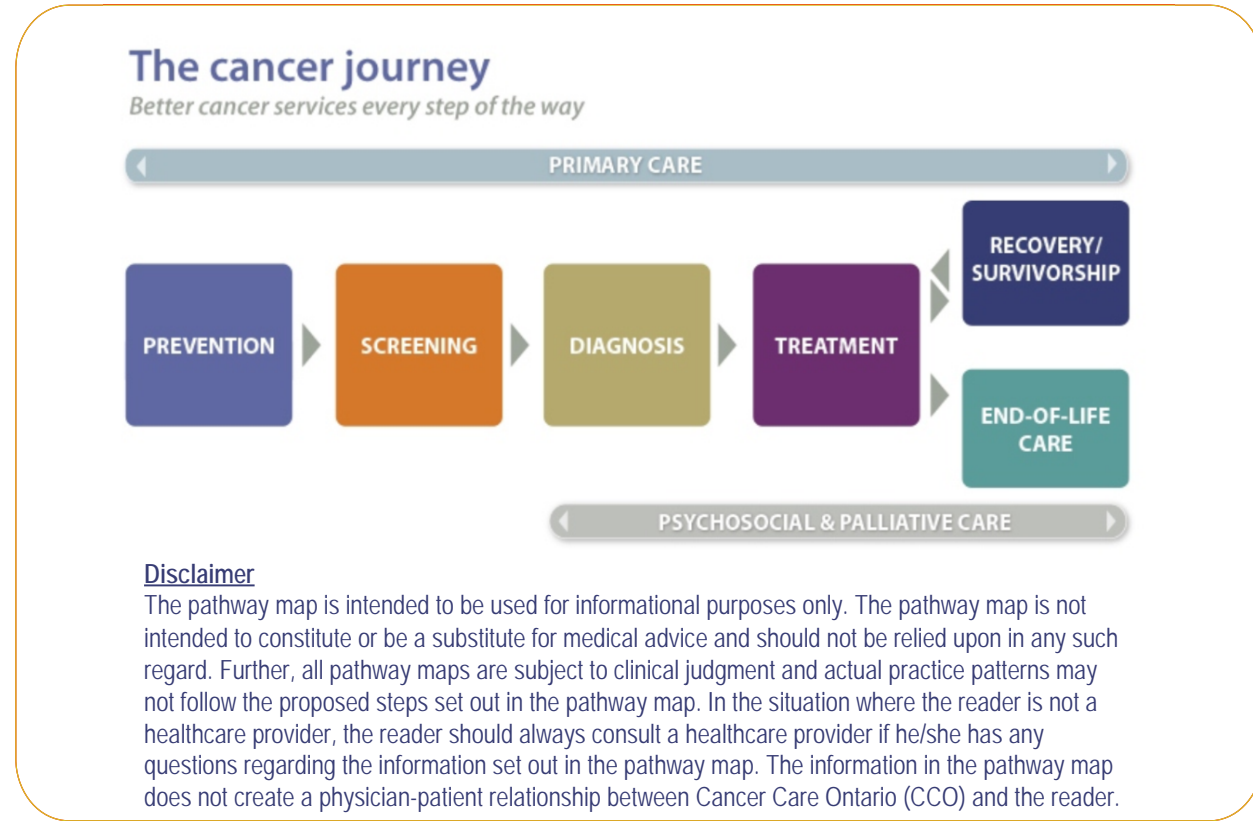




Cervical Cancer Follow-up Care Pathway Map

Disease Pathway Management
Version 2018.03



Target Population












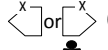










Cervical cancer survivors: adult patients who are clinically disease free after receiving primary treatment with curative intent for cervical cancer.

Pathway Map 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. 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, 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 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

* **Note.** [EBS #19-2](#) is 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 | | Shape Guide | |
|  | Primary Care |  | Intervention |
|  | Palliative Care |  | Decision or assessment point |
|  | Pathology |  | Patient (disease) characteristics |
|  | Diagnostic Assessment Program (DAP) |  | Consultation with specialist |
|  | Gynecologic Oncology |  | Exit pathway |
|  | Radiation Oncology |  | Off-page reference |
|  | Medical Oncology |  | Patient/Provider interaction |
|  | Radiology |  | Referral |
|  | Gynecology |  | Wait time indicator time point |
|  | Multidisciplinary Cancer Conference (MCC) | Line Guide | |
|  | Psychosocial Oncology (PSO) & Supportive Care |  | 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.

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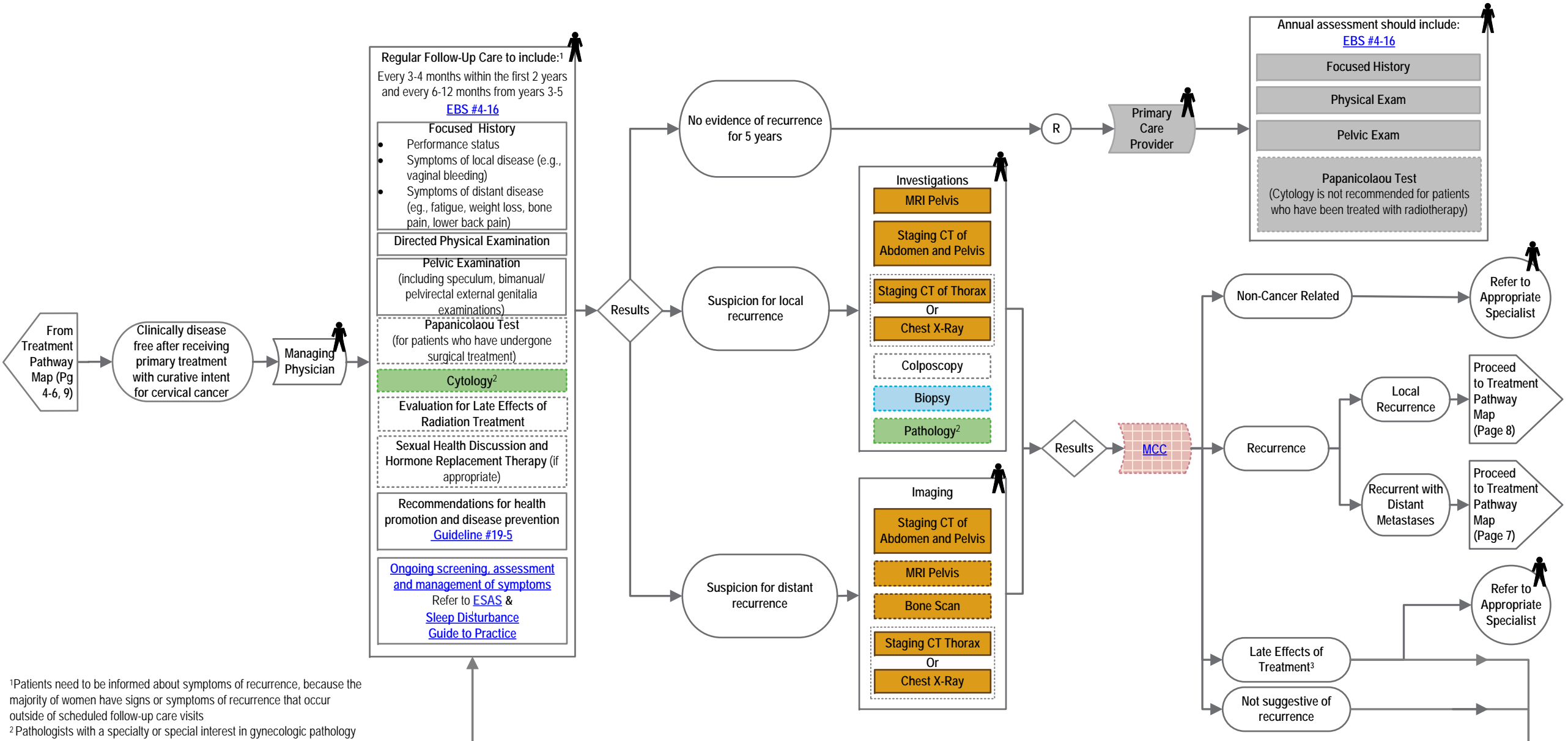
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Screen for psychosocial needs, and assessment and management of symptoms. [Click here for more information about symptom assessment and management tools](#)

Consider the introduction of palliative care, early and across the cancer journey [Click here for more information about palliative care](#)



¹Patients need to be informed about symptoms of recurrence, because the majority of women have signs or symptoms of recurrence that occur outside of scheduled follow-up care visits

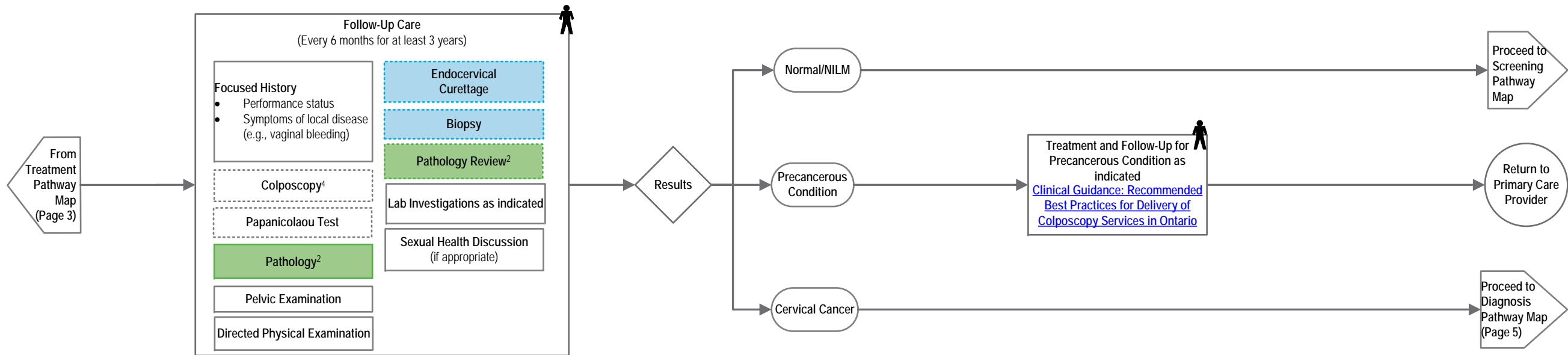
²Pathologists with a specialty or special interest in gynecologic pathology

³Consider referral to late effects clinic, if available

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⁴Perform colposcopy if treated with excisional procedure and uterus/cervix is in situ.