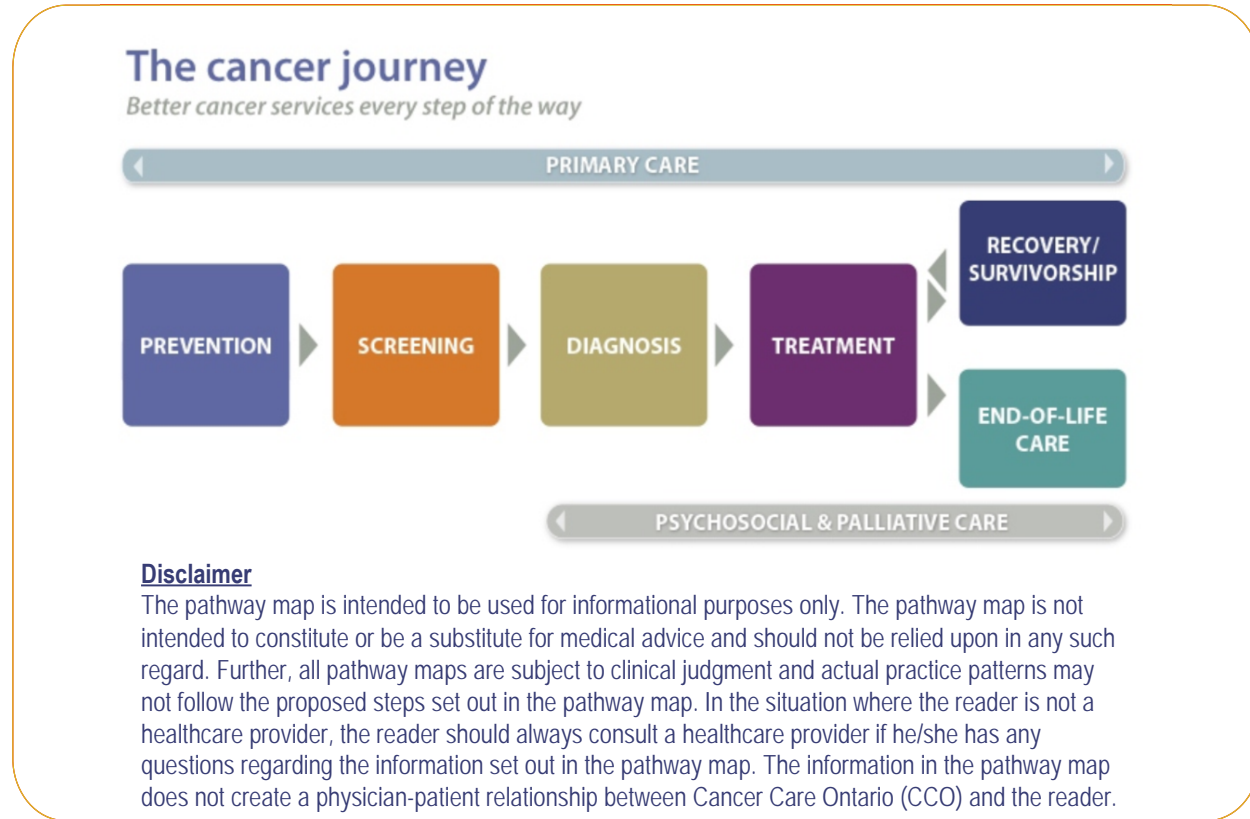


# Cervical Cancer Diagnosis Pathway Map

Disease Pathway Management  
Version 2018.03



### Target Population

- This pathway map reflects the clinical management of women with abnormal screen tests, or signs or symptoms that are concerning for lower genital tract neoplasia, who are in need of diagnostic intervention.
- This pathway map does not address the primary screening tests. For primary screening, please see the Cervical Cancer Screening Pathway Map.

### Pathway Considerations

- Primary care providers play an important role in the cancer journey and should be informed of relevant tests and consultations. Ongoing care with a primary care provider is assumed to be part of the pathway map. For patients who do not have a primary care provider, [Health Care Connect](#), is a government resource that helps patients find a doctor or nurse practitioner.
- Throughout the pathway map, a shared decision-making model should be implemented to enable and encourage patients to play an active role in the management of their care. For more information see [Person-Centered Care Guideline](#) and [EBS #19-2 Provider-Patient Communication\\*](#)
- Hyperlinks are used throughout the pathway map to provide information about relevant CCO tools, resources and guidance documents.
- The term 'healthcare provider', used throughout the pathway map, includes primary care providers and specialists, e.g. family doctors, nurse practitioners, gynecologists, midwives and emergency physicians
- Psychosocial oncology (PSO) is the interprofessional specialty concerned with understanding and treating the social, practical, psychological, emotional, spiritual and functional needs and quality-of-life impact that cancer has on patients and their families. Psychosocial care should be considered an integral and standardized part of cancer care for patients and their families at all stages of the illness trajectory. For more information, visit [EBS #19-3](#)

\* **Note.** [EBS #19-2](#) and [EBS #19-3](#) are older than 3 years and is currently listed as 'For Education and Information Purposes'. This means that the recommendations will no longer be maintained but may still be useful for academic or other information purposes.

### Pathway Map Legend

#### Colour Guide

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

#### Shape Guide

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

#### Line Guide

- Required
- Possible

### Pathway Map Disclaimer

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

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

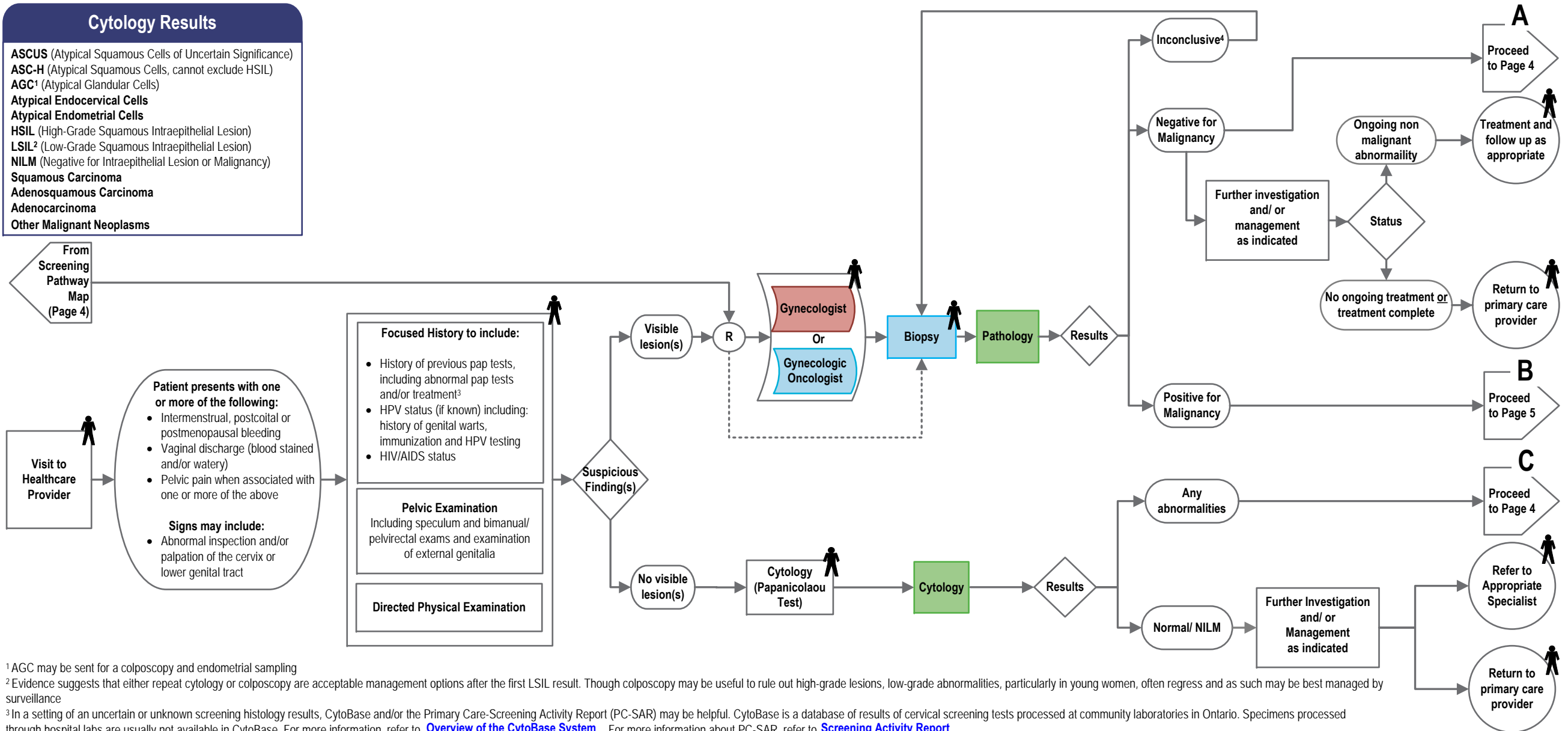
While care has been taken in the preparation of the information contained in the pathway map, such information is provided on an "as-is" basis, without any representation, warranty, or condition, whether express, or implied, statutory or otherwise, as to the information's quality, accuracy, currency, completeness, or reliability.

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Screen for psychosocial needs, and assessment and management of symptoms. [Click here for more information about symptom assessment and management tools](#)



<sup>1</sup> AGC may be sent for a colposcopy and endometrial sampling

<sup>2</sup> Evidence suggests that either repeat cytology or colposcopy are acceptable management options after the first LSIL result. Though colposcopy may be useful to rule out high-grade lesions, low-grade abnormalities, particularly in young women, often regress and as such may be best managed by surveillance

<sup>3</sup> In a setting of an uncertain or unknown screening histology results, CytoBase and/or the Primary Care-Screening Activity Report (PC-SAR) may be helpful. CytoBase is a database of results of cervical screening tests processed at community laboratories in Ontario. Specimens processed through hospital labs are usually not available in CytoBase. For more information, refer to [Overview of the CytoBase System](#). For more information about PC-SAR, refer to [Screening Activity Report](#)

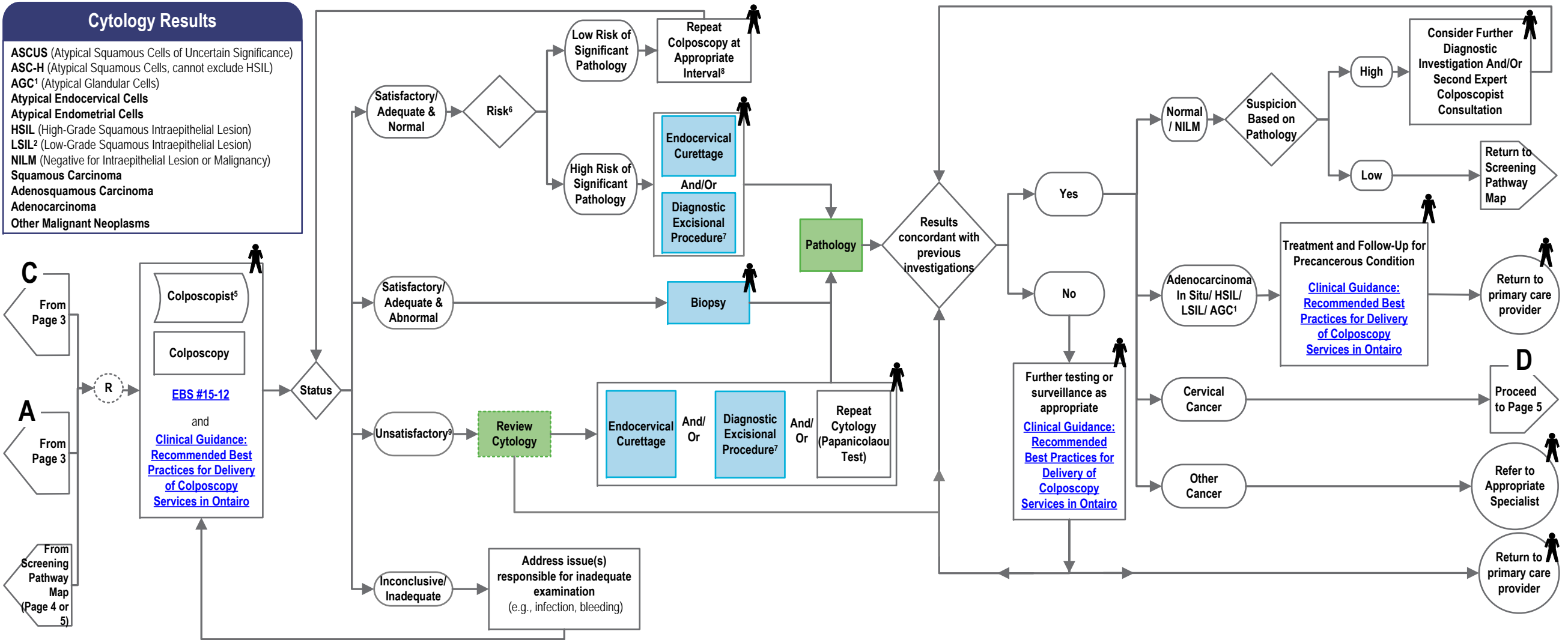
<sup>4</sup> If biopsy results are inconclusive, direct communication between the clinician and the pathologist may be required to determine next steps (e.g. repeat biopsy or observation)

For additional information about the optimal organization of gynecologic oncology services in Ontario refer to [EBS #4-11](#)

For additional information about the optimal organization of colposcopy services in Ontario refer to [EBS #15-12](#)

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<sup>5</sup> A colposcopist may be a gynecologist, gynecologic oncologists, pathologists and primary care physicians trained in colposcopy. For more information about training requirements, refer to [EBS #15-12](#)

<sup>6</sup> Risk factors to be considered include: age, cytology, histology, degrees of discordance, presence of visible lesions, duration of abnormality, immunocompromised individuals, fertility preservation, and loss to follow-up

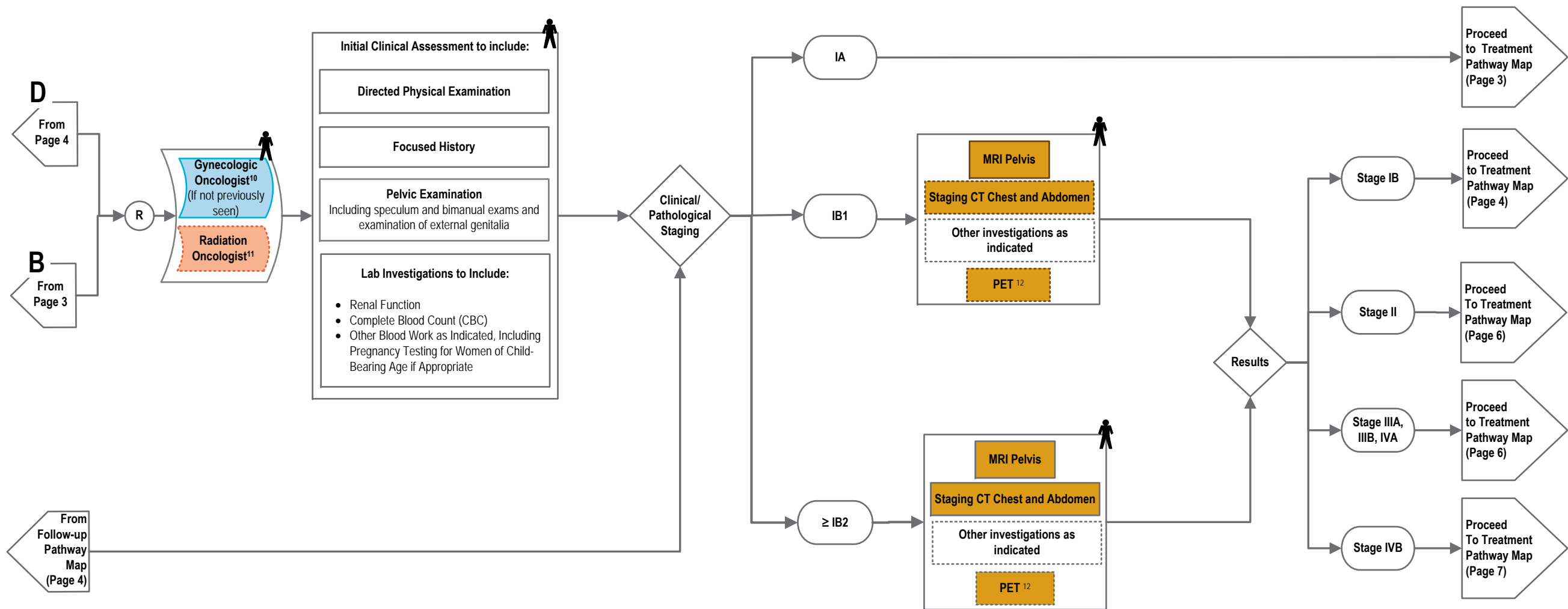
<sup>7</sup> A conservative approach is preferred for women with low grade abnormalities who are young (e.g. under 30 years old) and/or who wish to preserve fertility options

<sup>8</sup> Repeat colposcopy as needed based on clinical discretion

<sup>9</sup> Squamo-columnar junction or the entire lesion cannot be seen

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<sup>10</sup> In cases where timely referral to a gynecologic oncologist is not possible, referral to a radiation oncologist or medical oncologist, with expertise in gynecologic oncology, may be considered

<sup>11</sup> Consider referral for urgent radiotherapy to control severe bleeding. Radiotherapy should be planned and delivered with consideration for potential future curative treatment.

<sup>12</sup> PET scan should be ordered if the following is found on CT/MRI: a) A positive or indeterminate pelvic lymph node, b) An indeterminate or suspicious para-aortic lymph node (with or without pelvic lymphadenopathy)