January 2025 Provincial Colposcopy Community of Practice (CoP)

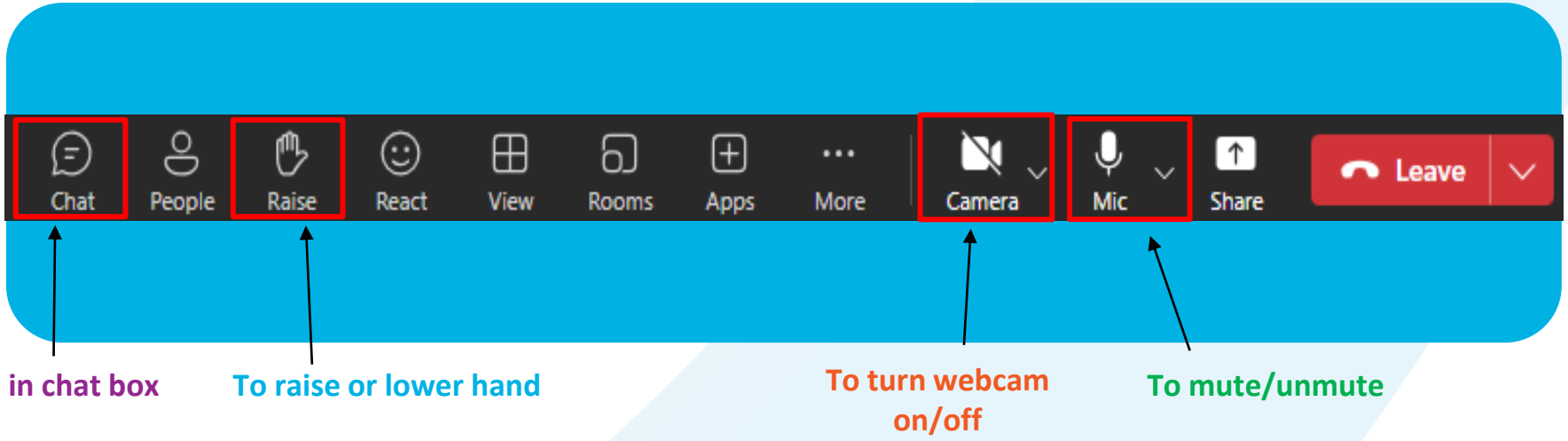
Webinar option 1
January 16, 2025

Ontario Health
Cancer Care Ontario

Land acknowledgement

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. Key dates and educational activities leading up to the launch of HPV testing implementation in the Ontario Cervical Screening Program (OCSP)
  3. The new OCSP post-colposcopy discharge screening intervals
  4. Screening and colposcopy considerations in the OCSP
  5. Key practice changes once HPV testing is implemented in the OCSP

Agenda

TIME	TOPIC	NAME
5:30 - 5:35 pm	Introductions	Riley Crotta
5:35 - 5:40 pm	Colposcopy quality reports	Dr. Rachel Kupets
5:40 - 5:45 pm	HPV testing implementation update	Dr. Dustin Costescu
5:45 - 6:00 pm	Post-discharge risk-based screening recommendations	Dr. Rachel Kupets
6:00 - 6:10 pm	Post-discharge screening interval quiz	Dr. Dustin Costescu
6:10 - 6:40 pm	Special considerations in the OCSP	Dr. Dustin Costescu Dr. Rachel Kupets
6:40 - 6:55 pm	Changes to your practice	Dr. Dustin Costescu
6:55 - 7:00 pm	Final remarks	Dr. Rachel Kupets

Colposcopy quality reports

5:35 - 5:40 pm

Dr. Rachel Kupets

Colposcopy physician quality reports

Colposcopy physician reports were disseminated via eReport on September 25

How to access your report: ONE ID self-registration:

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

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

3:

a. Navigate to eReport portal: https://ereport.ontariohealth.ca/
b. Select ONE ID and login using your ONE ID account credentials

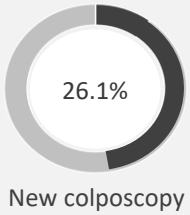
Colposcopy Quality Physician Report (Release Year 2024)

CPSO number: Dr.

Ontario Health
Cancer Care Ontario

Total colposcopy volume, 2023

(target: ≥100 total colposcopies (for any indication) and ≥ 25% are initial colposcopies)



Your total colposcopy volume: 269

Your initial colposcopy volume: 169

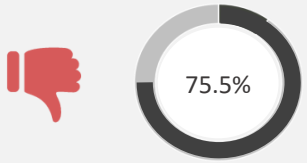
Your follow-up colposcopy (with biopsy) volume: 40

Your follow-up colposcopy (without biopsy) volume: 60

Participation in the Ontario Colposcopy Community of Practice (CoP), 2023

Your participation: 0 of 2 webinars

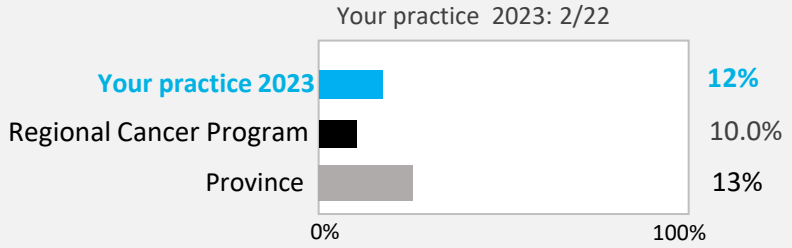
Your Regional Cancer Program 2023: 30



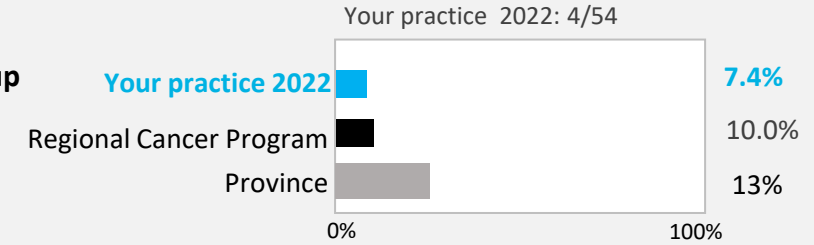
of colposcopists in Ontario attended at least 1 CoP Webinar

To join the CoP, please email: ColposcopyCoP@ontariohealth.ca

Proportion of people seen for colposcopy following a first-time ASCUS cytology test result†∫, 2023



Proportion of people who were not seen for follow-up within 12 months post-treatment for cervical pre-cancer or cancer, 2022



Number of procedures performed for cervical pre-cancer or cancer, July 1, 2022 - June 30, 2023

Procedure type	Your practice
Total	**11**
Cryotherapy	0
Electrocautery	0
Electrosurgical Excision Procedure (LEEP)	8
Cone biopsy	1
Cryoconization, electroconization or CO2 laser therapy	2

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

Performance rankings:

Thumbs up Keep up the good work

Thumbs down There is an opportunity for improvement

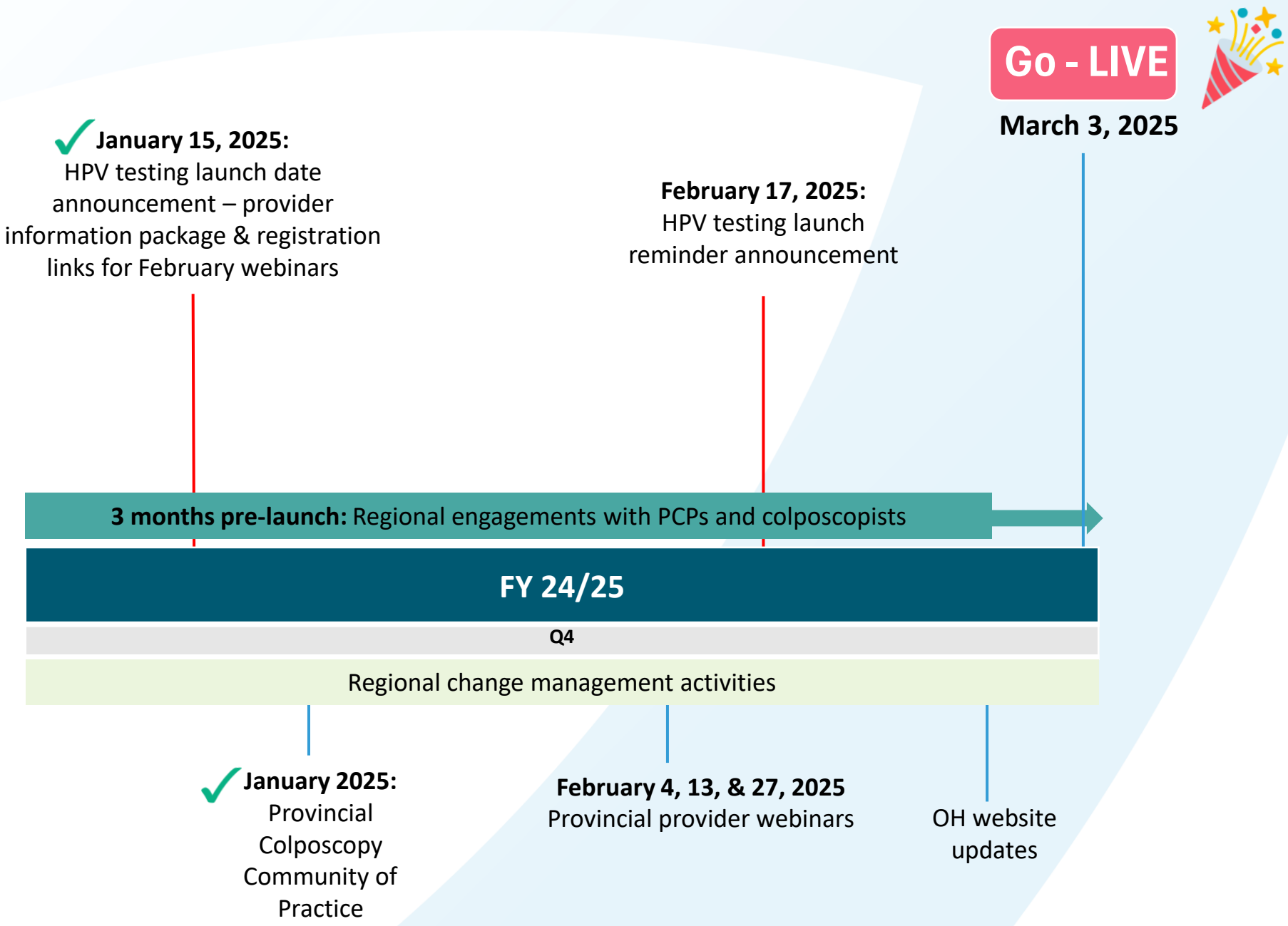
See definitions and technical notes on the next page. For more detailed definitions and methodology of indicators used in this report, please review the supplementary information package on the eReport portal.

HPV testing implementation update

5:40 - 5:45 pm

Dr. Dustin Costescu

Timeline



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

Resources for providers offering screening and colposcopy

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 primary care providers (i.e., discharge letter templates and declined referral letter template) • Frequently asked questions for providers	• Currently available on HPV testing resource hub

HPV testing resource hub: Available in English and French:
ontariohealth.ca/hpvhub
santeontario.ca/pole-vph

Post-discharge risk-based screening recommendations

5:45 - 6:00 pm

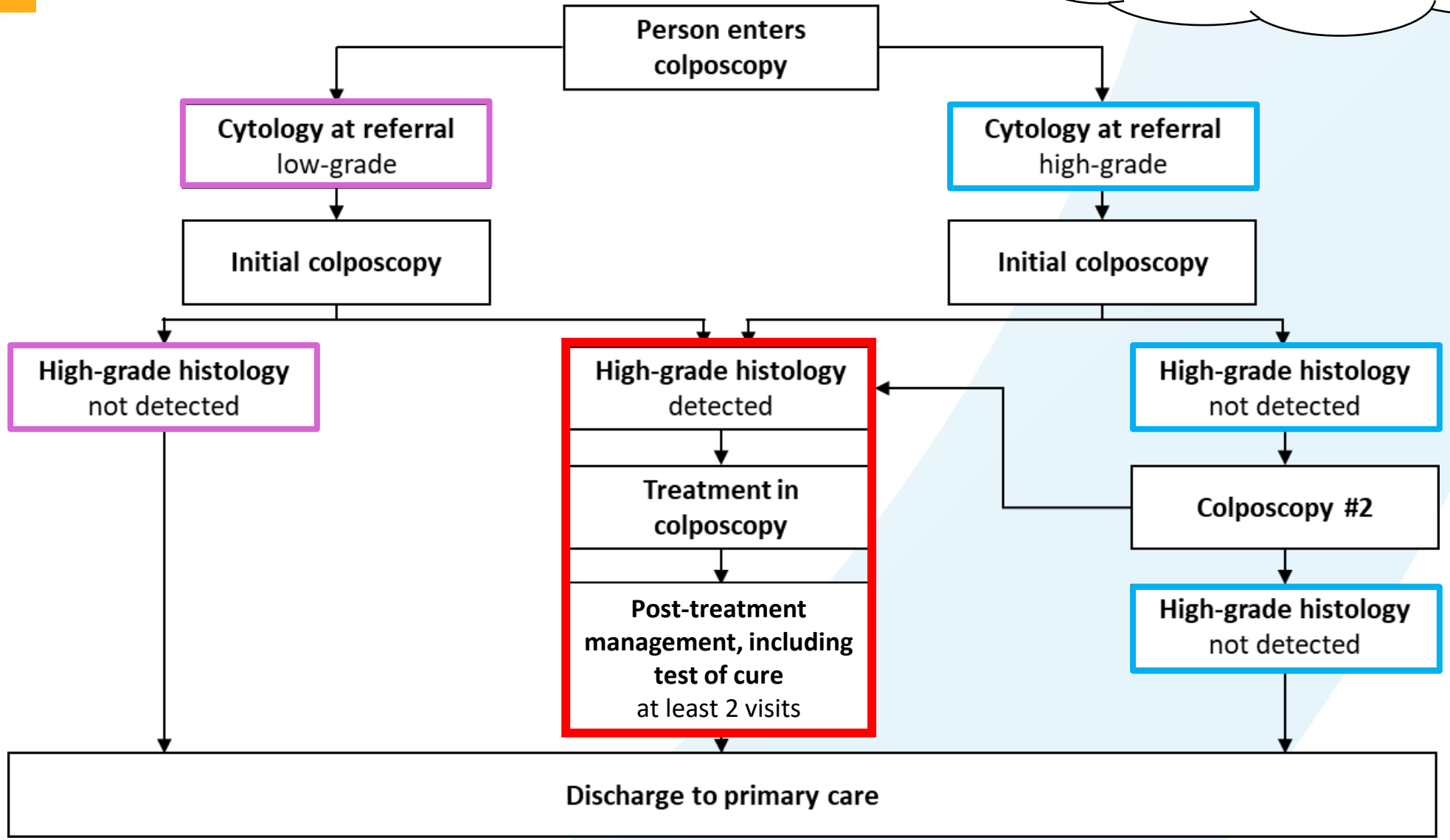
Dr. Rachel Kupets

Recap

Dr. Rachel Kupets

Recap: Episode of care

Reminder: Pathway is based on CYTOLOGY



Recap: Initial colposcopy visit

- For all pathways: A cytology test should **not** be performed at the initial colposcopy visit if the referral cytology test was done within 6 months
- A cytology test should only be performed if someone is:
  - Referred with 2 consecutive unsatisfactory cytology test results
  - Referred with HPV-positive (types 16 and 18/45) and unsatisfactory cytology test result

Recap: Colposcopy pathways

Investigation and management	• Pathway 1: Referred with HPV-positive and normal (NILM) or low-grade cytology (ASCUS, LSIL) • Pathway 2: Referred with HPV-positive and high-grade cytology (ASC-H, LSIL-H, HSIL), excluding AIS • Pathway 3: Referred with HPV-positive and AGC or AEC cytology (AGC-NOS, AEC-NOS, AGC-N and AEC-N) • Pathway 4: Referred with HPV-positive and AIS cytology • Pathway 5: Referred with HPV-positive and SCC, ACC, ACC-E or PDC cytology
Post-treatment management	• Pathway 6: Histology confirmed HSIL • Pathway 7:Histology confirmed AIS

Participants are discharged from colposcopy pathways **1, 2, 6** and **7** to resume screening in primary care

Post-discharge screening intervals for people **not** treated in colposcopy

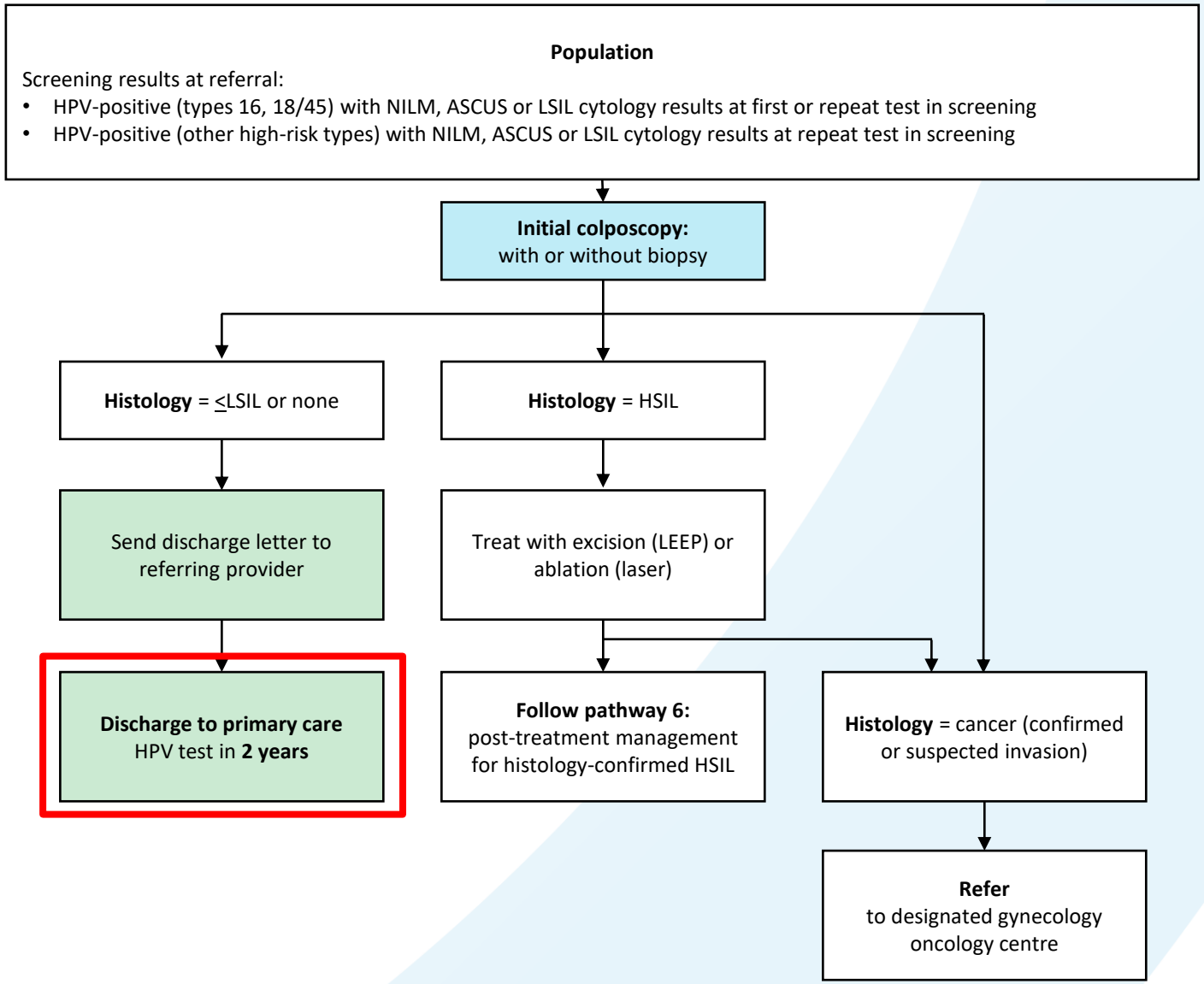
Dr. Rachel Kupets

Colposcopy pathway 1

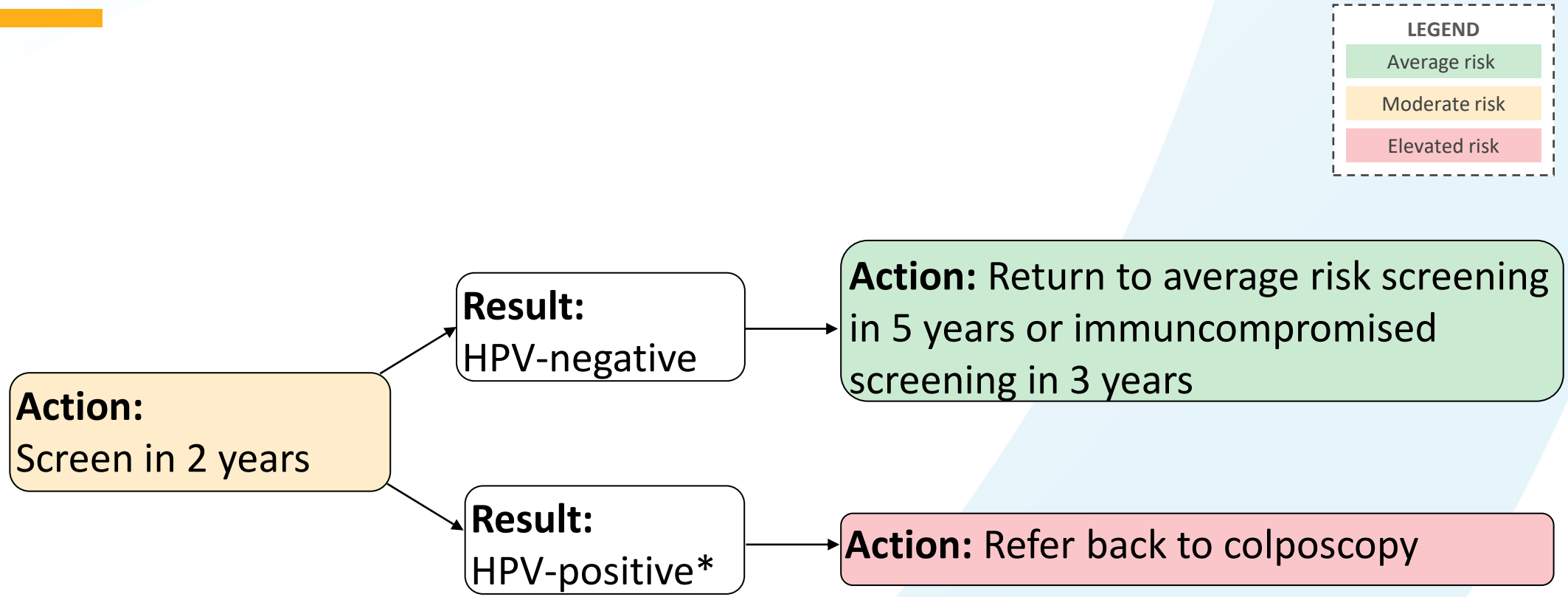
Legend

Colposcopy visit

Discharge activity

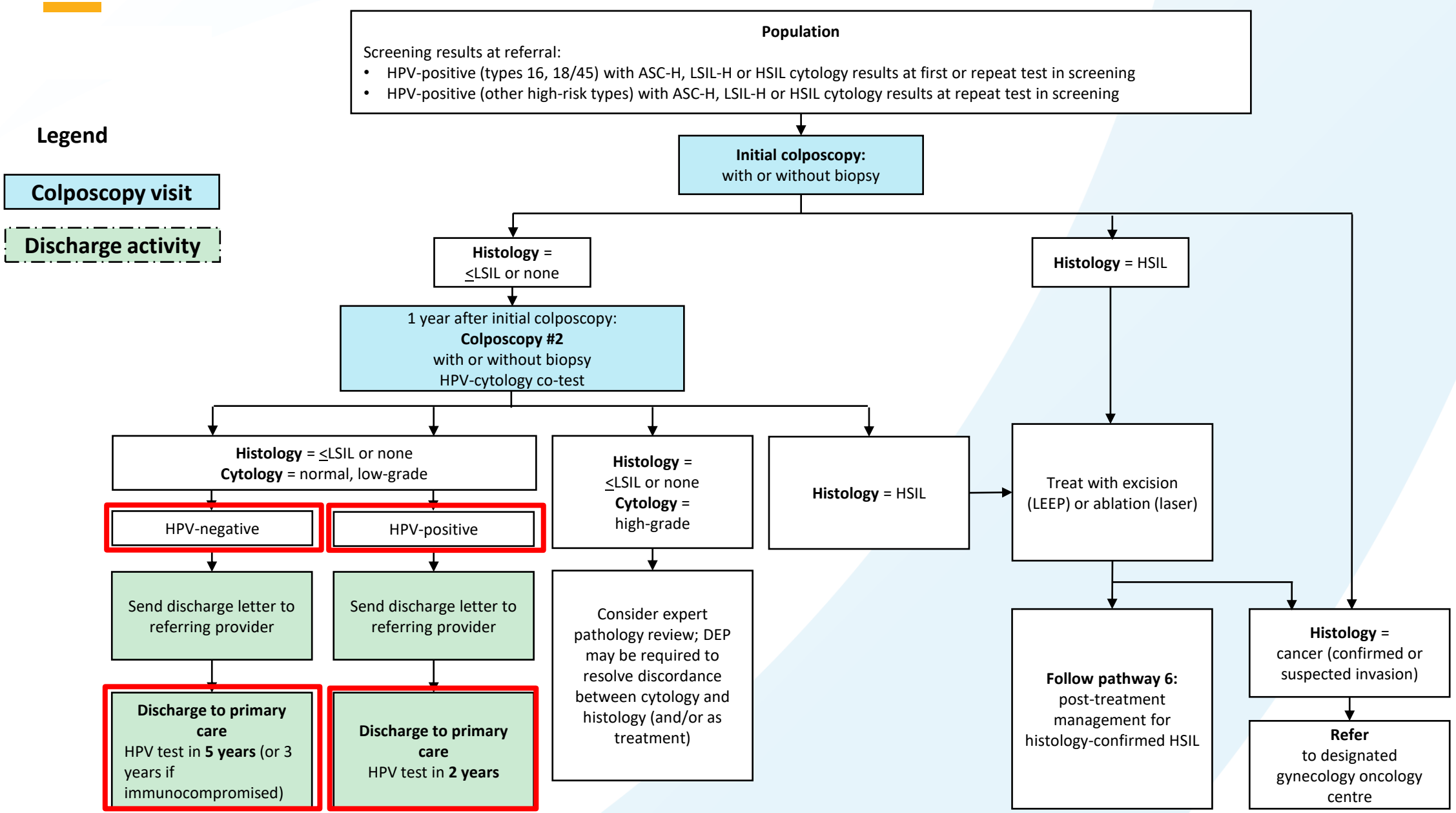


Colposcopy pathway 1: Post-discharge

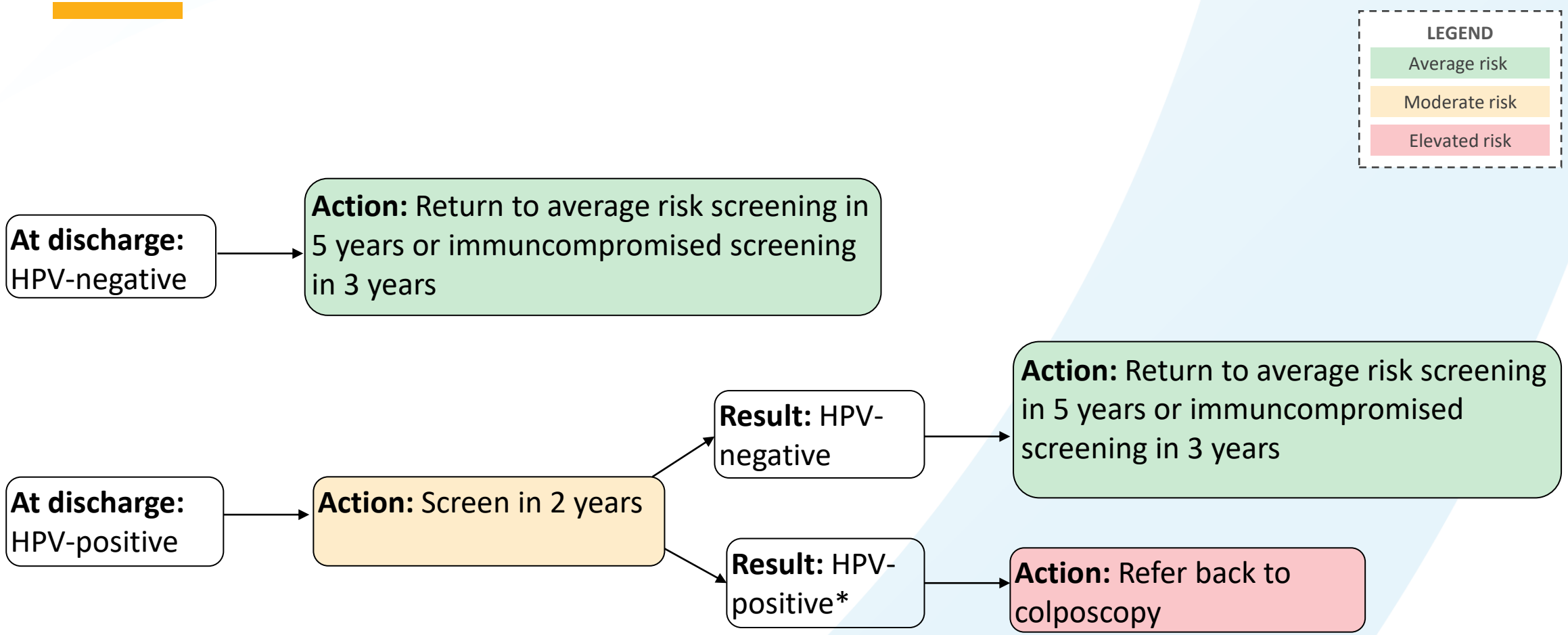


*Regardless of HPV type or cytology

Colposcopy pathway 2



Colposcopy pathway 2: Post-discharge

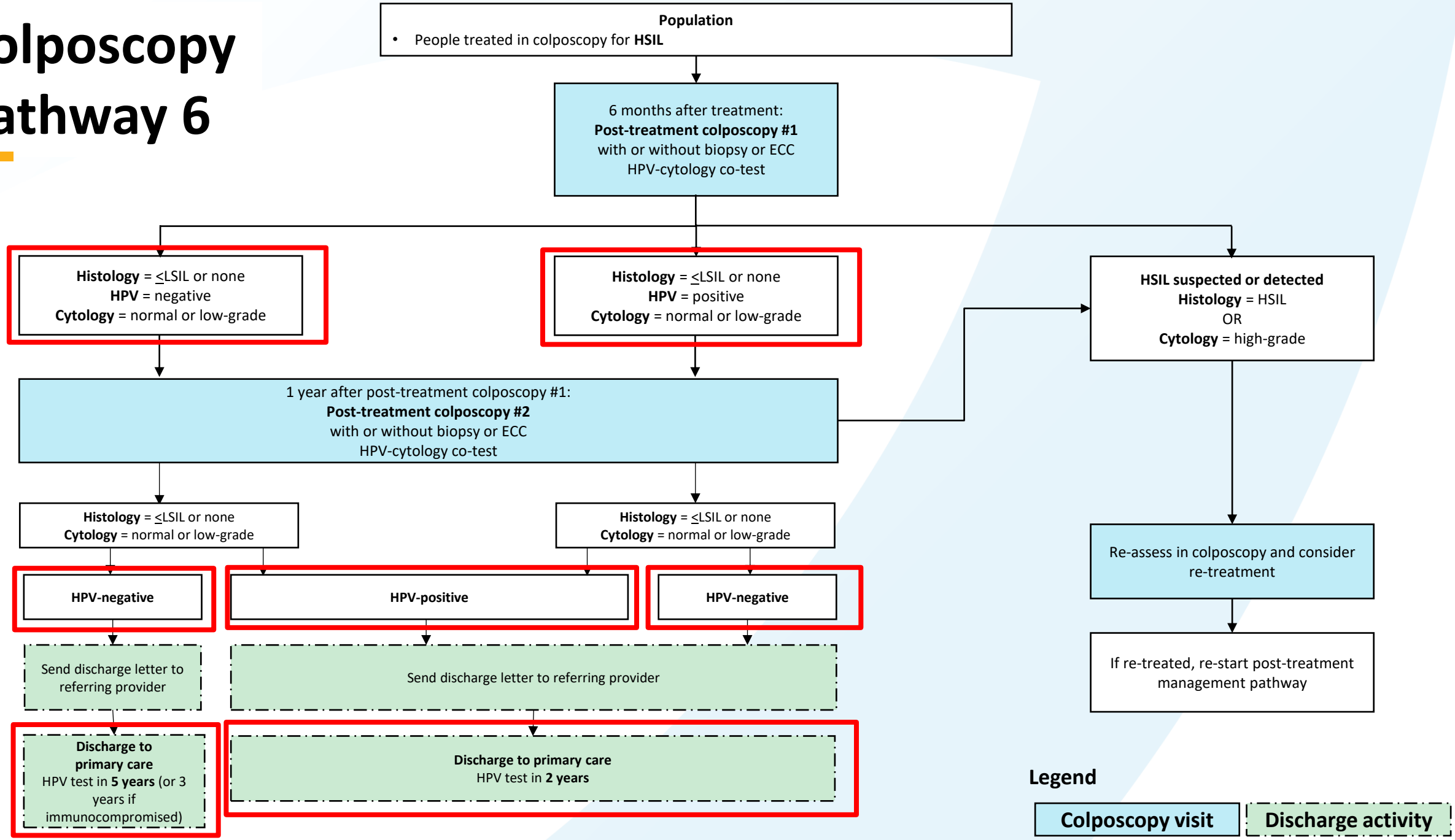


*regardless of HPV type or cytology

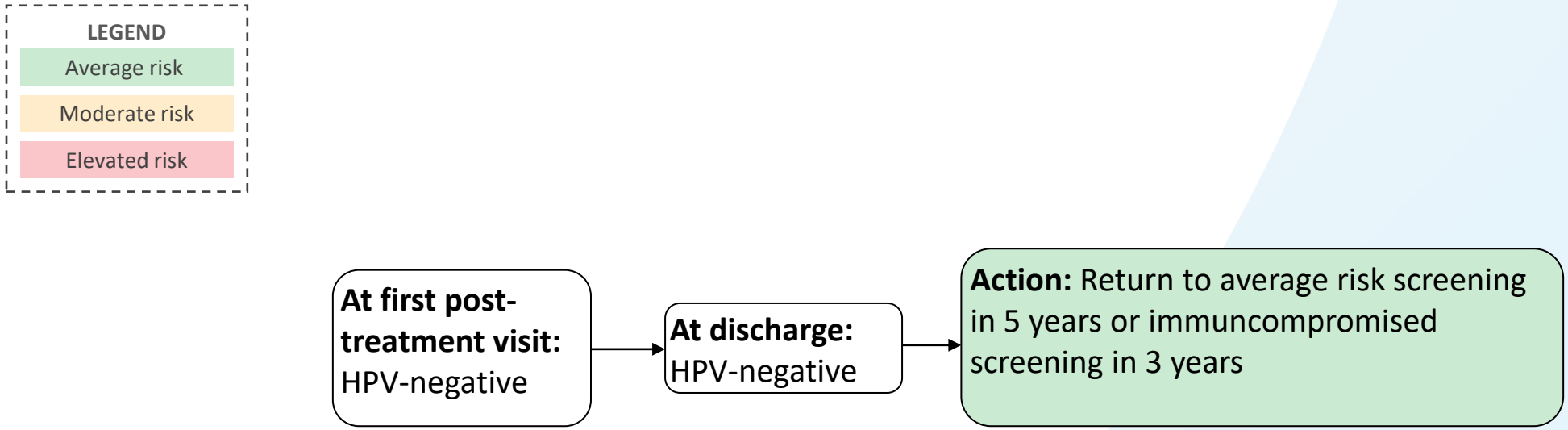
Post-discharge screening intervals for people **treated** in colposcopy

Dr. Rachel Kupets

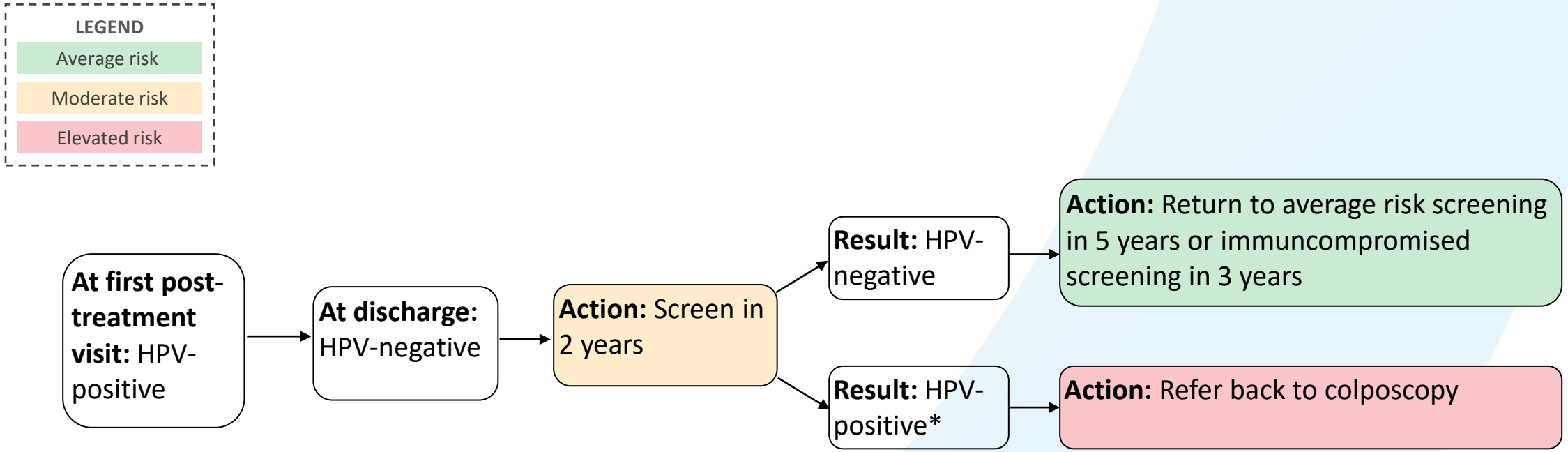
Colposcopy pathway 6



Colposcopy pathway 6: Post-discharge

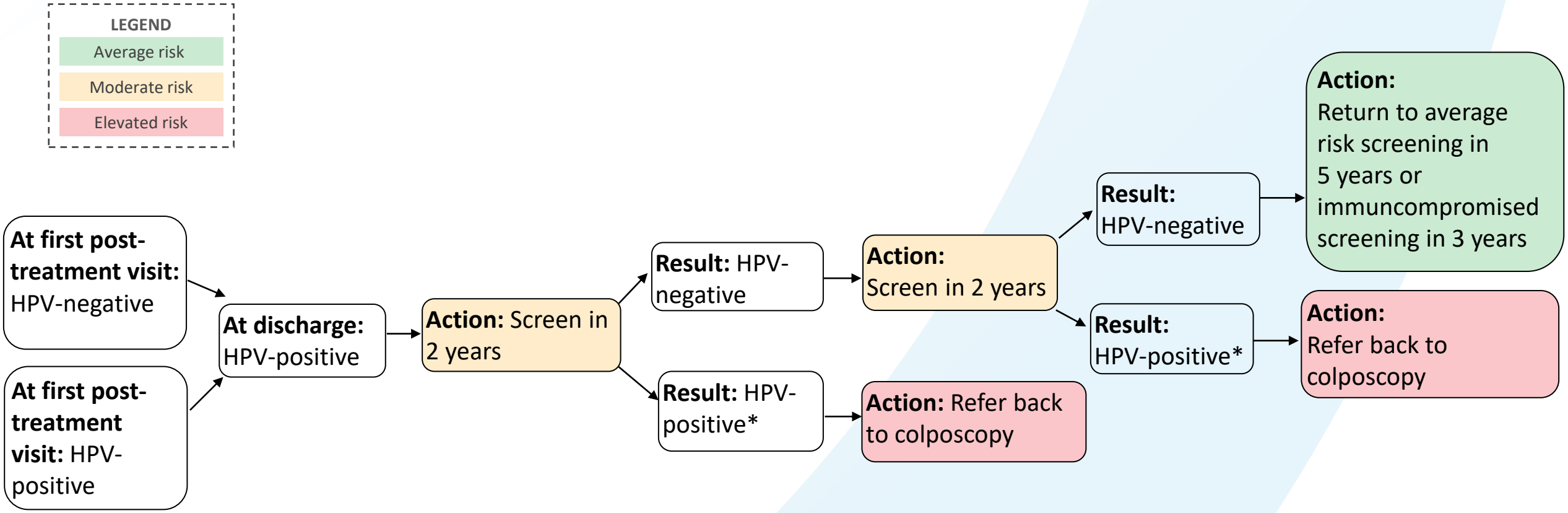


Colposcopy pathway 6: Post-discharge



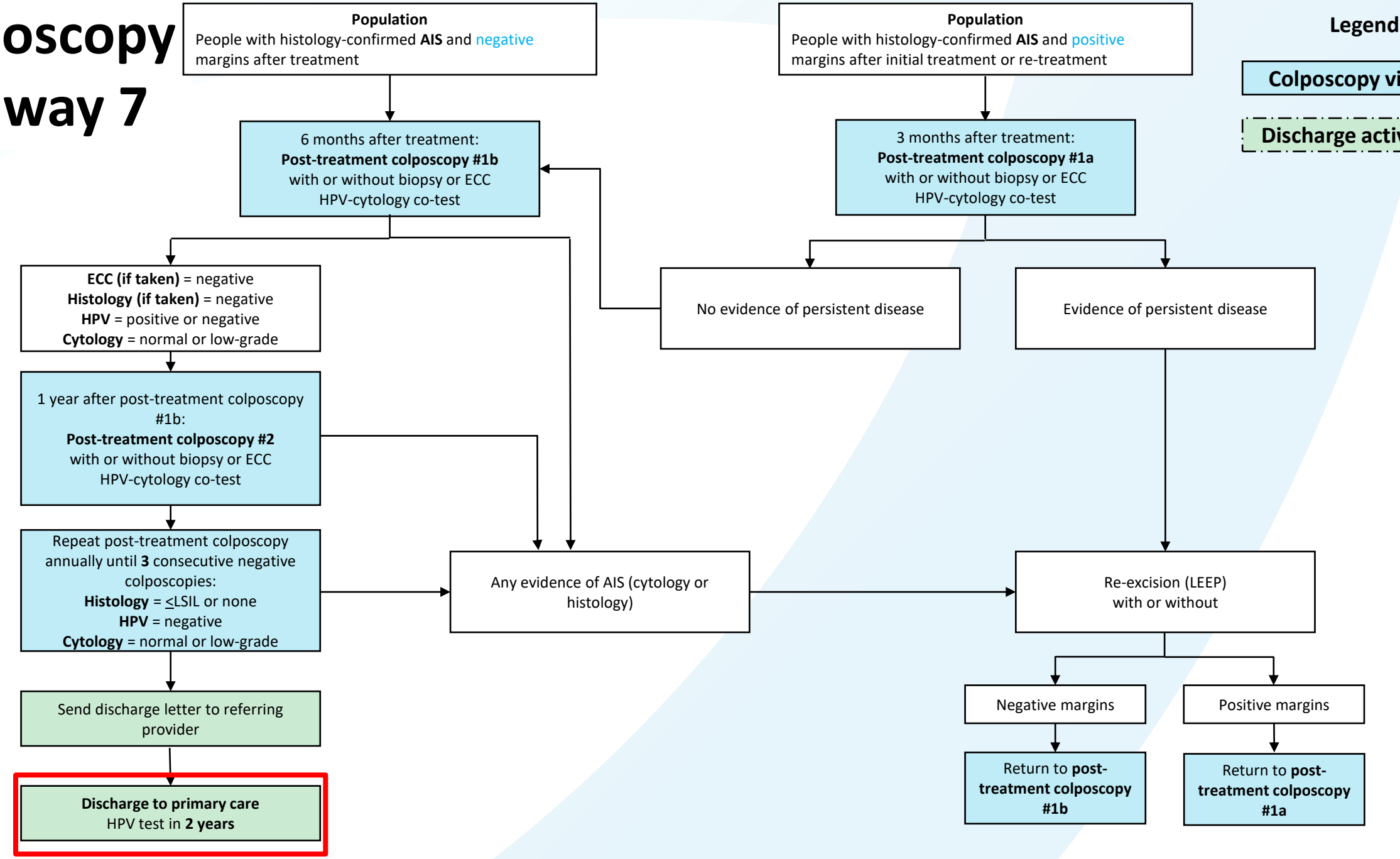
*regardless of HPV type or cytology

Colposcopy pathway 6: Post-discharge

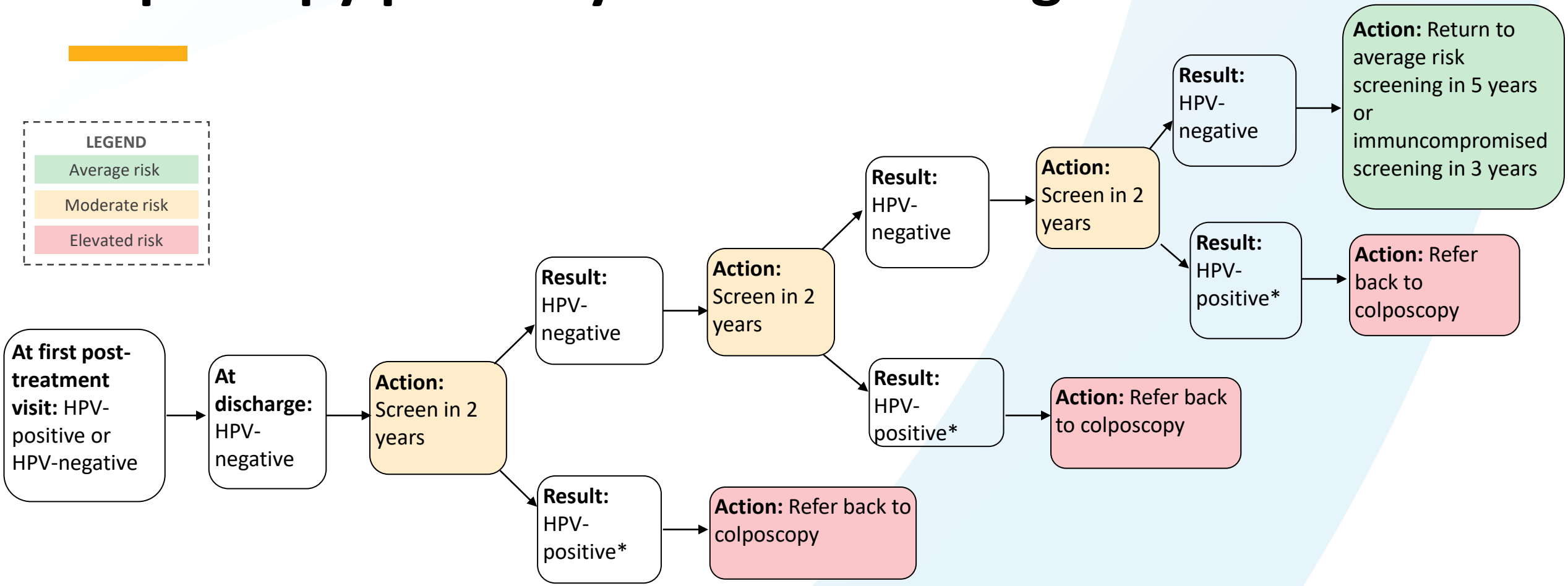


*regardless of HPV type or cytology

Colposcopy Pathway 7



Colposcopy pathway 7: Post-discharge



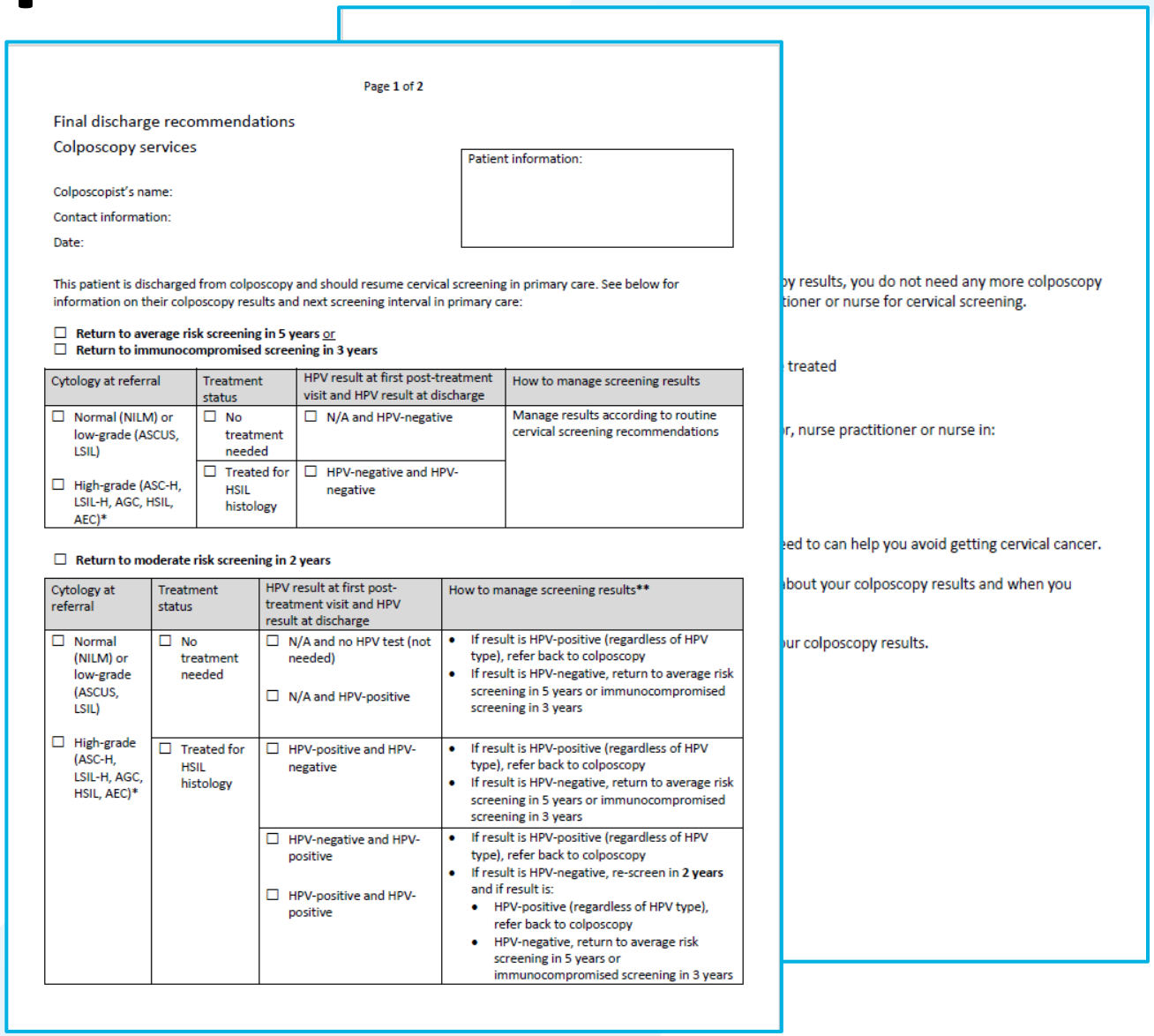
*regardless of HPV type or cytology

Main changes

- When to resume screening in primary care and how to manage results post-discharge depends on treatment during colposcopy and HPV-cytology co-test results
- Some people can be discharged to primary care after only 1 colposcopy visit
- Some people may be HPV-positive (with or without cytology abnormalities) when they are discharged to primary care
- People who are discharged to screening in 2 years and are HPV-positive (regardless of HPV type and reflex cytology) at their 2-year screening test should be referred back to colposcopy

Discharge letter templates

- 7 sample letter templates:
  - 4 letter templates for primary care providers
  - 3 letter templates for patients
- Available on HPV testing resource hub: ontariohealth.ca/hpvhub



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

Discharging people without a primary care provider

- Ongoing colposcopy should not be performed on people who are ready to be discharged and do not have a primary care provider
  - People can call Health811 at 811 (TTY: 1.866.797.0007) or visit ontario.ca/page/find-family-doctor-or-nurse-practitioner
  - People can find Indigenous-led health centres at https://iphcc.ca/meet-our-members/
  - Colposcopists can consider transferring people to their (or a colleague's) gynecology practice for cervical screening
  - Colposcopists can connect with their Regional Cancer Program for available options for supporting unattached patients

Post-discharge screening interval Quiz

6:00 - 6:10 pm

Dr. Dustin Costescu

Question #1

Alex is 29 years old and is immunocompetent. She was referred to colposcopy with HPV-positive (types 16, 18/45) and normal cytology. At initial colposcopy visit, a biopsy is performed and histology is LSIL. What is the recommended next step?

a) Discharge to screening in 5 years

b) Discharge to screening in 3 years

c) Discharge to screening in 2 years

Type answer in chat

Question #1 - continued

Alex is screened in primary care 2 years after she was discharged from colposcopy and her screening result is HPV-positive (types 16, 18/45) with normal cytology. What is the recommended next step?

a) Alex is at average risk → re-screen in 5 years

b) Alex is at elevated risk → re-refer to colposcopy

c) Alex is at moderate risk → re-screen in 2 years

Type answer in chat

People who are discharged to screening in 2 years and are HPV-positive at their 2-year screening test should be referred back to colposcopy

Question #2

Eric (they/them) is 35 years old and is immunocompromised. Eric was referred to colposcopy with HPV-positive (types 16, 18/45) and HSIL cytology. At initial colposcopy visit, a biopsy is performed and histology is LSIL. They return for a second colposcopy visit in 1 year and had the following results:

- Cytology = ASCUS
- HPV = negative
- Histology = normal

What is the recommended next step?

a) Discharge to screening in 5 years

b) Discharge to screening in 3 years

c) Discharge to screening in 2 years

Type answer in chat

Question #3

Emma is 42 years old and is immunocompetent. She was treated in colposcopy for HSIL histology and had the following post-treatment colposcopy results:

Post-treatment colposcopy visit #1
- HPV = positive
- Cytology = normal
- Histology = none

Post-treatment colposcopy visit #2
- HPV = positive
- Cytology = normal
- Histology = none

What is the recommended next step?

Type answer in chat

a) Discharge to screening in 5 years

b) Discharge to screening in 2 years

c) Discharge to screening in 3 years

People who are HPV-positive at either post-treatment visit should be discharged to moderate risk screening in 2 years

Question #3 - continued

Emma is screened in 2 years in primary care and her screening result is HPV-negative. How many more HPV-negative results is needed before Emma can return to average risk screening?

a) 1

b) 2

c) 3

Type answer in chat

People who are treated for HSIL histology and are HPV positive at discharge, should screen at the 2-year interval until 2 negative HPV results are achieved

Question #4

Ashley is 27 years old and is immunocompetent. She was treated in colposcopy for HSIL histology and had the following post-treatment colposcopy results:

Post-treatment colposcopy visit #1
- HPV = negative
- Cytology = normal
- Histology = none

Post-treatment colposcopy visit #2
- HPV = negative
- Cytology = normal
- Histology = none

What is the recommended next step?

Type answer in chat

a) Discharge to screening in 5 years

b) Discharge to screening in 2 years

c) Discharge to screening in 3 years

People who are HPV-negative at both post-treatment visits can return to average risk screening in 5 years

Question #5

Taylor is 32 years old and is immunocompetent. She was treated in colposcopy for AIS histology and was seen in colposcopy for 5 post-treatment visits. All her post-treatment visits are negative, and she is discharged to screening in primary care in 2 years. How many HPV-negative results in total are needed before returning to average risk screening?

a) 3

b) 2

c) 1

Type answer in chat

People who are treated for AIS histology should screen at the 2-year interval until 3 negative HPV results are achieved

Question #6

Evelyn is 66 years old and is immunocompetent. She was referred to colposcopy with HPV-positive (types 16, 18/45) and ASCUS cytology. At initial colposcopy visit, a biopsy is performed and histology is normal. What is the recommended next step?

a) Discharge to screening in 5 years

b) Discharge to screening in 3 years

c) Discharge to screening in 2 years

d) Stop screening

Type answer in chat

Question #6 - continued

Evelyn is screened in 2 years in primary care and her result is HPV-negative. She is now 68 years old. What is the recommended next step?

a) Evelyn can stop screening immediately

b) Evelyn should get 1 more screening test in 5 years

c) Evelyn should be referred back to colposcopy

Type answer in chat

People ages 65 to 69 who have been discharged from colposcopy for further screening should continue to screen until age 74

Special considerations in the OCSP

6:10 - 6:40 pm

Dr. Dustin Costescu
Dr. Rachel Kupets

Management of people ages 21 to 24

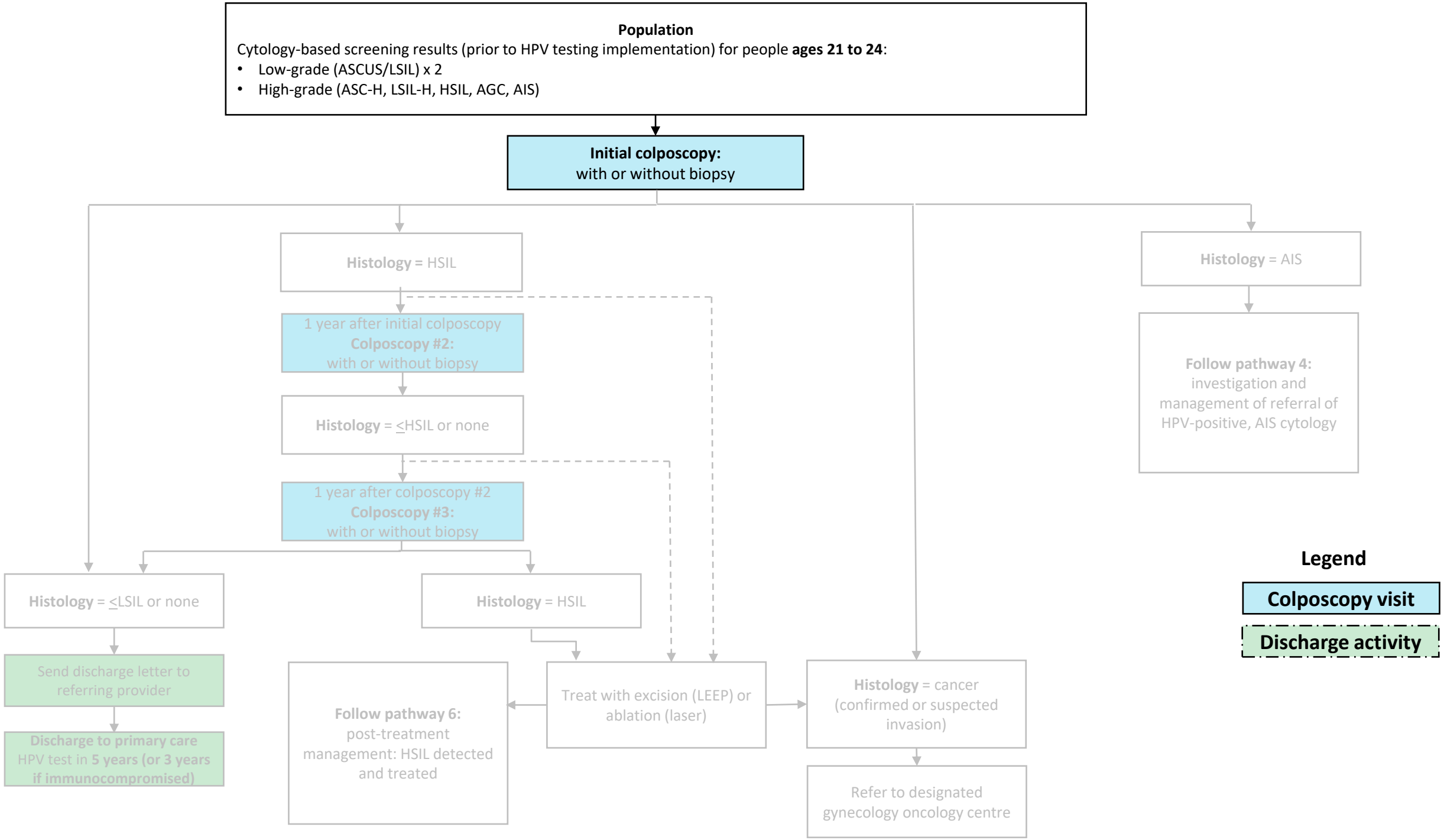
Dr. Dustin Costescu

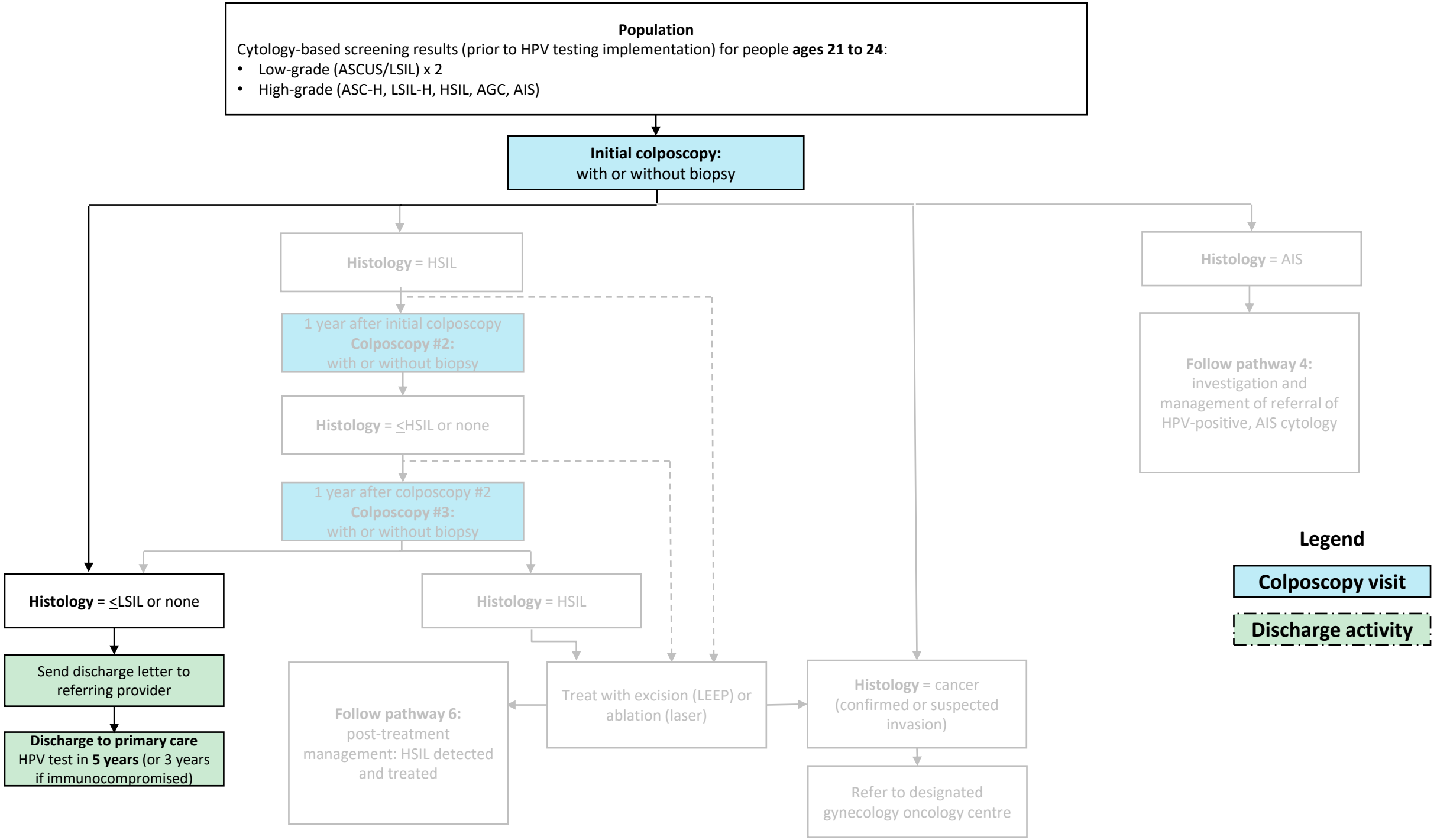
People ages 21 to 24 who started screening before launch of HPV testing

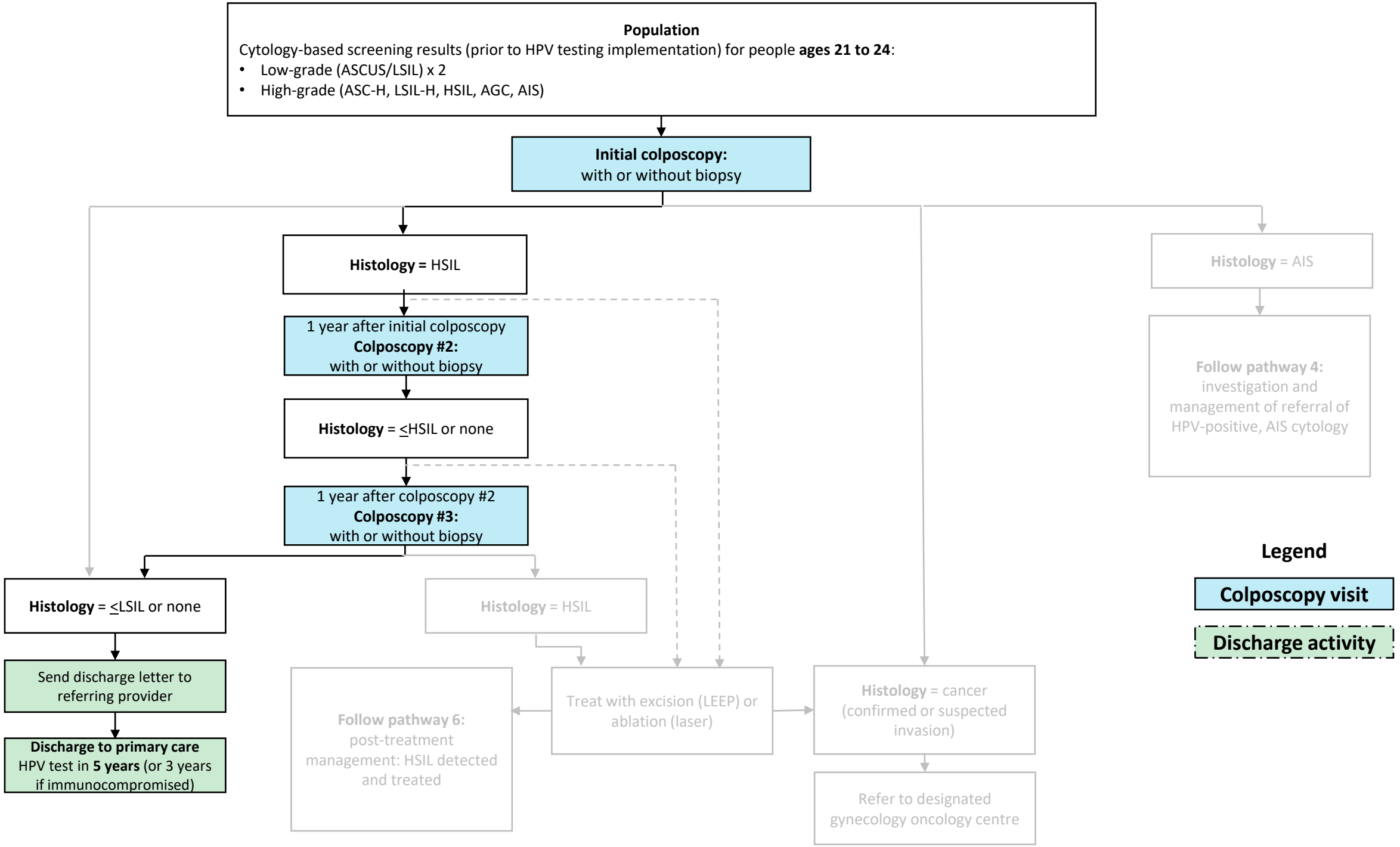
Pre-launch cytology result	Post-launch guidance for people who are immunocompetent	Post-launch guidance for people who are immunocompromised
Normal	Delay next test to age 25 or in 3 years, whichever comes later	Delay next test to age 25 or in 12 months, whichever comes later
Unsatisfactory cytology	Delay next test to age 25 or, if requested, repeat the test at the patient's earliest convenience	
Low-grade (ASCUS, LSIL) x1	Delay next test to age 25*	Repeat screening in 12 months
Low-grade (ASCUS or LSIL) x2	Refer to colposcopy	
High-grade (ASC-H, HSIL, AGC, AIS)	Refer to colposcopy	
High-grade (SCC, ACC, ACC-E, PDC)	Refer to colposcopy or consider referral to gynecologic oncology centre if an obvious lesion is seen in the cervix	

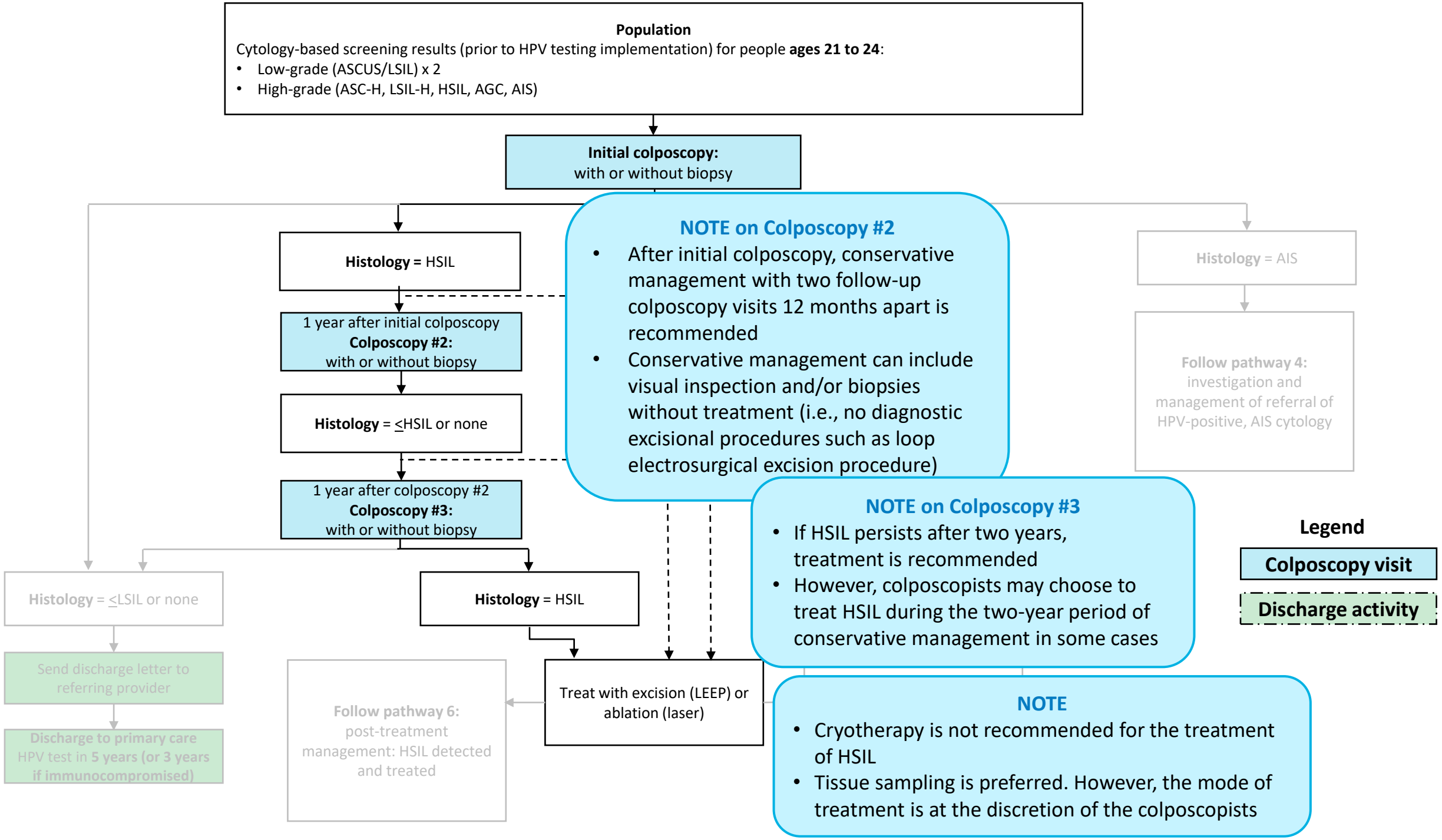
*People who choose not to delay after talking with their health care provider about the limited benefits and potential risks of screening before age 25 can screen with an HPV test in **12 months**. The result of the repeat test should be managed according to the HPV-based cervical screening recommendations.

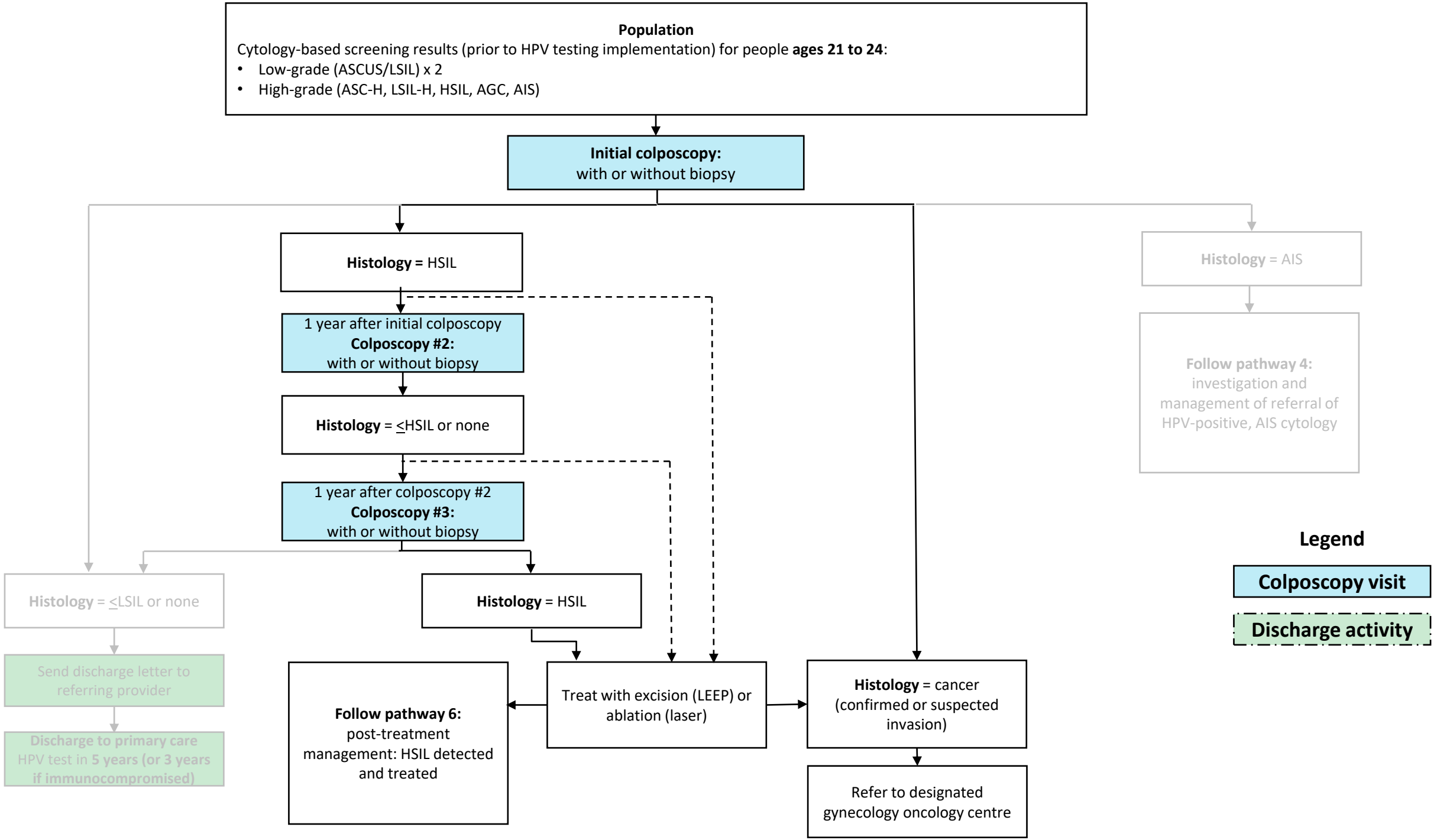
ACC: adenocarcinoma; ACC-E: endocervical adenocarcinoma; AGC: atypical glandular cells; AIS: adenocarcinoma in situ; ASC-H: atypical squamous cells, cannot exclude HSIL; ASCUS: atypical squamous cells of undetermined significance; HSIL: high-grade squamous intraepithelial lesion; LSIL-H: low-grade squamous intraepithelial lesion, cannot exclude HSIL; LSIL: low-grade squamous intraepithelial lesion; PDC: poorly differentiated carcinoma; SCC: squamous cell carcinoma


Population
Cytology-based screening results (prior to HPV testing implementation) for people ages 21 to 24:
• Low-grade (ASCUS/LSIL) x 2
• High-grade (ASC-H, LSIL-H, HSIL, AGC, AIS)
Initial colposcopy: with or without biopsy
Histology = HSIL
1 year after initial colposcopy Colposcopy #2: with or without biopsy
Histology = ≤HSIL or none
1 year after colposcopy #2 Colposcopy #3: with or without biopsy
Histology = AIS
Follow pathway 4: investigation and management of referral of HPV-positive, AIS cytology
Histology = ≤LSIL or none
Send discharge letter to referring provider
Discharge to primary care HPV test in 5 years (or 3 years if immunocompromised)
Histology = HSIL
Follow pathway 6: post-treatment management: HSIL detected and treated
Treat with excision (LEEP) or ablation (laser)
Histology = cancer (confirmed or suspected invasion)
Refer to designated gynecology oncology centre
Legend
Colposcopy visit
Discharge activity


Population
Cytology-based screening results (prior to HPV testing implementation) for people ages 21 to 24:
• Low-grade (ASCUS/LSIL) x 2
• High-grade (ASC-H, LSIL-H, HSIL, AGC, AIS)
Initial colposcopy:
with or without biopsy
Histology = HSIL
1 year after initial colposcopy
Colposcopy #2:
with or without biopsy
Histology = ≤HSIL or none
1 year after colposcopy #2
Colposcopy #3:
with or without biopsy
Histology = AIS
Follow pathway 4:
investigation and management of referral of HPV-positive, AIS cytology
Histology = ≤LSIL or none
Send discharge letter to referring provider
Discharge to primary care
HPV test in 5 years (or 3 years if immunocompromised)
Histology = HSIL
Follow pathway 6:
post-treatment management: HSIL detected and treated
Treat with excision (LEEP) or ablation (laser)
Histology = cancer (confirmed or suspected invasion)
Refer to designated gynecology oncology centre
Legend
Colposcopy visit
Discharge activity


Population
Cytology-based screening results (prior to HPV testing implementation) for people ages 21 to 24:
• Low-grade (ASCUS/LSIL) x 2
• High-grade (ASC-H, LSIL-H, HSIL, AGC, AIS)
Initial colposcopy: with or without biopsy
Histology = HSIL
1 year after initial colposcopy
Colposcopy #2: with or without biopsy
Histology = ≤HSIL or none
1 year after colposcopy #2
Colposcopy #3: with or without biopsy
Histology = AIS
Follow pathway 4: investigation and management of referral of HPV-positive, AIS cytology
Histology = ≤LSIL or none
Send discharge letter to referring provider
Discharge to primary care
HPV test in 5 years (or 3 years if immunocompromised)
Histology = HSIL
Follow pathway 6: post-treatment management: HSIL detected and treated
Treat with excision (LEEP) or ablation (laser)
Histology = cancer (confirmed or suspected invasion)
Refer to designated gynecology oncology centre
Legend
Colposcopy visit
Discharge activity


Population
Cytology-based screening results (prior to HPV testing implementation) for people ages 21 to 24:
• Low-grade (ASCUS/LSIL) x 2
• High-grade (ASC-H, LSIL-H, HSIL, AGC, AIS)
Initial colposcopy:
with or without biopsy
Histology = HSIL
1 year after initial colposcopy
Colposcopy #2:
with or without biopsy
Histology = ≤HSIL or none
1 year after colposcopy #2
Colposcopy #3:
with or without biopsy
Histology = AIS
Follow pathway 4:
investigation and management of referral of HPV-positive, AIS cytology
Histology = ≤LSIL or none
Send discharge letter to referring provider
Discharge to primary care
HPV test in 5 years (or 3 years if immunocompromised)
Histology = HSIL
Treat with excision (LEEP) or ablation (laser)
Follow pathway 6:
post-treatment management: HSIL detected and treated
NOTE on Colposcopy #2
• After initial colposcopy, conservative management with two follow-up colposcopy visits 12 months apart is recommended
• Conservative management can include visual inspection and/or biopsies without treatment (i.e., no diagnostic excisional procedures such as loop electrosurgical excision procedure)
NOTE on Colposcopy #3
• If HSIL persists after two years, treatment is recommended
• However, colposcopists may choose to treat HSIL during the two-year period of conservative management in some cases
NOTE
• Cryotherapy is not recommended for the treatment of HSIL
• Tissue sampling is preferred. However, the mode of treatment is at the discretion of the colposcopists
Legend
Colposcopy visit
Discharge activity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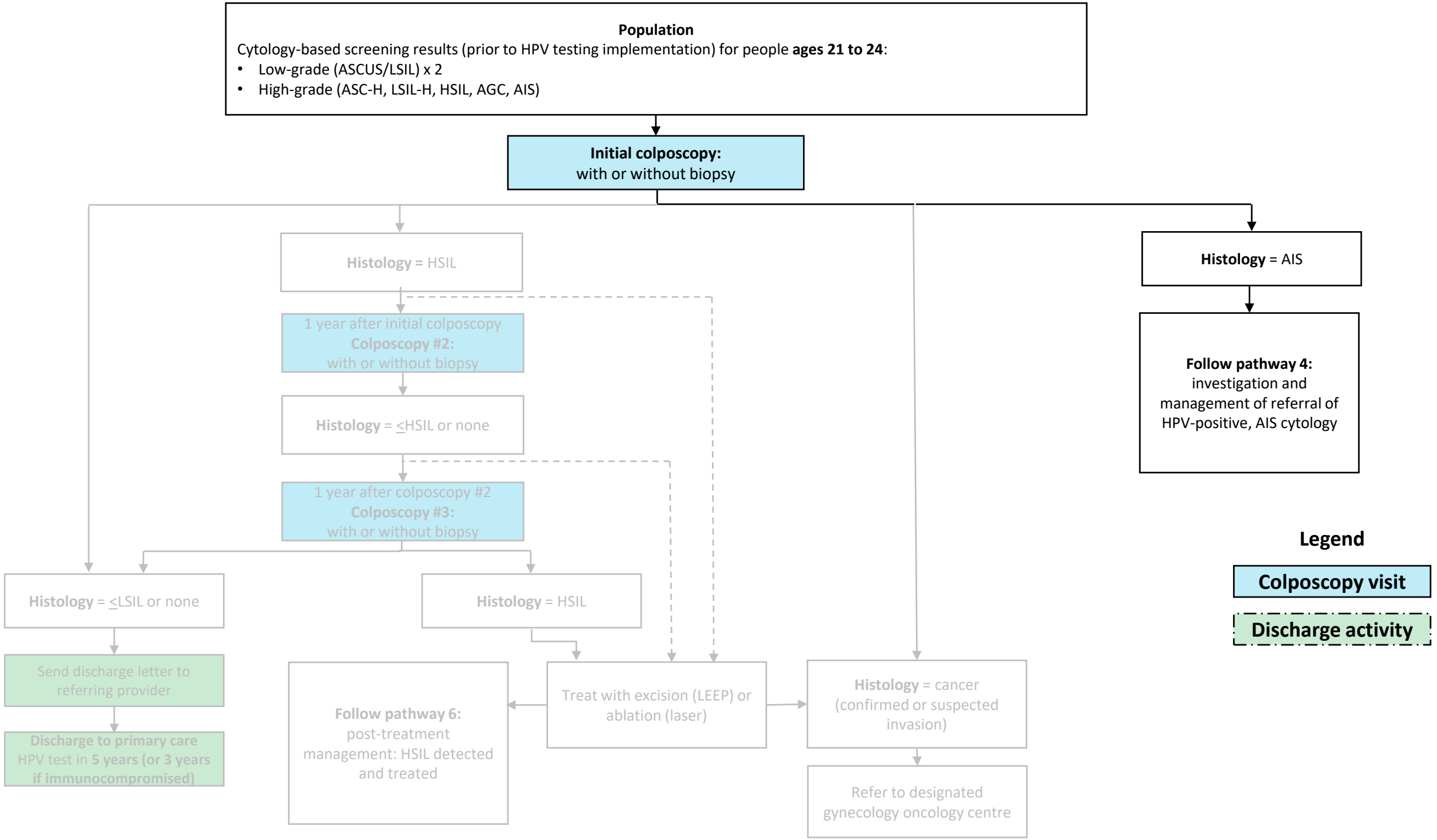
Colposcopy #3: with or without biopsy
Histology = ≤LSIL or none
Send discharge letter to referring provider
Discharge to primary care
HPV test in 5 years (or 3 years if immunocompromised)
Histology = HSIL
Follow pathway 6: post-treatment management: HSIL detected and treated
Treat with excision (LEEP) or ablation (laser)
Histology = cancer (confirmed or suspected invasion)
Refer to designated gynecology oncology centre
Histology = AIS
Follow pathway 4: investigation and management of referral of HPV-positive, AIS cytology
Legend
Colposcopy visit
Discharge activity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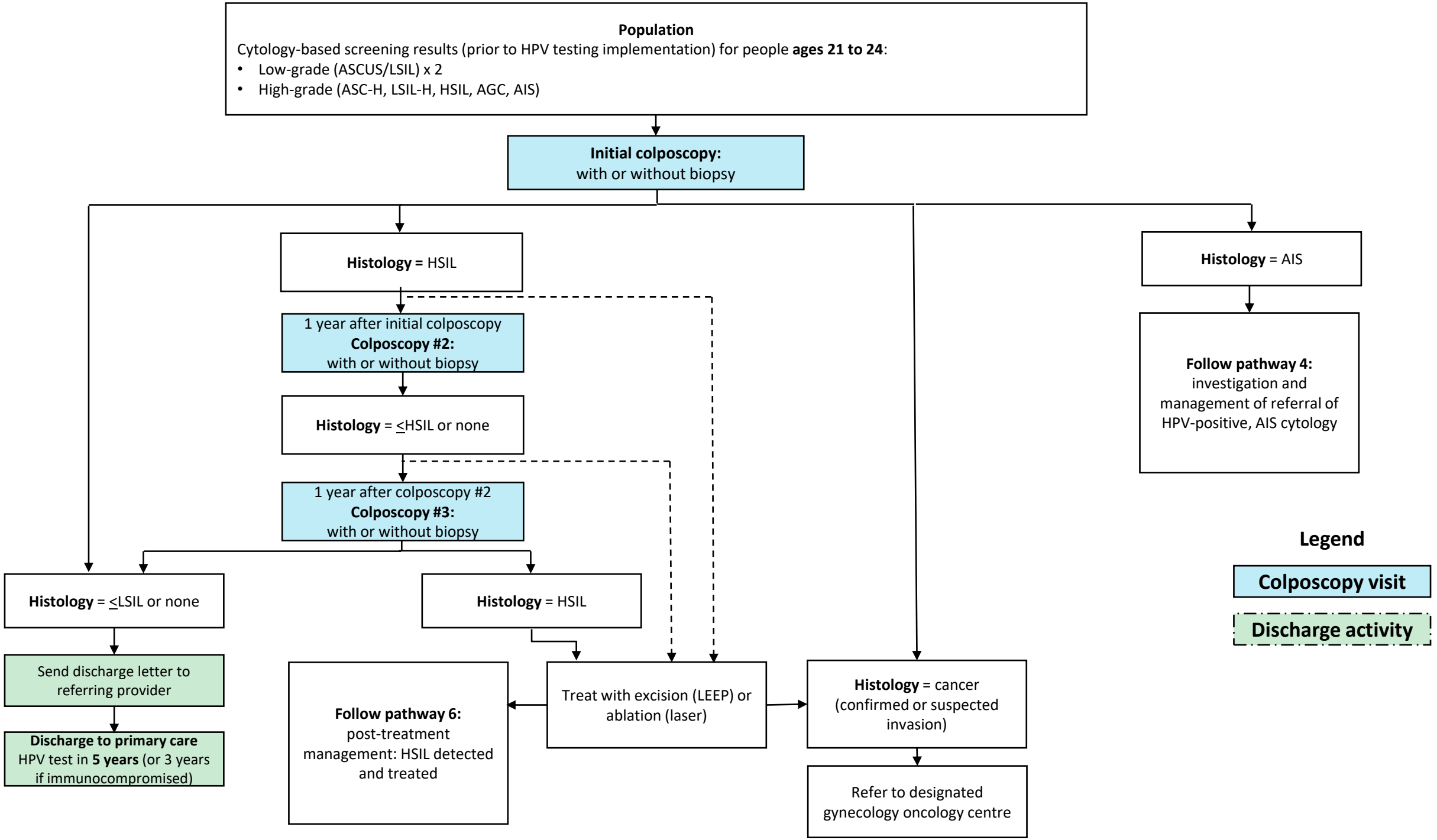
Histology = ≤LSIL or none
Send discharge letter to referring provider
Discharge to primary care
HPV test in 5 years (or 3 years if immunocompromised)
Histology = HSIL
Follow pathway 6: post-treatment management: HSIL detected and treated
Treat with excision (LEEP) or ablation (laser)
Histology = cancer (confirmed or suspected invasion)
Refer to designated gynecology oncology centre
Histology = AIS
Follow pathway 4: investigation and management of referral of HPV-positive, AIS cytology
Legend
Colposcopy visit
Discharge activity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Histology = ≤LSIL or none
Send discharge letter to referring provider
Discharge to primary care
HPV test in 5 years (or 3 years if immunocompromised)
Histology = HSIL
Follow pathway 6: post-treatment management: HSIL detected and treated
Treat with excision (LEEP) or ablation (laser)
Histology = cancer (confirmed or suspected invasion)
Refer to designated gynecology oncology centre
Histology = AIS
Follow pathway 4: investigation and management of referral of HPV-positive, AIS cytology
Legend
Colposcopy visit
Discharge activity

Evidence: People ages 21 to 24 with no HSIL histology detected in colposcopy

- One study found that 12% of women* under 25 with LSIL** detected at their initial colposcopy progressed to HSIL*** over a mean of 4.1 years
- Given the low rate of progression and potential harms associated with colposcopy and overtreatment, the OCSP recommends that people be discharged to primary care to resume screening in 5 years with an HPV test

Source:

Wilkinson TM, Sykes PH, Simcock B, Peetrich S. Recurrence of high-grade cervical abnormalities following conservative management of cervical intraepithelial neoplasia grade 2. Am J Obstet Gynecol. 2015 Jun;212(769):1-7.

Specifications:

*The term “women” is used because the studies described above included people assigned female at birth only. Where possible, the OCSP prioritizes using inclusive language that reflects all the gender identities of people who are eligible for cervical screening.
**defined as CIN1
*** defined as CIN2+

Evidence: People ages 21 to 24 with HSIL histology detected in colposcopy

- 5 studies reported on persistence, progression or regression for women* under age 25 with HSIL detected at colposcopy** who were not treated
  - Regression ranged from 29% to 68% within 0.3 to 3.9 years of follow-up
  - Persistence ranged from 17% to 24% within 0.3 to 7 years of follow-up
  - Progression ranged from 15% to 24% within 0.3 to 7 years of follow-up
  - No cancers were reported

Sources:

1. Wilkinson TM, Sykes PH, Simcock B, Peetrich S. Recurrence of high-grade cervical abnormalities following conservative management of cervical intraepithelial neoplasia grade 2. Am J Obstet Gynecol. 2015 Jun;212(769):1-7.
2. Bleecker E, Koehler E, Smith J, Budwit D, Rahangdale L. Outcomes after management of young women with cervical intraepithelial neoplasia 2 with a 6-month observation protocol. J Low Gen Trac Dis. 2014;18(1):46-9.
3. McAllum B, Sykes PH, Sadler L, Macnab H, Simcock BJ, Mekhail AK. Is the treatment of CIN 2 always necessary in women under 25 years old? Am J Obstet Gynecol. 2011 Nov;205(5):478.1-7.
4. Fuchs K, Weirzen S, Wu L, Phipps MG, Boardman LA. Management of cervical intraepithelial neoplasia 2 in adolescent and young women. J Pediatr Adolesc Gynecol. 2007 Oct;20 (5):269-74.
5. Moscicki AB, Ma Y, Wibbelsman C, Darragh TM, Powers A, Farhat S, et al. Rate of and risks for regression of CIN 2 in adolescents and young women. Obstet Gynecol. 2010 Dec;116(6):1373-80.

Specifications:

*The term “women” is used because the studies described above included people assigned female at birth only. Where possible, the OCSP prioritizes using inclusive language that reflects all the gender identities of people who are eligible for cervical screening.
**defined as CIN2 or CIN2/3

Summary of evidence

- Conservative management is appropriate for people ages 21 to 24 who have HSIL histology detected at their initial colposcopy visit
- Based on published evidence on the natural history of HPV, the OCSP has extended the time between the 2 conservative management colposcopy visits from 6 to 12 months to allow time for most people to clear their infection

People in colposcopy during the transition to HPV testing

Dr. Rachel Kupets

People entering colposcopy: HPV status unknown

- Apply the new colposcopy pathways based on:
  - Cytology results at referral; and
  - Histology findings after first colposcopy visit (i.e., whether HSIL or AIS is detected)

People entering colposcopy with low-grade cytology

Cytology result at referral	HPV-cytology co-test	Histology result from first colposcopy visit	Next steps after first colposcopy visit
Low-grade	Perform HPV-cytology co-test at the first colposcopy visit ☑	No high-grade histology detected (no lesion seen or biopsy detected ≤LSIL)	• If HPV-negative → discharge to screening in 5 years • If HPV-positive → discharge to screening in 2 years **Discharge**
		High-grade histology detected	Treat and follow pathway 6: Post-treatment management for histology-confirmed HSIL **Treat**

People entering colposcopy with high-grade cytology

Cytology result at referral	HPV-cytology co-test	Histology result from first colposcopy visit	Next steps after first colposcopy visit
High-grade, excluding AGC and AIS	No HPV-cytology co-test required at the first colposcopy visit 	No high-grade histology detected (no lesion seen or biopsy detected ≤LSIL)	Follow pathway 2: People referred with high-grade cytology (ASC-H, LSIL-H, HSIL) results → Pathway 2
		High-grade histology detected	Treat and follow pathway 6: Post-treatment management for histology-confirmed HSIL → Treat

People entering colposcopy with AGC cytology

Cytology result at referral	HPV-cytology co-test	Histology result from first colposcopy visit	Next steps after first colposcopy visit
AGC, including AGC-N/NOS, AEC-N/NOS	No HPV-cytology co-test required at the first colposcopy visit 	No high-grade histology detected (no lesion seen or biopsy detected ≤LSIL)	Follow pathway 3: People referred with AGC or AEC cytology results 
		High-grade histology detected	Treat and follow pathway 6: Post-treatment management for histology-confirmed HSIL 

People entering colposcopy with AIS cytology

Cytology result at referral	HPV-cytology co-test	Histology result from first colposcopy visit	Next steps after first colposcopy visit
AIS	No HPV-cytology co-test required at the first colposcopy visit 	Any result	Follow pathway 4: People referred with AIS cytology results

Pathway 4

People already in colposcopy: HPV status unknown

- For people **already undergoing care**, apply the new colposcopy pathways based on:
  - Highest-grade cytology results if untreated
  - Post-treatment status
- Manage and discharge based on HPV-cytology co-test results

People in colposcopy with low-grade cytology

Highest-grade cytology result	Colposcopy pathway	Number of visits before discharge

Low-grade	Follow pathway 1: Referred with normal (NILM) or low-grade cytology (ASCUS, LSIL) results	• 1 colposcopy visit
		• 1 HPV-cytology co-test before discharge
		  ○ HPV-negative → screen in 5 years (or 3)
		  ○ HPV-positive → screen in 2 years

People in colposcopy with high-grade cytology

Highest-grade cytology result	Colposcopy pathway	Number of visits before discharge

High-grade	Follow pathway 2: Referred with high-grade cytology (ASC-H, LSIL-H, HSIL) results	• At least 2 colposcopy visits
		• 1 HPV-cytology co-test before discharge
		  ○ HPV-negative → screen in 5 years (or 3)
		  ○ HPV-positive → screen in 2 years

People in colposcopy with AGC cytology

Highest-grade cytology result	Colposcopy pathway	Number of visits before discharge

AGC	Follow pathway 3: Referred with AGC or AEC cytology results	• At least 2 colposcopy visits
		• 1 HPV-cytology co-test before discharge
		  ○ HPV-negative → screen in 5 years (or 3)
		  ○ HPV-positive → screen in 2 years

People in colposcopy who are post-treatment

Highest-grade cytology result	Colposcopy pathway	Number of visits before discharge
Post-treatment (excluding AIS)	Follow pathway 6: Post-treatment management for histology-confirmed HSIL	• At least 2 colposcopy visits • 2 HPV-cytology co-test before discharge <u>Exception:</u> Before HPV launch, if someone already had 2 colposcopy visits and at the third visit no high-grade histology is detected, only 1 HPV-cytology co-test is needed

People in colposcopy with AIS cytology or post-treatment for AIS

Highest-grade cytology result	Colposcopy pathway	Number of visits before discharge
AIS or post-treatment for AIS	Follow pathway 7: Post-treatment management for histology-confirmed AIS	• Minimum of 5 years of follow-up in colposcopy with negative cytology results OR 3 consecutive negative HPV/cytology co-tests • For people already undergoing post-treatment care, colposcopists may consider extending follow-up to perform HPV/cytology co-testing

Considerations for cervical screening and colposcopy in pregnancy

Dr. Rachel Kupets

Cervical screening in pregnancy

- Pregnancy does not affect risk of developing cervical pre-cancer or cancer
- Screen when due or overdue for cervical screening
    - Defer to postpartum period for people in the third trimester, when there are risk factors for preterm labour or bleeding, or based on patient preference
- For patient comfort, cervical screening is usually avoided after 24 weeks of pregnancy and can be resumed as early as six weeks postpartum
- The screening recommendations and indications for referral to colposcopy are the same, regardless of pregnancy status
- Collection devices should not enter the cervical canal, which means the endocervical brush should not be used

Colposcopy in pregnancy

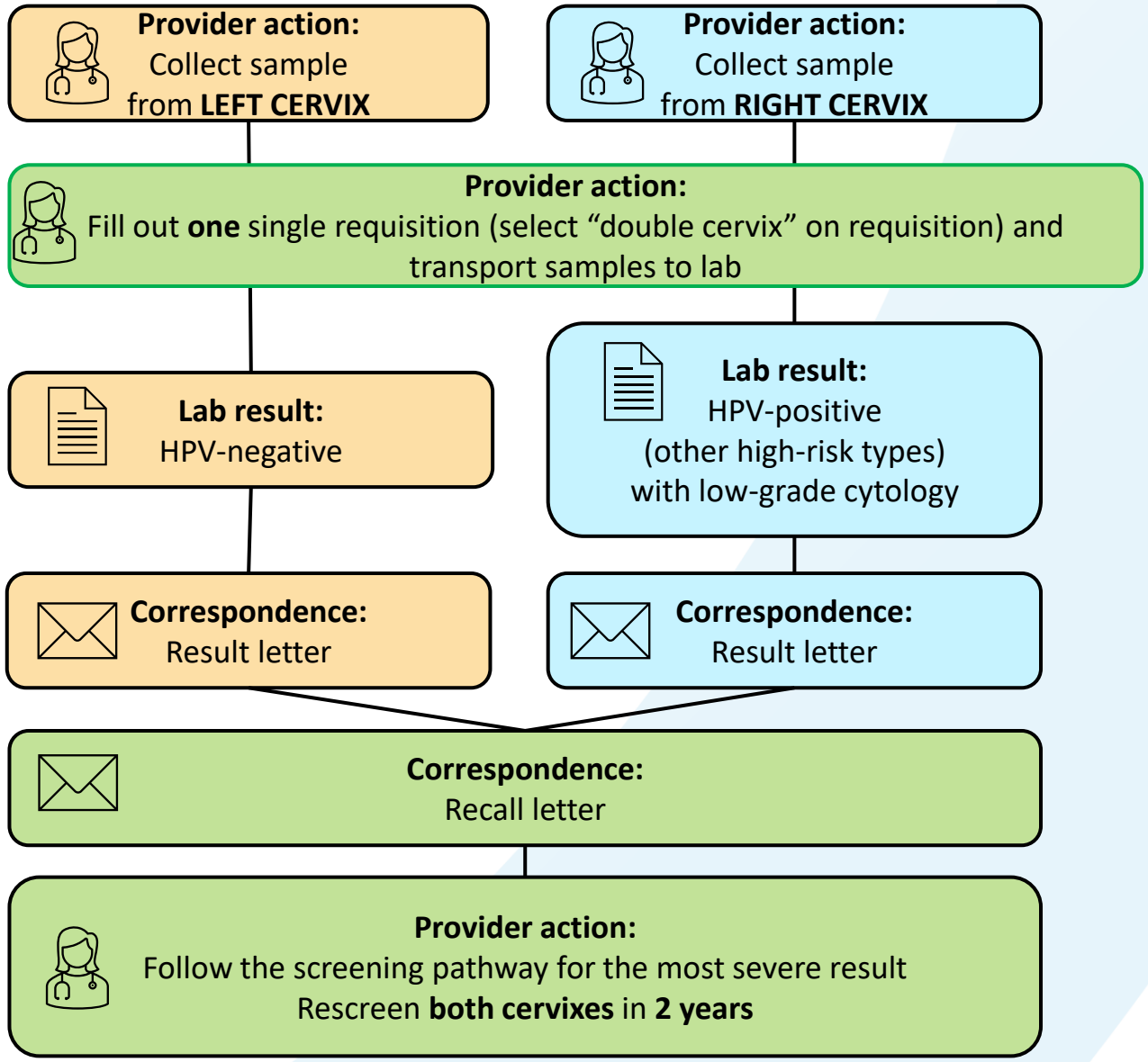
- People who are pregnant should be referred to colposcopy, as appropriate
- The OCSP does not have specific recommendations on management during pregnancy and care should be individualized
- For information on this topic, refer to the 2023 Canadian Colposcopy Guideline: A Risk-Based Approach to Management and Surveillance of Cervical Dysplasia

Source: Willows K, Selk A, Auclair M-H, Jim B, Jumah N, Nation J, Proctor L, Iazzi M, Bentley J. 2023 Canadian Colposcopy Guideline: A Risk-Based Approach to Management and Surveillance of Cervical Dysplasia. *Current Oncology*. 2023; 30(6):5738-5768. https://doi.org/10.3390/curroncol30060431

Considerations for people with a double cervix

Dr. Rachel Kupets

How to collect samples and interpret results



Changes to your practice

6:40 - 6:55 pm

Dr. Dustin Costescu

Ordering tests for cervical screening and colposcopy

Dr. Dustin Costescu

Working with procured laboratory service providers (LSPs)

- Ensure that **all OCSP tests** (in both cervical screening and colposcopy) are sent to one of the participating LSPs
- If you already have an existing agreement with one of the participating LSPs, you can follow your regular approach for ordering supplies and transporting samples

LifeLabs® Dynacare® North Bay Regional Health Centre / Centre régional de santé de North Bay

Considerations for providers working in academic training centers

- Specimens from colposcopy clinics that are associated with approved academic training centers (ATC) will be sent to their associated hospital lab for processing:
  - Cytology testing will be done at the ATC lab
  - HPV testing will be referred out to North Bay Regional Health Centre
  - The ATC will send providers an integrated results report (for cytology & HPV) and upload the report to OLIS
- Reach out to your clinic administrator for questions about workflow

How to order the HPV test for cervical screening

Step 1	Step 2	Step 3	Step 4
Confirm patient eligibility	Collect 1 sample from the cervix	Complete OCSP requisition for **cervical screening** and label cervical sample	Submit requisition and sample to a participating lab
People with a cervix ages **25** and older who have ever been sexually active	Only **1** sample is needed for HPV testing and reflex cytology (performed automatically by the lab if HPV-positive)	Providers will not be able to order OCSP cervical screening tests using existing lab requisitions or hospital requisitions	

How to order OCSP tests in colposcopy

Step 1

Collect 1 sample from the cervix

Only **1** sample is needed for OCSP tests collected in colposcopy

Step 2

Complete OCSP requisition for **follow-up of abnormal results in colposcopy** and label cervical sample

- Colposcopists will not be able to order OCSP tests using existing lab requisitions or hospital requisitions
- Colposcopists will not be able to order histology through the OCSP

Step 3

Submit requisition and sample to a participating lab

New OCSP requisitions

Cervical screening requisition is used for ordering:

- ✓ HPV test with reflex cytology (including for vaginal vault testing)
- ✓ Cytology only

Colposcopy requisition is used for ordering:

- ✓ HPV-cytology co-test (including for vaginal vault testing)
- ✓ HPV test only
- ✓ Cytology test only
- ⊗ Histology

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

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

- Enter your information
- If a primary care provider needs a copy of the result report, enter their information

- Check only **ONE** of the testing indications
- The “cytology test only” option should only be selected if no cytology results in last 6 months or after a previous unsatisfactory cytology result

Ontario Health
Cancer Care Ontario

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

- Enter patient information as indicated on OHIP card
- Ensure patient address information is accurate

- Include any additional clinical information that may be relevant
- If patient has a double cervix, collect samples into separate vials and label vials with “left” or “right” cervix

Digitized signature will only be accepted if generated by a certified electronic medical record software

Where to find the new requisitions

- Requisitions will be available before HPV launch
  - Can be found on the HPV testing implementation resource hub at ontariohealth.ca/hpvhub
  - Will be sent to providers as part of an information package
- Regional Cancer Programs are working with colposcopy facility partners to support the integration of the colposcopy-specific requisition into electronic health record (EHR) system(s)

Important: DO NOT use new requisitions until March 3, 2025

Reasons a requisition could be rejected

- Participant is not eligible for cervical screening (e.g., due to age or not due for screening)
- Incomplete or illegible
- Missing cervical sample
- Duplicate requisitions
- Inappropriate cytology-only request
- Multiple indications selected
- Missing testing indication

Key takeaway

It is important to complete the requisition accurately to avoid rejection by the laboratory

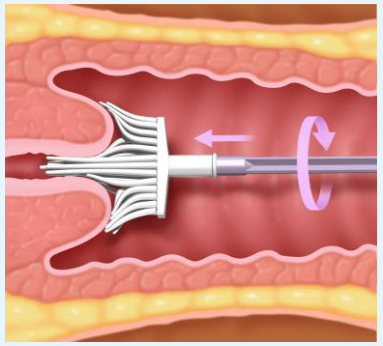
Collecting a sample

Dr. Dustin Costescu

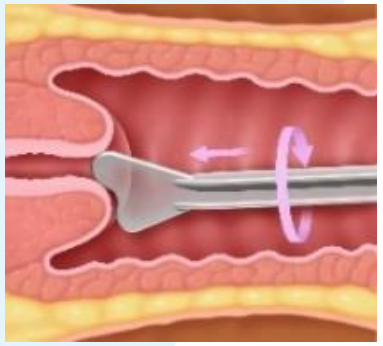
How to collect a cervical sample

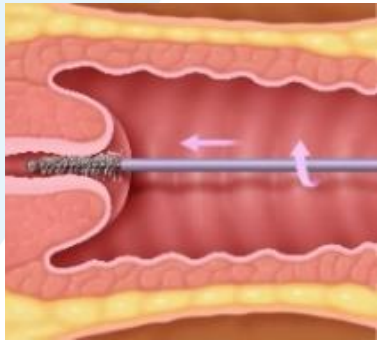
- Choose 1 of the following options:
  - Broom-like device
  - Endocervical brush-spatula combination
- Use lukewarm water to warm and lubricate the speculum
  - If a lubricant gel needs to be used, use a **dime-sized** amount of **water-soluble** and **carbomer-free** gel lubricant
  - Apply the lubricant only to the outer sides of the speculum blades, avoiding contact with the tip and inner sides of the speculum
- Rotate the sample back and forth in the vial
- Do **NOT** send any part of the collection device in the vial
- Label all samples with the patient's name and date of birth

Option 1: Broom-like device



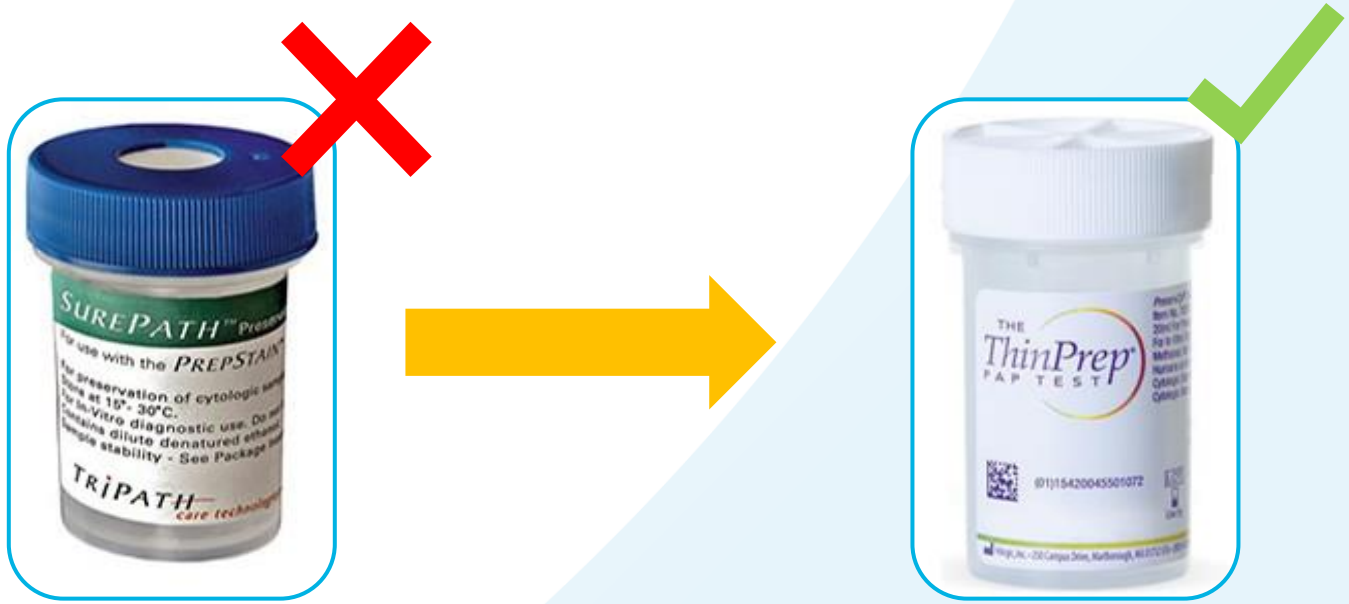
Option 2: Endocervical brush-spatula combination





Difference between SurePath™ and ThinPrep® vials

- The OCSP will use ThinPrep® system for collecting cervical samples for HPV testing
- ThinPrep® tests will be **rejected** if any part of the collection device is left in the vial



Tips to avoid recalling patient for a repeat test

- Use the correct system collection devices and vials
- Check the expiry dates of vial
- Make sure no part of the collection device, such as the **head of the broom,** is left in the collection vial
- Ensure sample is labelled (legible writing or a printed label)
- Make sure the label on the vial and corresponding requisition match
- Tightly close the sample vial to avoid leaking
- Ensure sample is sent promptly to the laboratory

Additional instructions

Collecting a sample from someone who is pregnant:

- Collection devices should not enter the cervical canal, so the endocervical brush should not be used
- For patient comfort, cervical screening is usually avoided after 24 weeks gestation and can be resumed as early as 6 weeks postpartum

Collecting and labeling samples from people with a double cervix:

- Collect 1 sample from each cervix
- A new collection device should be used for each cervical sample
- Place in separate vials that identify which cervix the sample is from (i.e., right or left)
- Use a single requisition form for both samples

Collecting a sample from the vaginal vault

- Use either the broom or the plastic spatula only (i.e., do not use the endocervical brush)
- Collect sample from the top of the vaginal vault, making full contact
- Use back and forth, horizontal sweeping motion five times

Test results

Dr. Dustin Costescu

Result reports

- During onboarding, the LSPs will work with providers to receive result reports in the manner that they prefer (e.g., fax, mail etc.)
    - If the desired method for receiving result reports cannot be implemented by launch, the OCSP laboratory will send the result reports via an interim method and work to implement the preferred method post-launch
- For screening, reports include results (HPV test result and if positive, cytology results) and recommended next steps
- For colposcopy, reports include testing results for HPV-cytology co-tests, HPV tests or cytology tests
- Providers will also be notified of rejected samples (including the reason), invalid HPV results, and unsatisfactory cytology results

Accessing screening results history

- Authorized providers can access lab test orders and results from hospitals, community and public health labs via the Ontario Laboratories Information System (OLIS)
- For more information on prerequisites for accessing OLIS visit: https://ehealthontario.on.ca/en/health-care-professionals/lab-results

Final remarks

6:55 - 7:00 pm

Dr. Rachel Kupets

Next steps

- For HPV testing resources, visit resource hub at: ontariohealth.ca/hpvhub
- For CoP webinar recordings/slides, visit CoP resource hub at: cancercareontario.ca/colposcopyhub
- Connect with your Regional Cancer Program to learn about regional support before go-Live

Regional Cervical Screening and Colposcopy Leads

Regional Cancer Program	Lead
Erie St. Clair	Dr. Rahi Victory
South West	Dr. Robert DiCecco
Waterloo Wellington	Dr. Cheryl Lee
Hamilton Niagara Haldimand Brant	Dr. Andra Nica
Central West/ Mississauga Halton	Dr. Tiffany Zigras
Toronto Central	Dr. Jodi Shapiro
Central	Dr. Felice Lackman
Central East	Dr. Nathan Roth
South East	Dr. Elena Park
Champlain	Dr. Hélène Gagné
North Simcoe Muskoka	Dr. Jennifer Tomas
North East	Dr. Karen Splinter
North West	Dr. Naana Jumah

Upcoming provincial webinars

- HPV testing implementation overview for **cervical screening**
  - Option 1: February 4 (7:30 – 8:30 a.m.)
  - Option 2: February 13 (5:00 – 6:00 p.m.)
- HPV testing implementation overview for **colposcopy**
  - Option 1: February 4 (5:00 – 6:00 p.m.)
  - Option 2: February 27 (7:30 – 8:30 a.m.)

If you did not receive registration links, email ColposcopyCoP@ontariohealth.ca

Thank you!