# Declined Referral form

Notice: Colposcopy Not Required

| Patient Identifier: |
| --- |

#  [ColposCopist Name]

#  [Contact Information]

Date:

Based on this woman’s referral cytology and/or HPV test result, she is at low risk for high-grade dysplasia or cervical cancer.

It does **not** appear that she requires a colposcopic assessment. Colposcopy has **not** been scheduled. If this referral has been based on additional information, please advise and we will re-evaluate.

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

As per the Ontario Cervical Screening Program’s cervical screening guidelines, the criteria for referral to colposcopy for screening detected cervical cytologic abnormalities are as follows:

| **Age group** | **Screening Results** |
| --- | --- |
| Women of **any** age | **High-grade abnormal cytology**, including ASC-H, HSIL, AGC or greater |
| Women age **30 and older** | **Low-grade cytology**:* One LSIL;
* ASCUS + consecutive low-grade abnormal (ASCUS + ASCUS or ASCUS + LSIL);
* LSIL + consecutive low-grade abnormal (LSIL + LSIL or LSIL + ASCUS);
* One ASCUS + HPV-positive; or
* One LSIL + HPV-positive.
 |
| Women age **29 and younger** | **Low-grade cytology**:* One LSIL;
* ASCUS + consecutive low-grade abnormal (ASCUS + ASCUS or ASCUS + LSIL); or
* LSIL + consecutive low-grade abnormal (LSIL + LSIL or LSIL + ASCUS).

**Note: current evidence does not support HPV testing for women under 30 because the rate of transient (clinical inconsequential) infections is higher younger women.[[1]](#footnote-1)** |
| AGC = atypical glandular cells | HPV = human papillomavirus |
| ASC-H = atypical squamous cells – cannot exclude HSIL | HSIL = high-grade squamous intraepithelial lesion |
| ASCUS = atypical squamous cells of undetermined significance | LSIL = low-grade squamous intraepithelial lesion |

Women over 30 with LSIL or ASCUS Pap, who are HPV negative, do not require colposcopy and should be screened triennially. These women are at or below population risk for high-grade dysplasia or cervical cancer.

For further information on screening and colposcopy recommendations for Ontario see cancercare.on.ca/pcs/screening/cervscreening/hcpresources.

[Physician Name], MD, Colposcopist

1. Murphy J, Kennedy E, Dunn S, Fung Kee Fung M, Gzik D, McLachlin CM, et al. Cervical Screening. Toronto (ON): Cancer Care Ontario; 2011 Oct 5 [In Review 2016 Apr.] Program in Evidence-based Care Evidence-based Series No.: 15-9 IN REVIEW. Available online: [cancercare.on.ca/common/pages/UserFile.aspx?fileId=124513](https://www.cancercare.on.ca/common/pages/UserFile.aspx?fileId=124513) [↑](#footnote-ref-1)