

Fall 2021 Provincial Colposcopy Community of Practice (CoP)

Webinar 2

NOVEMBER 18, 2021, 5:30 – 7:00 P.M.

Recommended browser for Microsoft Teams: Google Chrome



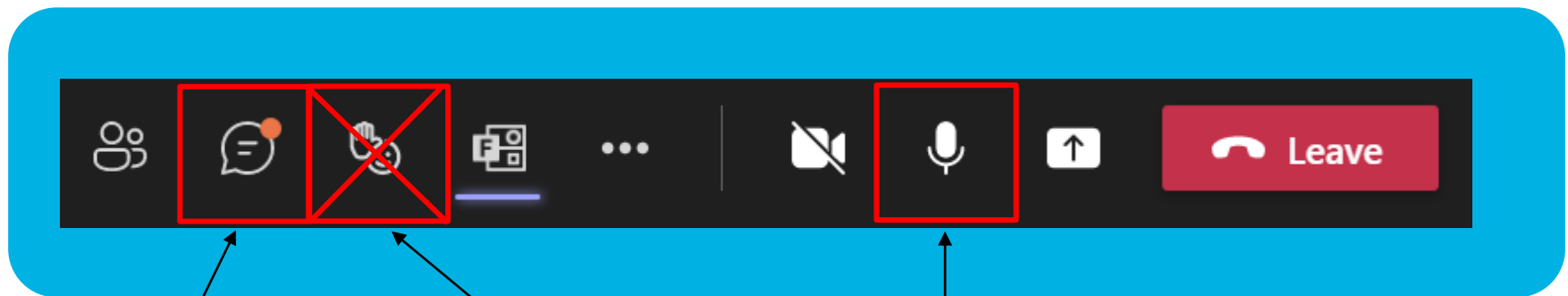
Ontario Health
Cancer Care Ontario

With Thanks



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; do not use the “**raise hand**” option
- During the case studies, polls will appear on your screen or in the **chat box**



To open chat box
and polls

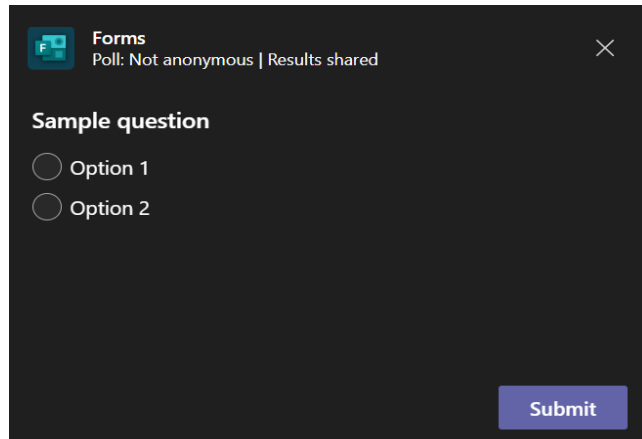
Do not use
“raise hand”

To mute/unmute

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. At the top left is a small icon of a document with a checkmark. To its right, the text reads "Forms" and "Poll: Not anonymous | Results shared". A close button (X) is in the top right corner. Below this, the text "Sample question" is followed by two radio button options: "Option 1" and "Option 2". A blue "Submit" button is located at the bottom right.

Forms
Poll: Not anonymous | Results shared

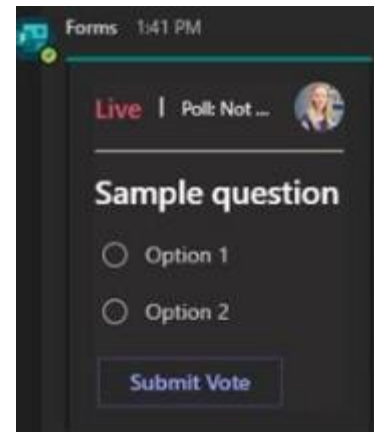
Sample question

☐ Option 1

☐ Option 2

Submit

Poll in chat box

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

Forms 1:41 PM

Live | Poll: Not ...

Sample question

☐ Option 1

☐ Option 2

Submit Vote

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**

Thank you to our CoP Planning Committee

Dr. Paul Gurland

Dr. Felice Lackman

Dr. Keiyan Sy

Dr. Laura White

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

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:

www.cancercareontario.ca/en/colposcopy-resources-hub

Agenda

Item	Presenter	Time
Welcome and introductions	Dr. Joan Murphy	5:30-5:35 pm
Guest speaker: Cervical screening for transgender patients, case study, and Q and A	Dr. Sandeep Sandhu	5:35-6:20 pm
Ontario Cervical Screening Program (OCSP) updates: HPV testing implementation and screening during COVID-19	Dr. Joan Murphy	6:20-6:35 pm
Cervical screening and colposcopy quality reporting	Dr. Joan Murphy	6:35-6:55 pm
Concluding remarks	Dr. Joan Murphy	6:55-7:00 pm

Learning objectives

Following this meeting, participants will better understand:

- Cervical screening considerations for transgender patients, including appropriate terminology and barriers to care
- The impact of the COVID-19 pandemic on cervical screening and colposcopy services in Ontario
- How to interpret cervical screening and colposcopy quality reports to support quality improvement activities



Cervical screening for transgender patients

Sandeep Singh Sandhu

Ontario Colposcopy Community of Practice: Care of Transgender Patients and Cervical Cancer Screening

November 2021
Sandeep Singh Sandhu, PGY5
Pronouns: He/Him
Resident Physician
Department of Obstetrics and Gynaecology
University of Toronto

Nothing to Declare

Acknowledgement

- Dr. Nupur Dogra, Resident Physician, Department of Obstetrics and Gynaecology, University of Toronto

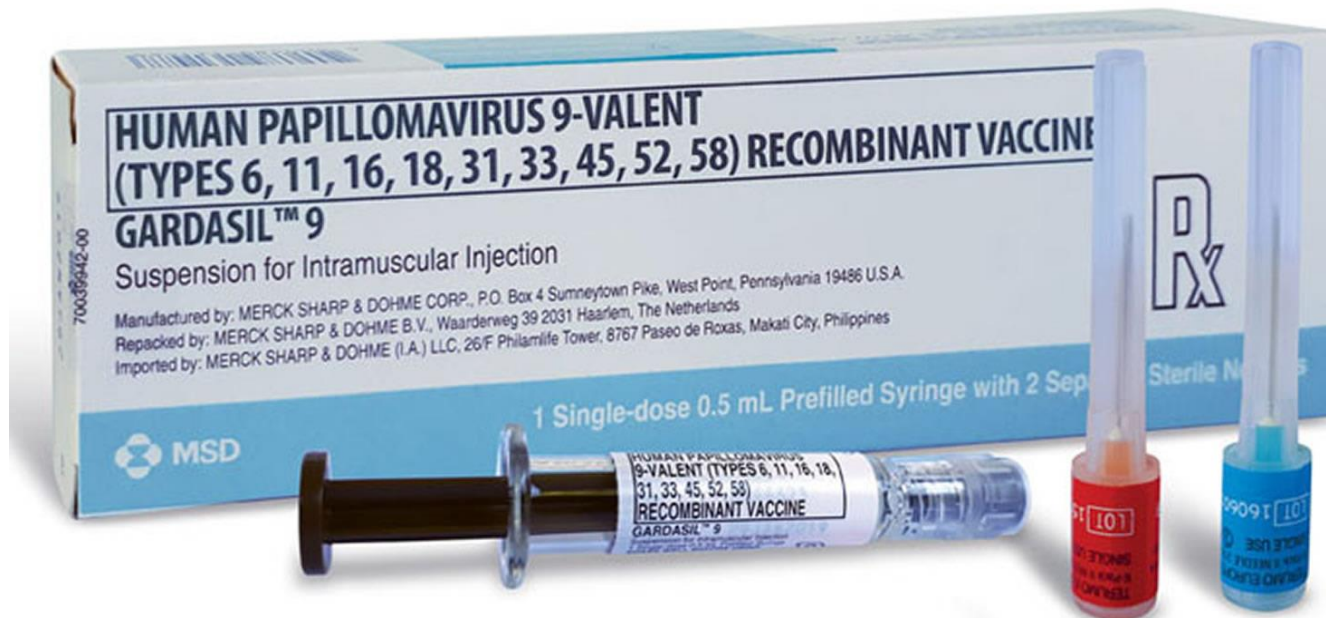
Objectives

- Outline terminology related to transgender individuals
- To highlight additional issues faced by transgender individuals related to seeking care
- To outline studies pertaining to cervical cancer care in transgender men



A Quick Disclaimer on Gardasil

- Will not be discussed in this talk
- Realm of the Department of Public Health



Terminology 101

● Sex

- Classification of person as male or female
- Assigned at birth, usually based on external anatomy
- Combination of bodily characteristics including: chromosomes, hormones, internal & external reproductive organs, & secondary sex characteristics

● Gender Identity

- Person's internal, deeply held sense of their gender
- Boy/man or girl/woman most commonly
- Some individuals are non-binary and/or genderqueer
 - Define their gender falling between man & woman, or may define it in wholly different terms

● Gender Expression

- External manifestation of gender
- Expressed through: name, pronouns, clothing, haircut, behaviour, voice, and/or body characteristics

Transgender individuals seek to align their expression with their identity rather than the sex they were assigned at birth

Terminology 101

● Sexual Orientation

- Person's enduring physical, romantic, and/or emotional attraction to another person
- "Straight", "lesbian", "gay", "bisexual", or "queer"

● Cisgender: latin 'cis' = 'on the same side'

- Used to describe individuals who are not transgender

● Transgender = umbrella term

- People whose gender identity differs from the sex they were assigned at birth
- Important to ask and use descriptive term preferred by the person

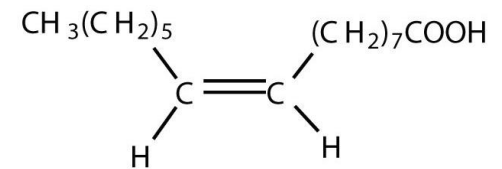
● Transsexual = older term

- Originating in medical & psychological communities
- Preferred term by some who have permanently changed, or seek to change their bodies through medical interventions

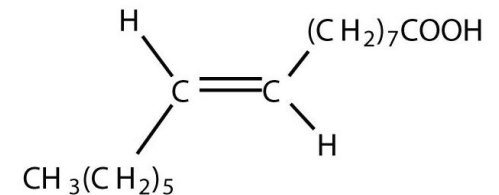
● Trans = shorthand for 'transgender' or 'transexual'

- Sometimes used to be inclusive

A transgender identity is not dependent upon physical appearance or medical procedures



cis fatty acid



trans fatty acid

Terminology 101

● Cross-Dresser

- Typically refers to men who occasionally wear clothes, makeup, & accessories culturally associated w/ women
- Typically identify as heterosexual and a form of gender expression
- Do not wish to permanently change their sex or live full-time as women

● Transition

- Complex process of altering one's birth sex over an extended period of time
- Can involve multiple personal, medical, & legal steps
 - Telling one's family, friends, & co-workers
 - Using different name and new pronouns
 - Dressing differently
 - Changing one's name and/or sex on legal documentation
 - Hormone therapy
 - Surgery

Avoid using the phrase “sex change”

Terminology 101

● Gender-Affirming Surgery

- Previous terms: 'gender confirming surgery' (GCS), 'sex reassignment surgery' (SRS)
- Physician-supervised surgical interventions
 - Feminisation:
 - Vaginoplasty, feminizing augmentation mammoplasty, orchiectomy, facial feminization surgery, reduction thyrochondroplasty (tracheal shave), & voice feminization surgery
 - Masculinisation:
 - Chest masculinization surgery, metoidioplasty, phalloplasty, scrotoplasty, & hysterectomy
- Small part of transition

Not all choose to, or can afford, to undergo medical surgeries

Terminology 101

- Gender Dysphoria (DSM-V)

- Previous term: 'gender identity disorder' (GID)
- Refers to “the distress that may accompany the incongruence between one’s experienced or expressed gender and one’s assigned gender.”



Transgender Individuals and Healthcare



Barriers to Seeking Care for Transgender Individuals

● Individual Level

- Motivation
- Feelings of mistrust (Healthcare providers (HCP), services, and institutions)
- Lack of knowledge/health literacy on where to find trans-competent care
- (Jurisdictions w/out universal healthcare) = Cost
- Mental health factors
 - Trans PULSE project (Ontario) = 43% transgender individuals attempt suicide
 - >50% experience symptoms consistent w/ clinical depression
- Gender Dissonance
 - May lead to emotional distress
- Lack of social support

Mistrust of Healthcare Providers

- Feelings of mistrust (related to HCPs, services, and institutions)
 - Negative experiences with HCPs
 - Lack of motivation to use health care services in the future
 - 21% of Ontarian transgender participants reported avoiding emergency services when needed for this reason
- Lack of knowledge/health literacy on where to find trans-competent care
 - Misconceptions re: pap test guidelines
 - Believing one must be in a sexual relationship with a male

Healthcare provider understanding of transgender health-related issues will help to ensure better care and better follow-up with transgender individuals

Barriers to Seeking Care for Transgender Individuals

- Interpersonal Level (With Healthcare Providers)
 - Provider competency in transgender health issues
 - Feeling care providers lacked knowledge/skills required to assess, treat, test, and care for transgender individuals
 - Ontario Study: 54% respondents needed to educate care providers on transgender issues
 - Shortage of care providers specialised in care of transgender individuals
 - Perceived lack of sensitivity to transgender identity among HCPs
 - Nova Scotia Study: multiple individuals received questions/procedures unrelated to their health care visit
 - Inappropriate pelvic/breast exams when not clinically indicated
 - Being assumed to be a sex-worker/drug addict
 - More subtle discrimination (may be more common than overt)
 - Using wrong pronouns, name, or gender during encounter
 - Being 'outed' by HCPs = barrier to seeking care

Where to Find LGBT2SQ+ Providers in Ontario



I am a... ▾

Search RHO



Advanced search

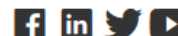
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Home / LGBT2SQ Health / Service Provider Directory

service provider directory

This directory is designed to help you find health and social service providers who have expressed a commitment to providing competent and welcoming care to LGBT2SQ people in Ontario.

Please note this directory is for information purposes only. RHO is not able to screen the service providers listed in this directory and we cannot make any guarantees about the quality of their services. By using the RHO Provider Directory you agree to our [Terms of Use](#).

Are you an LGBT2SQ-friendly health or social service provider in Ontario?

If you and/or your organization provides an LGBT2SQ-friendly program or service, we encourage you to list yourself or your organization in the Service Provider Directory.

Register as a Service Provider ✓

<https://www.rainbowhealthontario.ca/>

Barriers to Seeking Care for Transgender Individuals

● Organizational Level

- Accessing physical location
 - Unsafe areas, lacking privacy, hard to reach
 - Nova Scotia Study: rural settings less tolerant than urban
- Physical barriers
 - Public restrooms/change rooms, absence of gender neutral spaces
- Medical paperwork
 - May have gender-binary medical forms

1→ What is your gender? *

☐ A Male

☐ B Female

Really bad

1→ What is your gender?

☐ A Male

☐ B Female

☐ C I prefer not to say

Better, but still bad!

1→ What is your gender?

Choose as many as you like

☐ A Female

☐ B Male

☐ C Non-binary

☐ D Transgender

☐ E Intersex

☐ F Let me type...

☐ G I prefer not to say

Great!

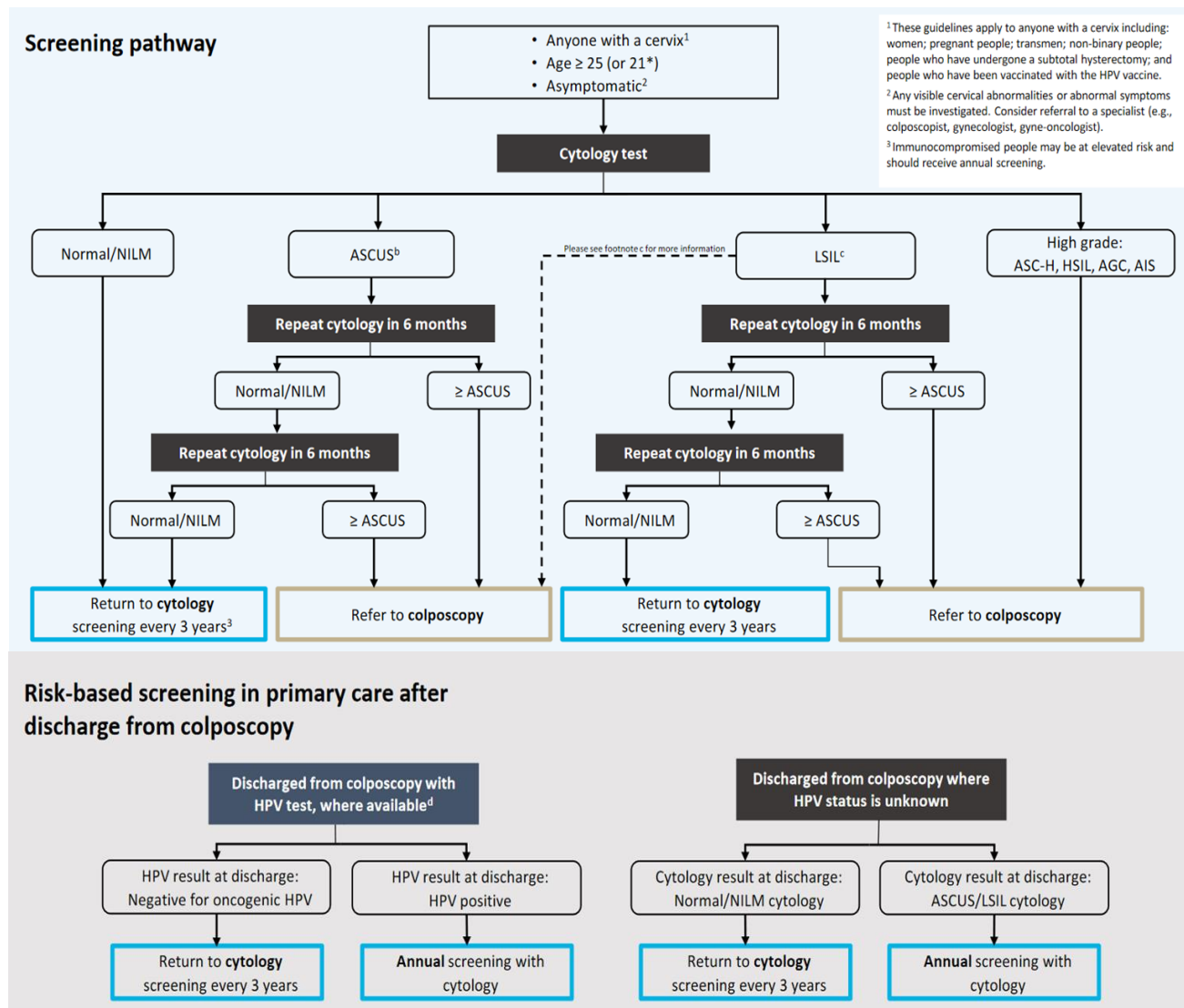
Barriers to Seeking Care for Transgender Individuals

● Societal/Institutional Level

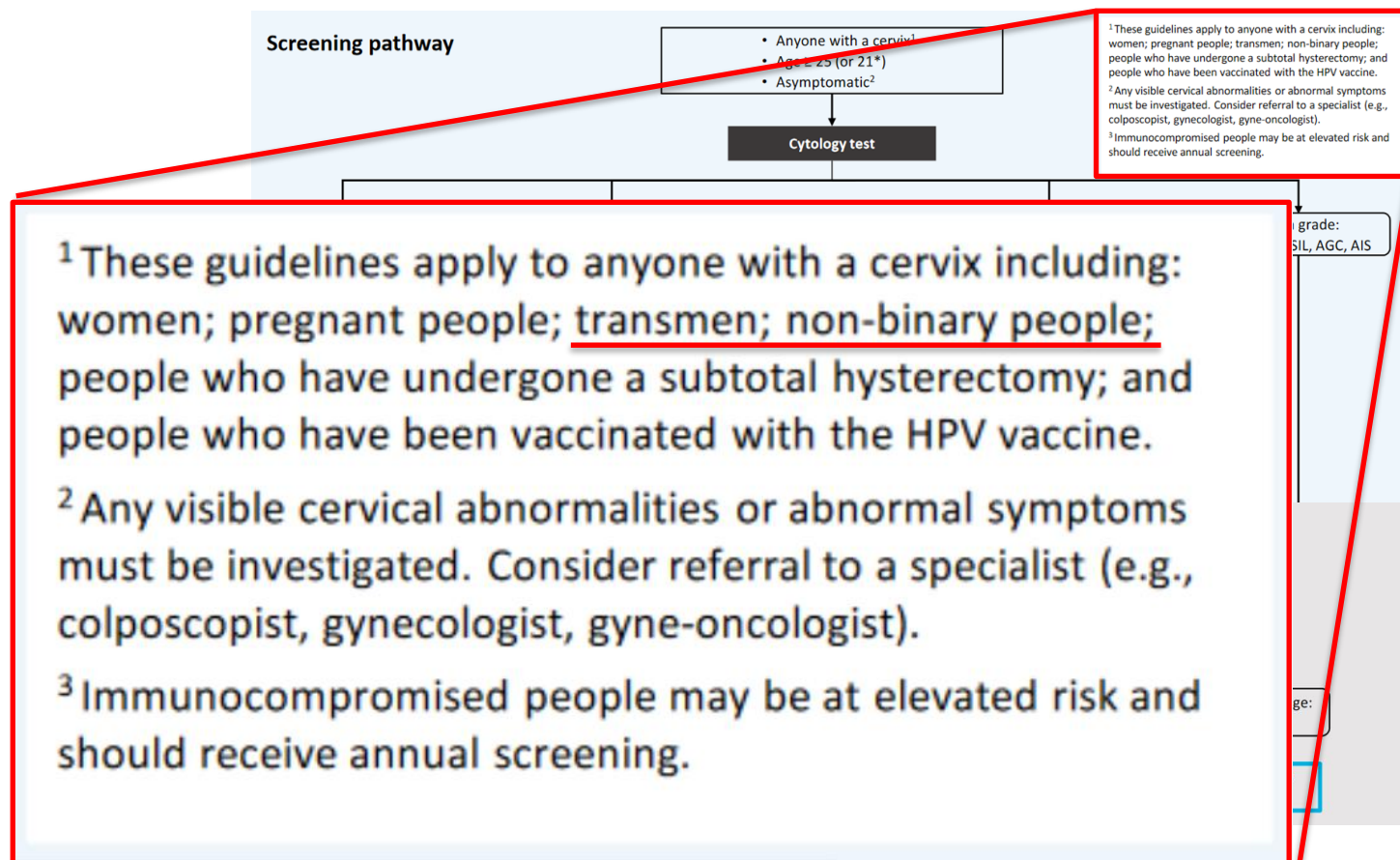
- Lack of policies accommodating transgender identities
- Absence of trans-specific training in medical, nursing, and paramedical school curricula
- Cost of gender-affirming surgeries
 - Covered in Canada by insured services, but not all provinces/territories include all surgeries
 - May need to access services by meeting DSM-5 criteria of gender dysphoria



Ontario Cervical Cancer Screening Algorithm



Ontario Cervical Cancer Screening Algorithm



Pop
Quiz!

Case:

- BG: 45yo G0 transgender man

- HPI:

- Daily AUB x 2 years - small-to-moderate volume
- Intermittent periods w/ heavy irregular bleeding, no alleviating/exacerbating factors
- Suprapubic discomfort - managed w/ Tylenol
- Weight loss 4.5kg in 4 months
- Prev. Hx of persistent bleeding w/ exogenous testosterone for hormonal transition, stopped 18 months prior
- Told he did not require cervical cancer screening as he never had penetrative intercourse with a male


- PMHx:

- Double mastectomy
- Initially planned hysterectomy, but decided not to pursue procedure

Question #1


- Does this person need to be screened?
 - 1) Yes.
 - 2) No.
 - 3) Unsure.

Question #1

- Does this person need to be screened?
 - 1) **Yes.** 
 - 2) No.
 - 3) Unsure.

Question #1

● Does this person need to be screened?

- 1) **Yes.** 
- 2) No.
- 3) Unsure.

¹ These guidelines apply to anyone with a cervix including: women; pregnant people; transmen; non-binary people; people who have undergone a subtotal hysterectomy; and people who have been vaccinated with the HPV vaccine.


² Any visible cervical abnormalities or abnormal symptoms must be investigated. Consider referral to a specialist (e.g., colposcopist, gynecologist, gyne-oncologist).

³ Immunocompromised people may be at elevated risk and should receive annual screening.

Question #2

- Is penetrative intercourse the only way to transmit HPV?
 - 1) Yes.
 - 2) No.
 - 3) Unsure

Question #2

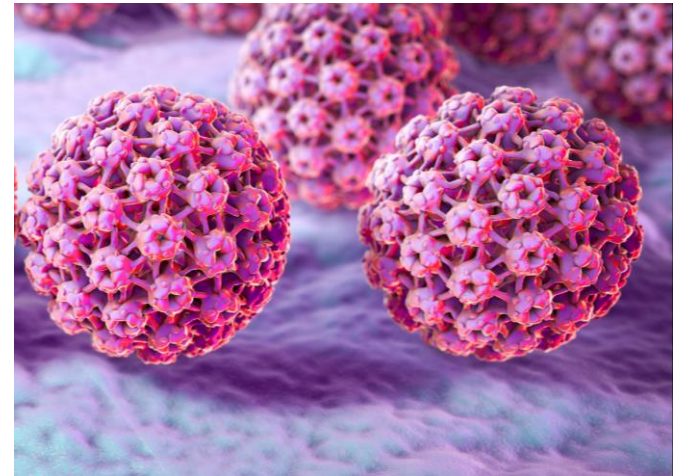
- Is penetrative intercourse the only way to transmit HPV?
 - 1) Yes.
 - 2) **No.** 
 - 3) Unsure

Question #2

- Is penetrative intercourse the only way to transmit HPV?

- 1) Yes.
- 2) **No.** ✓
- 3) Unsure.

- Human Papilloma Virus can be transmitted through any skin-to-skin contact



Case Study

- BG: 45yo G0 transgender man
- HPI:
 - Daily AUB x 2 years - small-to-moderate volume
 - Intermittent periods w/ heavy irregular bleeding, no alleviating/exacerbating factors
 - Suprapubic discomfort - managed w/ Tylenol
 - Weight loss 4.5kg in 4 months
 - Prev. Hx of persistent bleeding w/ exogenous testosterone for hormonal transition, stopped 18 months prior

Told he did not require cervical cancer screening as he never had penetrative intercourse with a male

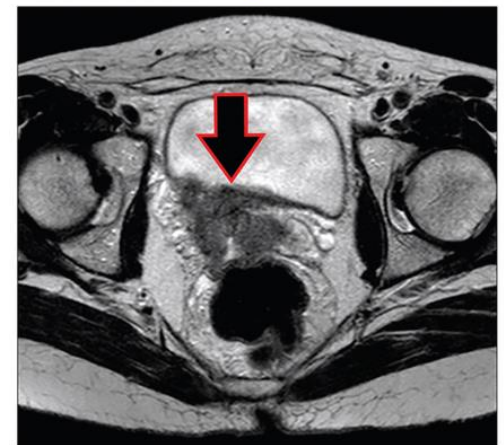
- PMHx:
 - Double mastectomy
 - Initially planned hysterectomy, but decided not to pursue procedure
- Speculum:
 - Abnormal mass on cervix, friable and bleeding
- Investigations:
 - Pap smear confirmed HSIL, suspicious for invasion
 - U/S showed mass in the bladder (2.2 x 2.1 x 2.1 cm)

Case Study

- Investigations (cont'd)
 - Cystoscopy - abnormal mass in bladder trigone obstructing R ureter
 - Biopsies (bladder, endometrium, & cervix) = SCC of cervix
 - MRI: cervical mass (3.4x3.3x2.4cm), indistinct margins, parametrial involvement w/ invasion into right post. Bladder wall, no invasion of rectum
 - Staging CT CAP: no regional lymphadenopathy, severe R sided hydronephrosis 2/2 ureteric obstruction

FIGO Stage IVA cervical cancer

- Mgmt
 - Ext. beam radiotherapy & concurrent weekly radiosensitizing cisplatin
 - High-dose-rate intracavitary brachytherapy
- Post treatment
 - Excellent local response w/ no evidence of residual tumour
 - Patient remained disease-free at 6 months post-treatment w/ 5 year surveillance planned



Literature on Cervical Cancer Screening in Transgender Men

Cervical Cancer Screening in Transgender Men

● Demographics

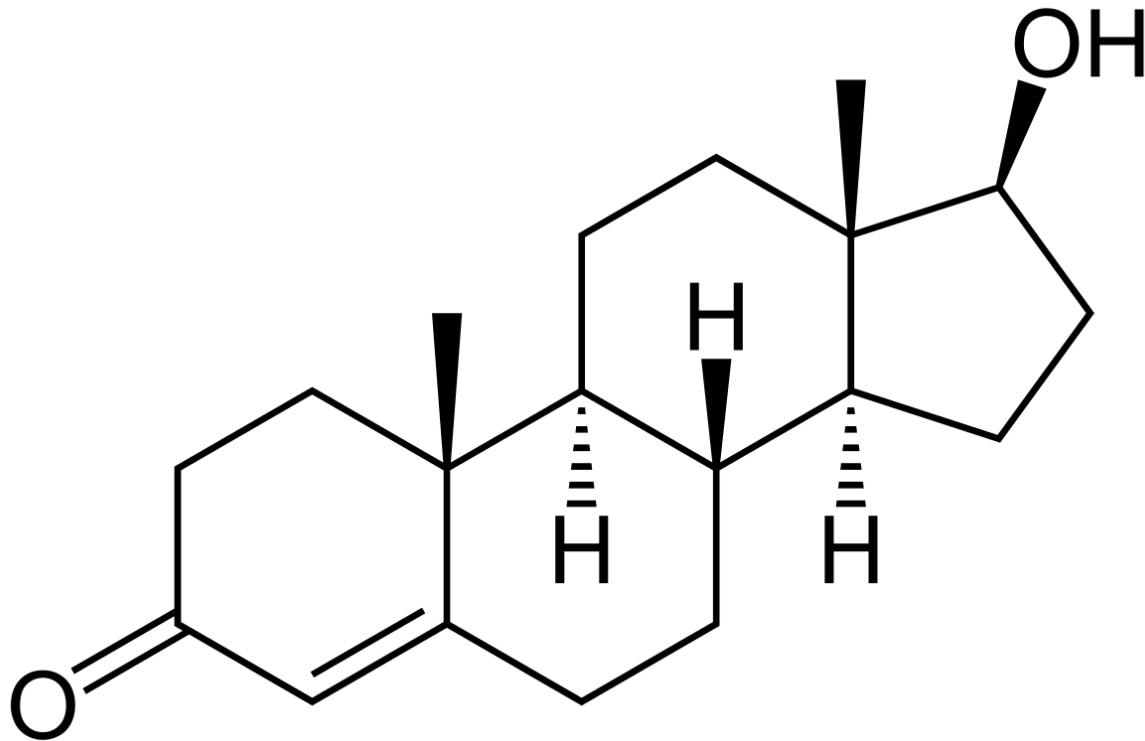
- St. Michael's Hospital FHT (Kiran et al., 2019), 120 of 415 transgender patients eligible for cancer screening
 - Cervical cancer eligibility: assigned female at birth, aged 21 to 69 years
 - Up to date on screening: Pap test within past 36 months
 - Exclusions: previous total hysterectomy or cervical cancer
- Transgender population: younger, lower SES, and have visited the practice in the past year
- Crude cervical cancer screening: transgender = 56% VS. cisgender = 72%
p=.001
- Adjusted for age, income and # visits: transgender men = significantly lower odds of being screened for cervical cancer (OR 0.39, 95% CI 0.25 to 0.62)

Cervical Cancer Screening in Transgender Men

● Quality of care

- Observational chart review from Boston (Peitzmeier et al., 2014), transgender men were more likely to have inadequate Pap, with prevalence of inadequate samples 8.3x higher (10.8% vs. 1.3% of tests)
- Transgender men = 10x higher odds of inadequate Pap after adjusting for age, race, BMI (AOR = 10.77, 95% CI = 6.83, 16.83)
- RF for inadequate pap = Testosterone therapy and >BMI
- Had multiple inadequate tests and had longer latency to follow up testing

What about Testosterone Therapy?



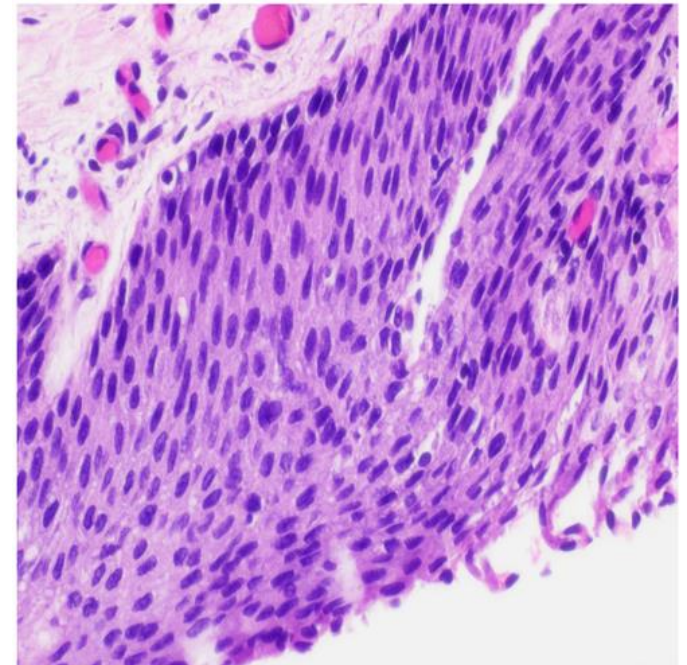
Testosterone Therapy and Pap Smears

- Common therapy while individual is transitioning
- Can impact Pap smear
 - Unsatisfactory sample
 - Presence of transitional cell metaplasia (TCM) = benign metaplastic changes of cervical and vaginal epithelium
 - Can be misdiagnosed as HSIL
 - Presence of “small cells” = atrophic parabasal cells of cervico-vaginal epithelium
- Important to consider vaginal oestrogen for 1-2 months prior to obtaining the Pap smear

It is very important to raise oestrogen therapy/other available options sensitively

(Williams MPA, et al., 2020)

https://www.cancercareontario.ca/sites/ccocancercare/files/guidelines/full/Policy_ScreeningTransPeople_OBSPandOCSP.pdf



Histological findings of TCM

Cervical Cancer Screening in Transgender Men

● Patient Perspective with Pap Test

- Johnson et al. (2016) interview study
- Experienced “emotional and psychological stress with Pap testing due to gender dissonance”
- “A reminder of female parts of themselves and found this upsetting; a reason to avoid gynecologic exams altogether”
- Alleviated by bringing a support person to the appointment; and competent/sensitive HCPs
 - Competent: knowledgeable, skilled, providing appropriate care
 - Sensitive: aware, responsive, and caring

● HCP Perspective with Pap Test

- Survey of 141 OBGYN's (Unger et al., 2015): 80% = no transgender-specific health care training in residency regardless of how long they had been in practice
- 88% felt comfortable performing routine Pap screening, and felt comfortable performing gynaecologic exam for transgender men

Cervical Cancer Screening in Transgender Men

- Considerations for screening
 - Training of HCPs - including OBGYNs, PCPs, Pathologists, RNs, NPs, PAs
 - Cytologists - particular features of metaplasia in atrophic cervical cells
 - If atrophic, vaginal estriol or estradiol for 1-2 months before Pap
 - Does the patient require a speculum?
 - Should be done by trained HCP with smallest speculum
 - Consider HPV test given provincial move towards HPV screening
 - Self-collection vs. provider-collected samples can reduce physical and psychological discomfort and fear in this population
 - Transgender men without a cervix should not be screened unless history of high-grade CIN

**Organised cervical cancer screening programmes
should not overlook transgender men**

Cervical Cancer Screening in Transgender Men

● Considerations for screening

- Extend cervical cancer screening to transgender men in same way as cisgender women in targeted age-groups
- Health surveillance systems should routinely collect transgender status information
 - Gatos (2018) – “two-question” approach (asked separately)
 - Current gender identity
 - Gender assigned at birth
- Specific guidelines needed
- Data security to be ensured and improved for sensitive information on gender issues
- Future research should focus on documenting the risks of high-risk HPV and CIN in transgender men

Summary

- Knowledge and support of the transgender population will help to enhance care, especially as it relates to cervical cancer screening
 - Any person with a cervix requires cervical cancer screening
- Sensitive and knowledgeable providers are required to care for transgender individuals as with cisgendered individuals
- Important to consider testosterone therapy and its effect on cervical cancer screening. Consider using short course of PV oestrogen to obtain adequate Pap smear

Volume 17, Issue 2, 2021

DIALOGUE

A publication for Ontario Doctors

PLUS:

- The Impact of Quality Improvement
- Addressing Vaccine Hesitancy
- The Rise of Infodemics

*Dr. Ket Butler, an
anesthesiologist at
the University of Toronto*

What Gets in the Way of Trans Health?

Doctors' attitudes
can make a difference

Trusted Doctors Providing Great Care

College of Physicians and Surgeons of Ontario


Thank you for your time!

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References

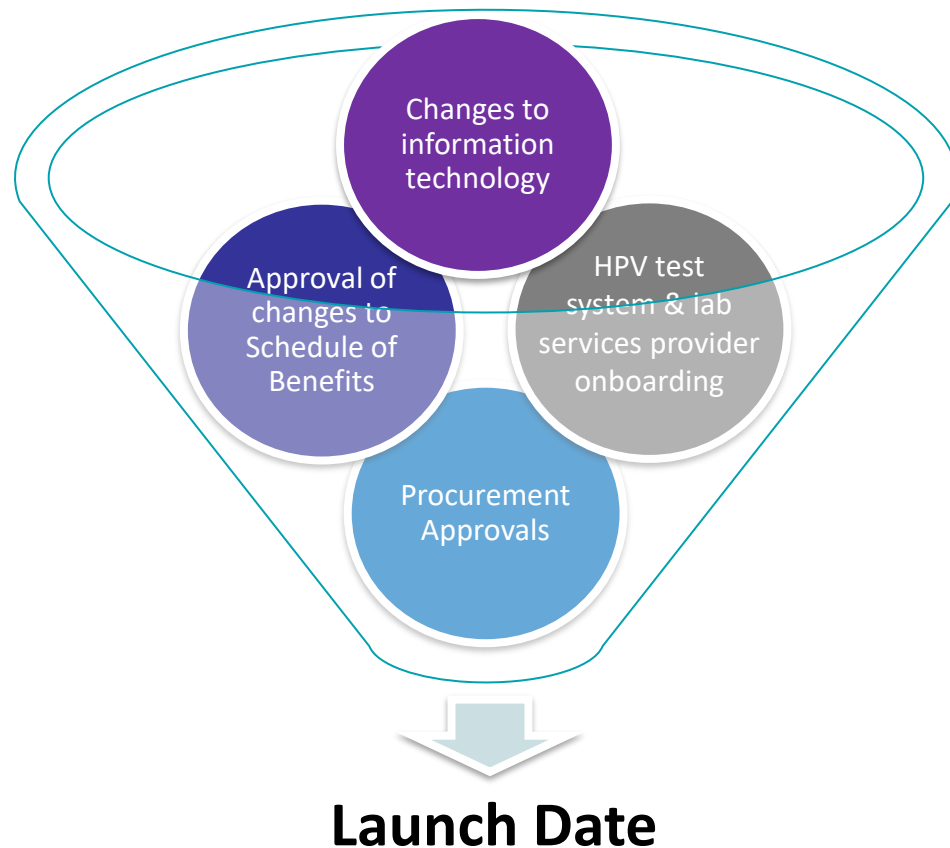
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Ontario Cervical Screening Program updates: HPV testing implementation project

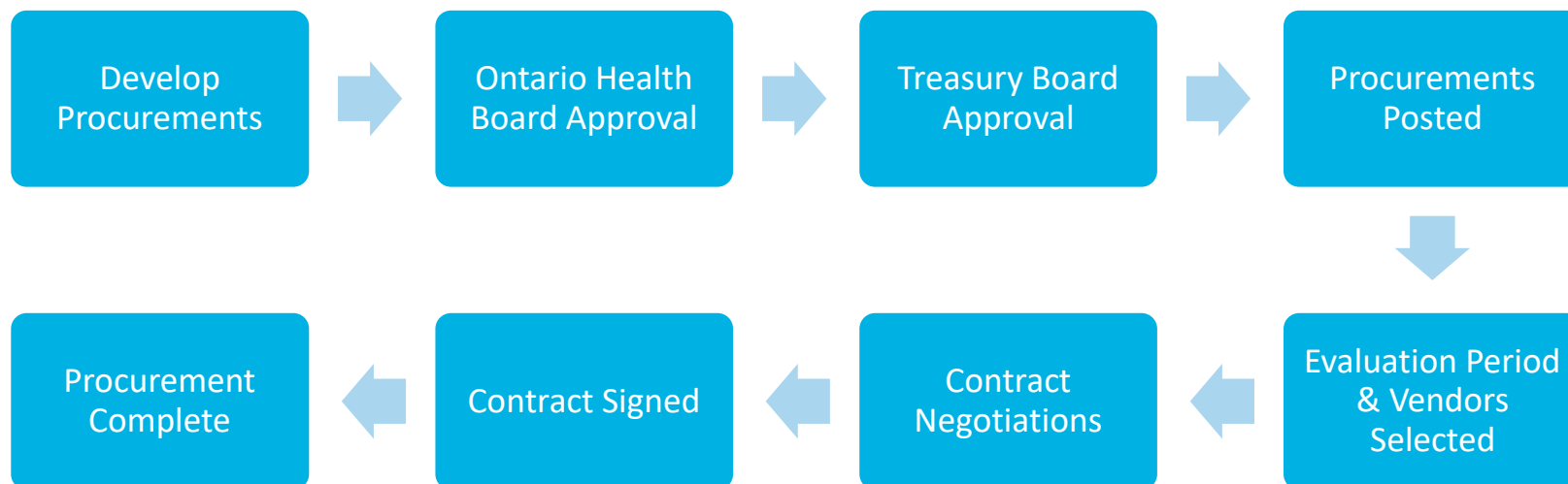
Factors influencing launch date for HPV testing

- A number of activities will influence when HPV testing can be launched for cervical screening and in colposcopy
- A launch date will be determined once Ontario Health (Cancer Care Ontario) has a better understanding of timelines for these activities



Spotlight on key ongoing work

- Preparing materials to support provincial procurements for the HPV test system vendor and laboratory services for HPV testing and cytology



Spotlight on key ongoing work

(cont'd)

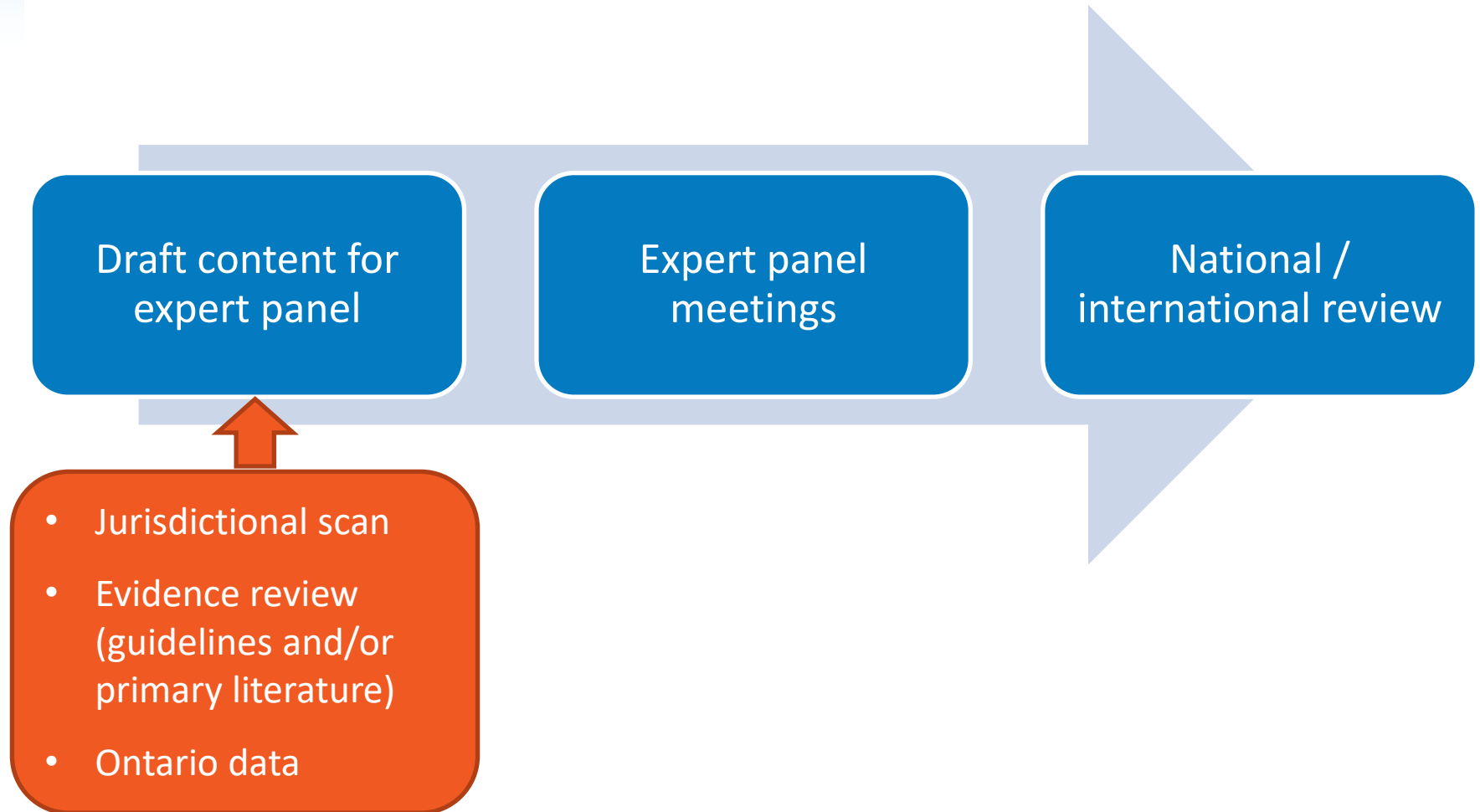
- Working with Ministry of Health on updates to the Physician Services Schedule of Benefits
- Updating information technology systems required to support the OCSP (e.g., data collection, correspondence, screening activity report, reporting and analytics)
- Gathering participant feedback on new OCSP correspondence letters through cognitive testing

Updating the OCSP screening and colposcopy recommendations

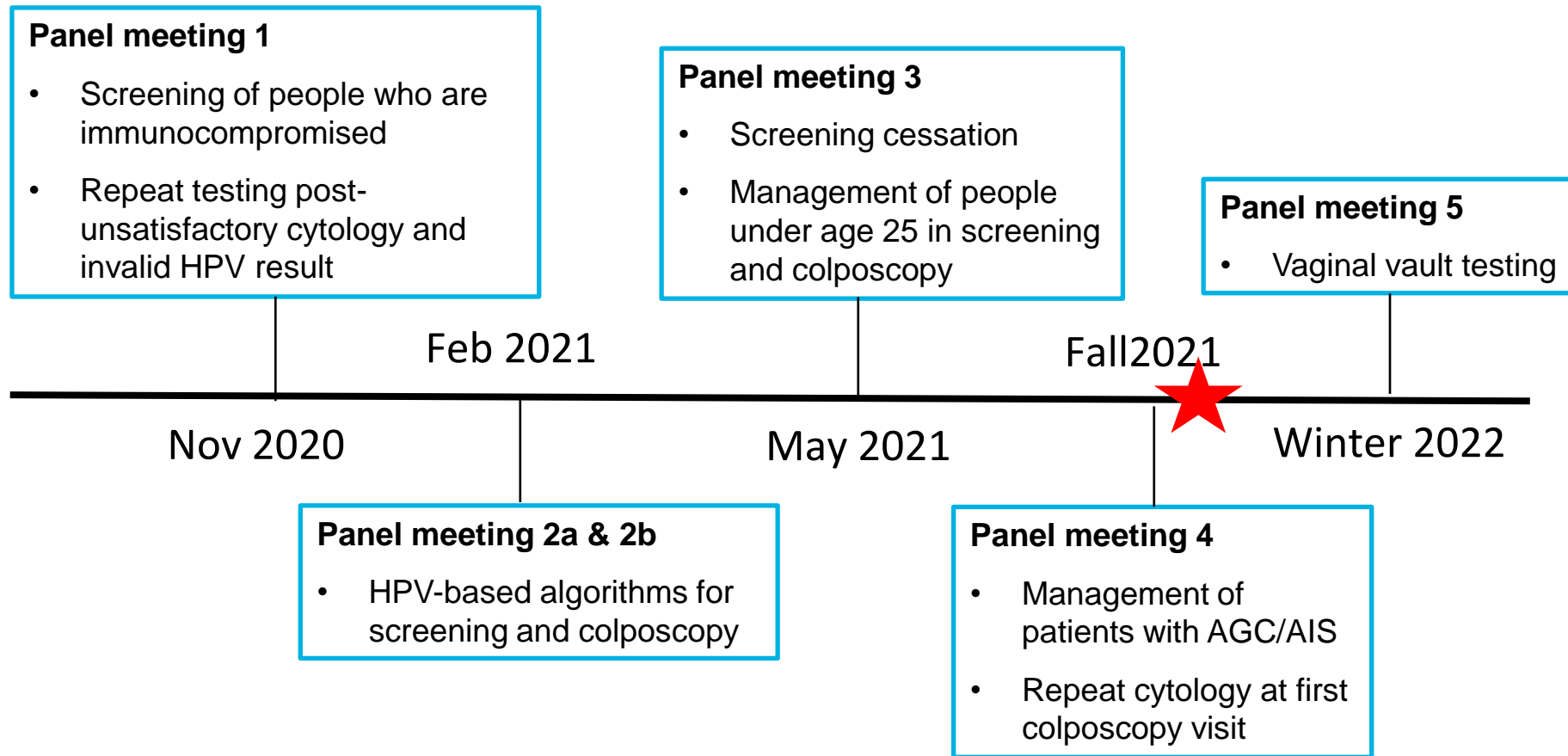
- Key areas under review
 - HPV-based algorithms for screening and colposcopy
 - Screening cessation
 - Management of patients with AGC/AIS
 - Management of people under age 25 in screening and colposcopy
 - Screening for people who are immunocompromised
 - Repeat testing post-unsatisfactory cytology and/or invalid HPV test result
 - Vaginal vault testing for patients with total hysterectomy




Approach to finalizing the updated recommendations



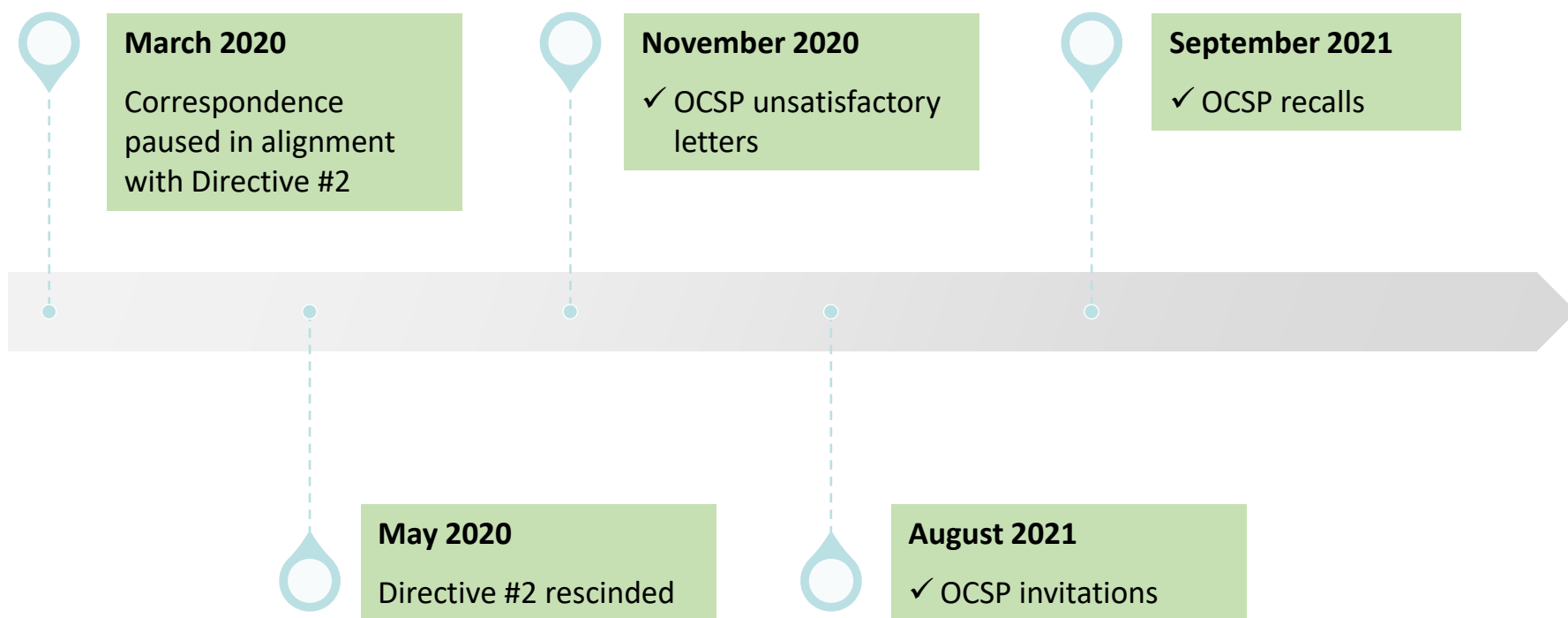
Timelines for expert panel meetings



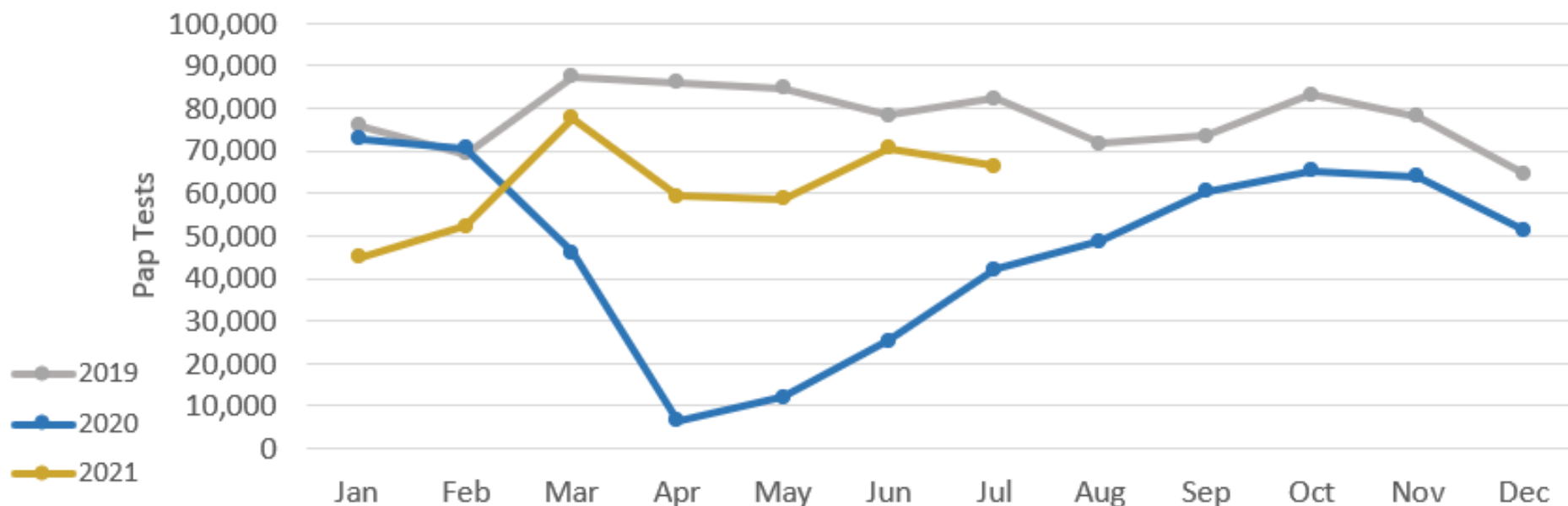


Ontario Cervical Screening Program updates: Cervical screening during COVID-19

Resuming cervical correspondence letters



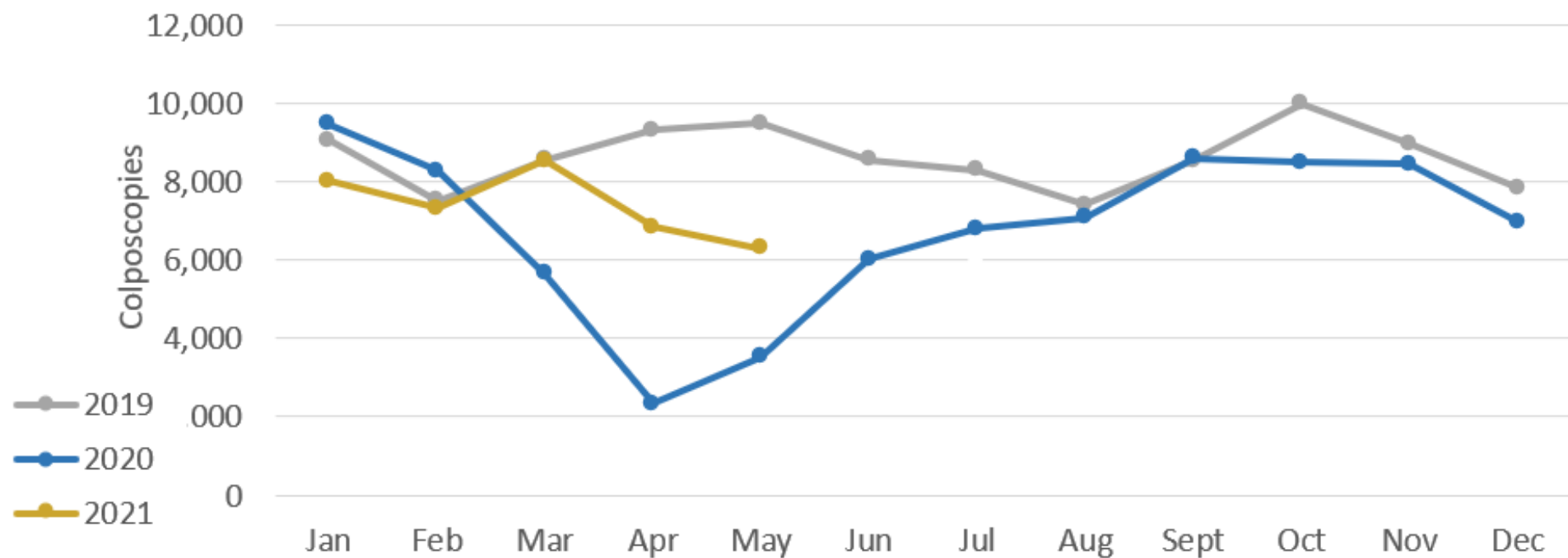
Pap tests volumes by month and year



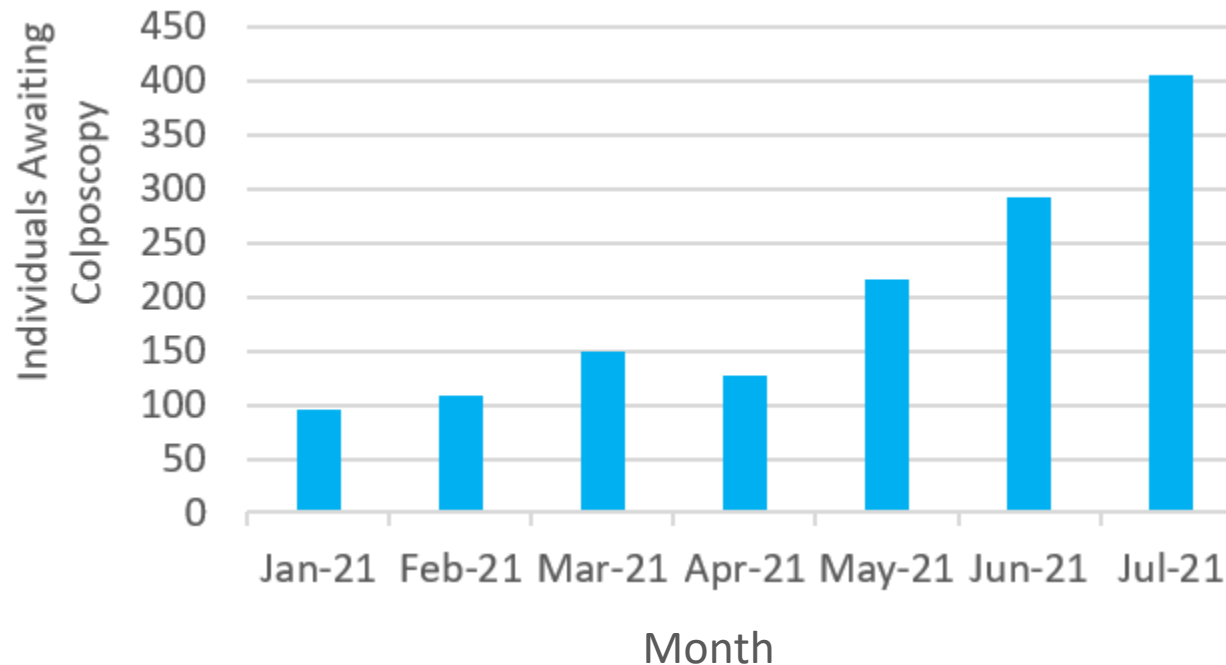
As of July 2021, Pap tests are down by 19% compared to 2019 volumes



Colposcopy volumes by month and year




Number of individuals with high-grade Pap results awaiting colposcopy



- Primary care providers need to ensure that people with high-grade results are referred to colposcopy
- Colposcopists need to ensure that people with high grade results are prioritized for colposcopy

Guidance for resumption of cervical screening

- Primary care providers are encouraged to initiate cervical screening at **age 25**
- People with a first time LSIL or ASCUS should be rescreened with cytology at approximately **12 months**
 - Colposcopy referrals for people with first time ASCUS or LSIL results should be declined
- However, people with a first time LSIL or ASCUS who have had an HPV test and are HPV 16/18 positive should be referred to colposcopy



Cervical screening and colposcopy quality reporting

Overview of colposcopy services in Ontario, 2020

- Number of colposcopists: **394**
- Colposcopy volume: **80,974**
- Number of treatments for pre-cancer* and cancer: **2,815**
- Number of treatments: **6,729**

We are managing and treating thousands of people through this program, and we need to make sure that everyone has the same access to high quality care.

Why the focus on quality reporting?

- To ensure consistent care is provided across the province, cervical screening and colposcopy care needs to be aligned with published, evidence-based recommendations
 - Quality reports will help us measure how well we are aligned with OCSP evidence-based recommendations
- Cervical screening and colposcopy services in Ontario are evolving (e.g., transition to HPV testing)
 - Quality reports can help us to prepare for the transformation of these services

Recap: report release

- Reports sent by email on September 21, 2021
- Role of facility report recipients:
 - Review the facility, regional and provincial outcomes
 - Identify areas that are going well and areas that may benefit from quality improvement activities
 - Share their reports with relevant colleagues at their facilities
 - Initiate discussions on quality improvement



Overview of provincial standards

Provincial report: standards

Cervical Screening and Colposcopy Quality Provincial Report (Release Year 2021)



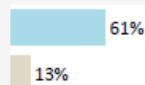
Standards

Legend: Fully implemented Partially implemented Not implemented N/A -- Not applicable n.d. -- No data

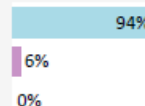
Standard 1. Facilities should require that all colposcopists at their facility demonstrate completion of a colposcopy training program or have demonstrated longstanding expertise.

Province

(1a) Colposcopists practicing in your facility are required to demonstrate either completion of a colposcopy training program or longstanding expertise.

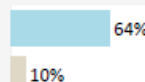


Of the facilities that responded yes to 1a



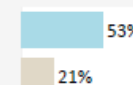
(1b) Colposcopists at your facility have demonstrated completion of a colposcopy training program or longstanding expertise.

Standard 2. Facilities should require that all colposcopists at their facility maintain colposcopy competency by managing a sufficient number of patients, regularly attending and/or providing accredited continuing medical education events, and participating regularly in clinical audits or reflective practice.

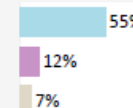


Standard 3. Facilities should have a consistent and well-described process in place to manage the intake of referrals for colposcopy. To support equitable access for patients, this process should ensure that referrals meet the clinical criteria for entry into the colposcopy system, are appropriately triaged, and that inappropriate referrals are declined.

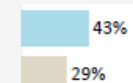
Province



Standard 4. Facilities should ensure that referrals for colposcopy are only accepted if the colposcopist is able to provide the full continuum of care (e.g., from diagnosis and treatment, to follow-up and discharge), except in exceptional circumstances.



Standard 5. Facilities should provide educational materials (printed, online or otherwise) and/or patient resources that are consistent with the Ontario Cervical Screening Program's cervical screening and colposcopy recommendations.



Survey response rate:

- 66 out of 88 (75%) facilities in the province responded to the survey

Provincial report: standards con't

Cervical Screening and Colposcopy Quality Provincial Report (Release Year 2021)

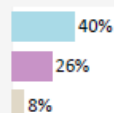


Standards

Legend: Fully implemented Partially implemented Not implemented N/A – Not applicable n.d. – No data

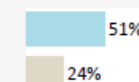
Standard 6. Facilities should ensure that at the time of discharge from colposcopy, patients and their referring provider and/or primary care provider are given discharge recommendations, including screening recommendations with appropriate risk-based intervals.

Province



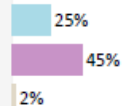
Standard 8. Facilities should have 1 or more practice leads (nurse, physician or other) responsible for clinic organization, patient education and the coordination of collaborative services (e.g., lab services, triaging processes).

Province

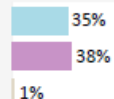


Standard 7. Facilities should ensure that all colposcopists at the facility follow the Ontario Cervical Screening Program's evidence-based clinical pathways for:

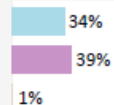
(7a) Patients with no visible lesions or low-grade lesions who remain untreated but cannot be discharged should not be seen more frequently than every 12 months in colposcopy.



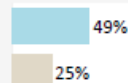
(7b) Patients who have undergone treatment for high-grade lesions.



(7c) Patients who are transitioning back to primary care and meet criteria for discharge.



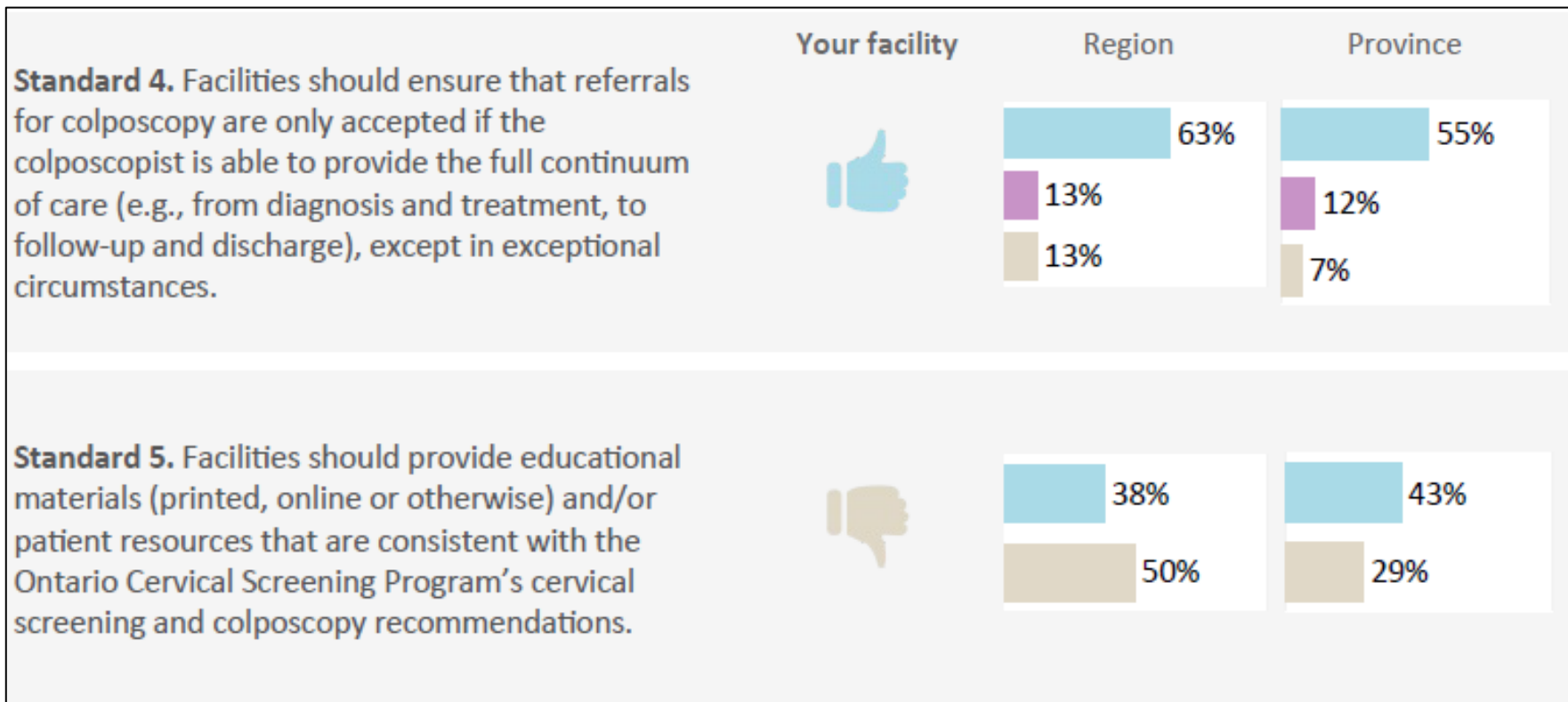
Standard 9. Facilities should participate in colposcopy quality improvement and/or quality assurance activities or programs.



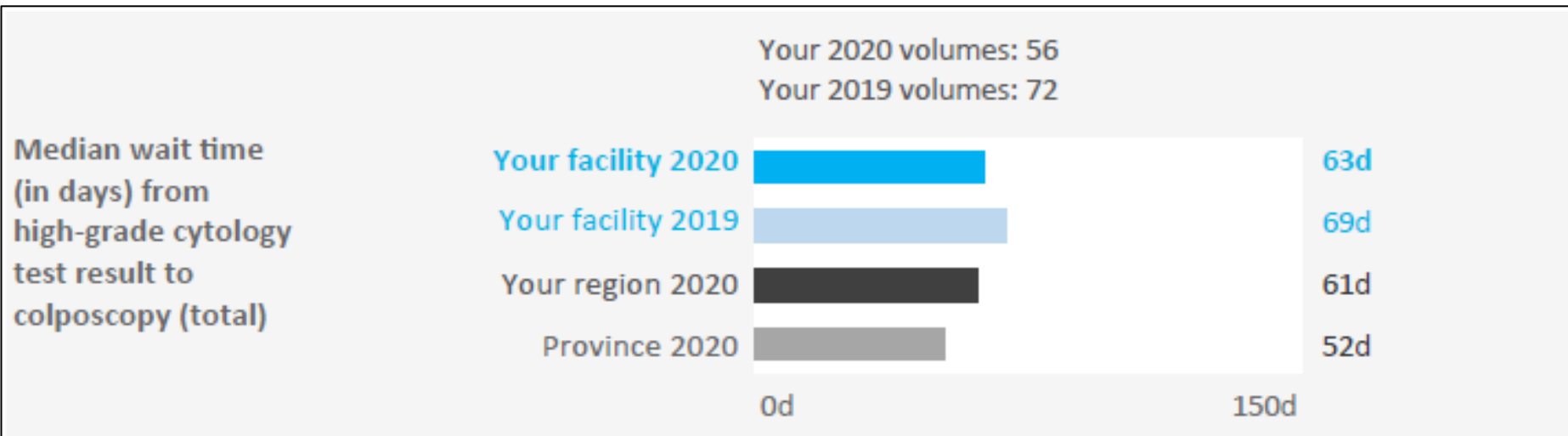


Using quality reports to inform improvement activities

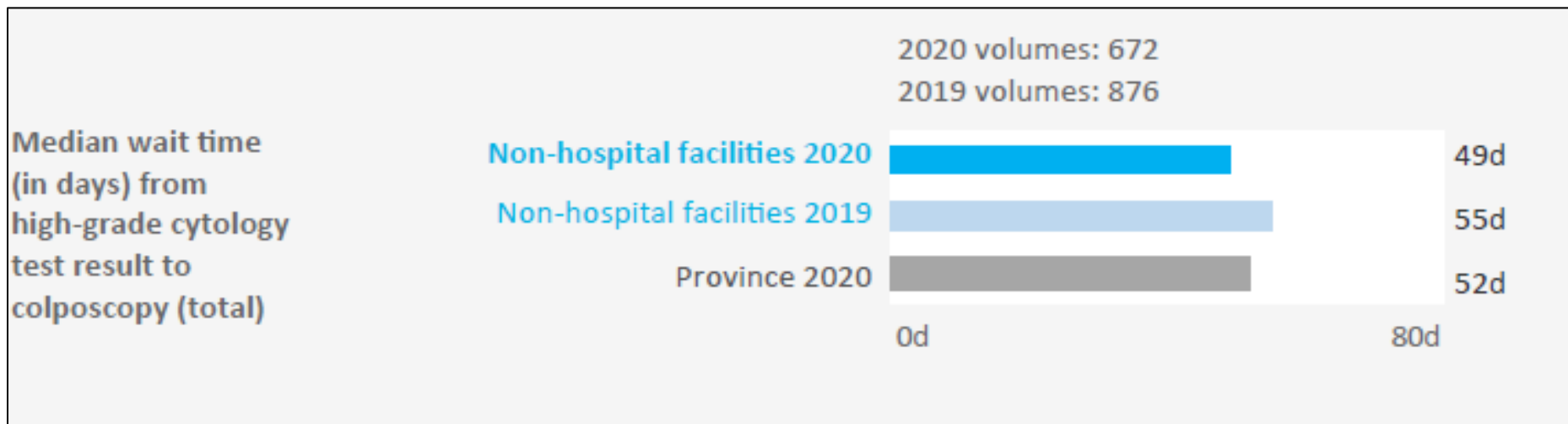
Example 1: colposcopy standards interpretation (hospital & non-hospital)



Example 2: colposcopy indicator interpretation (hospital)



Example 3: colposcopy indicator interpretation (non-hospital)



Facility improvement plan template

Facility Improvement Plan

The following template² can be used to assist you with planning and implementing a new quality improvement initiative in your facility. The template can be adapted to reflect your facility's practices, workflow and available resources.

Facility name:

Date plan was developed:

Facility lead name:

Administrative contact name:

Identify one or more areas for quality improvement (e.g., aspects of the facility and its operations that you would like to change or learn from). Create additional tables for other changes, if needed.

Guiding questions	Action plan
Where will your quality improvement efforts be focused?	
Who will lead the change?	
Who will help with the change and its implementation? How will they help?	
What steps will you take to achieve the change?	
What is your timeline?	
What resources do you need?	
What factors will help you succeed?	
What barriers may compromise your ability to succeed?	
What are your strategies to overcome any barriers?	
How will you measure success? How will you know your group has been successful?	
Was the plan successfully completed? When was it completed?	
How will you monitor long-term implementation of the change?	
Was the plan revised? If so, what was revised and why?	



Next steps and discussion

Next Steps

- Help us improve future reports!
 - Evaluation survey was sent by email to facility report recipients on November 8, 2021
 - Online survey will take less than 10 minutes to complete
- Facility, regional and provincial quality reports will continue to be released annually
 - Improvements to the implementation of standards will be reflected in your 2022 reports
 - Improvements to colposcopy performance indicators will be reflected based on the indicators' reporting year
- Physician-level reports will be released in the future

Discussion

- Do you have any questions or feedback about the release of the cervical screening and colposcopy quality reports?
- How has your facility used or how is your facility planning to use the reports to support quality improvement activities?



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 – survey link will be emailed to CoP webinar attendees
- Next CoP webinar: Spring 2022 (dates TBD)
- Share your feedback and questions with us at ColposcopyCoP@ontariohealth.ca



*Thank
You!*





Appendix

Provincial report: volume and demographics

Cervical Screening and Colposcopy Quality Provincial Report (Release Year 2021)



Volume and demographics

<p>Total colposcopy volume</p> <p>Province 2020: 80,974 Province 2019: 103,227</p>	<p>Proportion of hospital and non-hospital facilities performing colposcopies</p> <div> <p>Province 2020</p> <table border="1"> <tr> <td>Total # of facilities</td> <td>88</td> </tr> <tr> <td># of hospitals (%)</td> <td>57 (65%)</td> </tr> <tr> <td># of non-hospitals (%)</td> <td>31 (35%)</td> </tr> </table> </div>	Total # of facilities	88	# of hospitals (%)	57 (65%)	# of non-hospitals (%)	31 (35%)
Total # of facilities	88						
# of hospitals (%)	57 (65%)						
# of non-hospitals (%)	31 (35%)						
<p>Number of treatments for pre-cancer (HSIL/CIS) and cancer</p> <p>Province 2020: 2,815 Province 2019: 4,255</p>	<p>Number of physicians who performed colposcopy per 10,000 people</p> <div> <p>Province 2020: 0.8/10,000</p> <p>Province 2019: 0.8/10,000</p> </div>						
<p>Number of treatments in Ontario</p> <p>Province 2020: 6,729 Province 2019: 8,466</p>	<p>Total number of colposcopists in Ontario</p> <p>Province 2020: 394 Province 2019: 411</p>						

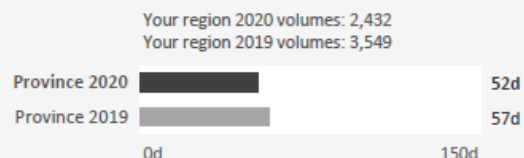
Provincial report: colposcopy indicators

Cervical Screening and Colposcopy Quality Provincial Report (Release Year 2021)

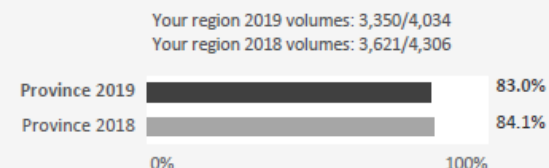


Colposcopy indicators

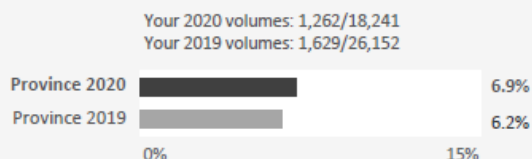
Median wait time (in days) from high-grade cytology test result to colposcopy (total)



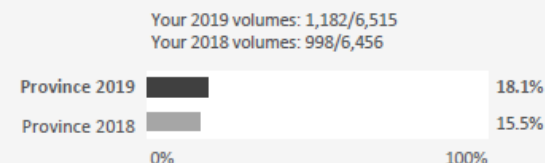
Proportion of people with high-grade cytology test result who were seen for colposcopy within 6 months



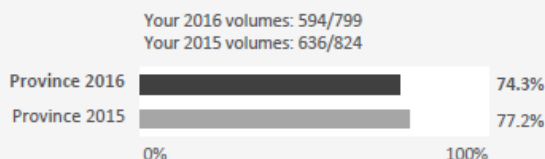
Proportion of people seen for colposcopy following their first ASCUS result



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



Proportion of people discharged from colposcopy post-treatment after having 3 consecutive normal cytology test results



To learn more about the definitions and methodology for the indicators used in this report, visit <https://bit.ly/methodology2021>.

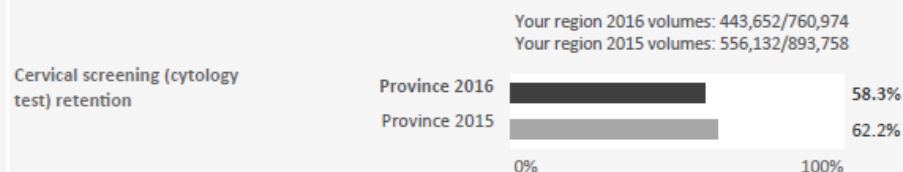
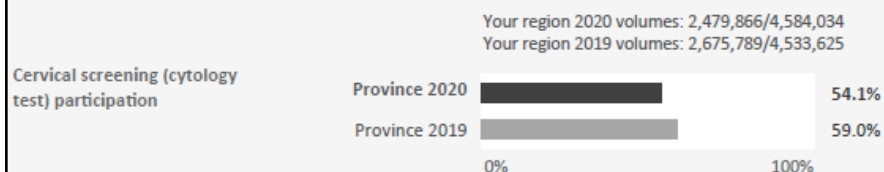
If you have any questions regarding this data or require further information, please contact your Regional Cervical Screening and Colposcopy Lead (contact information included in your report supplementary information document).

Provincial report: cervical screening indicators

Cervical Screening and Colposcopy Quality Provincial Report (Release Year 2021)



Cervical screening indicators



Positive predictive value (cancer and pre-cancer)

	Province
Pre-cancer 2019	1,882 (4.5%)
Cancer 2019	122 (0.3%)
Pre-Cancer 2018	2,546 (5.9%)
Cancer 2018	135 (0.3%)

Detection rate (cancer and pre-cancer)

	Province
Pre-cancer 2019	1,882 (2.2/1,000)
Cancer 2019	122 (0.14/1,000)
Pre-cancer 2018	2,546 (2.9/1,000)
Cancer 2018	135 (0.15/1,000)

Total number of cytology tests in Ontario

Province 2020: 645,085
Province 2019: 1,055,233

Cervical screening performance, as measured by these indicators, cannot be reported at the facility level. Regional and provincial-level performance data for these indicators have been included for information and to inform quality improvement initiatives.

Facility report: volume and demographics

Cervical Screening and Colposcopy Quality Facility Report (Release Year 2021)

Facility [REDACTED]

Region [REDACTED]



Volume and demographics

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



Facility report: standards

Cervical Screening and Colposcopy Quality Facility Report (Release Year 2021)

Facility [REDACTED]

Region [REDACTED]



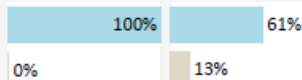
Standards

Legend: Fully implemented Partially implemented Not implemented N/A -- Not applicable n.d. -- No data

Standard 1. Facilities should require that all colposcopists at their facility demonstrate completion of a colposcopy training program or have demonstrated longstanding expertise.

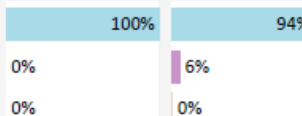
Your facility Region Province

(1a) Colposcopists practicing in your facility are required to demonstrate either completion of a colposcopy training program or longstanding expertise.

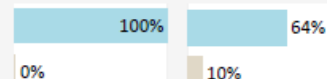


Of the facilities that responded yes to 1a

(1b) Colposcopists at your facility have demonstrated completion of a colposcopy training program or longstanding expertise.

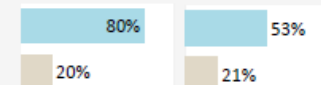


Standard 2. Facilities should require that all colposcopists at their facility maintain colposcopy competency by managing a sufficient number of patients, regularly attending and/or providing accredited continuing medical education events, and participating regularly in clinical audits or reflective practice.

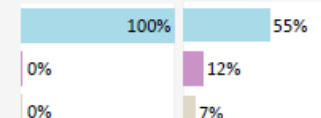


Standard 3. Facilities should have a consistent and well-described process in place to manage the intake of referrals for colposcopy. To support equitable access for patients, this process should ensure that referrals meet the clinical criteria for entry into the colposcopy system, are appropriately triaged, and that inappropriate referrals are declined.

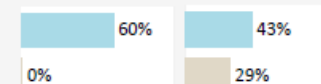
Your facility Region Province



Standard 4. Facilities should ensure that referrals for colposcopy are only accepted if the colposcopist is able to provide the full continuum of care (e.g., from diagnosis and treatment, to follow-up and discharge), except in exceptional circumstances.



Standard 5. Facilities should provide educational materials (printed, online or otherwise) and/or patient resources that are consistent with the Ontario Cervical Screening Program's cervical screening and colposcopy recommendations.



Survey response rate:

- 5 out of 5 (100%) facilities in your region responded to the survey
- 66 out of 88 (75%) facilities in the province responded to the survey

Cervical Screening and Colposcopy Quality Facility Report (Release Year 2021)

Facility: [REDACTED] Region: [REDACTED]

Legend: Fully implemented Partially implemented Not implemented N/A – Not applicable n.d. – No data

Standards	Your facility	Region	Province
Standard 6. Facilities should ensure that at the time of discharge from colposcopy, patients and their referring provider and/or primary care provider are given discharge recommendations, including screening recommendations with appropriate risk-based intervals.	100%	80% 20% 0%	40% 26% 8%
Standard 7. Facilities should ensure that all colposcopists at the facility follow the Ontario Cervical Screening Program's evidence-based clinical pathways for:			
(7a) Patients with no visible lesions or low-grade lesions who remain untreated but cannot be discharged should not be seen more frequently than every 12 months in colposcopy.	100%	40% 20% 0%	25% 45% 2%
(7b) Patients who have undergone treatment for high-grade lesions.	100%	80% 20% 0%	35% 38% 1%
(7c) Patients who are transitioning back to primary care and meet criteria for discharge.	100%	60% 40% 0%	34% 39% 1%
Standard 8. Facilities should have 1 or more practice leads (nurse, physician or other) responsible for clinic organization, patient education and the coordination of collaborative services (e.g., lab services, triaging processes).	100%	60% 40%	51% 24%
Standard 9. Facilities should participate in colposcopy quality improvement and/or quality assurance activities or programs.	100%	60% 40%	49% 25%

Facility report: colposcopy indicators

Cervical Screening and Colposcopy Quality Facility Report (Release Year 2021)

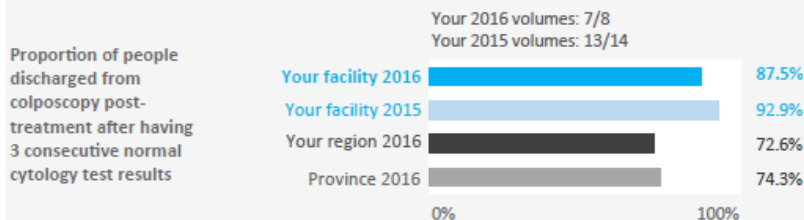
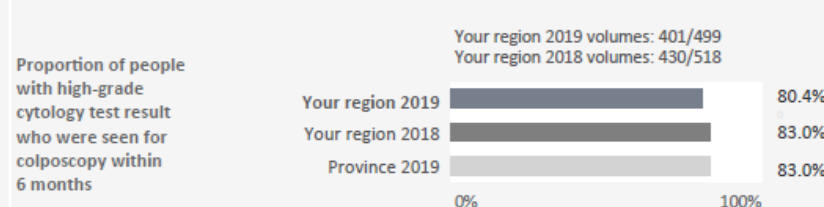
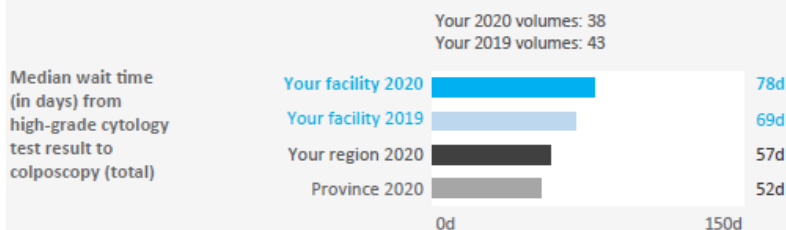
Facility [REDACTED]

Region [REDACTED]



Colposcopy indicators

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



To learn more about the definitions and methodology for the indicators used in this report, visit <https://bit.ly/methodology2021>.

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Facility report: cervical screening indicators

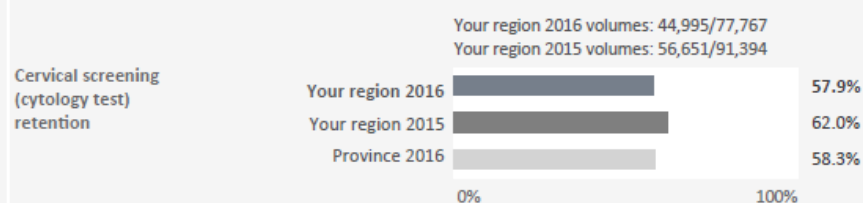
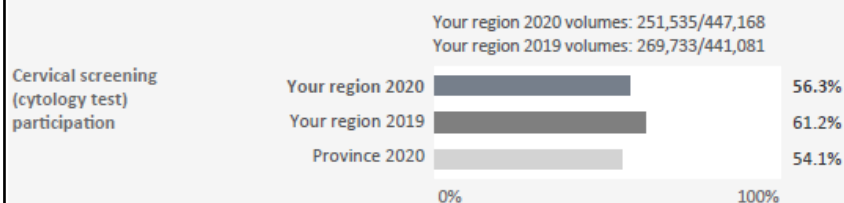
Cervical Screening and Colposcopy Quality Facility Report (Release Year 2021)

Facility [REDACTED]

Region [REDACTED]



Cervical screening indicators

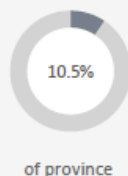


	Your region	Province
Pre-cancer 2019	224 (5.0%)	1,882 (4.5%)
Cancer 2019	13 (0.30%)	122 (0.30%)
Pre-Cancer 2018	291 (6.1%)	2,546 (5.9%)
Cancer 2018	18 (0.40%)	135 (0.30%)

	Your region	Province
Pre-cancer 2019	224 (2.5/1,000)	1,882 (2.2/1,000)
Cancer 2019	13 (0.15/1,000)	122 (0.14/1,000)
Pre-cancer 2018	291 (3.1/1,000)	2,546 (2.9/1,000)
Cancer 2018	18 (0.19/1,000)	135 (0.15/1,000)

Total number of cytology tests in Ontario

Your region 2020: 67,640
Your region 2019: 110,275
Province 2020: 645,085



Cervical screening performance, as measured by these indicators, cannot be reported at the facility level. Regional and provincial-level performance data for these indicators have been included for information and to inform quality improvement initiatives.