade histology detected. These people will not need treatment and will be discharged to primary care after one or two visits.

Discharge from colposcopy

If someone has no high-grade histology or they have successfully undergone treatment, they should be discharged back to primary care after the recommended number of colposcopy investigations has been completed. Colposcopists are expected to provide clear screening interval recommendations to the referring provider based on the colposcopy pathways in this document.

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Colposcopy pathway 1: People referred with HPV-positive and normal (NILM) or low-grade cytology (ASCUS, LSIL) results

ASCUS = atypical squamous cells of undetermined significance; HPV = human papillomavirus; HSIL = high-grade squamous intraepithelial lesion; LEEP = loop electrosurgical excision procedure; LSIL = low-grade squamous intraepithelial lesion; NILM = negative for intraepithelial lesion or malignancy

Footnotes:

1. A repeat test is defined as an HPV test (with reflex cytology for people with HPV-positive results) in screening performed two years following first-time HPV-positive (other high-risk types) results with normal or low-grade cytology.
2. Routine repeat cytology in colposcopy is not recommended, except for people referred to colposcopy with two consecutive unsatisfactory cytology results, or HPV-positive (types 16, 18/45) results and unsatisfactory cytology.
3. Cryotherapy is not recommended for the treatment of HSIL. Tissue sampling is preferred. However, the mode of treatment is at the discretion of the colposcopist.
4. If someone age 70 to 74 is HPV-negative, they can be discharged from colposcopy and stop screening. If someone gets tested in two years and has a negative result at age 74 or older, they can also stop screening. Anyone discharged after age 74 can stop screening, regardless of the pathway interval. Refer to the Ontario Cervical Screening Program: Guide to Cervical Screening at ontariohealth.ca/OCSP-recommendations for more information about cessation criteria.

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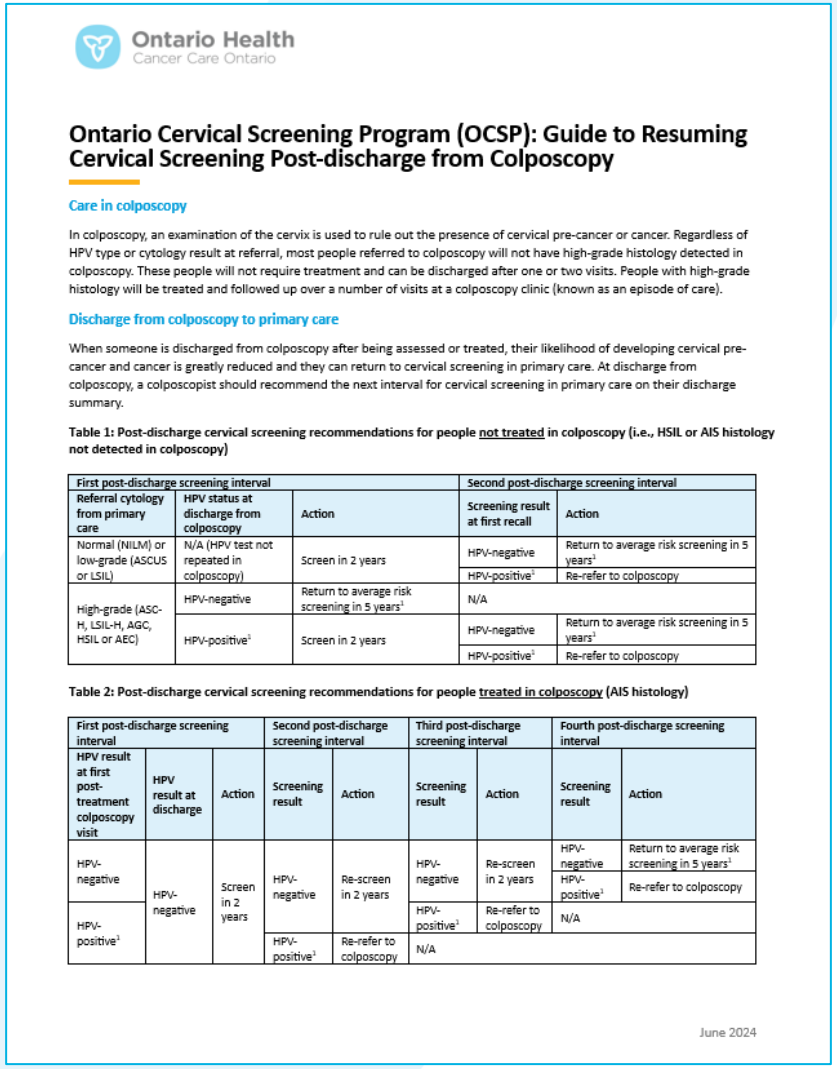
Guide to resuming cervical screening post-discharge from colposcopy

- Summarizes how to manage cervical screening in primary care after someone has been discharged from colposcopy
- Recommendations organized by treatment status



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Ontario Cervical Screening Program (OCSP): Guide to Resuming Cervical Screening Post-discharge from Colposcopy

Care in colposcopy

In colposcopy, an examination of the cervix is used to rule out the presence of cervical pre-cancer or cancer. Regardless of HPV type or cytology result at referral, most people referred to colposcopy will not have high-grade histology detected in colposcopy. These people will not require treatment and can be discharged after one or two visits. People with high-grade histology will be treated and followed up over a number of visits at a colposcopy clinic (known as an episode of care).

Discharge from colposcopy to primary care

When someone is discharged from colposcopy after being assessed or treated, their likelihood of developing cervical pre-cancer and cancer is greatly reduced and they can return to cervical screening in primary care. At discharge from colposcopy, a colposcopist should recommend the next interval for cervical screening in primary care on their discharge summary.

Table 1: Post-discharge cervical screening recommendations for people not treated in colposcopy (i.e., HSIL or AIS histology not detected in colposcopy)

First post-discharge screening interval			Second post-discharge screening interval	
Referral cytology from primary care	HPV status at discharge from colposcopy	Action	Screening result at first recall	Action
Normal (NILM) or low-grade (ASCUS or LSIL)	N/A (HPV test not repeated in colposcopy)	Screen in 2 years	HPV-negative	Return to average risk screening in 5 years[1]
			HPV-positive[2]	Re-refer to colposcopy
High-grade (ASC-H, LSIL-H, AGC, HSIL or AEC)	HPV-negative	Return to average risk screening in 5 years[1]	N/A	
	HPV-positive[2]	Screen in 2 years	HPV-negative	Return to average risk screening in 5 years[1]
			HPV-positive[2]	Re-refer to colposcopy

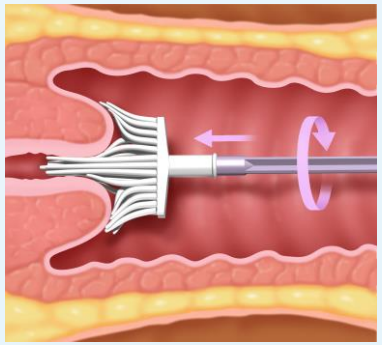
Table 2: Post-discharge cervical screening recommendations for people treated in colposcopy (AIS histology)

First post-discharge screening interval			Second post-discharge screening interval		Third post-discharge screening interval		Fourth post-discharge screening interval	
HPV result at first post-treatment colposcopy visit	HPV result at discharge	Action	Screening result	Action	Screening result	Action	Screening result	Action
HPV-negative	HPV-negative	Screen in 2 years	HPV-negative	Re-screen in 2 years	HPV-negative	Re-screen in 2 years	HPV-negative	Return to average risk screening in 5 years[1]
							HPV-positive[2]	Re-refer to colposcopy
HPV-positive[1]					HPV-positive[1]	Re-refer to colposcopy	N/A	
			HPV-positive[1]	Re-refer to colposcopy	N/A			

June 2024

How to collect a cervical sample

- Instructions on how to collect cervical samples using two collection device options
- Tips for collecting a cervical sample to avoid rejection by the lab
- Additional instructions on how to collect samples from people who are pregnant, have a double cervix or who need vaginal vault testing

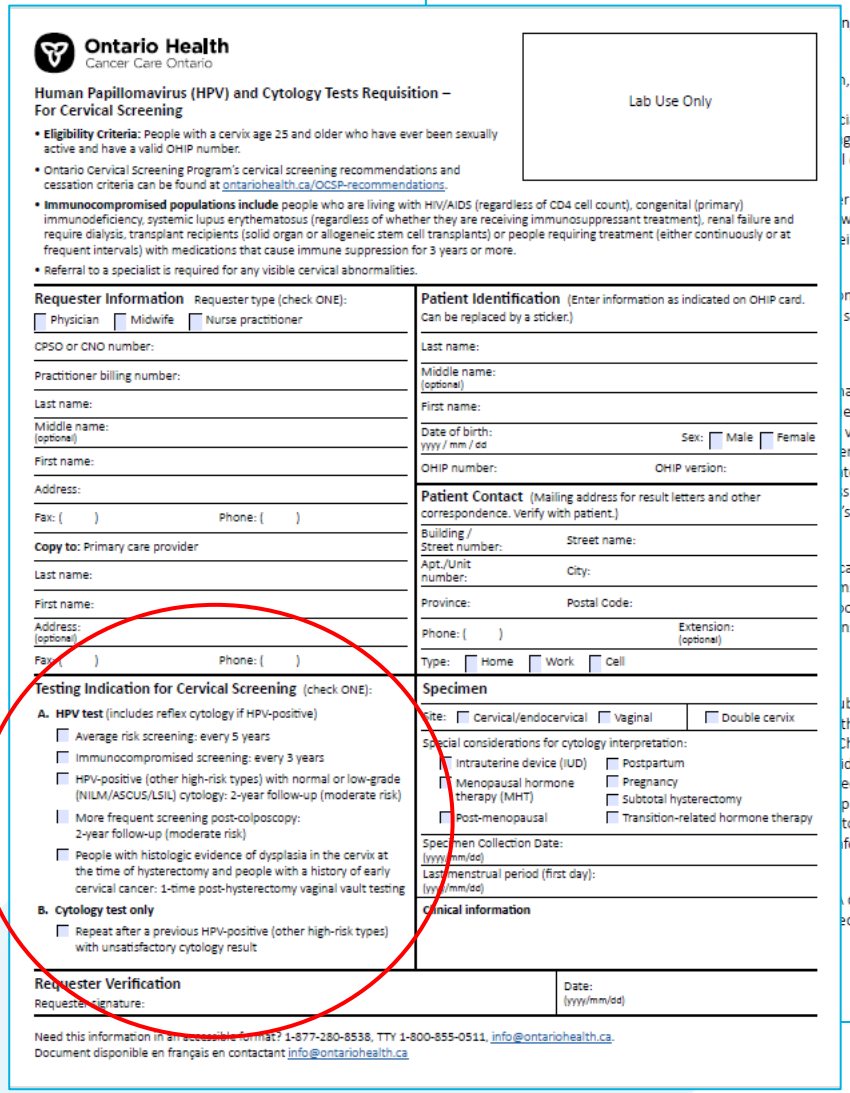


FAQs for providers offering cervical screening / colposcopy

- Answers to potential questions about HPV testing implementation and changes to the OCSP
- Two audiences: Cervical screening and colposcopy

HPV and cytology tests requisition form and instructions – for cervical screening

- A new requisition form that providers offering cervical screening can use to order an HPV test (with reflex cytology if HPV-positive) as part of the OCSP
- Instructions on how to complete each section of the new requisition form



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Human Papillomavirus (HPV) and Cytology Tests Requisition – For Cervical Screening

Lab Use Only

- **Eligibility Criteria:** People with a cervix age 25 and older who have ever been sexually active and have a valid OHIP number.
- Ontario Cervical Screening Program's cervical screening recommendations and cessation criteria can be found at ontariohealth.ca/OCSP-recommendations.
- **Immunocompromised populations include** people who are living with HIV/AIDS (regardless of CD4 cell count), congenital (primary) immunodeficiency, systemic lupus erythematosus (regardless of whether they are receiving immunosuppressant treatment), renal failure and require dialysis, transplant recipients (solid organ or allogeneic stem cell transplants) or people requiring treatment (either continuously or at frequent intervals) with medications that cause immune suppression for 3 years or more.
- Referral to a specialist is required for any visible cervical abnormalities.

Requester Information Requester type (check ONE):
☐ Physician ☐ Midwife ☐ Nurse practitioner

CPSO or CNO number:
Practitioner billing number:
Last name:
Middle name: (optional)
First name:
Address:
Fax: ( ) Phone: ( )

Copy to: Primary care provider
Last name:
First name:
Address: (optional)
Fax: ( ) Phone: ( )

Patient Identification (Enter information as indicated on OHIP card. Can be replaced by a sticker.)
Last name:
Middle name: (optional)
First name:
Date of birth: yyyy / mm / dd Sex: ☐ Male ☐ Female
OHIP number: OHIP version:

Patient Contact (Mailing address for result letters and other correspondence. Verify with patient.)
Building / Street number: Street name:
Apt./Unit number: City:
Province: Postal Code:
Phone: ( ) Extension: (optional)
Type: ☐ Home ☐ Work ☐ Cell

Testing Indication for Cervical Screening (check ONE):

A. HPV test (includes reflex cytology if HPV-positive)
- ☐ Average risk screening: every 5 years
- ☐ Immunocompromised screening: every 3 years
- ☐ HPV-positive (other high-risk types) with normal or low-grade (NILM/ASCUS/LSIL) cytology: 2-year follow-up (moderate risk)
- ☐ More frequent screening post-colposcopy: 2-year follow-up (moderate risk)
- ☐ People with histologic evidence of dysplasia in the cervix at the time of hysterectomy and people with a history of early cervical cancer: 1-time post-hysterectomy vaginal vault testing

B. Cytology test only
- ☐ Repeat after a previous HPV-positive (other high-risk types) with unsatisfactory cytology result

Specimen
Site: ☐ Cervical/endocervical ☐ Vaginal ☐ Double cervix
Special considerations for cytology interpretation:
- ☐ Intrauterine device (IUD)
- ☐ Menopausal hormone therapy (MHT)
- ☐ Post-menopausal
- ☐ Postpartum
- ☐ Pregnancy
- ☐ Subtotal hysterectomy
- ☐ Transition-related hormone therapy

Specimen Collection Date: (yyyy/mm/dd)
Last menstrual period (first day): (yyyy/mm/dd)
Clinical information

Requester Verification
Requester signature: Date: (yyyy/mm/dd)

Need this information in an accessible format? 1-877-280-8538, TTY 1-800-855-0511, info@ontariohealth.ca.
Document disponible en français en contactant info@ontariohealth.ca

How to complete the HPV and Cytology Tests Requisition – For Cervical Screening

ng delays or rejection of the specimen.

, nurse practitioner or midwife. Include your full name,

cians and Surgeons of Ontario (CPSO) or College of
g this requisition under a medical directive should follow
l directive. Midwives are not required to provide their

r billing number.
wife or nurse in charge of a nursing station needs a copy of
eir full name, fax number and phone number.

n, which must match the information on their OHIP card.
sex on their OHIP card. If their sex is unknown, this field

ation, including street address, city, province and postal
ent to receive a cervical screening result letter in the mail,
verify the address with your patient. Correspondence
ent does not have a fixed address, this field can be left blank.
tory service provider will follow up with providers if this field
s for the participant.
's phone number and type, if available.

categories "A" or "B."
ns reflex cytology (i.e., does not need the provider to order
ose the "Cytology test only" option if the laboratory service
nsatisfactory cytology test result.

ble cervix. Specimens collected from participants with a
th the specimen source (i.e., right vs. left cervix) identified.
Choose any special considerations that apply to the patient.
der interpret results if cytology is performed.
ection date.
periods, indicate the first day of their most recent period if it
to indicate their last menstrual period.
formation that may be relevant.

digitized image of your signature (eSignature) will only be
edical record (EMR) software.

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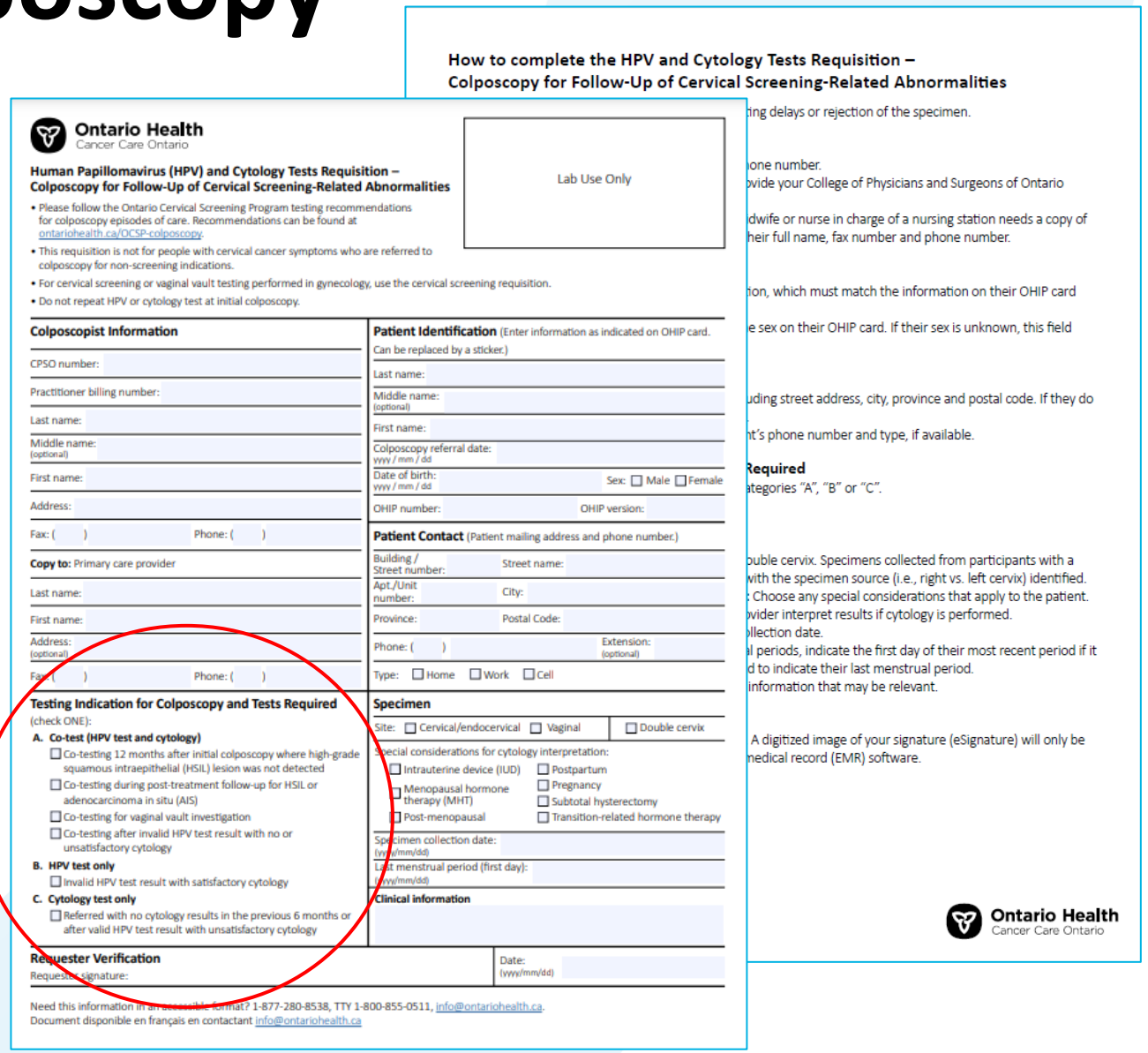
HPV and cytology tests requisition form and instructions – for colposcopy

- A new requisition form that colposcopists can use to order an **HPV and cytology co-test** as part of the OCSP
- Instructions on how to complete each section of the new requisition form



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Human Papillomavirus (HPV) and Cytology Tests Requisition – Colposcopy for Follow-Up of Cervical Screening-Related Abnormalities

Lab Use Only

- Please follow the Ontario Cervical Screening Program testing recommendations for colposcopy episodes of care. Recommendations can be found at ontariohealth.ca/OCSP-colposcopy.
- This requisition is not for people with cervical cancer symptoms who are referred to colposcopy for non-screening indications.
- For cervical screening or vaginal vault testing performed in gynecology, use the cervical screening requisition.
- Do not repeat HPV or cytology test at initial colposcopy.

Colposcopist Information

CPSO number:
Practitioner billing number:
Last name:
Middle name: (optional)
First name:
Address:
Fax: ( ) Phone: ( )

Copy to: Primary care provider

Last name:
First name:
Address: (optional)
Fax: ( ) Phone: ( )

Patient Identification (Enter information as indicated on OHIP card. Can be replaced by a sticker.)

Last name:
Middle name: (optional)
First name:
Colposcopy referral date: yyyy / mm / dd
Date of birth: yyyy / mm / dd Sex: ☐ Male ☐ Female
OHIP number: OHIP version:

Patient Contact (Patient mailing address and phone number.)

Building / Street number: Street name:
Apt./Unit number: City:
Province: Postal Code:
Phone: ( ) Extension: (optional)
Type: ☐ Home ☐ Work ☐ Cell

Testing Indication for Colposcopy and Tests Required (check ONE):

A. Co-test (HPV test and cytology)
- ☐ Co-testing 12 months after initial colposcopy where high-grade squamous intraepithelial (HSIL) lesion was not detected
- ☐ Co-testing during post-treatment follow-up for HSIL or adenocarcinoma in situ (AIS)
- ☐ Co-testing for vaginal vault investigation
- ☐ Co-testing after invalid HPV test result with no or unsatisfactory cytology

B. HPV test only
- ☐ Invalid HPV test result with satisfactory cytology

C. Cytology test only
- ☐ Referred with no cytology results in the previous 6 months or after valid HPV test result with unsatisfactory cytology

Specimen

Site: ☐ Cervical/endocervical ☐ Vaginal ☐ Double cervix

Special considerations for cytology interpretation:
- ☐ Intrauterine device (IUD)
- ☐ Menopausal hormone therapy (MHT)
- ☐ Post-menopausal
- ☐ Postpartum
- ☐ Pregnancy
- ☐ Subtotal hysterectomy
- ☐ Transition-related hormone therapy

Specimen collection date: (yyyy/mm/dd)
Last menstrual period (first day): (yyyy/mm/dd)

Clinical information

Requester Verification

Requester signature: Date: (yyyy/mm/dd)

Need this information in an accessible format? 1-877-280-8538, TTY 1-800-855-0511, info@ontariohealth.ca.
Document disponible en français en contactant info@ontariohealth.ca

How to complete the HPV and Cytology Tests Requisition – Colposcopy for Follow-Up of Cervical Screening-Related Abnormalities

…ing delays or rejection of the specimen.

…one number.
…ovide your College of Physicians and Surgeons of Ontario

…dwife or nurse in charge of a nursing station needs a copy of …heir full name, fax number and phone number.

…ion, which must match the information on their OHIP card

…e sex on their OHIP card. If their sex is unknown, this field

…uding street address, city, province and postal code. If they do

…t's phone number and type, if available.

…Required
…tegories "A", "B" or "C".

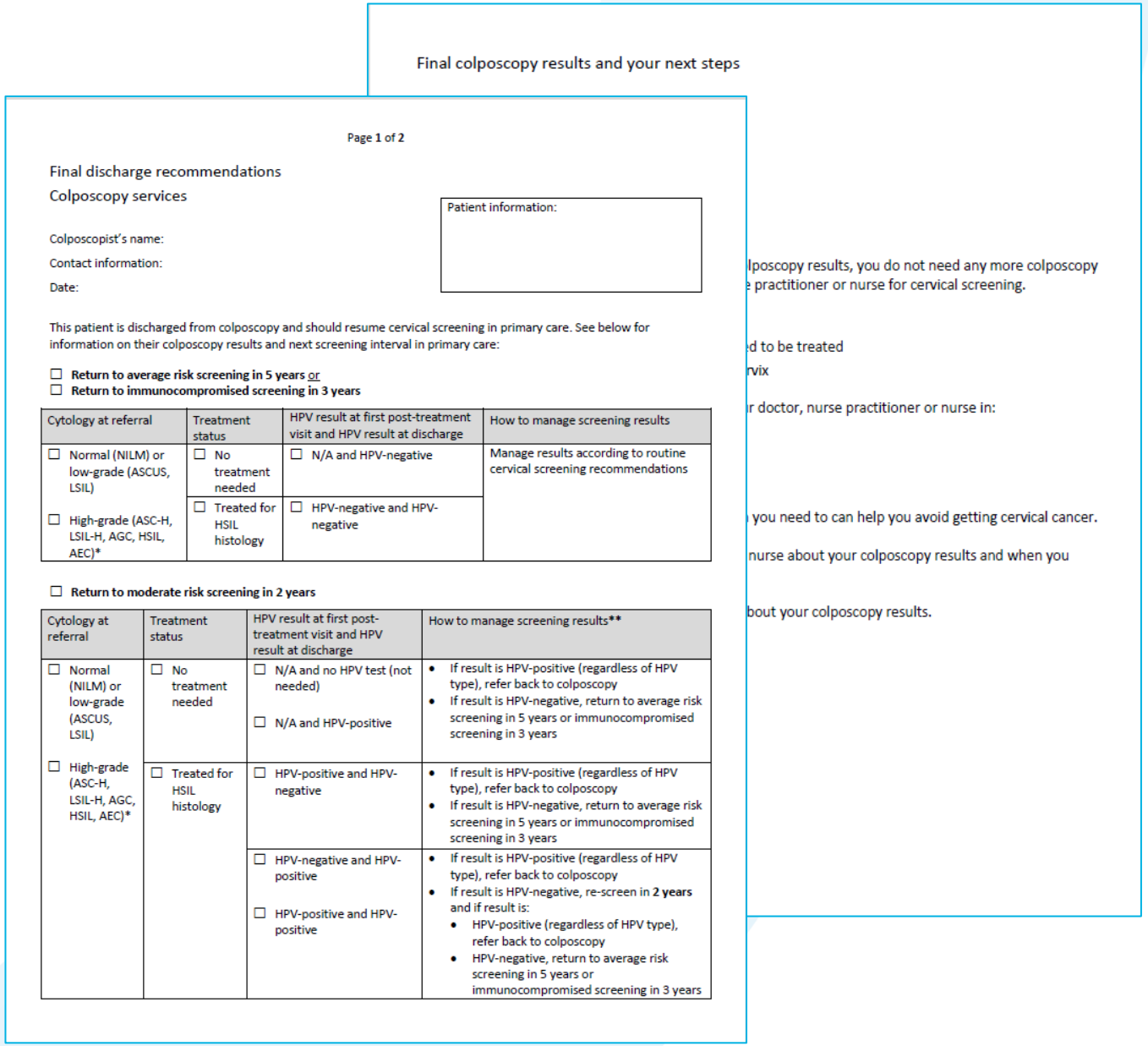
…ouble cervix. Specimens collected from participants with a …with the specimen source (i.e., right vs. left cervix) identified. …: Choose any special considerations that apply to the patient. …ovider interpret results if cytology is performed. …llection date. …l periods, indicate the first day of their most recent period if it …d to indicate their last menstrual period. …information that may be relevant.

…A digitized image of your signature (eSignature) will only be …edical record (EMR) software.

Ontario Health
Cancer Care Ontario

Colposcopy discharge and declined referral letter templates

- Letter templates for use by colposcopists
- **Discharge letters:** For when a patient is discharged back to primary care
  - Letters include colposcopy results and next steps in primary care
- **Declined referral letter:** For when a referral was declined



Final colposcopy results and your next steps

lposcopy results, you do not need any more colposcopy
e practitioner or nurse for cervical screening.

d to be treated
rvix

r doctor, nurse practitioner or nurse in:

you need to can help you avoid getting cervical cancer.

nurse about your colposcopy results and when you

bout your colposcopy results.

Page 1 of 2

Final discharge recommendations

Colposcopy services

Patient information:

Colposcopist's name:

Contact information:

Date:

This patient is discharged from colposcopy and should resume cervical screening in primary care. See below for information on their colposcopy results and next screening interval in primary care:

☐ **Return to average risk screening in 5 years** or
☐ **Return to immunocompromised screening in 3 years**

Cytology at referral	Treatment status	HPV result at first post-treatment visit and HPV result at discharge	How to manage screening results
☐ Normal (NILM) or low-grade (ASCUS, LSIL)	☐ No treatment needed	☐ N/A and HPV-negative	Manage results according to routine cervical screening recommendations
☐ High-grade (ASC-H, LSIL-H, AGC, HSIL, AEC)*	☐ Treated for HSIL histology	☐ HPV-negative and HPV-negative	

☐ **Return to moderate risk screening in 2 years**

Cytology at referral	Treatment status	HPV result at first post-treatment visit and HPV result at discharge	How to manage screening results**
☐ Normal (NILM) or low-grade (ASCUS, LSIL)	☐ No treatment needed	☐ N/A and no HPV test (not needed) ☐ N/A and HPV-positive	• If result is HPV-positive (regardless of HPV type), refer back to colposcopy • If result is HPV-negative, return to average risk screening in 5 years or immunocompromised screening in 3 years
☐ High-grade (ASC-H, LSIL-H, AGC, HSIL, AEC)*	☐ Treated for HSIL histology	☐ HPV-positive and HPV-negative	• If result is HPV-positive (regardless of HPV type), refer back to colposcopy • If result is HPV-negative, return to average risk screening in 5 years or immunocompromised screening in 3 years

		☐ HPV-negative and HPV-positive
		☐ HPV-positive and HPV-positive
			• If result is HPV-positive (regardless of HPV type), refer back to colposcopy
			• If result is HPV-negative, re-screen in **2 years** and if result is:
			  • HPV-positive (regardless of HPV type), refer back to colposcopy
			  • HPV-negative, return to average risk screening in 5 years or immunocompromised screening in 3 years

Update: Self-collection

Dr. Dustin Costescu

Expert panel on self-collected HPV testing

- The OCSP is preparing for a phased introduction of self-collected cervical screening
- To support planning, we are convening a multi-disciplinary expert panel to provide us with input on:
  - Screening and colposcopy follow up pathways for people with self-collected results
  - Considerations for phasing self-collected HPV testing to priority populations

New cervical screening recommendations

7:50 - 8:10 am

Dr. Dustin Costescu
Dr. Rachel Kupets

Development of recommendations

Dr. Rachel Kupets

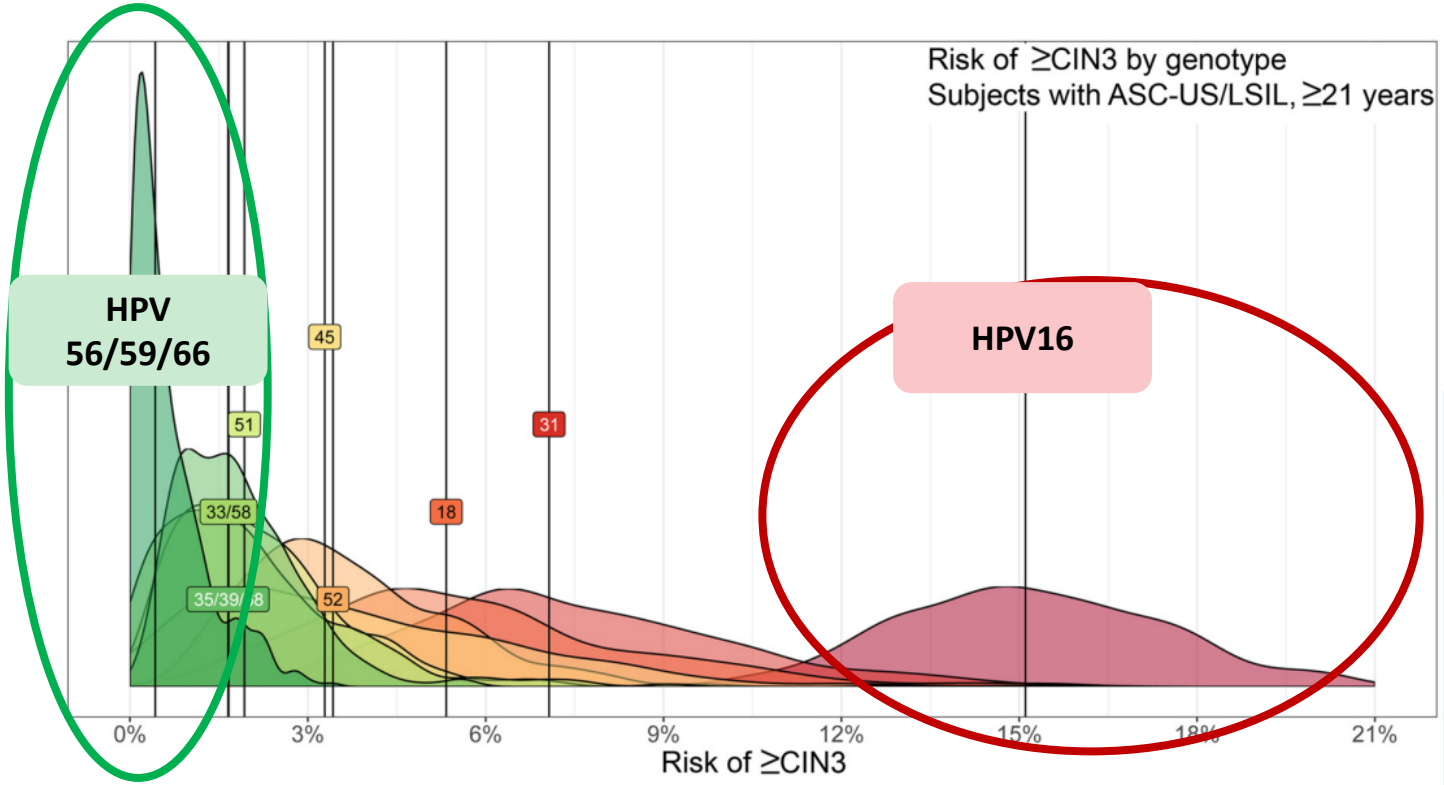
Approach


Draft content for expert panel
Expert panel meetings
National / international review
Unpublished Program in Evidence Based Care (PEBC) guidelines
Jurisdictional scan
Evidence review (guidelines and/or primary literature)
Ontario data

The shift to risk-based screening

- New OCSP recommendations are risk-based and align with the principle of “equal management for equal risk”
- Recommendations are based on the immediate and 5-year risks of cervical pre-cancer and cancer after a positive screening test result

HPV and cytology results allow estimation of immediate risk of cervical pre-cancer and cancer



Key takeaway:

Combination of HPV and cytology results will be used to inform risk-based management in cervical screening and colposcopy

ASC-US = abnormal atypical squamous cells of undetermined significance; CIN = cervical intraepithelial neoplasia; LSIL = low-grade squamous intraepithelial lesion

Source: Wright Jr TC, Stoler MH, Parvu V, Yanson K, Cooper C, Andrews J. Risk detection for high-grade cervical disease using Onclarity HPV extended genotyping in women,≥ 21 years of age, with ASC-US or LSIL cytology. Gynecol Oncol. 2019;154(2):360–7.

HPV testing in the OCSP

Dr. Rachel Kupets

HPV testing vs. cytology

	HPV test	Cytology test
One-time sensitivity* (range)[1]	96.1% (94.2% to 97.4%)	53.0% (48.6% to 57.4%)
One-time specificity** (range)[1]	90.7% (90.4% to 91.1%)	96.3% (96.1% to 96.5%)
Detects	Oncogenic (cancer causing) types of HPV	Abnormal cell changes in the cervix
Interpretation	Objective and reproducible[2]	Subjective

***Sensitivity:** The effectiveness of a screening test in detecting pre-cancer and cervical cancer in people who have pre-cancer and cervical cancer

****Specificity:** The effectiveness of a screening test in indicating a normal result in people who do not have pre-cancer and cervical cancer

Key takeaway:

HPV testing has higher sensitivity, but lower specificity than cytology testing

Sources:
1. Cuzick J, Clavel C, Petry KU, Meijer CJ, Hoyer H, Ratnam S, et al. Overview of the European and North American studies on HPV testing in primary cervical cancer screening. Int J Cancer 2006;119:1095-101.
2. Stoler MH, Schiffman M. Interobserver reproducibility of cervical cytologic and histologic interpretations: realistic estimates from the ASCUS-LSIL triage study. JAMA 2001;285:1500-5.

Negative predictive value of HPV tests

# of years after negative HPV test	Outcome	Negative predictive value[a]	Author
5	HSIL histology and cervical cancer (defined in the study as CIN3+)	0.9968	Elfström et al.
6	HSIL or AIS histology and cervical cancer (defined in the study as CIN3+)	0.997	Dillner et al.

[a]The likelihood that negative results will correctly identify people who do not have a high-grade squamous intraepithelial lesion (HSIL) or adenocarcinoma in situ (AIS) histology and cervical cancer and will not develop these outcomes in the next 5 years

Key takeaway:

A negative HPV test result has long-term protection against high-grade histology and cervical cancer

Sources:
1. Elfström KM, Smelov V, Johansson AL V., Eklund C, Naucler P, Arnheim-Dahlstrom L, et al. Long term duration of protective effect for HPV negative women: follow-up of primary HPV screening randomised controlled trial. BMJ. 2014 Jan 16;348(jan16 1):g130–g130.
2. Dillner J, Rebolj M, Birembaut P, Petry KU, Szarewski A, Munk C, et al. Long term predictive values of cytology and human papillomavirus testing in cervical cancer screening: joint European cohort study. BMJ. 2008 Oct 13;337(oct):a1754–a1754.

HPV testing in cervical screening

- Will only identify oncogenic (cancer-causing) types of HPV
- For samples that test positive for oncogenic types of HPV, **partial genotyping** and **reflex cytology** will be done automatically by the lab

Partial genotyping

Will stratify results as:

- HPV type 16
- HPV types 18/45
- Other high-risk oncogenic types of HPV

Reflex cytology

Will check for the presence or absence of cervical cell changes and if the changes are high-grade or low-grade

HPV testing in colposcopy

- Will be performed as a **co-test with cytology** (both tests concurrently performed) to determine eligibility for discharge and the screening interval in primary care post-discharge
- Partial genotyping will be performed, but management in colposcopy will **not** be based on HPV genotyping results

Summary of HPV testing

- Better screening test for pre-cancer and early cervical cancer
- Reduces unnecessary colposcopy referral
- Safer, earlier, more appropriate discharge from colposcopy

Improved quality of screening and colposcopy services in Ontario

Eligibility criteria

Dr. Dustin Costescu

Eligibility for cervical screening

- Have a cervix
- Are age **≥25**
- Have ever been sexually active
- Have Ontario Health Insurance Plan (OHIP) coverage
- Have no symptoms suggestive of cervical cancer

Evidence supporting age of initiation

- Cervical cancer is extremely rare in people under age 25
- From 2016 to 2020:
  - **29** new cases of cervical cancer were diagnosed in people under age 25 in Ontario
  - **3,058** new cases were diagnosed for all ages
  - **11** of these new cases were diagnosed in people ages 21 to 24
- Screening people under age 25 may result in follow-up tests and treatments that do not benefit them
- There is insufficient evidence on the benefit of cervical screening in immunocompromised people before age 25

Source: Ontario Cancer Registry SEER*Stat Package - Release 13 - OCR (Dec 2022).

Cervical screening categories and pathway

Dr. Dustin Costescu

Background

- Not all people with HPV-positive results will be referred to colposcopy
- The OCSP assessed published literature and Ontario data to determine who should be referred to colposcopy based on their risk of cervical pre-cancer and cancer - known as the **"colposcopy referral threshold"**
- Aligns with the principle of "equal management for equal risk"

Key takeaway:

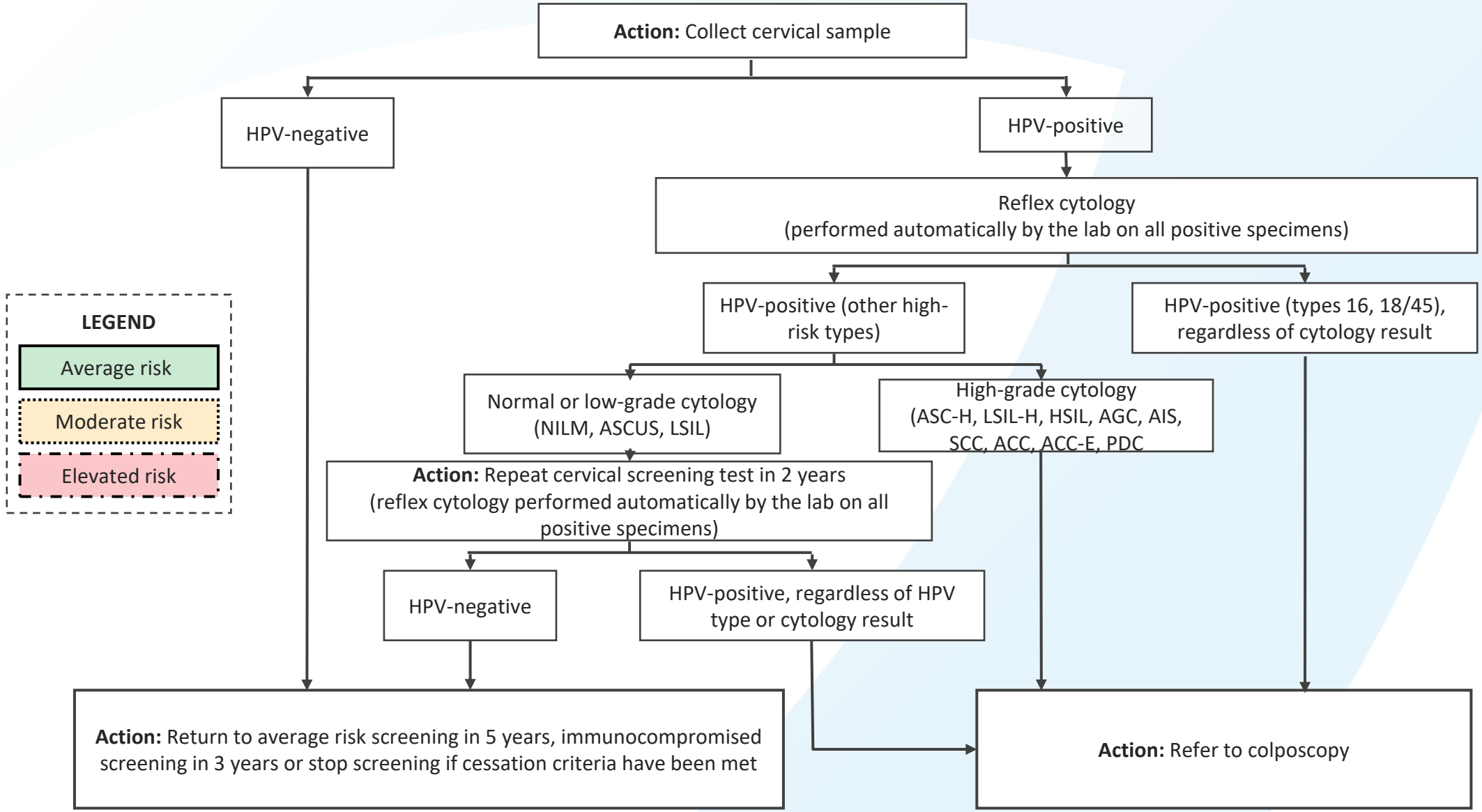
The OCSP's colposcopy referral threshold is **≥6%**, which has informed the cervical screening pathway

Risk-based screening categories

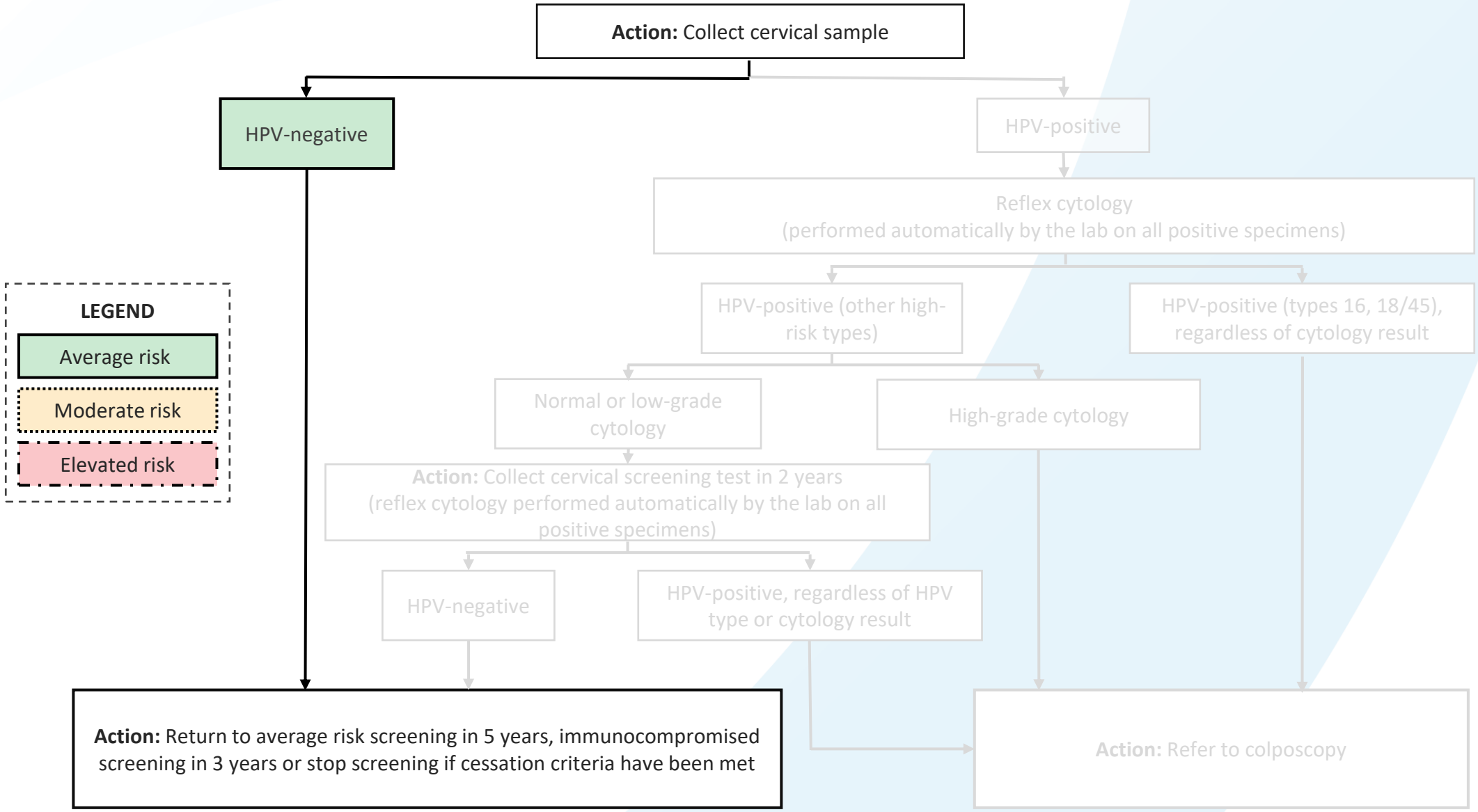
Screening risk category	Risk of cervical pre-cancer and cancer	Clinical next step
Average risk	0.12% to 0.41% (5-year risk)[1]	Screen in 5 years
Immunocompromised	Unknown or variable	Screen in 3 years
Moderate risk	1.3% to 3.7% (immediate risk)[2]	Re-screen in 2 years
Elevated risk	≥6% (immediate risk)[3]	Refer to colposcopy

Sources:

1. Dillner J, Rebolj M, Birembaut P, Petry KU, Szarewski A, Munk C, et al. Long term predictive values of cytology and human papillomavirus testing in cervical cancer screening: joint European cohort study. BMJ. 2008 Oct 13;337(oct):a1754–a1754.
2. Demarco M, Egemen D, Raine-Bennett TR, Cheung LC, Befano B, Poitras NE, et al. A Study of Partial Human Papillomavirus Genotyping in Support of the 2019 ASCCP Risk-Based Management Consensus Guidelines. J Low Genit Tract Dis. 2020;24(2):144–7.
3. This risk threshold was selected based on OCSP's cytology-based screening recommendations, jurisdictional scan data and input from expert panel members.



ACC = adenocarcinoma; ACC-E = endocervical adenocarcinoma; AGC = atypical glandular cells; AIS = adenocarcinoma in situ; ASC-H = atypical squamous cells, cannot exclude high-grade squamous intraepithelial lesion; ASCUS = atypical squamous cells of undetermined significance; HPV = human papillomavirus; HSIL = high-grade squamous intraepithelial lesion; LSIL = low-grade squamous intraepithelial lesion; LSIL-H = low-grade squamous intraepithelial lesion, cannot exclude HSIL; NILM = negative for intraepithelial lesion or malignancy; PDC = poorly differentiated carcinoma; SCC = squamous cell carcinoma


Action: Collect cervical sample
HPV-negative
HPV-positive
Reflex cytology
(performed automatically by the lab on all positive specimens)
HPV-positive (other high-risk types)
HPV-positive (types 16, 18/45), regardless of cytology result
Normal or low-grade cytology
High-grade cytology
Action: Collect cervical screening test in 2 years
(reflex cytology performed automatically by the lab on all positive specimens)
HPV-negative
HPV-positive, regardless of HPV type or cytology result
LEGEND
Average risk
Moderate risk
Elevated risk
Action: Return to average risk screening in 5 years, immunocompromised screening in 3 years or stop screening if cessation criteria have been met
Action: Refer to colposcopy

Rationale for 5-year screening interval for people at average risk

3-year risk of HSIL or AIS histology and cervical cancer after a normal cytology test (defined in the study as CIN3+) (95% CI)	5-year risk of HSIL or AIS histology and cervical cancer after a negative HPV test (defined in the study as CIN3+) (95% CI)	Author
0.19% (not reported)	0.14% (not reported)	Gage et al.
0.51% (0.23% to 0.77%)	0.25% (0.12% to 0.41%)	Dilner et al.

HSIL = high-grade squamous intraepithelial lesion
AIS = adenocarcinoma in situ

Key takeaway:

A negative HPV test result every 5 years provides at least as much protection against high-grade histology and cervical cancer as a normal cytology test result every 3 years

Sources:
1. Dillner J, Rebolj M, Birembaut P, Petry KU, Szarewski A, Munk C, et al. Long term predictive values of cytology and human papillomavirus testing in cervical cancer screening: joint European cohort study. BMJ. 2008 Oct 13;337(oct):a1754–a1754.
2. Gage JC, Schiffman M, Katki HA, Castle PE, Fetterman B, Wentzensen N, et al. Reassurance against future risk of precancer and cancer conferred by a negative human papillomavirus test. J Natl Cancer Inst. 2014 Jul 18;106(8).

Rationale for 3-year screening interval for people who are immunocompromised

- People who are immunocompromised may be at higher risk of having or developing cervical pre-cancer and cancer
    - Immunosuppression may impair someone's ability to clear an HPV infection
- A 3-year screening interval was selected based on input from an expert panel, jurisdictional scan data and the precautionary principle (when there are potential harms, scientific uncertainty must be resolved in favour of prevention)

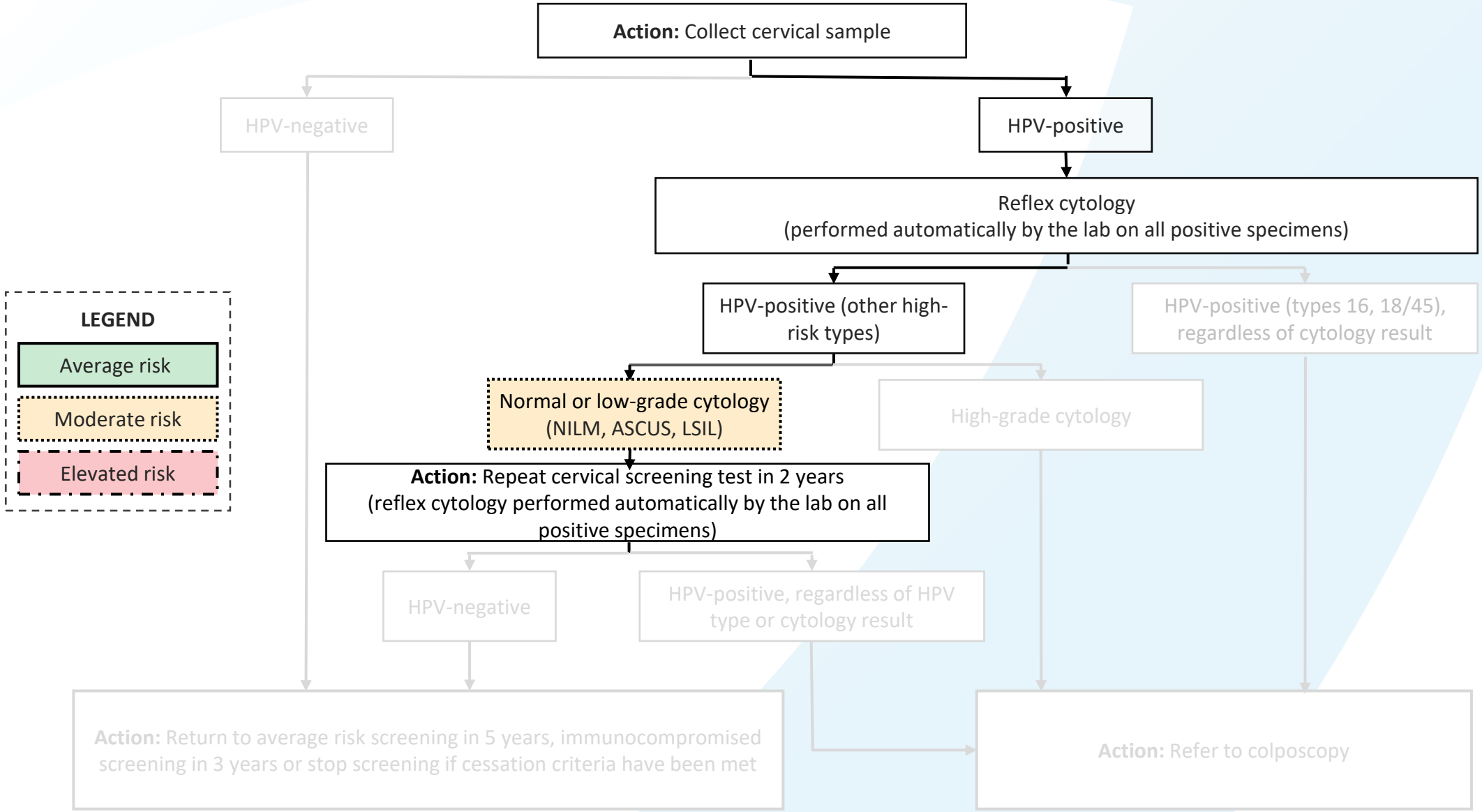
Immunocompromised populations

Populations defined as immunocompromised by the OCSP

- ✓ People with HIV/AIDS, regardless of CD4 cell count
- ✓ People on long-term immunosuppressive medication (either continuously or at frequent intervals)
- ✓ People with organ transplants (solid organ transplant or allogeneic stem cell transplants)
- ✓ People with systemic lupus erythematosus, regardless of treatment
- ✓ People with congenital (primary) immunodeficiency
- ✓ People on dialysis with renal failure

Populations <u>not</u> defined as immunocompromised by the OCSP

- X People with a past history of cytotoxic treatments for cancer
- X People with Crohn's disease or multiple sclerosis who are not receiving immunosuppressant treatment
- X The offspring of people with a cervix exposed in utero to diethylstilbestrol (DES) (i.e., grandchildren of people who were prescribed DES)
- X People with diabetes (excluding those with renal failure)


Action: Collect cervical sample
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HPV-positive
Reflex cytology
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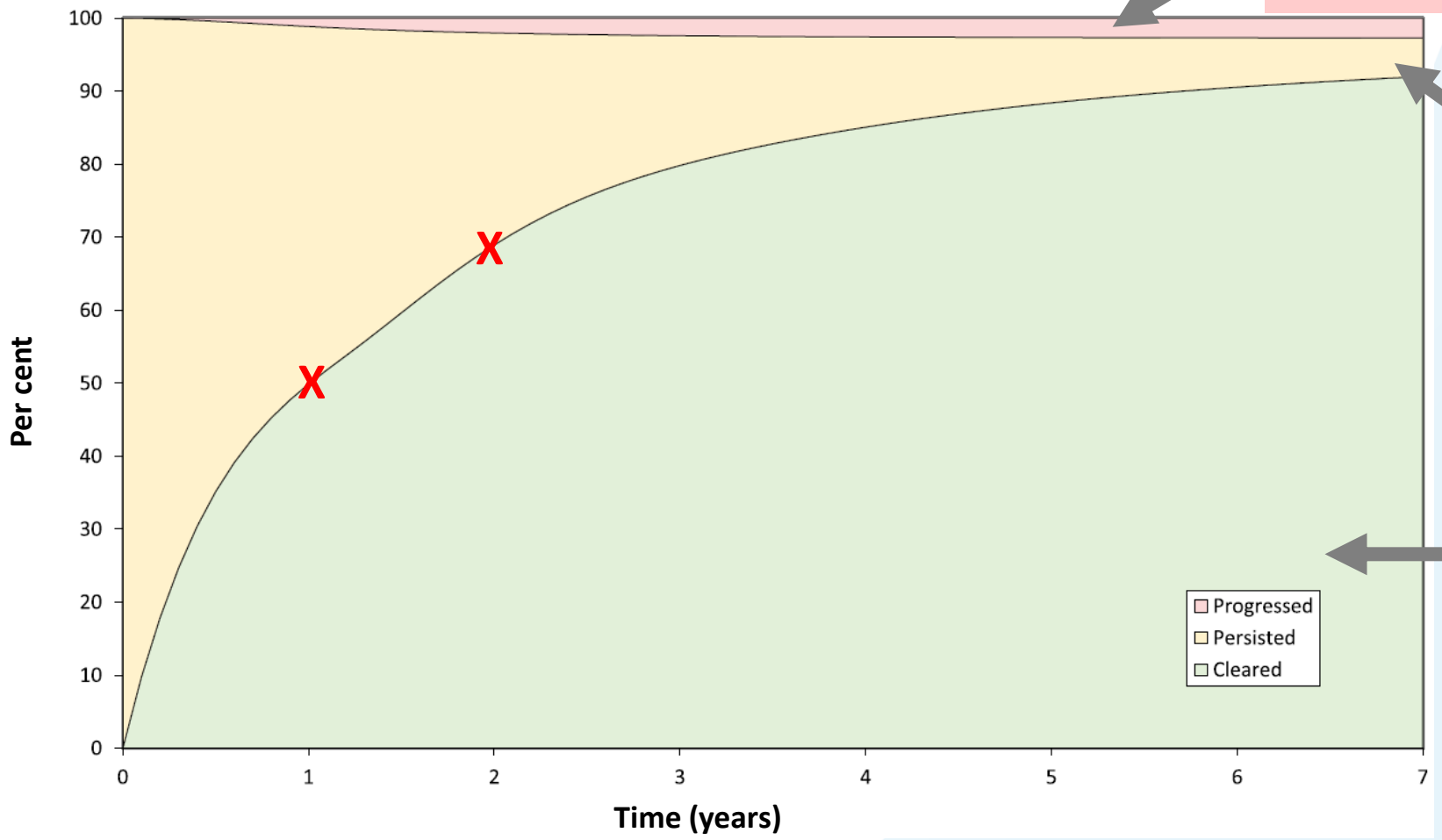
HPV-positive (other high-risk types)
HPV-positive (types 16, 18/45), regardless of cytology result
Normal or low-grade cytology
(NILM, ASCUS, LSIL)
High-grade cytology
Action: Repeat cervical screening test in 2 years
(reflex cytology performed automatically by the lab on all positive specimens)
HPV-negative
HPV-positive, regardless of HPV type or cytology result
Action: Return to average risk screening in 5 years, immunocompromised screening in 3 years or stop screening if cessation criteria have been met
Action: Refer to colposcopy
LEGEND
Average risk
Moderate risk
Elevated risk

Rationale for screening in 2 years

3% of infections progress to cervical pre-cancer or cancer (defined by study as cervical intraepithelial neoplasia (CIN3+)



5% of infections persist

More than 90% of infections clear

Demarco M, Hyun N, Carter-Pokras O, et al. A study of type-specific HPV natural history and implications for contemporary cervical cancer screening programs. EClinicalMedicine. 2020;22:100293.

Supporting evidence

Current cytology	Current HPV	CIN3+ immediate risk (%)	CIN3+ 5-year risk (%)
NILM	HPV 16	5.3	8.8
	HPV 18	3.0	4.5
	HR 12	1.3	2.2
ASCUS	HPV 16	9.0	13
	HPV 18	3.5	4.6
	HR12	2.8	4.0
LSIL	HPV 16	11	15
	HPV 18	3.1	3.9
	HR12	3.7	4.7

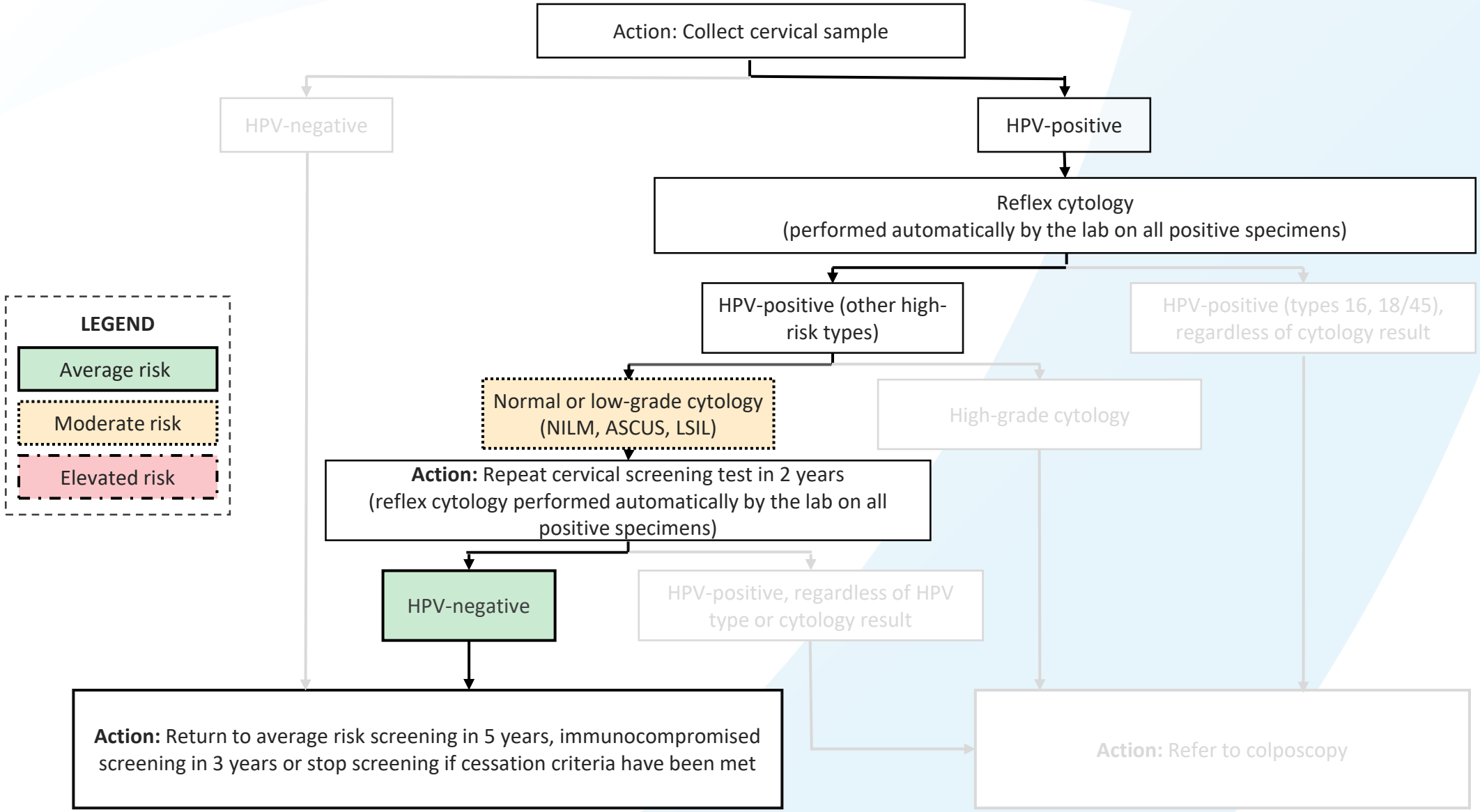
HR12: High-risk HPV type 12 is defined as HPV-positive (other high-risk types) in the OCSP terminology

Key takeaway:

HPV-positive (other high-risk types) with normal or low-grade cytology **does not** meet colposcopy referral threshold of ≥6%

ASCUS = abnormal atypical squamous cells of undetermined significance; LSIL = low-grade squamous intraepithelial lesion; NILM = negative for intraepithelial lesion or malignancy; HSIL = high-grade squamous intraepithelial lesion; AIS = adenocarcinoma in situ

Source: Demarco M, Egemen D, Raine-Bennett TR, et al. J Low Genit Tract Dis 2020;24:144–7.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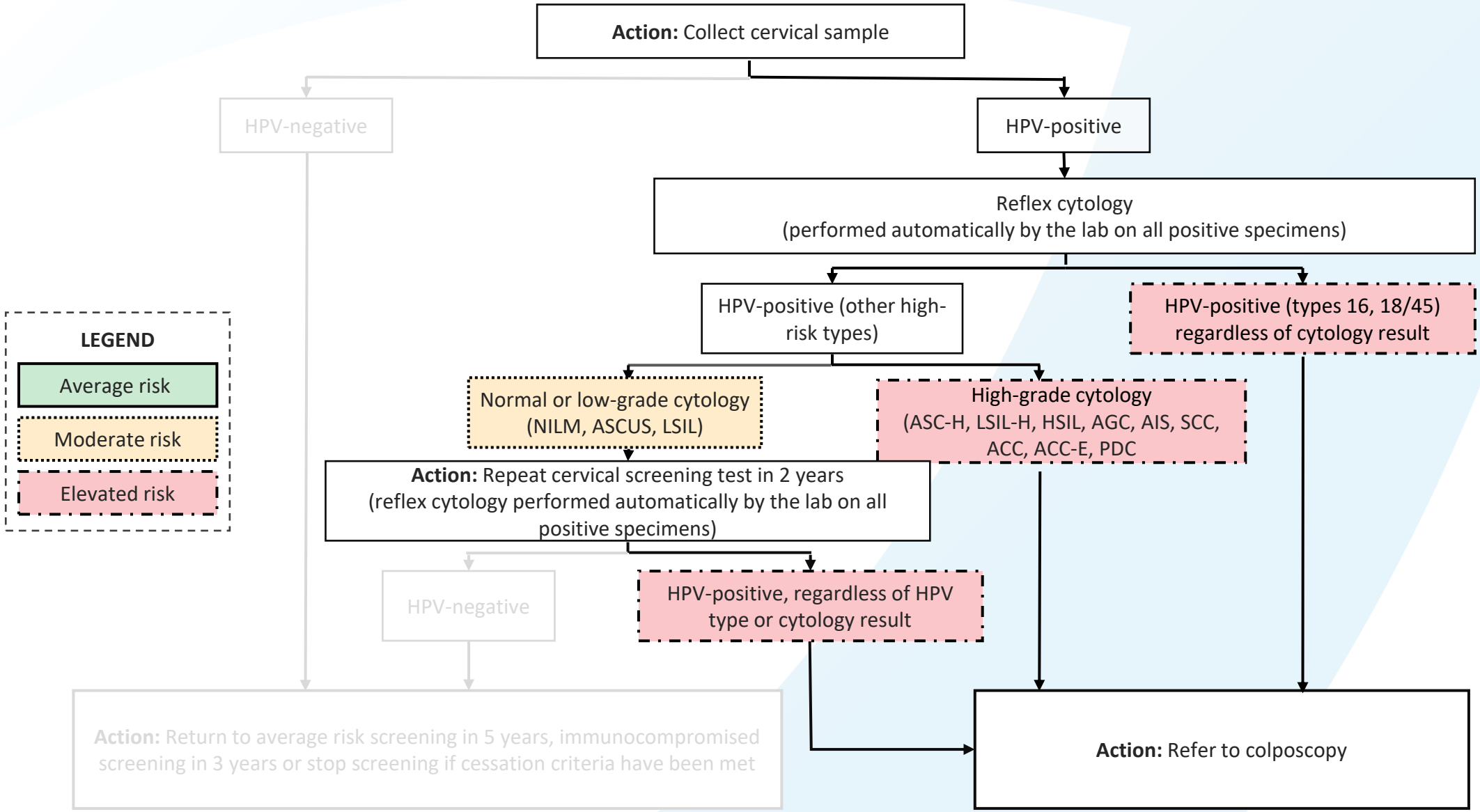
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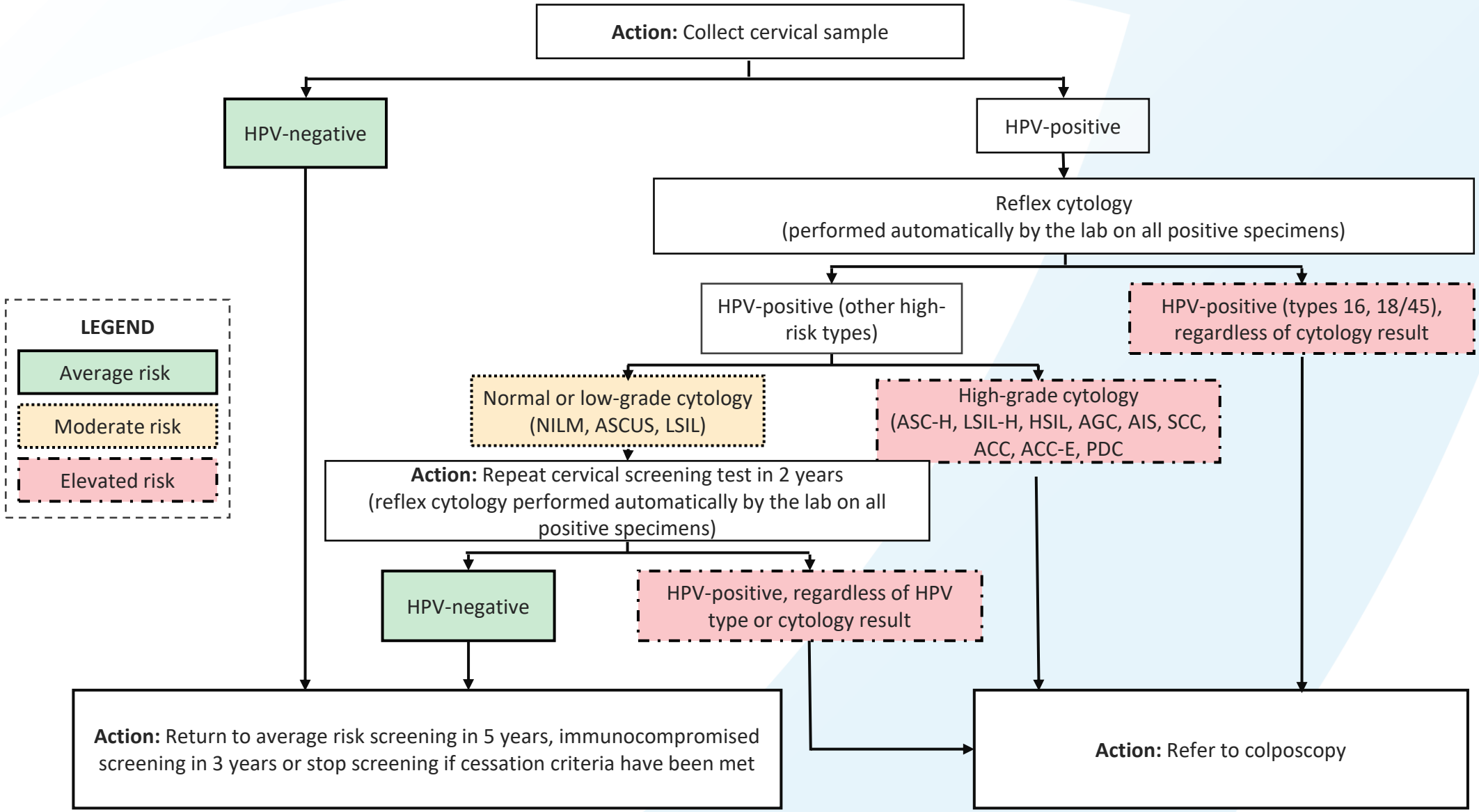
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Action: Refer to colposcopy
LEGEND
Average risk
Moderate risk
Elevated risk

Management of invalid HPV tests or unsatisfactory cytology results

Dr. Rachel Kupets

When to repeat testing or refer to colposcopy

- Specimens should be repeated within 3 months
- A repeat specimen is not required and refer to colposcopy if:
  - The HPV test is positive for types 16, 18/45 with unsatisfactory cytology
  - There are 2 consecutive unsatisfactory cytology or invalid HPV test results

When to use intravaginal estrogen therapy

Intravaginal estrogen therapy may be considered after 1 unsatisfactory cytology result in people who are using androgen therapy (e.g., for gender transition) and in post-menopausal people

Cessation criteria

Dr. Rachel Kupets

People ages 65 to 69

Test result	Clinical next step	Considerations and exceptions
Not screened	Continue screening	If a person did not have a cervical screening test from age 65 to 69, they should be screened until age 74
HPV-negative	Stop screening	Someone can stop cervical screening if they have had **1** negative HPV test result, with the following exceptions: • Immunocompromised people should screen until age 74 • People ages 65 to 69 who have been discharged from colposcopy and have been advised to screen in 2 years should screen until age 74
HPV-positive	Follow screening pathway and refer to colposcopy if appropriate	Can stop screening when they have a negative HPV test result or when they are age 74, whichever occurs first

People ages 70 to 74

- People with an HPV-positive result (regardless of HPV type or reflex cytology) should be referred to colposcopy
- A colposcopy is needed to exclude a high-grade lesion

People ages 75 and older

- The OCSP does not recommend screening people ages 75 and older
- Any visible cervical abnormalities or abnormal symptoms should be referred for appropriate investigation by gynecology oncology

Summary of screening recommendations

Dr. Rachel Kupets

Screening: Key changes

	Current state	Following the implementation of HPV testing
Screening test	Cytology	HPV test with reflex cytology
Initial triage test	N/A	Partial genotyping, reflex cytology
Interval after negative test	Average risk: 3 years Immunocompromised: 1 year	Average risk: 5 years Immunocompromised: 3 years
Repeat test	Repeat cytology test in 1 year	Repeat HPV test in 2 years
Start age	Age 21*	Age 25
Cessation age	70 years if cessation criteria are met	Most people ages 65 to 69 with a negative HPV test

*In January 2021, the OCSP began encouraging providers to start cervical screening at age 25 for immunocompetent people

Vaginal vault testing

8:10 - 8:20 am

Dr. Rachel Kupets

Background

- People who have had their cervix removed via hysterectomy are no longer at risk of developing cervical cancer, but they may be at risk of developing vaginal cancer
- Vaginal vault testing can be done to identify people at risk of vaginal cancer
- Although vaginal cancer is also HPV-related, the risk of vaginal cancer is very low in Ontario
    - Ontario had an incidence rate of 0.6 squamous cell vaginal cancers per 100,000 people from 2014 to 2018
- Organized population-level screening for vaginal cancer would not meet principles of screening

HPV test positivity in vaginal intraepithelial neoplasia (VaIN) and vaginal cancer

Author, year	VaIN1	VaIN2/3	Vaginal cancer
De Vuyst, 2009[1]	100%*	90.1%*	69.9%*
Smith, 2009[2]	98.5%*	92.6%*	65.5%*
Alemany et al., 2014[3]		96%*	74%*
Saraiya, 2015[4]			75%*

*Percent testing positive for HPV

Key takeaway

HPV is highly prevalent in VaIN and vaginal cancer

Sources:

1. De Vuyst H, Clifford G, Nascimento M, Madeleine M, & Franceschi S. Prevalence and type distribution of human papillomavirus in carcinoma and intraepithelial neoplasia of the vulva, vagina and anus: A meta-analysis. Int. J. Cancer (2009), 124, 1626–1636.
2. Smith J., Backes D., Hoots B., Kurman R., & Pimenta J. Human Papillomavirus Type-Distribution in Vulvar and Vaginal Cancers and Their Associated Precursors. Obstetrics and Gynecology (2009) 113(4), 917-924.
3. Alemany L., Saunier M., Tinoco L., Quirós B., Alvarado-Cabrero I., et al. Large contribution of human papillomavirus in vaginal neoplastic lesions: A worldwide study in 597 samples. European Journal of Cancer (2014), Volume 50, Issue 16, 2846-285
4. Saraiya M., Unger E., Thompson T., Lynch C., Hernandez B., et al. US Assessment of HPV Types in Cancers: Implications for Current and 9-Valent HPV Vaccines. JNCI J Natl Cancer Inst (2015) 107(6): djv086

Post-hysterectomy population

- The post-hysterectomy population is organized by risk for vaginal cancer and consists of elevated and low risk groups

Elevated risk group	Low risk group
• People with LSIL, HSIL or AIS histology in the cervix *at the time* of hysterectomy (i.e., in the hysterectomy specimen), regardless of margin status or HPV status • People with a history of early cervical cancer (microinvasive cervical cancer, stage 1A1 only), regardless of whether there is evidence of cancer or pre-cancer at hysterectomy	• Anyone who does not meet the criteria for the elevated risk group, including: ○ People with a history of LSIL, HSIL or AIS histology in the cervix, but no evidence of it in the hysterectomy specimen ○ People with an unknown or no cervical screening history (including Two-Spirit people, transmasculine people and nonbinary people who did not receive cervical screening before their hysterectomy)

Out of scope populations

- People with a history of cervical cancer beyond stage 1A1
- People treated with radical trachelectomy, radiation or chemotherapy
- People under surveillance in the cancer system

Ontario data: Risk of VaIN2/3+ post-hysterectomy

Diagnosis of VaIN 2/3+ 2010 to 2021	Residual HSIL/AIS histology or early cervical cancer at hysterectomy	
	Yes (n=139)	No (n=6,091)
Had VaIN 2/3+ dx	**8 (5.8%)**	**129 (2.1%)**
No VaIN 2/3+ dx	**131 (94.2%)**	**5,962 (97.9%)**

Key takeaway

In Ontario, the incidence of VaIN 2/3+ was higher in people with residual HSIL/AIS histology or early cervical cancer on hysterectomy than those without

Source: Ontario Health (Cancer Care Ontario). Internal Data Analysis: Incidence rates of VaIN2/3 and vaginal cancer for people who had a hysterectomy after a diagnosis of CIN3+ in Ontario. Toronto; 2021.

Whom and when to test

☑ Elevated risk group

- Perform a 1-time HPV test of the vaginal vault 6 to 12 months after hysterectomy
- Reflex cytology done automatically by the lab for HPV-positive results

☒ Low risk group

- Do **not** perform an HPV test

Management of HPV test results

- **HPV-positive, regardless of HPV type or cytology result** → Refer to colposcopy
- **HPV-negative** → No further HPV testing is needed
- **Invalid HPV result** → Repeat HPV test at participant's earliest convenience (preferably within 3 months) and if repeat HPV test is also invalid, refer to colposcopy

For hysterectomies that took place >12 months ago

- The same eligibility criteria apply
- If a patient's hysterectomy specimen results are unknown and they do not have a history of early cervical cancer (microinvasive cervical cancer, stage 1A1 only), vaginal vault testing should not be performed

Health Canada approval

- Guidance for vaginal vault testing has been developed by Ontario Health (Cancer Care Ontario) in consultation with a multidisciplinary, international expert panel
- The use of the HPV test is approved by Health Canada for health care provider-collected cervical samples but has not been reviewed or authorized by Health Canada for use in the vaginal vault due to rarity
- As such, a disclosure will be included in OCSP resources and lab reports

Cervical screening quiz

8:20 - 8:30 am

Dr. Dustin Costescu

Question #1

Brooke is 40 years old and is due for cervical screening. Her screening test result is HPV-positive (other high-risk types) with ASCUS reflex cytology. What is the recommended next step?

a) Brooke is at moderate risk → Repeat screening in 2 years

b) Brooke is at moderate risk → Repeat screening in 1 year

c) Brooke is at elevated risk → Refer to colposcopy

Type answer in chat

- Risk is not high enough for referral to colposcopy, but not low enough to return to average risk screening
- A repeat screening test will determine if the HPV infection has cleared

Question #1 – continued

Brooke returns for a cervical screening test in 2 years. Her repeat screening test result is HPV-positive (other high-risk types) with normal reflex cytology. What is the recommended next step?

a) Brooke is now at average risk → Return to screening in 5 years

b) Brooke is now at elevated risk → Refer to colposcopy

c) Brooke remains at moderate risk → Repeat HPV test again in 2 years

Type answer in chat

An HPV-positive result at the 2-year repeat screening test indicates persistent infection and risk is now high enough for referral to colposcopy

Question #2

Alex (he/him) is 35 years old and is a transmasculine person who is due for cervical screening. His screening test result is HPV-positive (type 16) with normal reflex cytology. What is the recommended next step?

a) Alex is at elevated risk → Refer to colposcopy

b) Alex is at moderate risk → Repeat screening in 2 years

c) Alex is at moderate risk → Repeat screening in 2 years

Type answer in chat

People who are HPV-positive (types 16, 18/45) are referred to colposcopy, regardless of cytology result

Question #3

Jesse is 29 years old and is due for cervical screening. Her screening test result is HPV-positive (other high-risk types) with HSIL reflex cytology. What is the recommended next step?

a) Jesse is at average risk → Return to screening in 5 years

b) Jesse is at moderate risk → Repeat screening in 2 years

c) Jesse is at elevated risk → Refer to colposcopy

Type answer in chat

People with HPV-positive (other high-risk types) and high-grade cytology results are referred to colposcopy

Question #4

Mary is 67 years old and has received routine cervical screening with the HPV test. She is due for screening and the result is HPV-positive (other high-risk types) with normal reflex cytology. What are the recommended next steps? Select all that apply

a) Mary should have a repeat screening test in 2 years → if her result is HPV-positive → refer to colposcopy

b) Mary should have a repeat screening test in 2 years → if her result is HPV-negative → stop screening

c) Mary can stop screening

Type answer in chat

People ages 65 to 69 with a positive HPV result should follow the appropriate screening and colposcopy pathways until they have a negative HPV result or until they are age 74, whichever occurs first

Question #5

Zara is 70 years old and is a newcomer to Ontario. She does not remember having cervical screening tests in a long time. She decides to make an appointment to get a screening test. Her test result is HPV-positive (other high-risk types) with ASCUS reflex cytology. What is the recommended next step?

a) Zara can stop screening

b) Zara is older than 69 → Refer to colposcopy

c) Zara is overdue for screening → Refer to colposcopy

Type answer in chat

People ages 70 to 74 with a positive HPV result (regardless of HPV type or cytology result) should be referred to colposcopy

Question #6

Taylor is 30 years old and is living with HIV. She had a cervical screening test 2 years ago and her test result was HPV-positive (other high-risk types) with LSIL reflex cytology. She made an appointment for a repeat cervical screening test and the result came back as HPV-negative. What is the recommended next step?

a) Taylor should get her next cervical screening test in 3 years

b) Taylor should be referred to colposcopy

c) Taylor should get her next cervical screening test in 5 years

Type answer in chat

- People living with HIV are immunocompromised as defined by the OCSP so are at higher risk of cervical pre-cancer and cancer
- People who are immunocompromised follow the same pathway as those who are at average risk, but with a different screening interval if HPV-negative

Question #7

Mary is 49 years old with a history of cervical dysplasia. She had a hysterectomy 6 months ago and there was evidence of HSIL histology in the hysterectomy specimen. An HPV test of the vaginal vault is performed, and result is HPV-negative. What is the appropriate next step?

a) Refer to colposcopy

b) Cease testing

c) Repeat an HPV test in 2 years

Type answer in chat

Vaginal vault testing can stop after 1 negative result

Overview of colposcopy recommendations

8:30 - 8:55 am

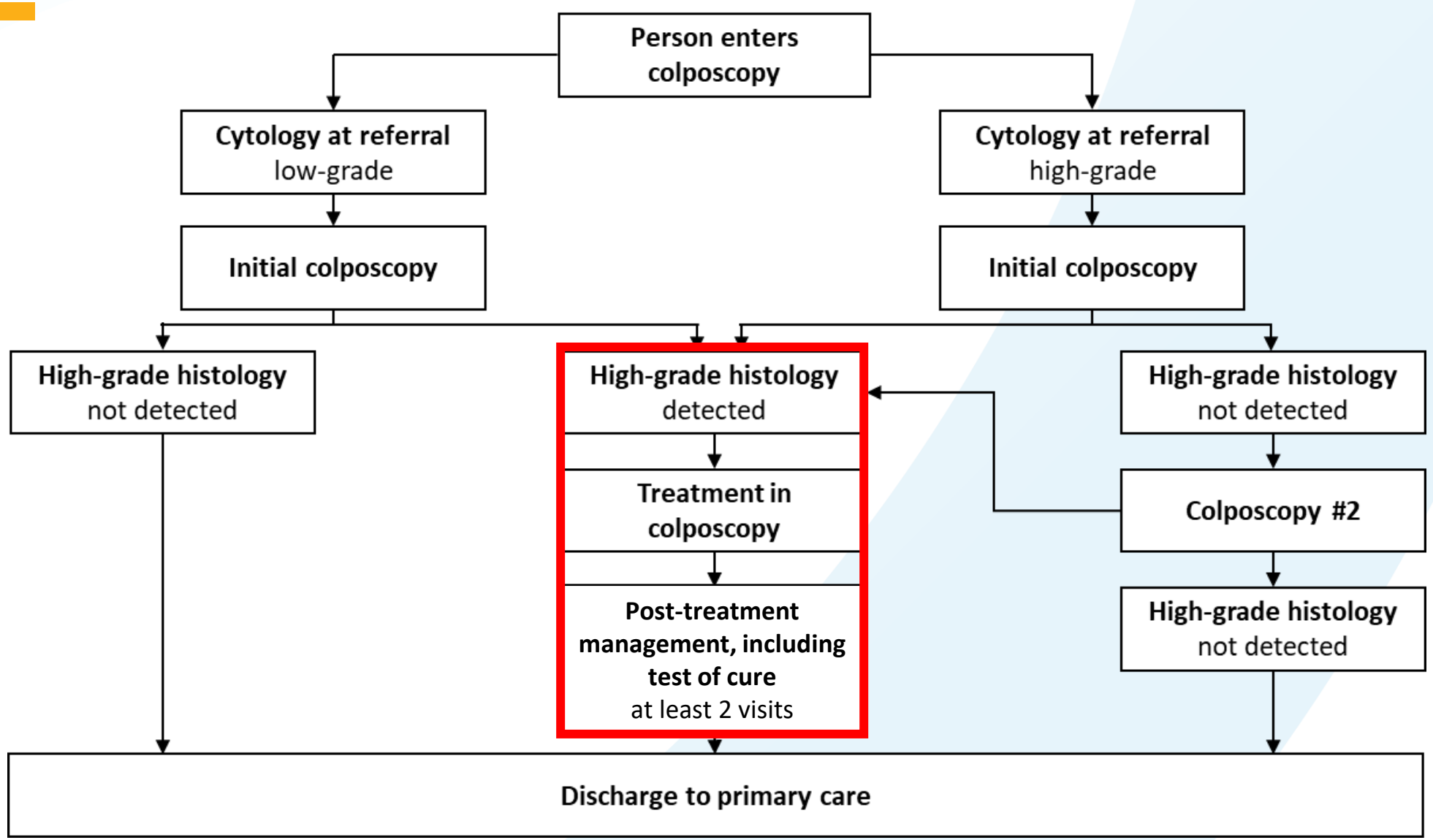
Dr. Rachel Kupets

Colposcopy pathways

Investigation and management	• Referred with HPV-positive and normal (NILM) or low-grade cytology (ASCUS, LSIL) • Referred with HPV-positive and high-grade cytology (ASC-H, LSIL-H, HSIL), excluding AIS • Referred with HPV-positive and AGC or AEC cytology (AGC-NOS, AEC-NOS, AGC-N and AEC-N) • Referred with HPV-positive and AIS cytology • Referred with HPV-positive and SCC, ACC, ACC-E or PDC cytology
Post-treatment management	• Histology confirmed HSIL • Histology confirmed AIS

ACC = adenocarcinoma; ACC-E = endocervical adenocarcinoma; AEC = atypical endocervical cells; AGC = atypical glandular cells;
AIS = adenocarcinoma in situ; ASC-H = atypical squamous cells, cannot exclude high-grade squamous intraepithelial lesion;
ASCUS = atypical squamous cells of undetermined significance; HPV = human papillomavirus;
HSIL = high-grade squamous intraepithelial lesion; LSIL = low-grade squamous intraepithelial lesion;
LSIL-H = low-grade squamous intraepithelial lesion, cannot exclude HSIL; NILM = negative for intraepithelial lesion or malignancy;
PDC = poorly differentiated carcinoma; SCC = squamous cell carcinoma

High-level overview: Episode of care



Initial colposcopy visit

- Most people referred to colposcopy will have ≤LSIL histology (LSIL or none) detected at initial colposcopy
  - Low-grade referral cytology: Over 89% will have ≤LSIL detected
  - High-grade referral cytology: 33% to 70% will have ≤LSIL detected
- Treatment is not required

Key takeaway:

Regardless of referral cytology, not all people referred to colposcopy will require treatment

Source: Demarco M, Cheung LC, Kinney WK, et al. Low risk of cervical cancer/precancer among most women under surveillance postcolposcopy. J Low Genit Tract Dis 2018;22:97–103.

Colposcopy: Key changes

	Current state	Following the implementation of HPV testing
Tests	Visual inspection, +/- cytology, +/- biopsy, +/- HPV test, +/- endocervical curettage	Visual inspection, +/- HPV-cytology co-test, +/- biopsy, +/- endocervical curettage
Discharge	Lack of clear exit criteria → many people remain in colposcopy long term	Defined, objective exit criteria → timely and safe discharge
Screening post-discharge	Annual screening (most people)	Risk-based screening intervals (all people)

*where available

Final remarks

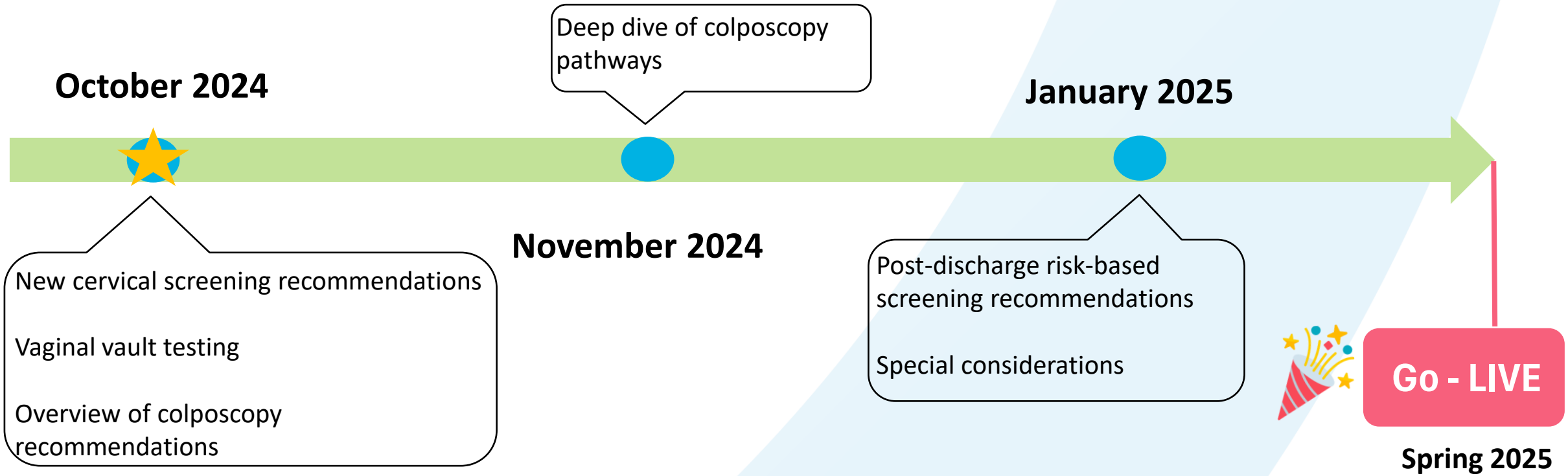
8:55 - 9:00 am

Dr. Dustin Costescu

Next steps

- Kindly complete post-webinar survey
- Next colposcopy CoP webinars:
  - Webinar option 1: Thursday, November 14 (5:30 – 7:00pm)
  - Webinar option 2: Friday, November 22 (7:30 – 9:00am)
- Agenda: Deep dive of colposcopy pathways

Timeline of Colposcopy CoP webinars



Thank you!