Cancer Care Ontario

Ontario Cervical Screening Guidelines Summary

Revised October 2016—based on current (2012) screening guidelines

Ontario Cervical Screening Program

Screening initiation

Women should begin screening for cervical cancer at **age 21** if they are or have ever been sexually active. Women who are not sexually active by age 21 should delay cervical cancer screening until they are sexually active. Sexual activity includes intercourse, as well as digital or oral sexual activity involving the genital area with a partner of either sex.

Screening interval

If a woman's cytology is normal, she should be screened **every three years.** The absence of transformation zone is not a reason to repeat a Pap test earlier than the recommended interval. See reverse for management of abnormal cytology.

Screening cessation

A woman may discontinue screening **at age 70** if she has an adequate and negative cytology screening history in the previous 10 years (i.e., three or more negative cytology tests).

Notes:

- Any visible cervical abnormalities or abnormal symptoms must be investigated by a specialist (e.g., colposcopist, gyne-oncologist, gynecologist) regardless of cytology findings.
- Cancer Care Ontario is working with the Ministry of Health and Long-Term Care to implement HPV testing in the Ontario Cervical Screening Program.

Special screening circumstances

- **Women who have sex with women** should follow the same cervical screening regimen as women who have sex with men.
- **Pregnant women** should be screened according to the guidelines. Pregnancy does not alter the recommended screening interval. Only conduct Pap tests during pre- and post-natal care if a woman is due for regular screening.
- Women who have undergone **subtotal hysterectomy** and retained their cervix should continue screening according to the guidelines.
- Women who are **immunocompromised** (e.g., HIV-positive or on long-term immunosuppressants) should receive annual screening.
- **Transgender men** who have retained their cervix should be screened according to the guidelines.

For more information and resources
Visit: cancercare.on.ca/pcresources | Call: 1-866-662-9233
Email: screenforlife@cancercare.on.ca

Ontario
Cancer Care Ontario

Ontario Guidelines for Follow-Up of Abnormal Cytology

Revised October 2016—recommendations for referral to colposcopy unchanged from May 2012 guidelines summary

Refer directly to colposcopy for the following cytology report:

- High-grade squamous intraepithelial lesion (HSIL)
- Atypical squamous cells, cannot exclude HSIL (ASC-H)
- Atypical glandular cells (AGC), atypical endocervical cells, atypical endometrial cells (also consider endometrial sampling)
- Squamous carcinoma, adenocarcinoma, other malignant neoplasms.

Any visible cervical abnormalities or abnormal symptoms must be investigated by a specialist (e.g. colposcopist, gyne-oncologist, gynecologist) regardless of cytology findings.

Diagnosis	Recommended management				
Atypical squamous cells of undetermined significance (ASCUS)	**For women <30 years old (HPV triage is not recommended)**				
	Repeat cytology in 6 months	Result: Normal	Repeat cytology in 6 months	Result: Normal	Routine screening in 3 years
				Result: ≥ASCUS	Colposcopy
		Result: ≥ASCUS	Colposcopy		
	For women ≥30 years old				
	HPV testing for oncogenic strains*	Result: Negative	Routine screening in 3 years		
		Result: Positive	Colposcopy		
	If HPV status is not known				
	Repeat cytology in 6 months	Result: Normal	Repeat cytology in 6 months	Result: Normal	Routine screening in 3 years
				Result: ≥ASCUS	Colposcopy
		Result: ≥ASCUS	Colposcopy		
Low-grade squamous intraepithelial lesion (LSIL) †	Repeat cytology in 6 months	Result: Normal	Repeat cytology in 6 months	Result: Normal	Routine screening in 3 years
				Result: ≥ASCUS	Colposcopy
		Result: ≥ASCUS	Colposcopy		
	Or refer to colposcopy				
Unsatisfactory for evaluation	Repeat cytology in 3 months				
Benign endometrial cells on Pap tests	• Pre-menopausal women who are asymptomatic require no action (continue to follow usual screening guidelines) • Post-menopausal women require investigation, including adequate endometrial tissue sampling • Abnormal vaginal bleeding in any woman requires investigation, which should include adequate endometrial tissue sampling				

* HPV testing is not currently funded by the Ministry of Health and Long-Term Care.

† Evidence suggests that either repeat cytology or colposcopy are acceptable management options after the first LSIL result. Although colposcopy may be useful for ruling out high-grade lesions, low-grade abnormalities, particularly in young women, often regress on their own and may therefore be best managed by surveillance.

Screening/surveillance in primary care after discharge from colposcopy

The colposcopist should provide specific and individualized screening recommendations when a woman is discharged from colposcopy:

- Women eligible for discharge from colposcopy who have normal, ASCUS or LSIL cytology and a **negative HPV test are at average risk** and should be screened every three years.
- Women eligible for discharge from colposcopy who have normal, ASCUS or LSIL cytology and a **positive HPV test are at elevated risk** and should have annual surveillance.
- Women eligible for discharge from colposcopy, **whose HPV status is not known,** should be screened according to risk-based recommendations made by the colposcopist.

Re-referral to colposcopy should be based on screening results (cytology), as per current guidelines.

For further information on coloposcopy, visit **cancercare.on.ca/ocspresources**

Screening/surveillance intervals after discharge from colposcopy

HPV status	Recommended interval
Negative	3 years
Positive	Annual
Unknown	Follow recommendations from colposcopist

Need this information in an accessible format? 1-855-460-2647, TTY (416) 217-1815 publicaffairs@cancercare.on.ca

Ontario
Cancer Care Ontario

PCC2024