



Cancer Care Ontario

Fall Colposcopy Community of Practice Webinar

WEBINAR OPTION #1

FRIDAY, NOVEMBER 22ND 7:30-9:00AM

Webinar Instructions

- If you can't hear us, please dial-in:
 - **416-620-7077 OR 1-866-834-7685**
 - Access code: **255 6848**
- We have muted the line – if you would like to speak, press ***7** to unmute yourself
- For technical difficulties, dial ***0** to speak to an operator

Please note that this session will be recorded and will be available on the Colposcopy CoP Resources Hub in the coming weeks



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. Laura White
Dr. Rachel Kupets
Dr. Paul Gurland
Dr. Keiyan Sy



Welcome to the Colposcopy Community of Practice (CoP) Fall Webinar

- Today's webinar will be interactive
 - Live polls during cases
 - Q&A after each agenda item
- Please use the chat box to ask questions or share comments



Today's Agenda

| Item | Presenter |
|--|-------------------|
| Introduction | Dr. Joan Murphy |
| Ontario Cervical Screening Program (OCSP) and colposcopy community updates | Dr. Joan Murphy |
| Case #1: Mature women | Dr. Joan Murphy |
| Update from Public Health Ontario | Dr. Shelley Deeks |
| HPV testing in Ontario | Dr. Joan Murphy |
| Case #2: Post-hysterectomy | Dr. Nathan Roth |
| Questions from CoP members | Dr. Joan Murphy |
| Concluding remarks | Dr. Joan Murphy |

Learning Objectives

Following this meeting, participants will better understand:

1. Risk assessment in colposcopy and implications for future screening and colposcopy
2. Navigation of OCSP Workup, Management and Treatment best-practice pathways
3. Canadian HPV immunization guidelines
4. The benefits of HPV testing in colposcopy care

Ontario Cervical Screening Program (OCSP) & Colposcopy Community Updates



Transition to Ontario Health

In time, the work of Cancer Care Ontario will be taken on by Ontario Health. Ontario Health is a single health agency that will oversee healthcare delivery, improve clinical guidance and support providers to ensure better quality care for patients.



OCSP Screening Recommendations Refresh

- The OCSP is updating our screening recommendations
- Summary tool expected in spring 2020

OCSP Screening Recommendations Summary

Age of Initiation

Interval

Cessation

Special Populations

Colposcopy referral threshold

HPV persistence



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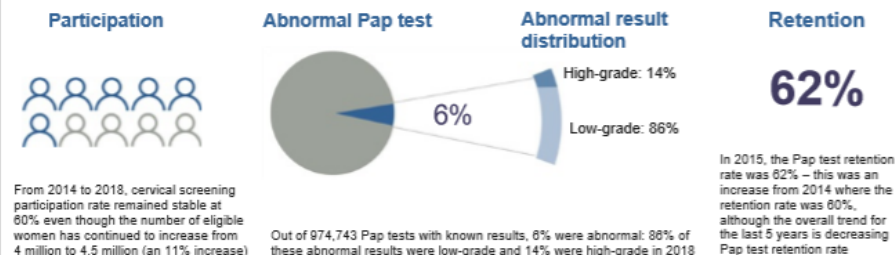
Quality Management Insider

- Annual newsletter that reports on key cervical screening and colposcopy indicators
- Latest issue to be sent to Colposcopy CoP members via email in December

Cervical Screening and Colposcopy Services in Ontario:

Screening and Diagnosis for the Prevention of Cervical Cancer in 2018

Cervical Screening in Ontario



Access to Diagnostic Care: Wait Time



New Issue Coming Soon

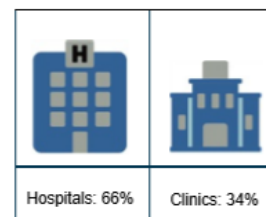
Colposcopy Services

Colposcopy assessments

101,273

Colposcopy assessment volume has remained stable for the past 5 years

Colposcopy location



Number of physicians who performed colposcopy

440

Approximately 1 physician per 10,000 women

Acronyms and abbreviations:
AGC – atypical glandular cells
ASC-H – atypical squamous cells, cannot exclude HSIL
HSIL – high-grade squamous intraepithelial lesion

Notes:
All the above indicators focused on Ontario women ages 21 to 69. Most indicators are for 2018, except for those with a specified data year. For methodology and additional data, please refer to the appendix. For further information about cervical screening and colposcopy, please visit our website at cancercareontario.ca/en/types-of-cancer/cervical/screening



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2nd Annual Ontario Colposcopy Conference

- The 2nd annual Ontario Colposcopy Conference was held on October 4th

Congratulations to the Ontario Colposcopy Conference planning committee!



Case #1: Mature Women

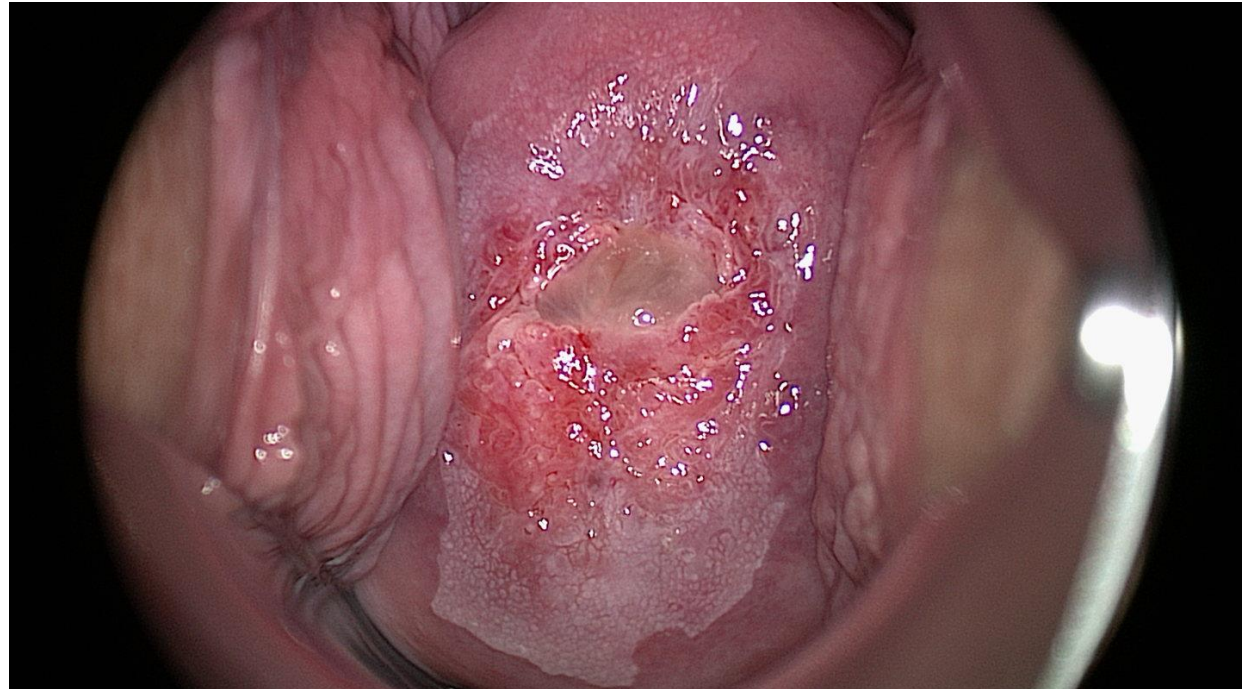


Case #1

- A 62yo woman who immigrated to Ontario five years ago from an environment where screening does not take place
- Though she has been accessing the health system in Ontario she has yet to receive a Pap test
- After switching family doctor's, her new doctor suggests having a Pap test

Case #1

- 62yo G5P4 female
- Referral cytology: ASC-H
- Biopsy shows CIN3 - cannot rule out invasion



Case #1

Q1. What is your recommended next step?

- A. Simple hysterectomy
- B. Radical hysterectomy
- C. LEEP

Case #1

Q1. What is your recommended next step?

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Case #1

Q1. What is your recommended next step?

- A. Simple hysterectomy
- B. Radical hysterectomy
- C. LEEP**

Case #1

- LEEP shows:
 - Invasive squamous carcinoma 6mm depth invasion; LVSI +
 - Deep margin + for invasive disease

Case #1

Q2. What is your recommended next step?

- A. Simple hysterectomy
- B. Refer to Gyne Oncologist
- C. Refer to Radiation Oncologist

Case #1

Q2. What is your recommended next step?

- A. Simple hysterectomy
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Case #1

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Case #1

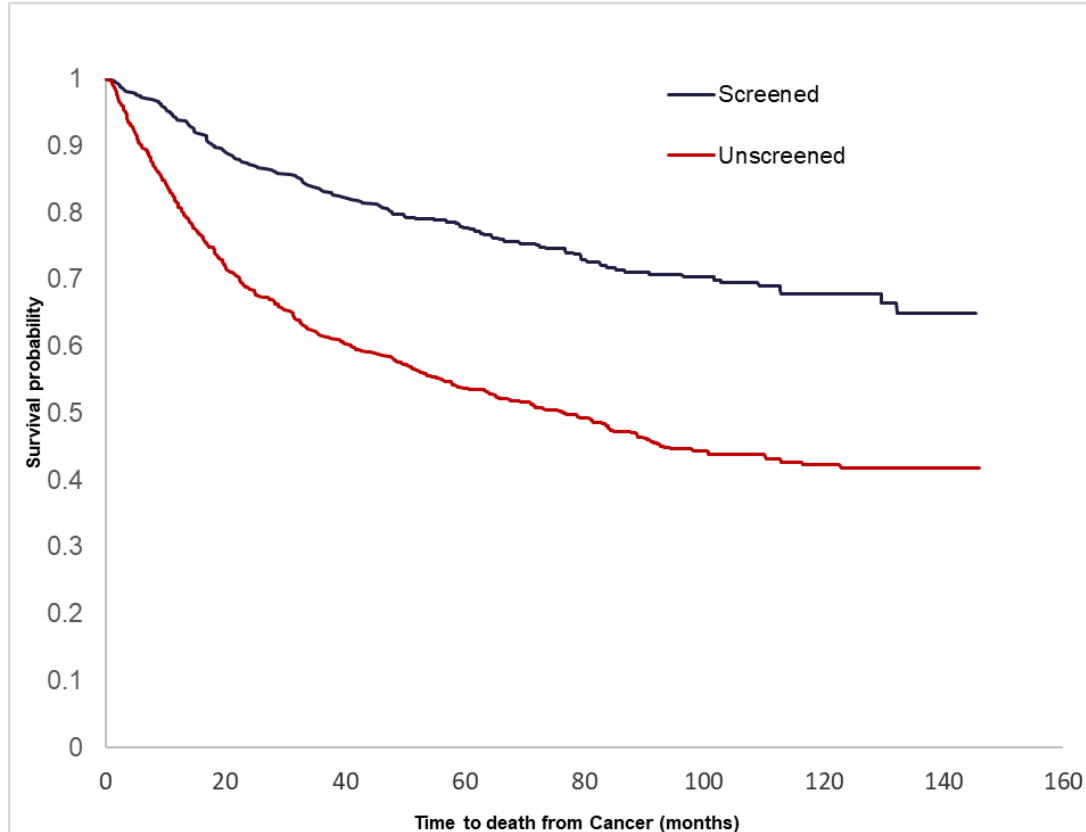
- After full assessment, she has a 3cm squamous carcinoma with early extension into the right parametrium
- She is referred to radiation oncology for chemo rads

Case #1

- Among women who will develop cervical cancer, participation in cervical cancer screening declines significantly after age 50 in Ontario¹
 - Age 50-54: 38% >120 mo/never
 - Age 55-59: 46% >120 mo/never
 - Age 60-64: 46% >120 mo/never
 - Age 65-69: 48% >120 mo/never

Case #1

- Screening is associated with a reduction in death from cervical cancer in women aged 55-79;
OR:0.26, CI 0.10-0.63²



4 Year Overall Survival

Screened.....79.9%
Unscreened...58.2%
p<0.01

Figure 1. Overall Survival, full cohort.

Update from Public Health Ontario: HPV Vaccination





Dr. Shelley Deeks

Chief, Communicable Diseases, Emergency
Preparedness and Response

Public Health Ontario



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HPV Testing in Ontario



HPV Testing: An Overview

- Tests for oncogenic HPV (+/- sub-typing) to determine whether a person is at risk for developing screen-detectable cervical cancer
- Benefits of HPV testing
 - Objective
 - Reproducible
 - Helps determine risk status
 - Longer screening interval possible due to longer duration of protection (5 year vs. 3 year)
 - Potential for self-sampling in the future
 - Higher sensitivity than cytology (98% vs. 55%)
 - High negative predictive value (>99%)

Drivers for Transitioning to HPV Testing

- Decreased performance of cytology over time as prevalence of HPV decreases due to school-based immunization
- Better detection of pre-cancer and early cervical cancer
- Reduction of unnecessary colposcopy referrals
- Safer, earlier, more appropriate discharge from colposcopy
- Risk-based intervals after discharge from colposcopy



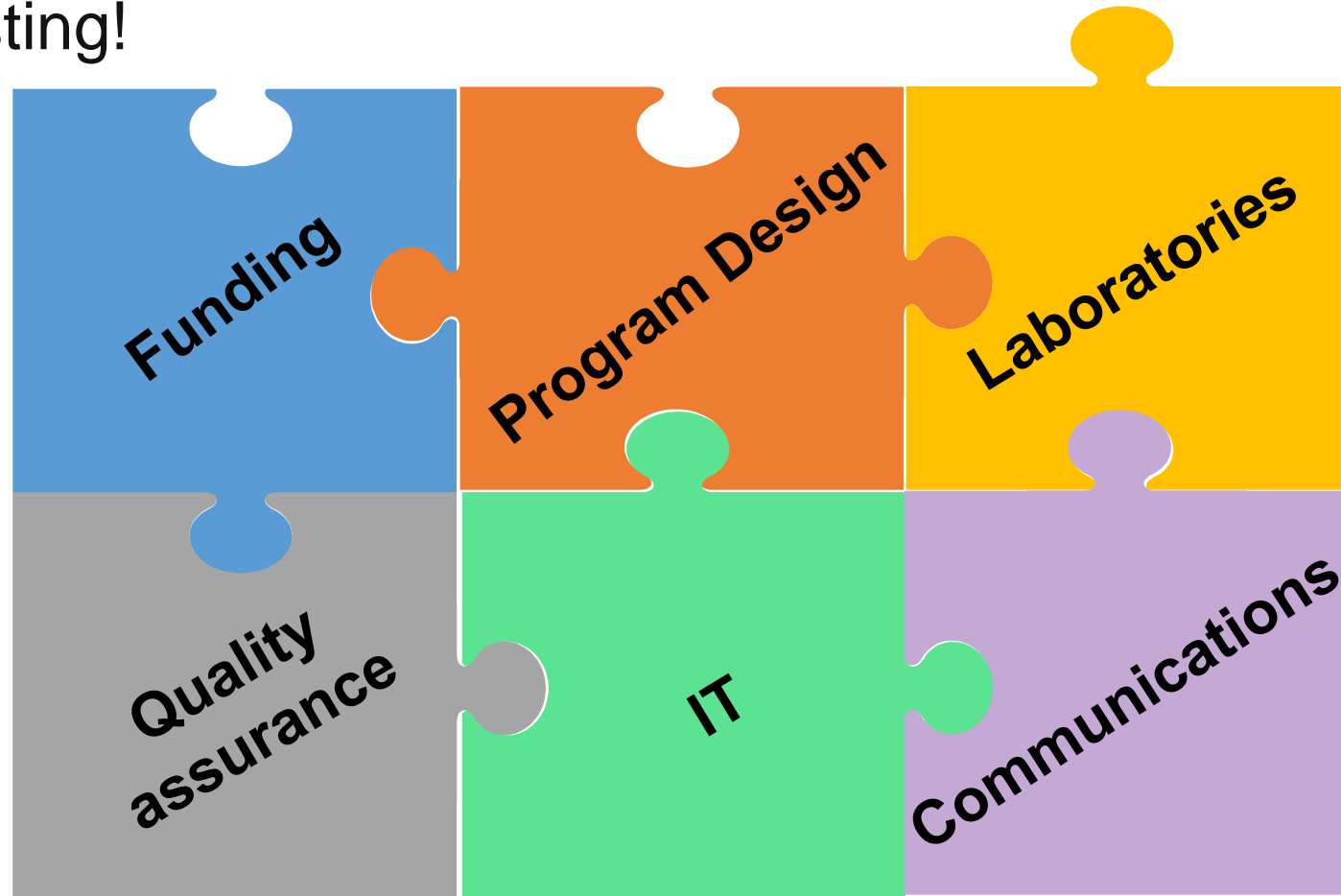
Improving quality and effectiveness of cervical screening and colposcopy in Ontario

Implementing HPV Testing in Ontario: Project Goals

- Implement HPV testing for risk assessment in colposcopy at entry to and exit from colposcopy
- Implement HPV testing as the cervical screening test in primary care

When will HPV testing be available in Ontario?

- Pap remains the recommended cervical screening test in Ontario
- We are actively working towards implementing HPV testing!



Current State of HPV Testing in Ontario

- HPV testing is available in Ontario
 - On a patient-pay basis; or
 - Provided without charge in some hospitals
- OCSF currently recommends HPV testing to determine risk
 - In screening: As an optional triage test for women ≥ 30 years old with ASCUS cytology
 - In colposcopy: As optional tests on entry to (ASCUS/LSIL) and exit from colposcopy



Current State of HPV Testing in Ontario

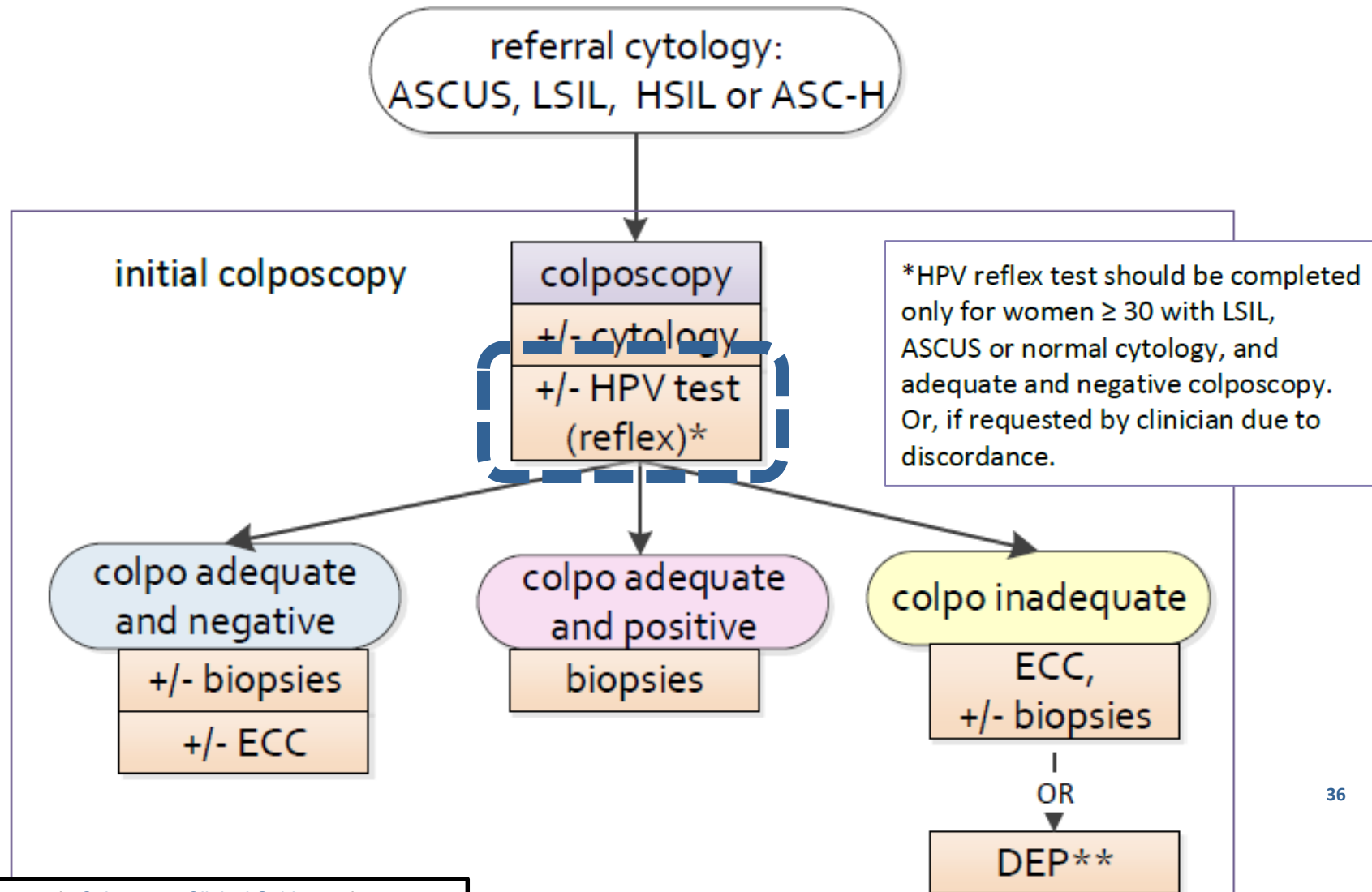
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Walkthrough of HPV use in Current Colposcopy Clinical Guidance pathways



Entry to Colposcopy



Pop Quiz!

A 27yo G0P0 referred with ASCUS x2

- Cytology not repeated
- Colpo adequate; white lesion biopsied
- Histo = normal

What is your recommended next step?

- A. HPV test
- B. Repeat colposcopy in 6 months
- C. Repeat colposcopy in 12 months
- D. A or C

Pop Quiz!

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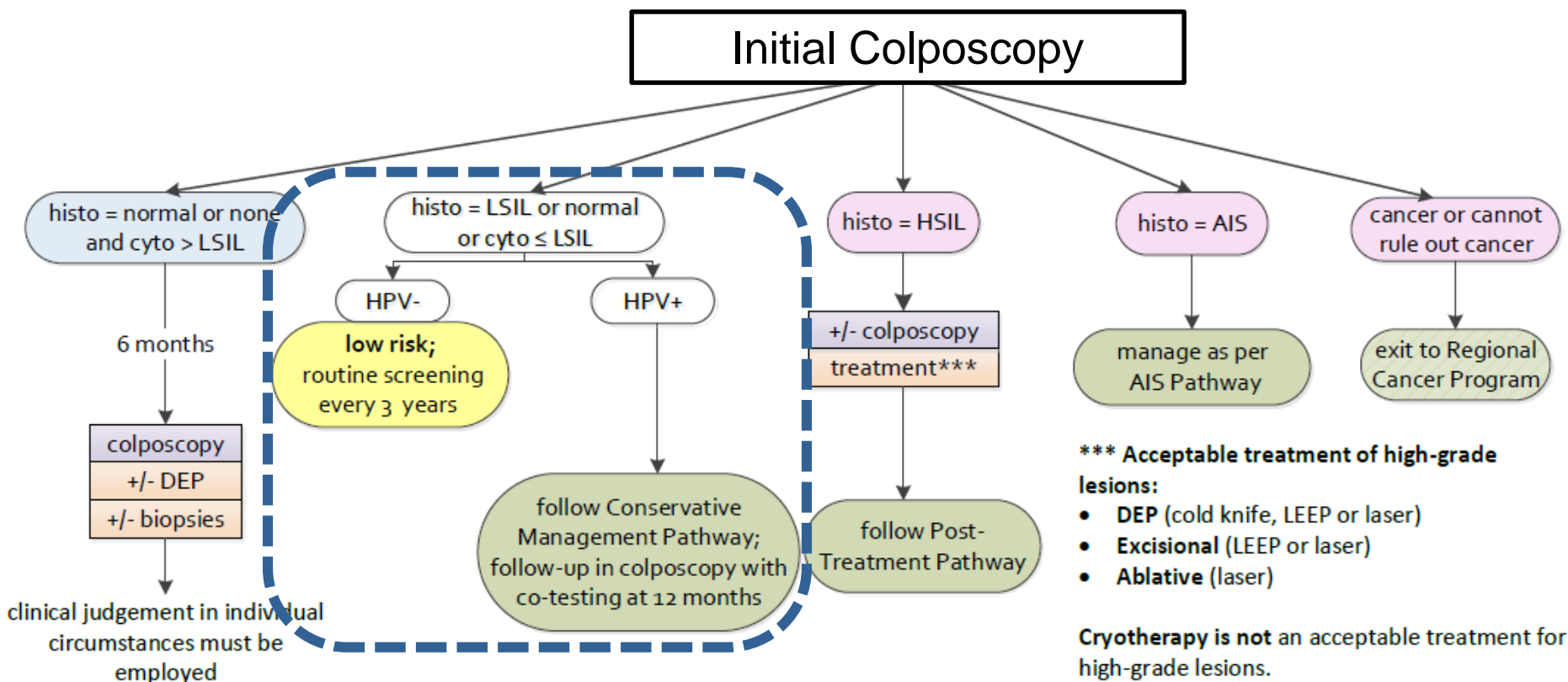
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Entry to Colposcopy



Pop Quiz!

A 38yo G2P1 originally referred with ASCUS, HPV+

- Colpo was negative; return in 1 year
- Follow-up colposcopy at 12 months is adequate and negative
- HPV exit test result = HPV+
- Follow-up cytology = LSIL

What is your recommended next step?

- A. Recall patient in ≤ 3 months for treatment
- B. Screen annually in primary care
- C. Repeat colposcopy in 12 months

Pop Quiz!

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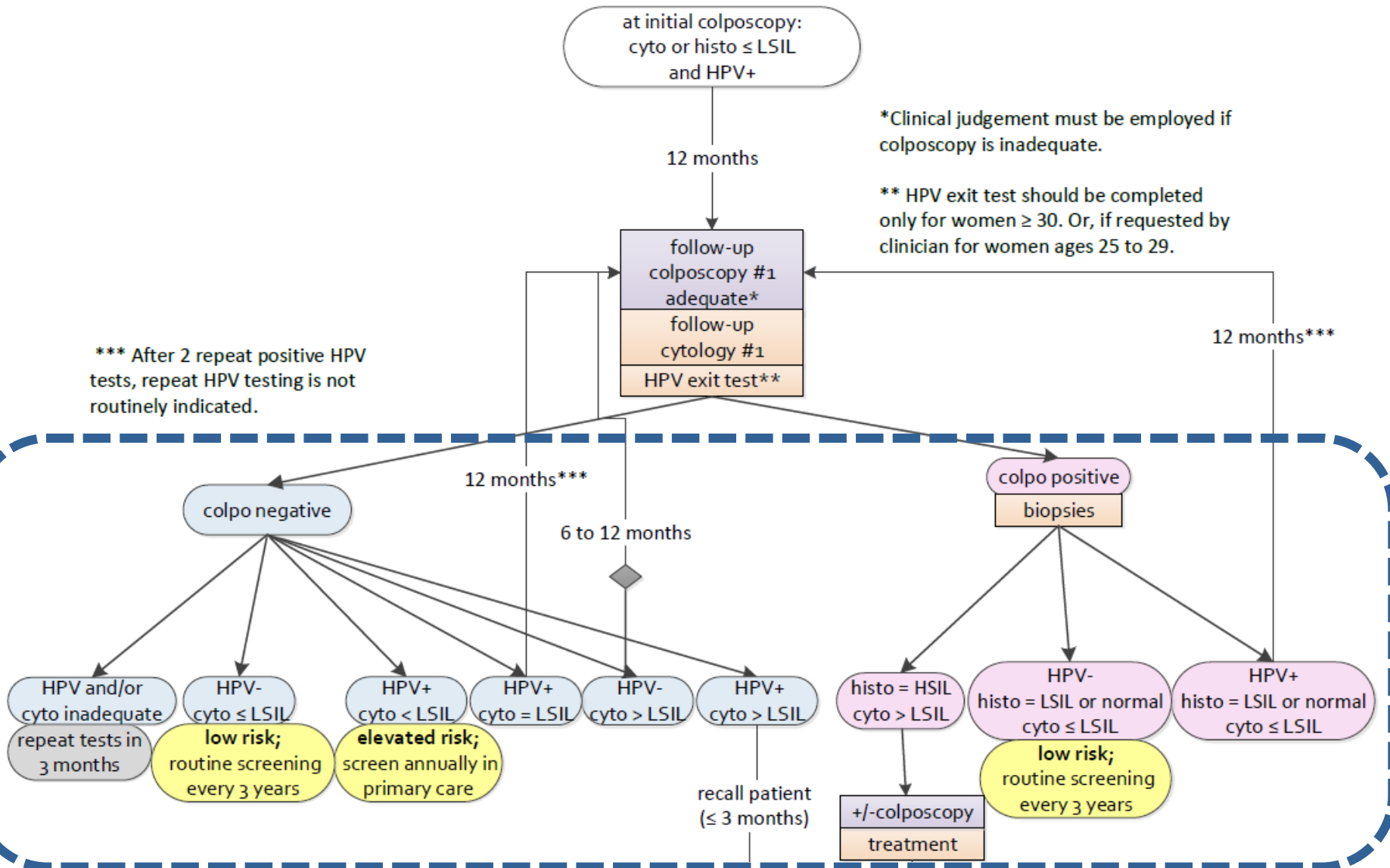
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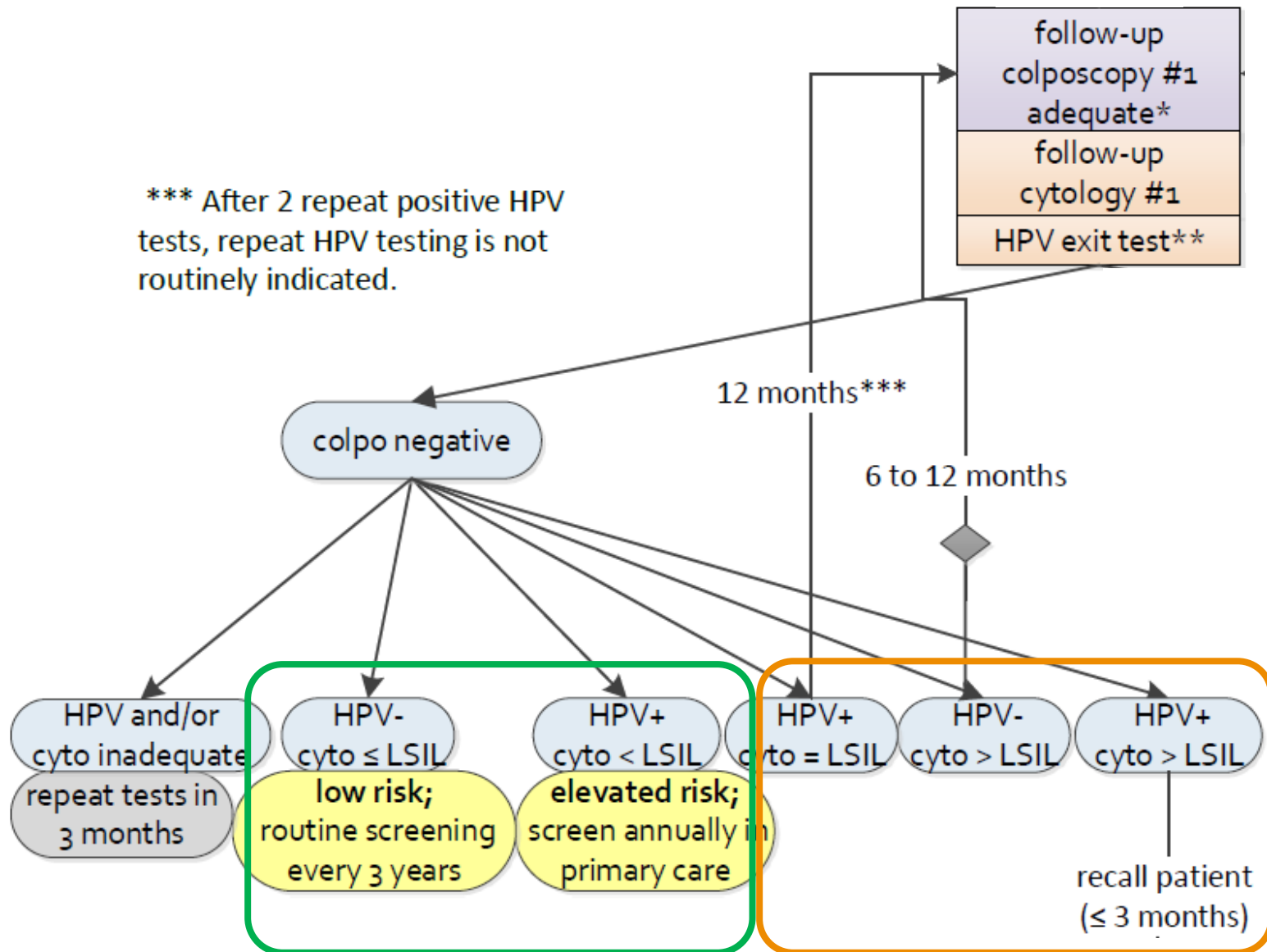
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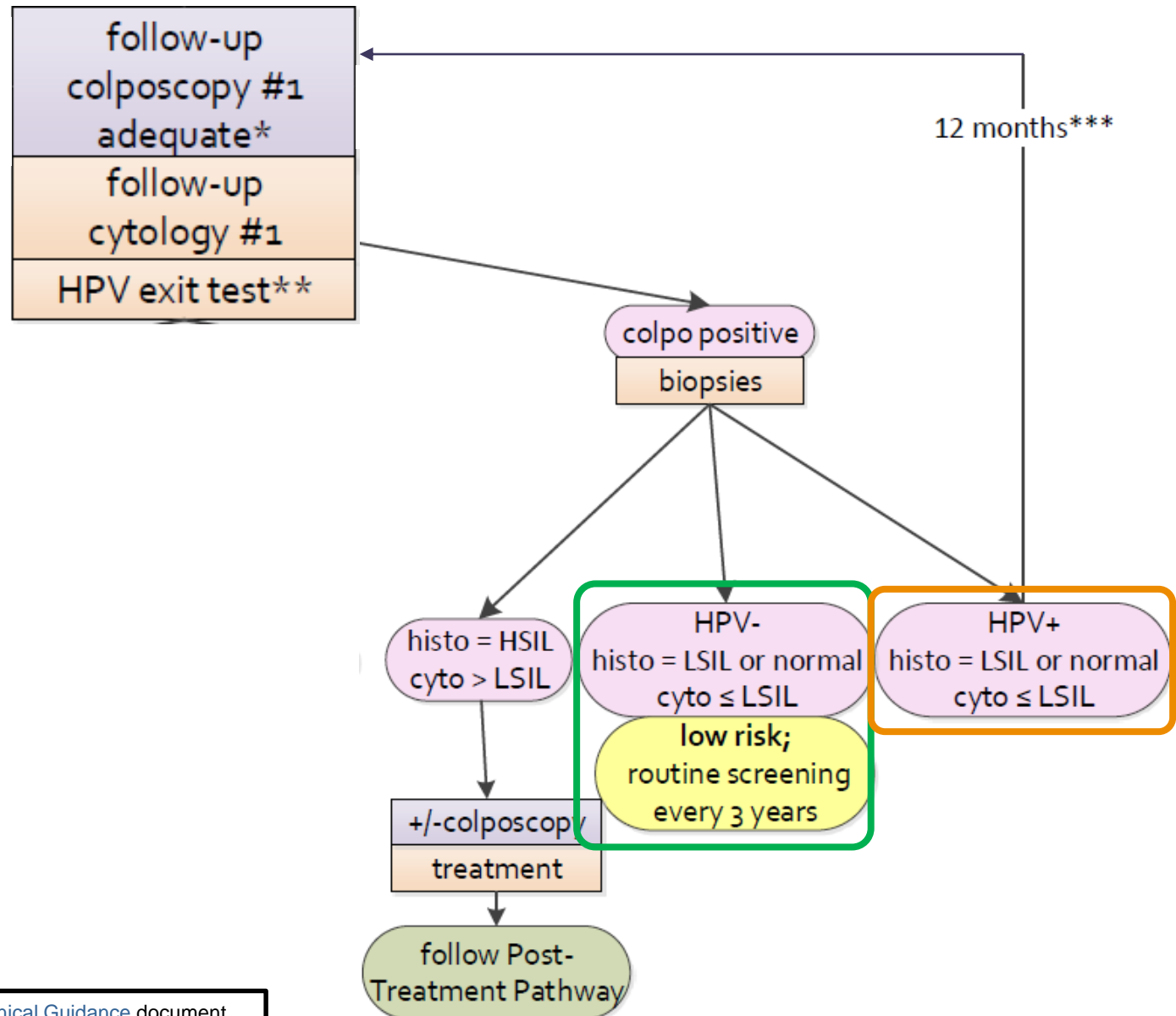
Exit from Colposcopy (in Conservative Management)



Exit from Colposcopy (in Conservative Management)



Exit from Colposcopy (in Conservative Management)



Pop Quiz!

A 42yo G3P2 was treated for HSIL

- Follow-up visit #1: colpo negative; ctymo LSIL
- Follow-up visit #2: lesion biopsied shows LSIL; HPV -

What is your recommended next step?

- A. Routine screening every 3 years
- B. Screen annually in primary care
- C. Repeat colposcopy in 12 months

Pop Quiz!

A 42yo G3P2 was treated for HSIL

- Follow-up visit #1: colpo negative; ctymo LSIL
- Follow-up visit #2: lesion biopsied shows LSIL; HPV -

What is your recommended next step?

- A. Routine screening every 3 years
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Pop Quiz!

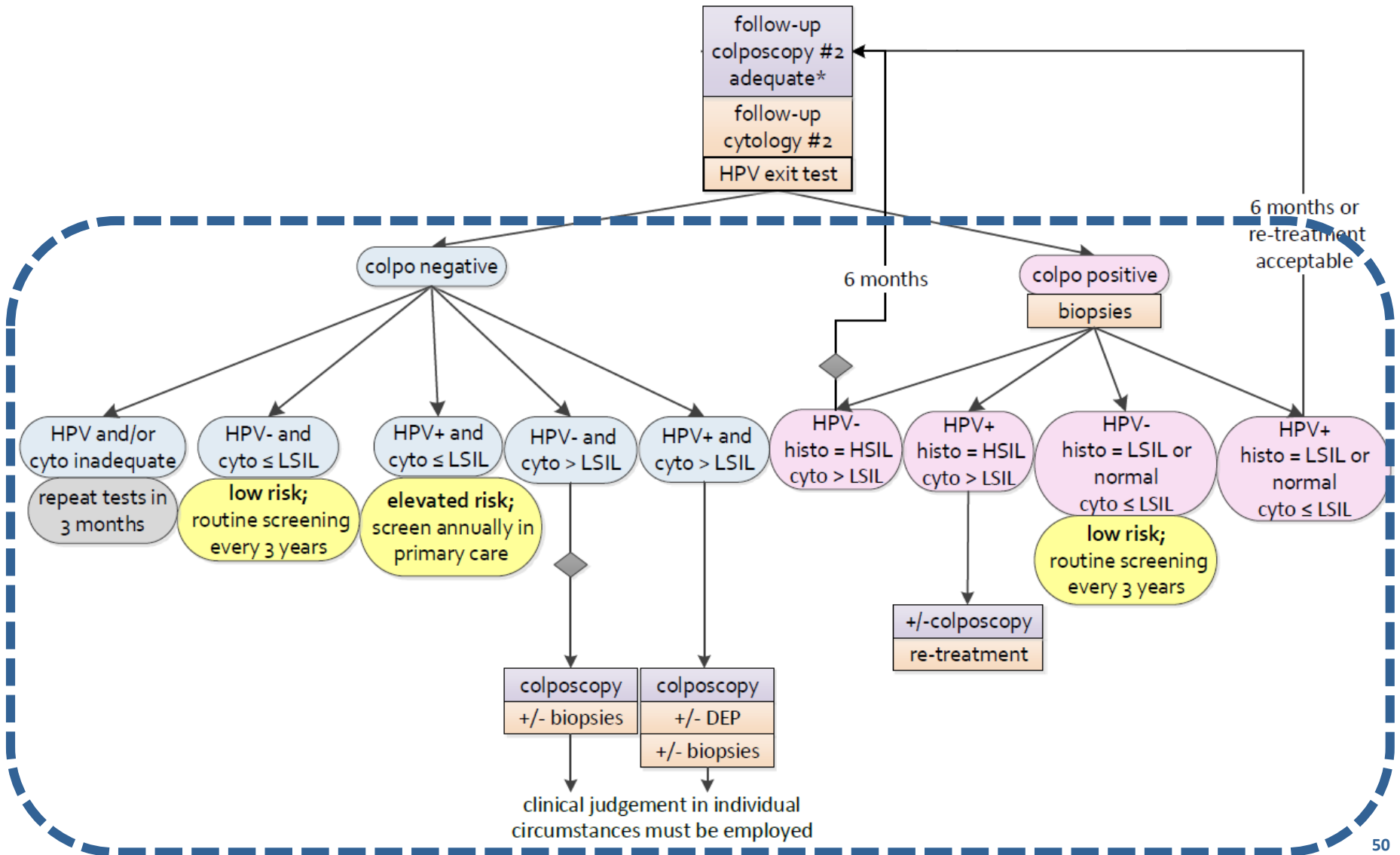
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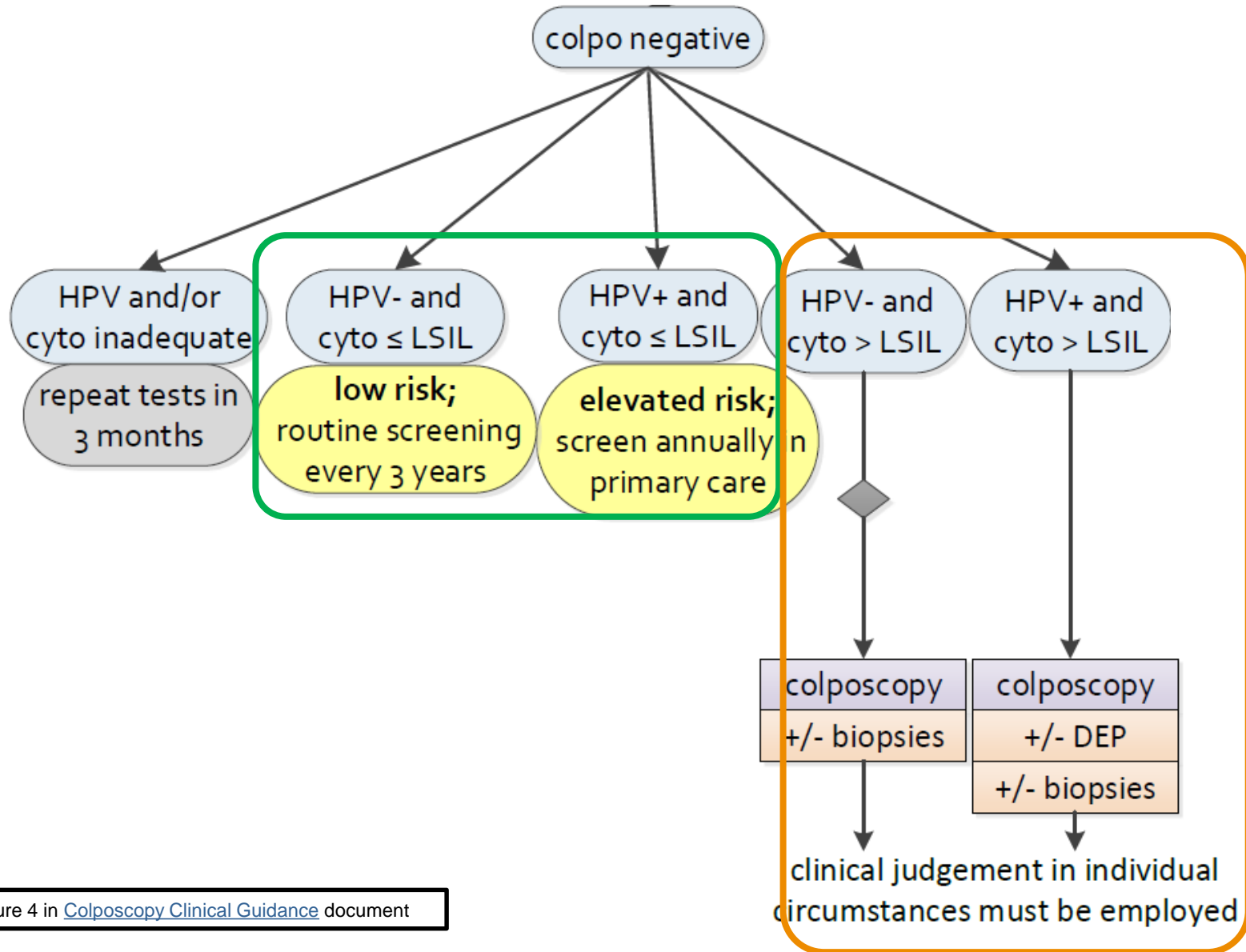
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- C. Repeat colposcopy in 12 months

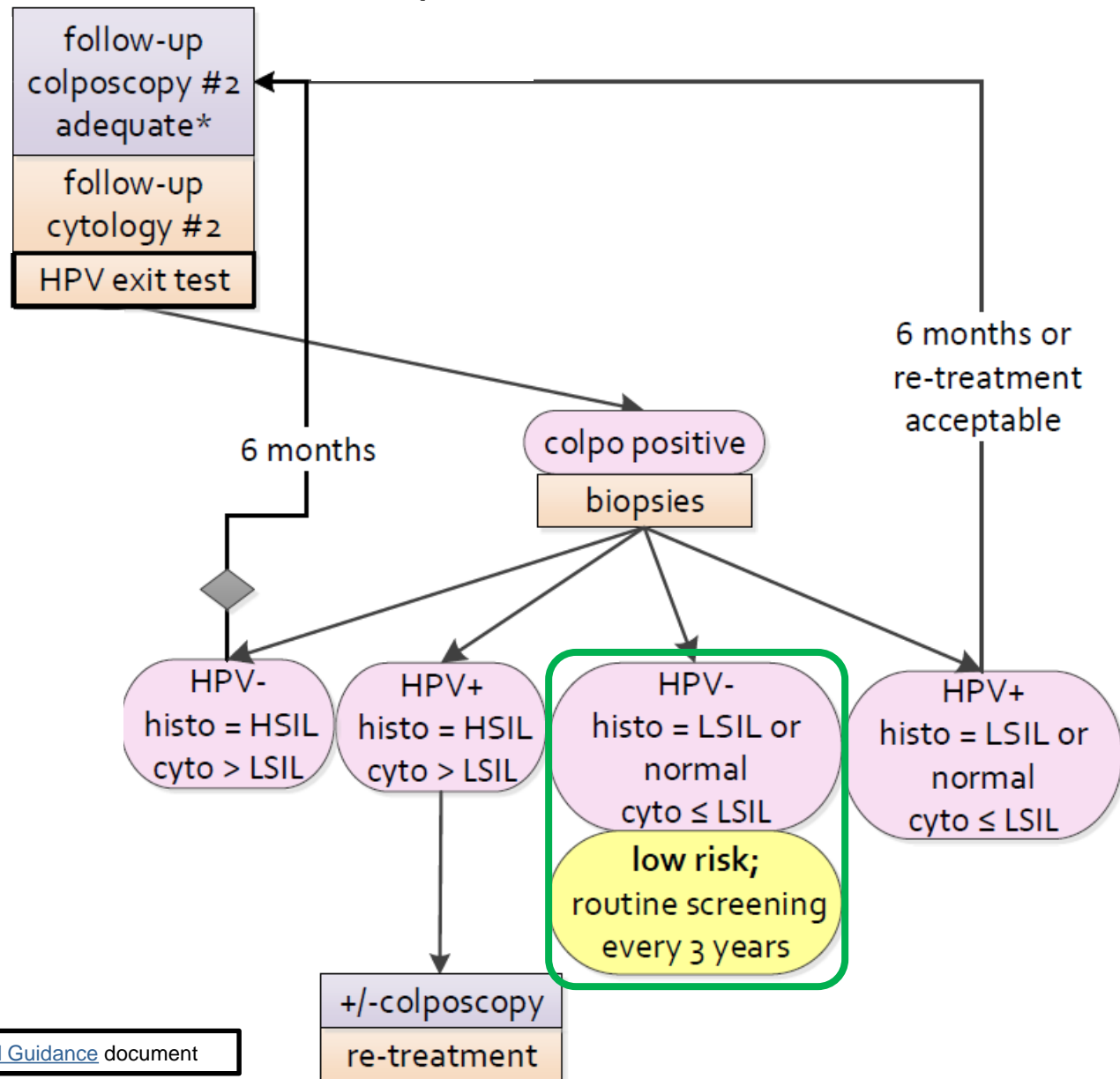
Exit from Colposcopy (Post-Treatment)



Exit from Colposcopy (Post-Treatment)



Exit from Colposcopy (Post-Treatment)



Case #2: Follow-Up Post-Hysterectomy

Dr. Nathan Roth

Cervical Screening and Colposcopy Lead
Central East LHIN



Case #2 – Scenario A

- A 56 year old female with previous hysterectomy for abnormal bleeding about 2 to 3 years ago
- Pathology was benign

Case #2 – Scenario A

Q1. What are your follow-up recommendations for this patient?

- A. Vaginal vault cytology every 3 years
- B. Vaginal vault cytology every 5 years
- C. Discontinue screening
- D. Colposcopy

Case #2 – Scenario A

Q1. What are your follow-up recommendations for this patient?

- A. Vaginal vault cytology every 3 years
- B. Vaginal vault cytology every 5 years
- C. Discontinue screening
- D. Colposcopy

Case #2 – Scenario A

Q1. What are your follow-up recommendations for this patient?

- A. Vaginal vault cytology every 3 years
- B. Vaginal vault cytology every 5 years
- C. Discontinue screening**
- D. Colposcopy

Case #2 – Scenario A

Program in Evidence-Based Care (PEBC) – Cervical Screening 15-9 (pgs. 9 & 58)

“Screening can be discontinued in women who have undergone a total hysterectomy for benign causes with no history of cervical dysplasia or HPV.

Women who have undergone subtotal hysterectomy (with an intact cervix) should continue screening according to the guidelines.”

Case #2 – Scenario B

- A 44 year old female had a hysterectomy 2 years ago for uterine fibroids and HSIL
- She believes that she was treated for “early cancer”
- The pathology is not available

Case #2 – Scenario B

Q2. What are your follow-up recommendations for this patient?

- A. Vaginal vault cytology every 3 years
- B. Vaginal vault cytology every 5 years
- C. Discontinue screening
- D. HPV testing

Case #2 – Scenario B

- Currently, the OCSF does not have guidelines following total hysterectomy with history of cervical dysplasia or HPV

Program in Evidence-Based Care (PEBC) – Cervical Screening 15-9

“Vaginal intraepithelial neoplasia can be picked up in women who have had a hysterectomy. Vaginal vault cytology every 5 years would pick this up.

The Working Group acknowledges the importance of vaginal vault cytology, but this topic specifically was beyond the scope of the research questions for this project.”

Case #2 – Scenario A

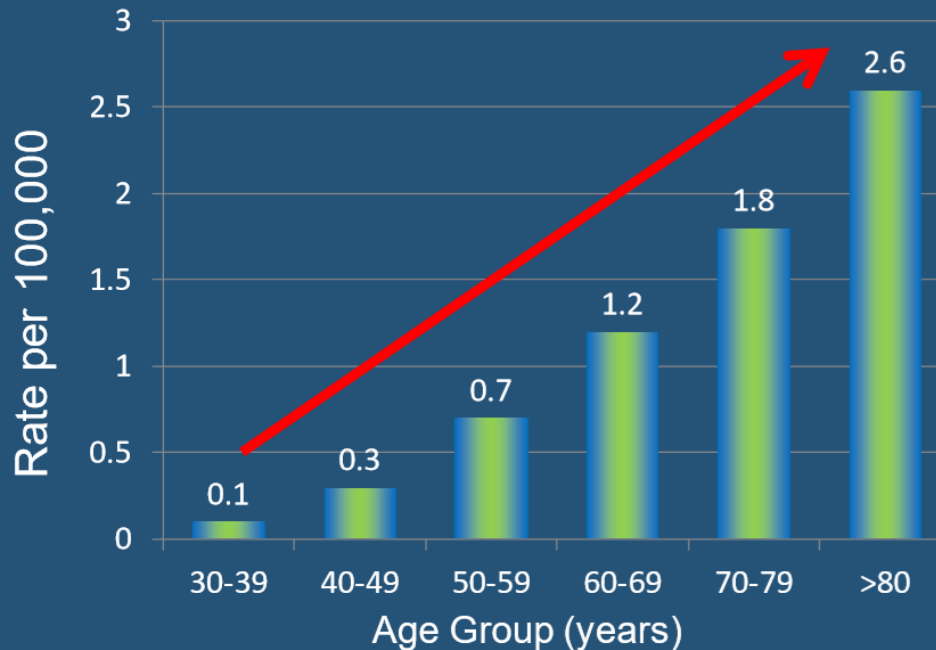
Epidemiology: Vaginal Cancer

- RARE: Incidence 0.4 – 0.6 per 100,000 women ¹
- Accounts for 1-4% of cancers of the female genital tract ²
 - Cervical cancer in the U.S. is 7.7/100,000 women ³
- 729 cases per year ²
- Mean age at diagnosis: 69 years
- At least 65% of women with VaIN have either concomitant or prior CIN ⁴

1. Morb Mortal Wkly Rep. 61 (15) (2012) 258–261. 2. M. Aho E, et al. Cancer 68 (1) (1991) 195–197. 3. Cramer DW, et al. Am. J. Obstet. Gynecol. 118 (4) (1974) 443–460. 4. Jordan J. Obstet Gynecol Clin N Am 1993;20:69–81.

Case #2 – Scenario A

HPV–Associated Vaginal Cancer Rate - U.S. 2008



CDC. Human papillomavirus-associated cancers - United States, 2004-2008. MMWR Morb Mortal Wkly Rep. 2012 Apr 20;61:258-61.

Summary: Epidemiology of VaIN/vaginal cancer

- HPV in the vagina is common
- Vaginal cancer is extremely rare
- Progression from VaIN to vaginal cancer is low

Case #2 – Scenario B



Australia¹

Test of Cure with HPV for histology confirmed HSIL



British Colombia²

Vaginal vault screening annually for cytology confirmed HSIL



England³

Vaginal vault screening at various intervals



United States⁴

Vaginal vault screening every 3 years for 20 years following hysterectomy

1. wiki.cancer.org.au/australia/Guidelines:Cervical_cancer/Screening [Internet]. Australian Government; [updated 2018 August 16; cited 2019 November 10]. Available from:

https://wiki.cancer.org.au/australia/Clinical_question:Screening_after_total_hysterectomy

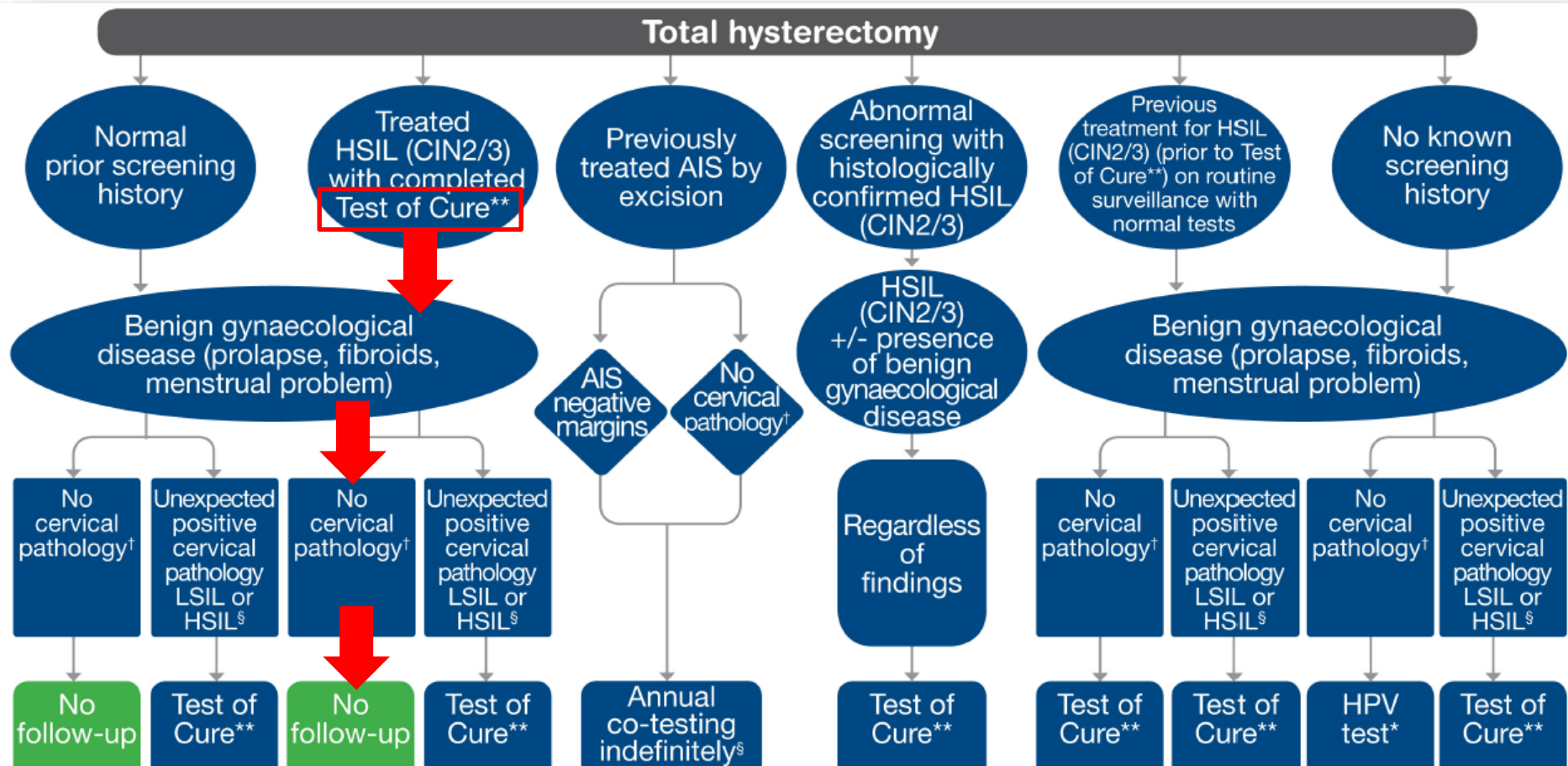
2. [bccancer.bc.ca](http://www.bccancer.bc.ca) [Internet]. BC Cancer Agency; [updated 2016; cited 2019 November 10]. Available from: http://www.bccancer.bc.ca/screening/Documents/CCSP_GuidelinesManual-CervicalCancerScreeningPolicyChangeReferenceGuide.pdf

3. [bsccp.org.uk](https://www.bsccp.org.uk) [Internet]. PHE Screening [updated 2016 March; cited 2019 November 10]. Available from:

https://www.bsccp.org.uk/assets/file/uploads/resources/NHS_Cervical_Screening_Programme_Publication_Number_20_-_Third_Edition.pdf

4. [acog.org](https://www.acog.org) [Internet]. American College of Obstetricians and Gynecologists. [updated 2018 December; cited 2019 November 10]. Available from: <https://www.acog.org/Patients/FAQs/Cervical-Cancer-Screening-Infographic>

Case #2 – Scenario B: Australian Guidelines



* HPV test to be taken from the vaginal vault 12 months after treatment & annually thereafter until the woman has tested negative on 2 consecutive occasions, after which she does not need further testing

§ Annual co-testing indefinitely is recommended for AIS until sufficient data become available that may support a policy decision that cessation of testing is appropriate

† No cervical pathology (LSIL, HSIL or AIS) found on examination of the cervix

** No further testing/follow-up after completion of Test of Cure

Questions from CoP members



Questions Received from CoP Members

1. Follow-up of unsatisfactory colposcopy with:
 - TZ3; and
 - HPV+

2. Discharging a patient from follow-up colposcopy with:
 - ASCUS HPV+ 16/18; vs.
 - ACSUS HPV+ **not** 16/18

3. LEEP vs. Cone

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 for you to obtain your certificate of participation, you must fill out our survey that will be sent to you following this meeting.

What's Next?

- Next CoP webinar will take place in spring 2020
- Send us ideas for case studies and agenda topics at ColposcopyCoP@cancercare.on.ca or speak to your Cervical Screening and Colposcopy Lead (CSCL) or Regional Pathology Lead
- Your CSCL will be in contact with you about local events and the next CoP webinar



*Thank
You!*

