Spring 2025 Provincial Colposcopy Community of Practice (CoP) Webinar

Welcome!

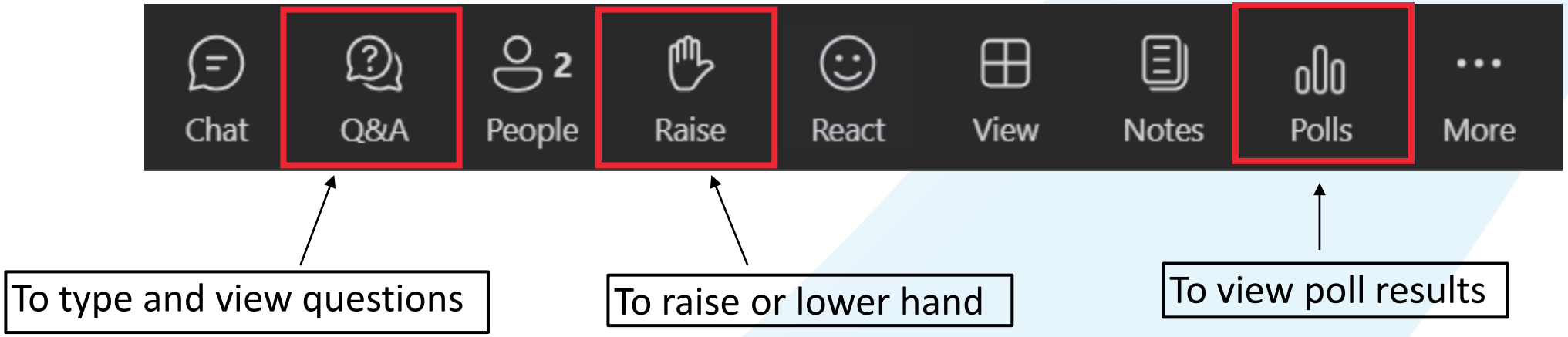
Webinar option 2
June 13, 2025

Ontario Health

With thanks

Housekeeping items

- This session is being recorded – recording will be available on the colposcopy CoP Resources Hub in the coming weeks at **cancercareontario.ca/ColposcopyHub**
- Use the Q&A tab to type/view questions or use the raise hand option
- Use the Polls tab to view poll results



Learning objectives

- After this webinar, participants will better understand:
    1. Important implementation updates and reminders following the launch of HPV testing in the Ontario Cervical Screening Program (OCSP) in March 2025
    2. Management and discharge of patients during the transition from cytology to HPV-based testing

Agenda

TOPIC	PRESENTER
OCSP updates and reminders	Dr. Dustin Costescu Dr. Rachel Kupets
High-level overview of colposcopy recommendations	Dr. Rachel Kupets
Case study #1: Post-treatment management of high-grade squamous intraepithelial lesion (HSIL) histology during the transition to HPV testing	Dr. Dustin Costescu
Case study #2: Management of low-grade cytology referrals during the transition to HPV testing	Dr. Rachel Kupets
Questions from the field	Dr. Dustin Costescu Dr. Rachel Kupets
Q&A	Dr. Dustin Costescu Dr. Rachel Kupets
Final remarks	Dr. Rachel Kupets

OCSP updates and reminders

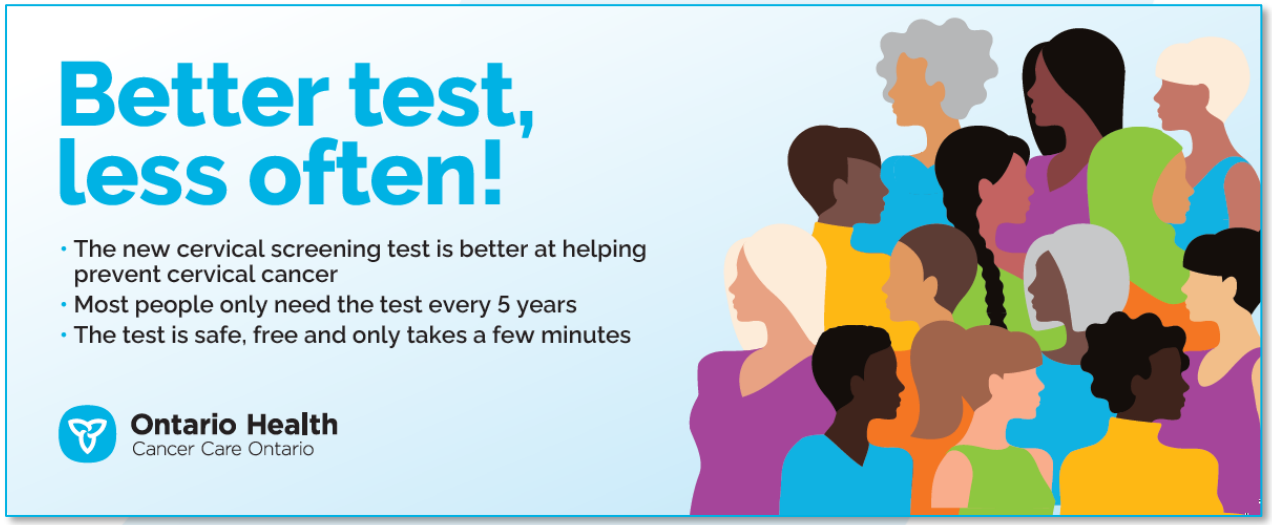
Dr. Dustin Costescu
Dr. Rachel Kupets

Announcement

- Welcome Dr. Julie Francis, Cervical Screening and Colposcopy Lead for Central East!

HPV testing is here!

- On March 3, 2025, provider-collected HPV testing became the primary test for cervical screening and for follow-up testing of abnormal results in colposcopy
- On March 17, 2025, self-collected HPV testing was introduced in 11 primary care sites
  - Expansion to additional sites in 2025/26



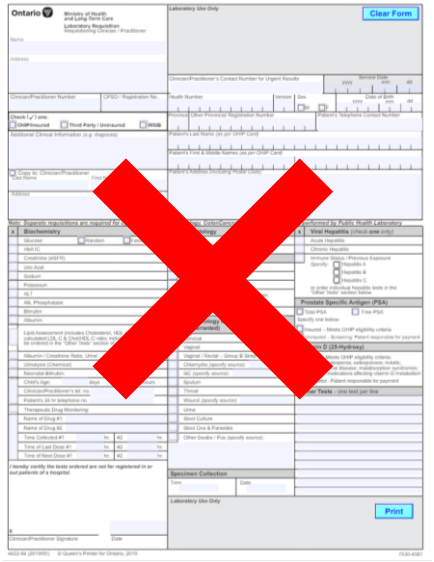
Ordering tests & managing patients as they transition from cytology to HPV-based testing

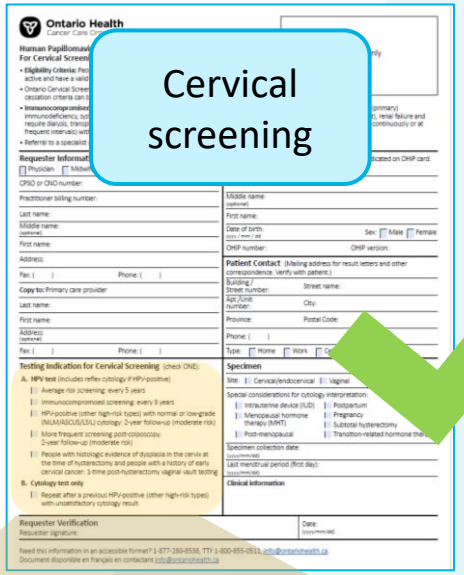
What we have heard

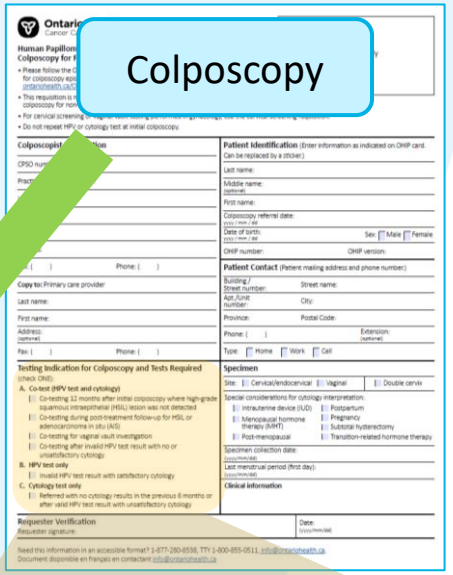
- **Common challenges:**
  1. Completing OCSP requisitions
  2. Transition from cytology to HPV-based testing
  3. Transition from SurePath™ to ThinPrep®
  4. Testing for people without OHIP coverage
  5. Testing that is outside the scope of the OCSP

Completing new OCSP requisitions

1. Use OCSP requisition for ordering screening or colposcopy tests through the OCSP
2. Select **ONE** test indication on the requisition







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

Note: Cervical screening specimens collected for testing through the OCSP **cannot** be used for STI testing

Completing new OCSP requisitions, cont’d

- Common issues with completing the new requisitions include:
  -  Using incorrect requisition
  -  Missing / incomplete test indication
  -  Inappropriate cytology only request
- Current mitigation strategies in place to prevent test rejections:
  - Labs are making 3 contact attempts to providers to resolve
  - Broad communications to providers to educate
  - Medical directive to default testing indication

In screening: Incorrect requisition, missing/ incomplete test indication, or inappropriate cytology only request

Outcome	Impact	Action requested
If lab is unable to confirm information with the provider, a **default average risk test indication** will be applied and will be noted on the provider report	The action required in the provider report and in the participant's result letter may be **inaccurate**	• Contact your lab as soon as possible if you have submitted an incorrect requisition or a requisition with missing information • If you receive a report that notes a default test indication has been applied, confirm the appropriate action required based on your patient's last screening test result

During the transition to HPV testing: Screening recommendations and appropriate test indication

Cytology-based screening history	When to screen next with an HPV test	Recommended test indication on OCSP screening requisition
• History of normal cytology results only • Returned to average risk screening after a low-grade cytology result	**Immunocompetent:** Screen in 3 years	❑ Average risk screening: every 5 years
	Immunocompromised: Screen in 1 year	❑ Immunocompromised screening: every 3 years
• Discharged from colposcopy to average risk screening	**Immunocompetent:** Screen in 3 years	❑ Average risk screening: every 5 years
	Immunocompromised: Screen in 1 year	❑ Immunocompromised screening: every 3 years
• First-time ASCUS/LSIL cytology result • ASCUS/LSIL cytology result followed by a normal cytology result	Screen in 1 year	❑ HPV-positive (other high-risk types) with normal or low-grade (NILM/ASCUS/LSIL) cytology: 2-year follow-up (moderate risk)
• Screening annually after discharge from colposcopy	Screen in 1 year	❑ HPV-positive (other high-risk types) with normal or low-grade (NILM/ASCUS/LSIL) cytology: 2-year follow-up (moderate risk)
• Histologic evidence of dysplasia in the cervix at the time of hysterectomy that require a vaginal vault test	Screen 6 – 12 months post-hysterectomy	❑ 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

Note: Patients with a “moderate risk” cytology-based screening history will be referred to colposcopy with a first-time HPV-positive (other high-risk types) with normal or low-grade (ASCUS/LSIL) cytology results

During the transition to HPV testing: Colposcopy recommendations and appropriate test indication

Cytology-based treatment history	When to test next	Recommended test indication on OCSP colposcopy requisition
People in colposcopy who **have not** been treated	Review the OCSP colposcopy pathways at ontariohealth.ca/hpvhub for recommended co-test timing	❑ Co-testing 12 months after initial colposcopy where high-grade squamous intraepithelial (HSIL) lesion was not detected
People in colposcopy who **have** been treated	Review the OCSP colposcopy pathways at ontariohealth.ca/hpvhub for recommended co-test timing	❑ Co-testing during post-treatment follow-up for HSIL or adenocarcinoma in situ (AIS)

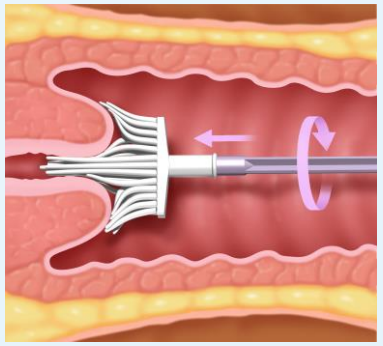
When to choose ‘cytology test only’ on the OCSP requisition

- Only choose the “Cytology test only” option if the laboratory service provider has asked for another specimen due to an unsatisfactory cytology test result

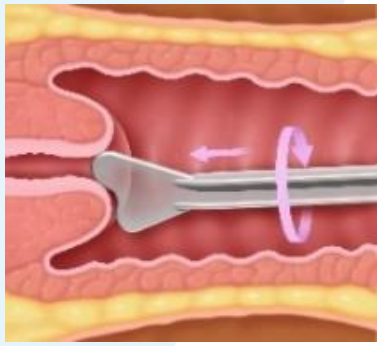
Transition from SurePath™ to ThinPrep®

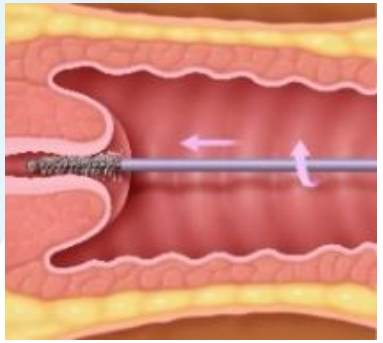
- Collect **ONE** sample for each patient in screening or colposcopy based on collection device preference
- Do **NOT** leave any part of a collection device in the vial
  - Samples with devices (i.e., broom head, brush or spatula) left in the collection vial will be **rejected** for testing by the lab
- Guidance on how to collect a cervical specimen using the ThinPrep® system is available on the HPV testing implementation resource hub at ontariohealth.ca/hpvhub

Option 1: Broom-like device



Option 2: Endocervical brush-spatula combination





Testing outside of the OCSP

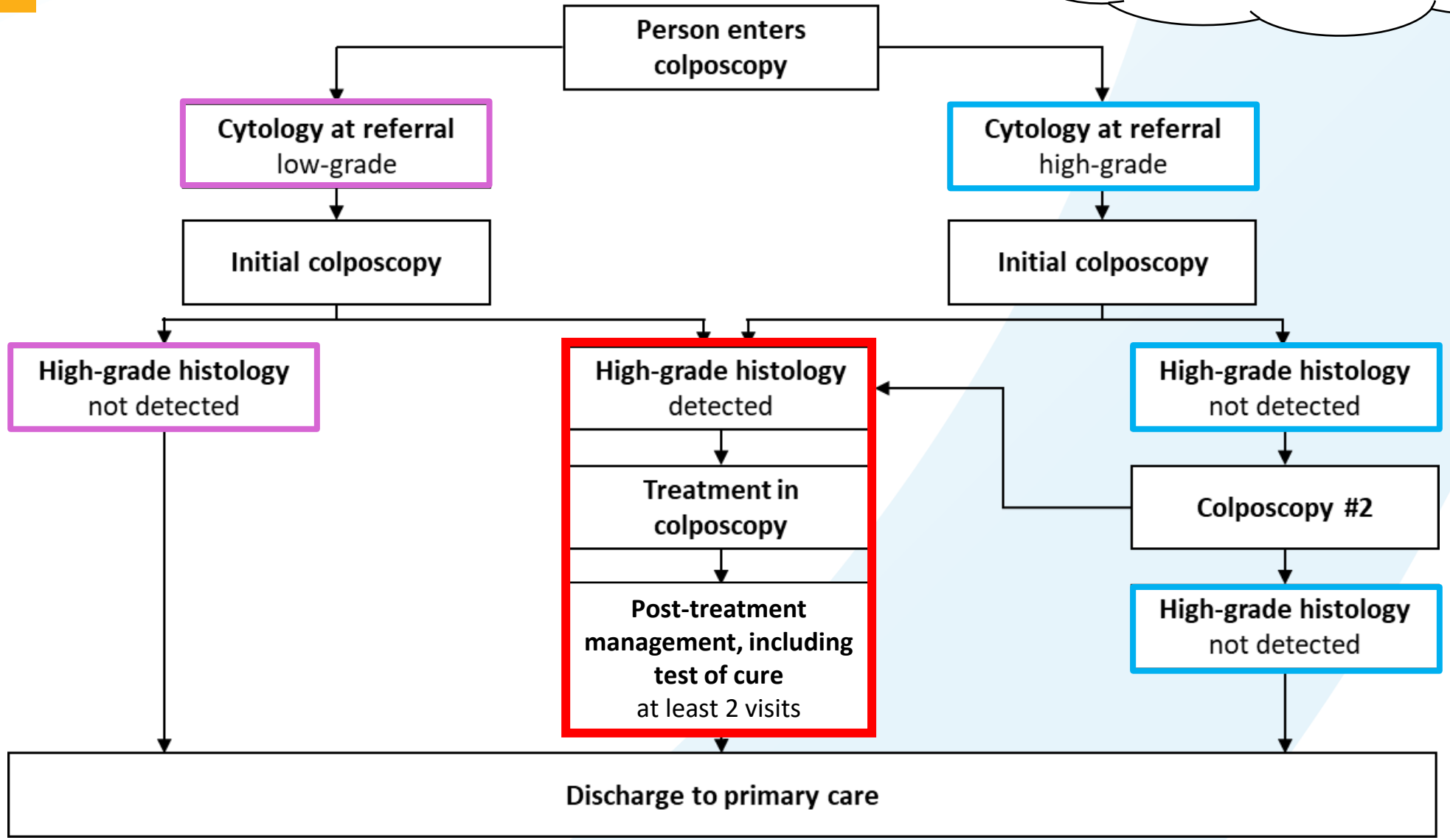
- OHIP coverage is required for cervical screening and colposcopy-related tests through the OCSP
- On an interim basis, HPV testing for people with Interim Federal Health (IFH) coverage can be ordered at no cost through LifeLabs, Dynacare and North Bay Regional Health Centre using their lab-specific (non-OCSP) requisition and following similar processes used previously for ordering cytology testing
    - Includes coverage for both HPV testing with reflex cytology in screening and follow-up testing in colposcopy
- Screening and colposcopy for non-OHIP, non-IFH patients (e.g., out-of-province, private pay, etc.) is to be arranged directly with a lab and a non-OCSP requisition should be used
- Note: Surveillance for patients with a diagnosis of cervical cancer is outside the scope of the OCSP and a non-OCSP requisition should be used

High-level overview of colposcopy recommendations

Dr. Rachel Kupets

Recap: Episode of care

Reminder: Pathway is based on CYTOLOGY



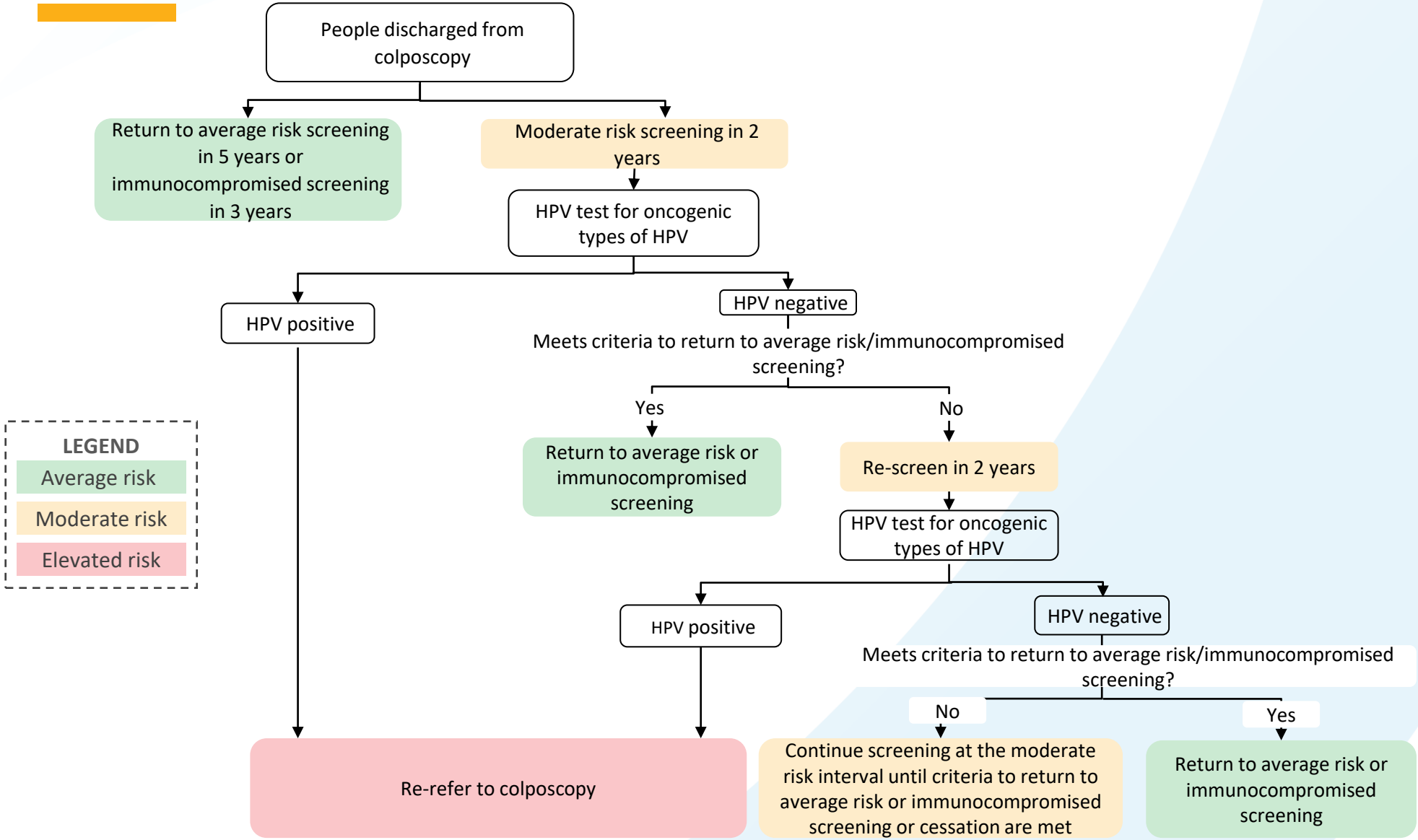
Recap: Initial colposcopy visit

- 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

Recap: Post-discharge screening



Case study #1: Post-treatment management of HSIL histology during the transition to HPV testing

Dr. Dustin Costescu

Recap: People already in colposcopy with 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

Patient treated for HSIL histology

- Age 30
- Before HPV testing implementation:
  - Patient was treated for HSIL histology
  - At the 6 months post-treatment colposcopy visit #1, high-grade histology was **not** detected and cytology test result was low-grade squamous intraepithelial lesion (LSIL)
- At the second post-treatment colposcopy visit 12 months later, HPV testing is available in the OCSP

What is the recommended next step?

A. Perform an HPV-cytology co-test
B. Perform an HPV-cytology co-test and discharge based on results
C. Discharge patient if high-grade histology is not detected

Answer poll via pop-up

Requisition

Testing Indication for Colposcopy and Tests Required
(check ONE):

A. Co-test (HPV test and cytology)

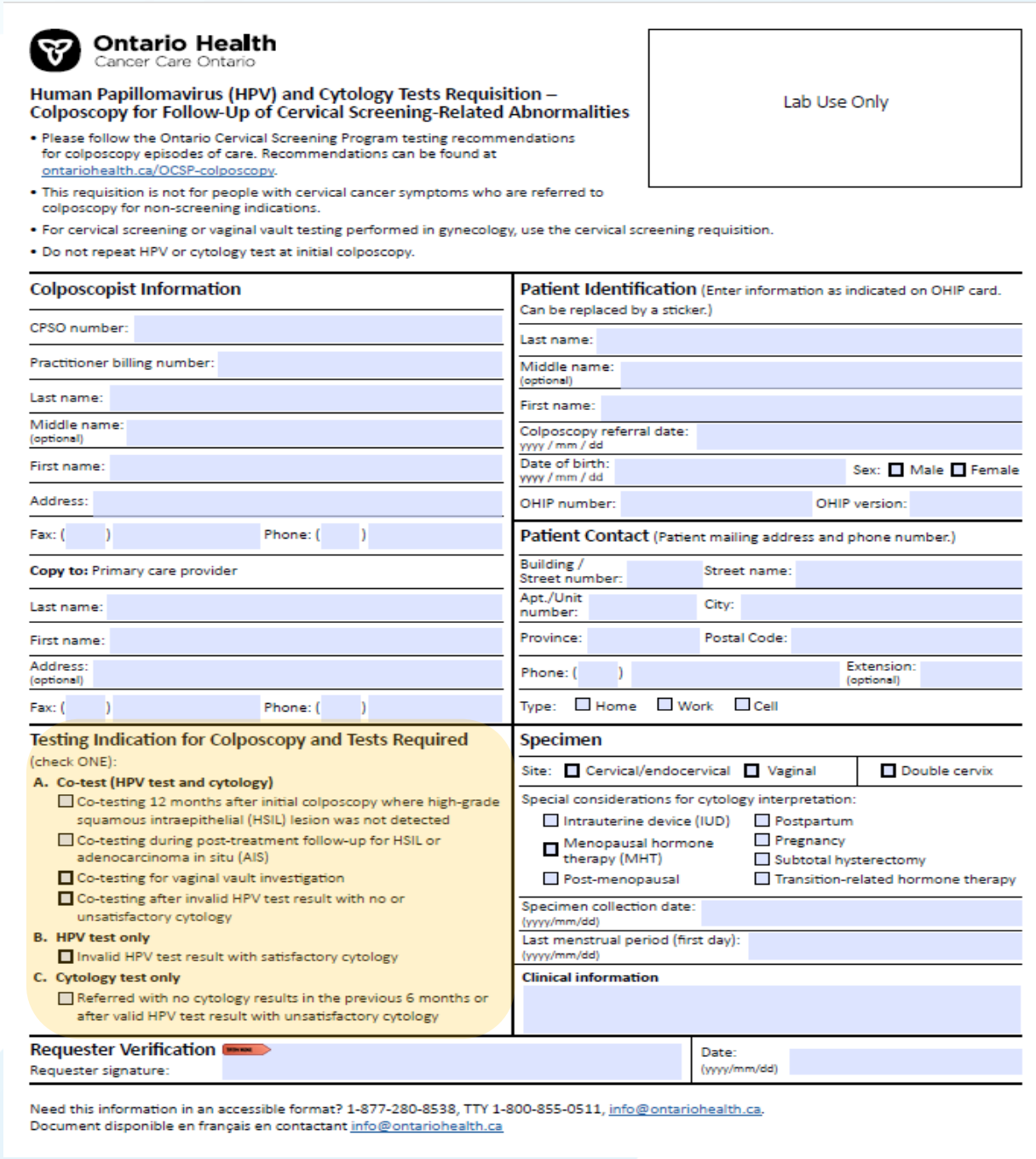
- ☐ Co-testing 12 months after initial colposcopy where high-grade squamous intraepithelial (HSIL) lesion was not detected
- ☑ Co-testing during post-treatment follow-up for HSIL or adenocarcinoma in situ (AIS)
- ☐ Co-testing for vaginal vault investigation
- ☐ Co-testing after invalid HPV test result 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



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

Post-treatment colposcopy visit #2

- At the second post-treatment colposcopy visit, an HPV-cytology co-test and a biopsy are performed
- Results:
  - HPV = negative
  - Cytology = normal
  - Histology = negative

Answer poll via pop-up

What is the recommended next step?

A. Discharge patient to moderate risk screening in 2 years
B. Discharge patient to average risk screening in 5 years
C. Perform an HPV-cytology co-test in 1 year

Post-treatment colposcopy visit #3

- At the third post-treatment colposcopy visit, an HPV-cytology co-test and a biopsy are performed

Answer poll via pop-up

If results are:

- HPV = positive
- Cytology = normal or low-grade (ASCUS/LSIL)
- Histology = negative

What is the recommended next step?

A. Discharge to moderate risk screening in 2 years
B. Discharge to average risk screening in 5 years
C. Perform an HPV-cytology co-test in 1 year

Answer poll via pop-up

If results are:

- HPV = negative
- Cytology = normal or low-grade (ASCUS/LSIL)
- Histology = negative

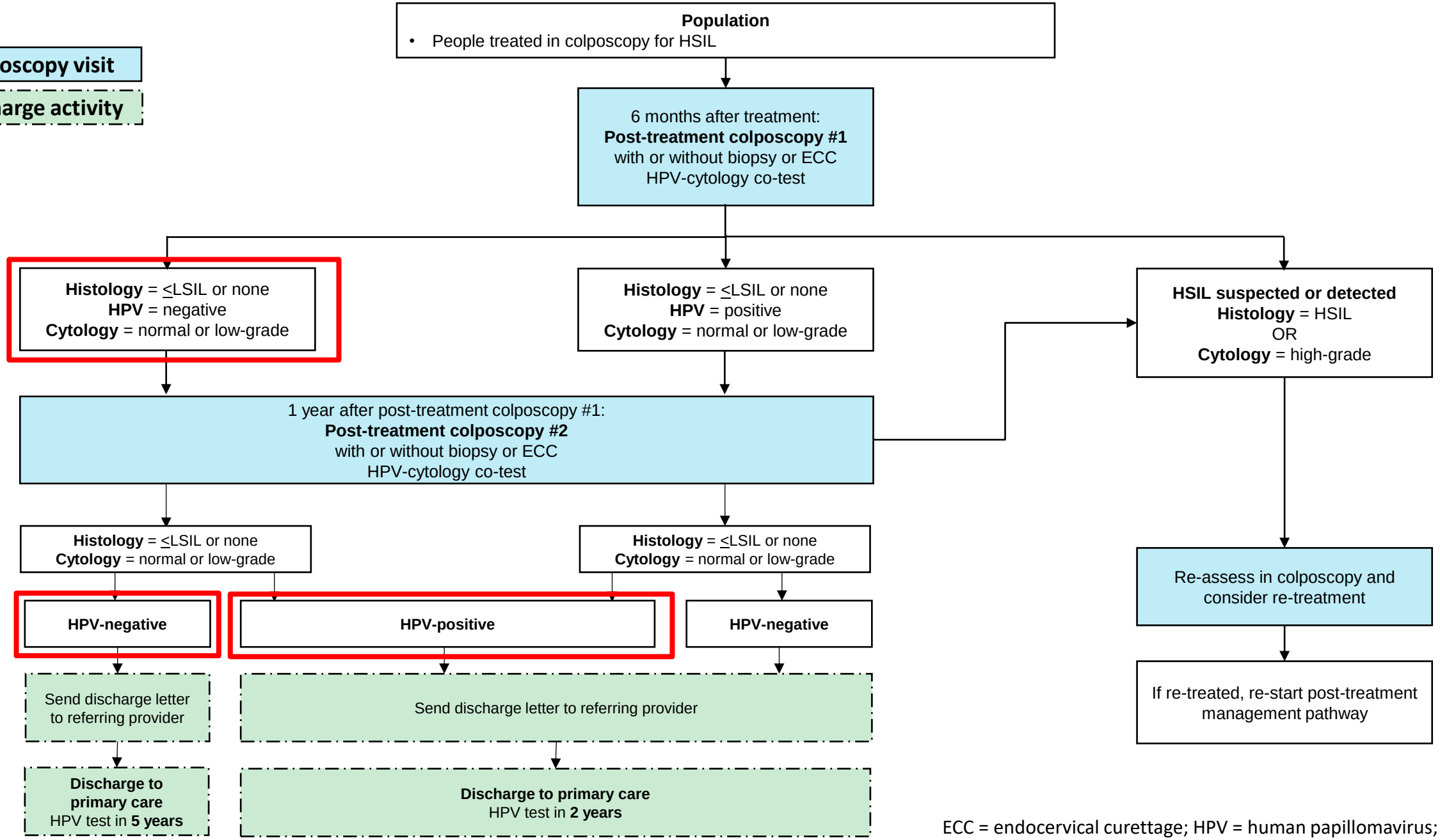
What is the recommended next step?

A. Discharge to moderate risk screening in 2 years
B. Discharge to average risk screening in 5 years
C. Perform an HPV-cytology co-test in 1 year

Legend

Colposcopy visit

Discharge activity



ECC = endocervical curettage; HPV = human papillomavirus;
HSIL = high-grade squamous intraepithelial lesion;
LSIL = low-grade squamous intraepithelial lesion;

Completing the discharge letter

- Templates available at: cancercareontario.ca/colposcopyhub
- Templates can be customized to fit the needs of your practice/EMR

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:

☐ Screen patient in **5 years** (average risk screening) or

☐ Screen patient in **3 years** (immunocompromised screening)

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) ☐ High-grade (ASC-H, LSIL-H, AGC, HSIL, AEC)*	☐ No treatment needed	☐ N/A and HPV-negative	Manage results according to routine cervical screening recommendations
	☐ Treated for HSIL histology	☐ HPV-negative and HPV-negative	

☑ Screen patient in **2 years** (moderate risk screening)

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) ☐ High-grade (ASC-H, LSIL-H, AGC, HSIL, AEC)*	☐ 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
	☑ 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

Information to include in discharge letter

- Colposcopists are encouraged to provide the following information when discharging patients to primary care:
  - ✓ Next screening interval in primary care
  - ✓ How many HPV negative results are needed before patient can return to routine screening
  - ✓ When to refer patient back to colposcopy based on post-discharge screening results
  - ✓ Whether or not patient was treated in colposcopy
  - ✓ Colposcopy results at discharge

Alternative patient scenarios

Scenario 1

If patient had 2 post-treatment colposcopy visits before HPV testing implementation where:

- High-grade histology was not detected, and
- Cytology test results were normal or low-grade

1 HPV-cytology co-test at the third visit is recommended to determine when to resume screening in primary care

- If HPV-negative → discharge to average risk screening in 5 years
- If HPV-positive → discharge to moderate risk screening in 2 years

Scenario 2

If patient had 3 post-treatment colposcopy visits before HPV testing implementation where:

- High-grade histology was not detected, and
- Cytology test results were normal or low-grade

Discharge patient to screening with an HPV test in primary care in 3 years

Key takeaways

- For people in colposcopy who are post-treatment (excluding AIS)
  - At least 2 colposcopy visits are required to confirm the absence of high-grade histology and eligibility for discharge from colposcopy
  - It is recommended that 2 HPV-cytology co-tests (each done at different visits) be used to determine when to return to screening in primary care
  - Exception: If someone already had 2 colposcopy visits before the launch of HPV testing and at the third visit no high-grade histology is detected, only 1 HPV-cytology co-test is recommended to determine when to resume screening in primary care

Case study #2: Management of low-grade cytology referrals during the transition to HPV testing

Dr. Rachel Kupets

Recap: People entering colposcopy with 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)

Scenario 1: Patient history

- Age 27
- Patient was referred to colposcopy with a first-time LSIL cytology result in February 2025 (before HPV testing was available in the OCSP)

Answer poll via pop-up

What is the recommended next step?

A. Perform an HPV-cytology co-test and discharge based on results
B. Discharge to screening in 2 years if no high-grade histology detected
C. Decline colposcopy referral
D. Discharge to screening in 5 years if no high-grade histology detected

Declined referral letter

- Template available at: cancercareontario.ca/colposcopyhub
- Template can be customized to fit the needs of your practice/EMR

Declined Referral Form
Notice: Colposcopy not required

Colposcopist's name:

Contact information:

Patient information:

Date:

This referral has been declined. The patient's screening test results at referral indicate no need for colposcopy because they are **not** at elevated risk of having or developing cervical pre-cancer (HSIL or AIS histology) and cancer.

The following cervical screening test results meet the elevated risk criteria for referral to colposcopy based on the Ontario Cervical Screening Program recommendations:

- HPV-positive (types 16, 18/45) with any reflex cytology result
- HPV-positive (other high-risk types) with any high-grade reflex cytology result (ASC-H, LSIL-H, HSIL, AGC-N, AGC-NOS, AEC-N, AEC-NOS, AIS, SCC, ACC, ACC-E or PDC)
- HPV-positive (other high-risk types) with a normal (NILM) or low-grade (ASCUS or LSIL) reflex cytology result followed by HPV-positive result (regardless of HPV type or reflex cytology) at the two-year repeat screening test

Please send a new referral if there is additional information about the patient that may change their need for colposcopy (such as information about visible cervical abnormalities, abnormal symptoms or additional test results). The new referral will be re-evaluated once received.

For more information on the Ontario Cervical Screening Program's screening recommendations, visit ontariohealth.ca/OCSP-recommendations.

[Physician Name], MD, Colposcopist

Additional notes:

ACC = adenocarcinoma; ACC-E: = endocervical adenocarcinoma; AEC-N = atypical endocervical cells, favour neoplastic; AEC-NOS = atypical endocervical cells, not otherwise specified; AGC-N = atypical glandular cells, favour neoplastic; AGC-NOS = atypical glandular cells, not otherwise specified; AIS = adenocarcinoma in situ; ASC-H = atypical squamous cells, cannot exclude high-grade squamous intraepithelial lesion; ASCUS = abnormal atypical squamous cells of undetermined significance; HPV = human papillomavirus; HSIL = high-grade squamous intraepithelial lesion; LSIL = low-grade squamous intraepithelial lesion; LSIL-H = low-grade squamous intraepithelial lesion, cannot exclude HSIL; PDC = poorly differentiated carcinoma; NILM = negative for intraepithelial lesion; SCC = squamous cell carcinoma

Available online: ontariohealth.ca/OCSP-colposcopy

Scenario 2: Patient history

- Age 27
- Patient was referred to colposcopy with 2 consecutive LSIL cytology results 12 months apart before HPV testing was available in the OCSP
- HPV testing is now available, and patient is seen for an initial colposcopy visit

Answer poll via pop-up

What is the recommended next step?

A. Perform an HPV-cytology co-test and discharge based on results
B. Discharge to screening in 2 years if no high-grade histology detected
C. Decline colposcopy referral
D. Discharge to screening in 5 years if no high-grade histology detected

Requisition

Testing Indication for Colposcopy and Tests Required
(check ONE):

A. Co-test (HPV test and cytology)

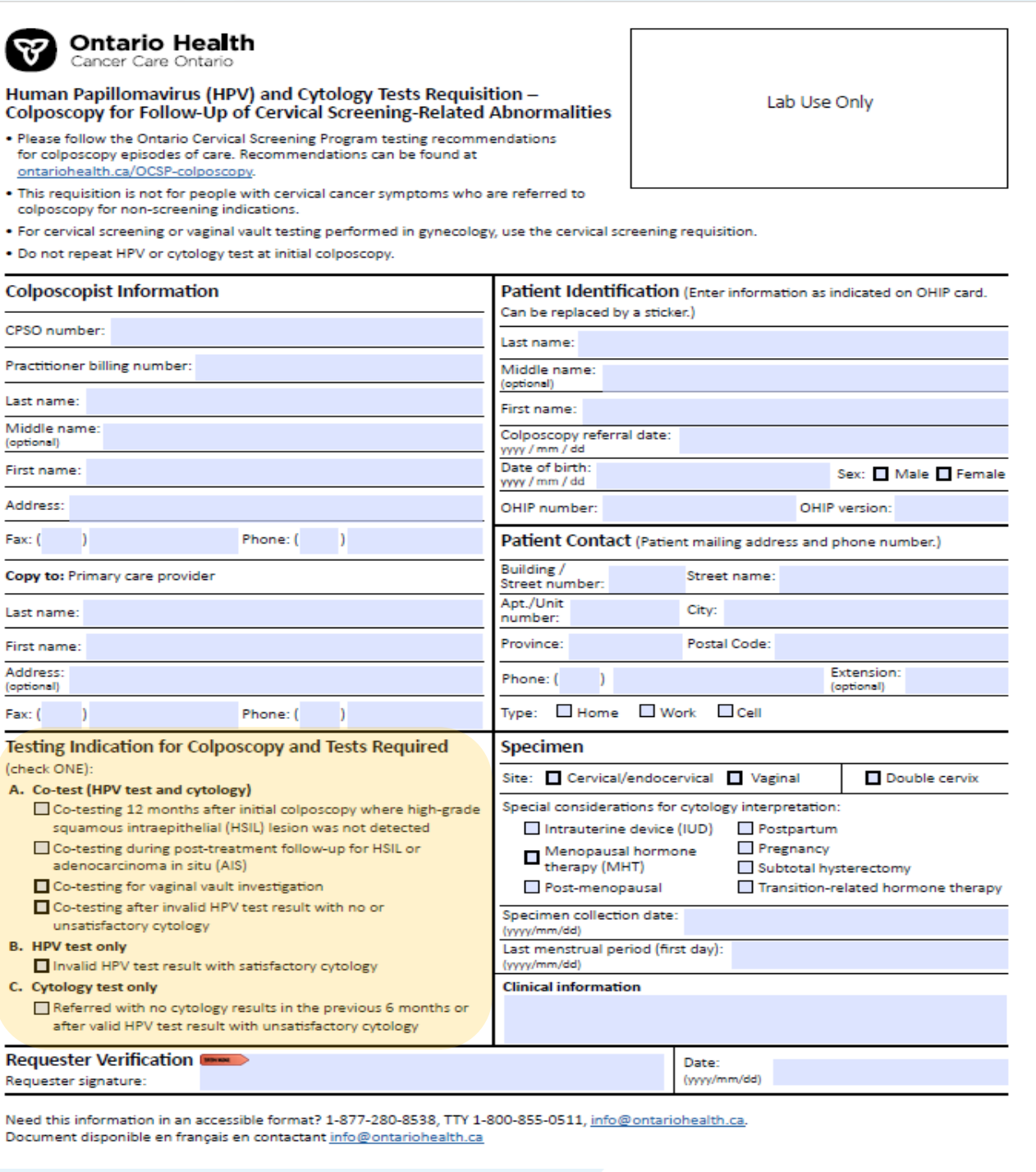
- ☑ Co-testing 12 months after initial colposcopy where high-grade squamous intraepithelial (HSIL) lesion was not detected
- ☐ Co-testing during post-treatment follow-up for HSIL or adenocarcinoma in situ (AIS)
- ☐ Co-testing for vaginal vault investigation
- ☐ Co-testing after invalid HPV test result 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



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

Initial colposcopy visit

- An HPV-cytology co-test is performed. An area of abnormality is seen and biopsied
- Results:
  - HPV = positive
  - Cytology = LSIL
  - Histology = LSIL

Answer poll via pop-up

What is the recommended next step?

A. Discharge patient to moderate risk screening in 2 years
B. Discharge patient to average risk screening in 5 years
C. Perform an HPV-cytology co-test in 1 year

Evidence: Risk for people referred with normal or low-grade cytology

- 2 studies examined risk after a negative colposcopy:
  - Risk of developing HSIL* after a negative colposcopy** was low after 1 year and the risk only increased slightly at 3 years (1.1-2.2% CIN3+)[1]
  - Risk of developing HSIL*** and cervical cancer after a single negative colposcopy was low after 5 years (1.2-3.8% CIN2+; <0.2% cancer)[2]

Sources:

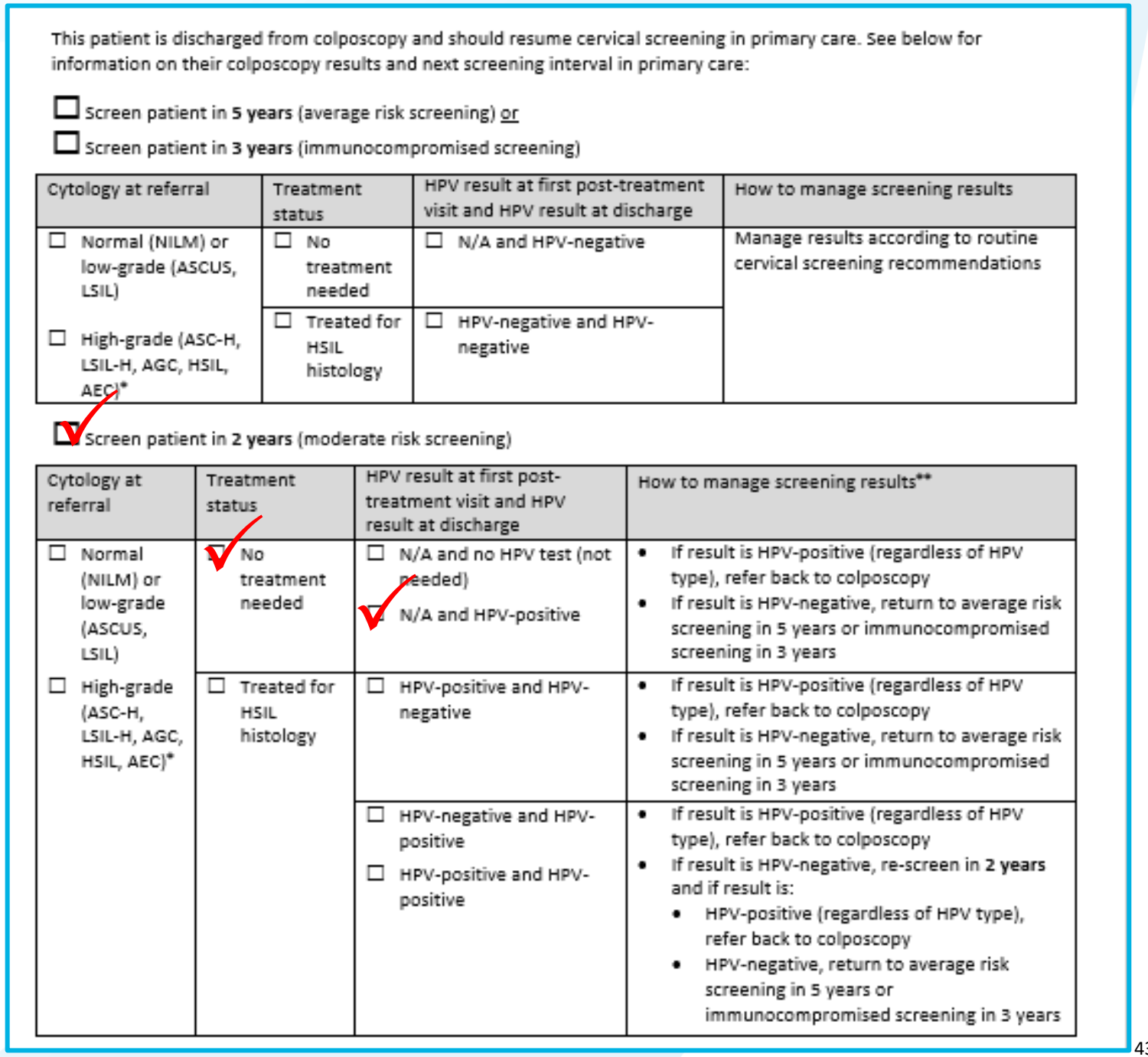
1. Demarco M, Cheung LC, Kinney WK, Wentzensen N, Lorey TS, Fetterman B, et al. Low Risk of Cervical Cancer/Precancer among Most Women under Surveillance Postcolposcopy. J Low Genit Tract Dis. Lippincott Williams and Wilkins; 2018 Apr;22(2):97–103.
2. Katki HA, Schiffman M, Castle PE, Fetterman B, Poitras NE, Lorey T, et al. Five-Year Risks of CIN 3+ and Cervical Cancer Among Women With HPV Testing of ASC-US Pap Results. J Low Genit Tract Dis. 2013 Apr;17(Supplement 1):S36–42.

Specifications:

*defined as CIN3+
** defined as colposcopy histology results <CIN2
***defined as CIN2+

Completing discharge letter

- Templates available at: cancercareontario.ca/colposcopyhub
- Templates can be customized to fit the needs of your practice/EMR



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:

☐ Screen patient in **5 years** (average risk screening) or

☐ Screen patient in **3 years** (immunocompromised screening)

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) ☐ High-grade (ASC-H, LSIL-H, AGC, HSIL, AEC)*	☐ No treatment needed	☐ N/A and HPV-negative	Manage results according to routine cervical screening recommendations
	☐ Treated for HSIL histology	☐ HPV-negative and HPV-negative	

☑ Screen patient in **2 years** (moderate risk screening)

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

Questions from the field

Dr. Dustin Costescu
Dr. Rachel Kupets

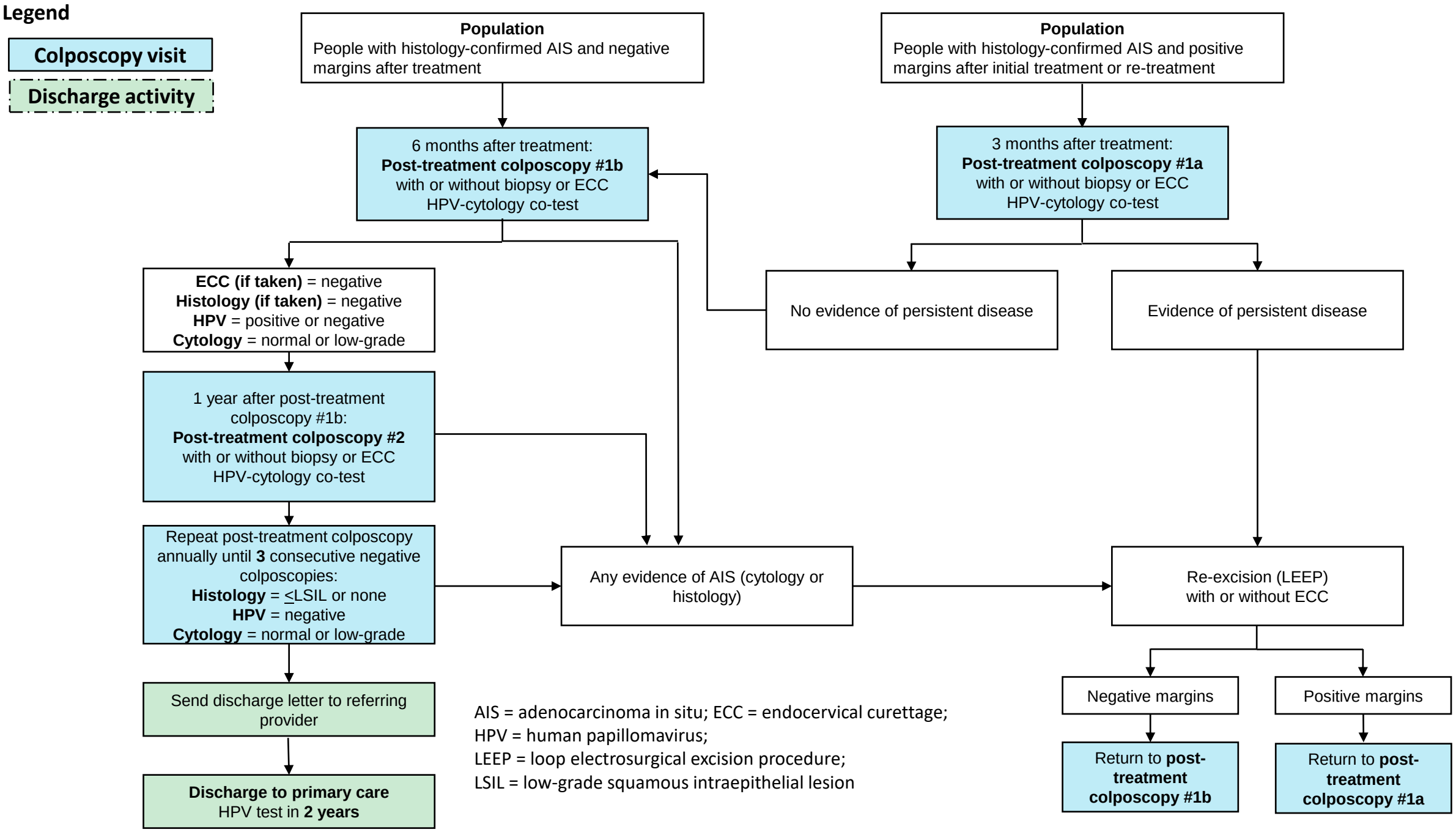
Questions from the field

Question:

- How do I manage my patients who have been treated for adenocarcinoma in situ (AIS) histology and are HPV-positive at any post-treatment colposcopy visit?

Answer:

- Patients treated for AIS who are HPV-positive at any post-treatment follow-up visit would remain in colposcopy until discharge criteria are met
  - 5 years of negative colposcopies before discharge
  - Patients who meet the discharge criteria are discharged to moderate risk screening in 2 years
- Hysterectomy can be considered for people treated for AIS who are persistently positive for HPV if fertility is not a goal of care


Legend
Colposcopy visit
Discharge activity
Population
People with histology-confirmed AIS and negative margins after treatment
Population
People with histology-confirmed AIS and positive margins after initial treatment or re-treatment
6 months after treatment:
Post-treatment colposcopy #1b
with or without biopsy or ECC
HPV-cytology co-test
3 months after treatment:
Post-treatment colposcopy #1a
with or without biopsy or ECC
HPV-cytology co-test
ECC (if taken) = negative
Histology (if taken) = negative
HPV = positive or negative
Cytology = normal or low-grade
No evidence of persistent disease
Evidence of persistent disease
1 year after post-treatment colposcopy #1b:
Post-treatment colposcopy #2
with or without biopsy or ECC
HPV-cytology co-test
Repeat post-treatment colposcopy annually until 3 consecutive negative colposcopies:
Histology = ≤LSIL or none
HPV = negative
Cytology = normal or low-grade
Any evidence of AIS (cytology or histology)
Re-excision (LEEP)
with or without ECC
Send discharge letter to referring provider
Negative margins
Positive margins
Discharge to primary care
HPV test in 2 years
Return to post-treatment colposcopy #1b
Return to post-treatment colposcopy #1a
AIS = adenocarcinoma in situ; ECC = endocervical curettage;
HPV = human papillomavirus;
LEEP = loop electrosurgical excision procedure;
LSIL = low-grade squamous intraepithelial lesion

Questions from the field

Question:

- With the implementation of HPV testing, will the detection of HPV-negative cervical cancers be impacted?

Answer:

- Cervical screening is intended to detect HPV-related cervical pre-cancers
- A small percentage of cervical cancers are not associated with an HPV infection and these types of cervical cancers are not likely to benefit from cervical screening

Questions from the field

Question:

- How do I manage my patients in colposcopy who are HPV-negative with high-grade cytology results?

Answer:

- Management in colposcopy will be based on a patient's high-grade cytology result
- Colposcopists should re-examine the cervix and perform a biopsy if necessary to rule out high-grade histology
- Colposcopists can also consider expert cytology or pathology reviews

Questions from the field

Question:

- Should I accept colposcopy referrals for patients with a first-time HPV-positive (other high-risk types) and low-grade (ASCUS/LSIL) cytology test results who have a history of abnormal screening results?

Answer:

- Yes. During the transition period, these patients should be accepted into colposcopy
- Patients who were screening annually due to a history of abnormal cytology are considered moderate risk and would be screened with an HPV test 1 year after their last cytology result
    - If results are HPV-positive (regardless of HPV type or cytology result), they are referred to colposcopy

During the transition to HPV testing: Moderate risk

Cytology-based screening history	When to screen next with an HPV test	HPV test result	Next steps
• First-time ASCUS/LSIL cytology result • ASCUS/LSIL cytology result followed by a normal cytology result • Screening annually after discharge from colposcopy	Screen in 1 year	HPV-negative	Return to average risk screening
		HPV-positive (types 16, 18/45), regardless of cytology	Refer to colposcopy
		HPV-positive (other high-risk types) with high-grade cytology	Refer to colposcopy
		HPV-positive (other high-risk types) with normal or low-grade (ASCUS/LSIL) cytology	Refer to colposcopy

Q&A

Final remarks

Dr. Rachel Kupets

Regional Cervical Screening and Colposcopy Leads

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Waterloo Wellington	Dr. Cheryl Lee
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Central West/ Mississauga Halton	Dr. Tiffany Zigras
Toronto Central	Dr. Jodi Shapiro
Central	Dr. Felice Lackman
Central East	Dr. Julie Francis
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

Final remarks

- Kindly complete post-webinar survey – survey link will be emailed to attendees
- For HPV testing resources, visit resource hub at: ontariohealth.ca/hpvhub

- For colposcopy tools and CoP webinar recordings/slides, visit CoP resource hub at: cancercareontario.ca/colposcopyhub

Thank you!