

These guidelines are for screening asymptomatic individuals with a cervix.	
<b>Screening Start</b>	<p>Individuals with a cervix <b>aged 25 and over</b> and who have ever been sexually active in any manner, regardless of vaccination history should undergo cervical cancer screening using an HPV test.</p> <p>Individuals who have <b>never been sexually active do not require</b> cervical cancer screening. As HPV can be passed on through any skin-to-skin contact in the genital area, people having any kind of sex are at risk of transmission. Sexual activity includes intercourse, as well as digital or oral sexual activity involving the genital area with a partner of any sex.</p>
<b>Screening Interval</b>	<p>HPV screening of asymptomatic individuals with a cervix should be done <b>every 5 years</b>.</p>
<b>Screening Stop</b>  This does not apply to individuals with special circumstances as described below.	<p>Individuals with a cervix, <b>aged 66 or older and who have had an adequate negative screening history in the previous 10 years (age 56-65) can discontinue screening</b>. If criteria to stop screening is not met, continue until adequately negative screened. Adequate negative screening is defined as two consecutive, negative primary HPV tests, three negative cytology tests or a combination of both (one HPV test and two cytology test) within the past 10 years.</p>
<b>Screening Tool</b>	<p>HPV test is used in PEI for primary cervical cancer screening.</p>
Special Circumstances	
<b>Hysterectomy</b>  Screening Stop does not apply for individuals with a history of cervical cancer or biopsy-proven high-grade dysplasia in the past, see below for guidance.	<p>Individuals who have had a total hysterectomy with the <b>cervix removed for reasons other than proven high grade cervical dysplasia or cervical cancer (benign reasons) may discontinue screening if there is an adequate pathological documentation</b> that the cervix has been removed completely and there is not a history of high-grade dysplasia.</p> <p>If cervical screening tests results or <b>hysterectomy pathology are unavailable</b>, individuals should have an <b>HPV test</b> on a specimen from the vaginal vault at 12 months and annually thereafter until they have a negative HPV test on two consecutive occasions. <b>After two annual consecutive negative HPV tests, women can be advised that no further testing is required.</b></p>
<b>Subtotal hysterectomy</b>	<p>Individuals who have undergone <b>subtotal hysterectomy and retained their cervix</b> should continue screening according to the guidelines.</p>
<b>Symptomatic</b>	<p>Individuals with <b>symptoms (i.e. abnormal bleeding, a visible cervical abnormality) require further investigation</b>. HPV test and/or Pap test alone is not adequate.</p>
<b>Transgender Men LGBTQ+</b>	<p>All people with a cervix, age 25 to 65, are eligible for regular cervical screening. Transgender men who have retained their cervix should be screened according to the guidelines.</p>
<b>Pregnant Individuals</b>	<p>Only conduct cervical screening tests during pre-natal and post-partum visits if the individual is due or overdue for cervical cancer screening.</p> <p>The follow up recommendations for HPV positive results are the same as for the general population.</p> <p>Pregnant women with worrisome exam or cytology findings should be referred within 2 weeks to a gynecologist.</p>
<b>Immune-deficient individuals with a cervix</b>  <b>Lifelong Screening</b>	<p>Immune-deficient individuals listed below who have a cervix should be screened every 3 years with an HPV test:</p> <ul style="list-style-type: none"> <li>• People who are living with human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS), regardless of viral load</li> <li>• People with congenital (primary) immunodeficiency</li> <li>• Transplant recipients (solid organ or allogeneic stem cell transplants)</li> <li>• People requiring treatment (either continuously or at frequent intervals) with medications that cause immune suppression for three years or more</li> <li>• People who are living with systemic lupus erythematosus (SLE), regardless of whether they are receiving immunosuppressant treatment</li> <li>• People who are living with renal failure and require dialysis</li> </ul>
<b>After treatment of biopsy proven high-grade dysplasia* or cervical cancer (life-long screening)</b> *biopsy proven HSIL or worse	<p>Follow post treatment colposcopy algorithm. Once discharged from colposcopy care, screen with HPV testing every three years.</p>
<p><b>Transitioning from 2019 to 2023 guidelines:</b> If the previous recommendation for an abnormal pap was to return for a follow-up pap in 3, 6 or 12 months, <b>repeat Pap and HPV testing</b>. HPV result will guide further Follow-up, see Reflex Pap algorithm on back of this page. <b>RN's with the Cervical Cancer Screening Service can refer their patients for colposcopy</b> if the lab results suggest it.</p>	

## HPV TEST (Clinician Collection)

