

PEI CERVICAL CANCER SCREENING CLINICIAN REFERENCE TOOL

<p>These guidelines are for screening asymptomatic women. A symptomatic woman with a visible abnormal cervix or abnormal bleeding should be tested and/or referred appropriately.</p>	
Screening Start	<p>Women AGED 25 AND OVER should be screened for cervical cancer using a Pap test.</p> <p>Women who are NOT SEXUALLY ACTIVE BY AGE 25 SHOULD DELAY cervical cancer screening until sexually active.</p> <p>Women who have NEVER BEEN SEXUALLY ACTIVE DO NOT REQUIRE cervical cancer screening.</p> <p>Sexual activity includes intercourse, as well as digital or oral sexual activity involving the genital area with a partner of any sex.</p> <p>For all women including those under the age of 25, interaction with healthcare providers is strongly encouraged for STI screening, HPV vaccination and for contraception as necessary.</p>
Screening Interval	Pap screening of asymptomatic women should be done EVERY 3 YEARS .
Screening Stop	Women AGED 66 OR OLDER and who have had an adequate negative cytology screening history in the previous 10 years can discontinue screening (i.e. three or more negative Pap tests).
Screening Tool	The conventional Pap smear is the tool used in PEI for cervical cancer screening.

SPECIAL CIRCUMSTANCES

Hysterectomy	<p>Women who have had a total hysterectomy with the cervix removed for benign disease may discontinue screening as long as there is a adequate pathological documentation that the cervix has been removed completely and there is not a history of high grade dysplasia. If Pap tests results or hysterectomy pathology is unavailable, continue screening until 2 negative vaginal vault pap tests are obtained.</p> <p>Women who have undergone subtotal hysterectomy and retained their cervix should continue screening according to guidelines.</p>
Transgender Men	Transgender men who have retained their cervix should be screened according to the guidelines.
Pregnant Women	<p>Pregnant women should be screened according to the guidelines, however, care should be taken not to over-screen. Only conduct Pap tests during pre-natal and post-partum visits if the woman is otherwise due for screening.</p> <p>Pregnant women who have an ASCUS or LSIL test result should have a repeat Pap test 3 months after delivery. Those with an HSIL, ASC-H or AGC test result should be referred for colposcopy during pregnancy within 4 weeks.</p>
Immunosuppressed Women	<p>Because of the increased risks associated with immunosuppression, these women should be screened annually.</p> <p>This includes women who are transplant recipients, being treated with chemotherapy, immunosuppressant, or who have HIV/AIDS.</p>
Women who have sex with other women	The gender of the sexual partner does not change the woman's risk of cervical cancer. These women should be screened according to the guidelines.
Previous treatment for high-grade lesions or cervical cancer.	<p>After treatment for high grade lesion/dysplasia, (biopsy proven NOT abnormal Pap result) or cervical cancer, continue to screen annually.</p> <p>Dysplasia is also known as SIL (squamous intraepithelial lesion) or CIN (cervical intraepithelial neoplasia).</p>
HPV Vaccinated Women	Continue screening according to the guidelines.

Cytological Abnormality	Recommended Management				
Atypical Squamous Cells of Undetermined Significance (ASCUS)	For women below 30 years of age (HPV testing is not recommended)				
	Repeat Cytology in 6 months	Result: Negative	Repeat Cytology in 6 months	Result: Negative	Routine screening in 3 years
		Result: ≥ ASCUS			Colposcopy
	For women 30 years of age and older (If HPV testing is used)				
	HPV Test 6-12 weeks following initial Pap	Result: Negative	Repeat Cytology in 12 months	Result: Negative	Routine screening in 3 years
		Result: Positive			
	For women 30 years of age and older (If HPV testing is NOT used)				
Repeat Cytology in 6 months	Result: Negative	Repeat Cytology in 12 months	Result: Negative	Routine screening in 3 years	
	Result: ≥ ASCUS	Colposcopy			
Low-Grade Squamous Intraepithelial Lesion (LSIL)	Repeat Cytology in 6 months	Result: Negative	Repeat Cytology in 6 months	Result: Negative	Routine screening in 3 years
Result: ≥ ASCUS		Colposcopy			
Atypical Glandular Cells (AGC) Formerly referred to as Atypical Glandular Cells of Undetermined Significance (AGUS)	Colposcopy and endocervical curettage. Women over 35 years of age or with a history of abnormal bleeding should have endometrial sampling.				
Atypical Squamous Cells, cannot exclude HSIL (ASC-H)	COLPOSCOPY Direct referral to colposcopy is recommended for the following cytology results: <ul style="list-style-type: none"> • High-grade squamous intraepithelial lesion • Atypical squamous cells, cannot exclude HSIL • Atypical glandular cells • Atypical glandular cells of undetermined significance 				
Atypical Glandular Cells of Undetermined Significance (AGUS)					
High Grade Intraepithelial Lesion (HSIL)					
Carcinoma/ Malignancy					
Unsatisfactory for Cytology Evaluation	Repeat cytology in 3 months.				
Satisfactory but no Transformation Zone Present	Routine screening as per screening guidelines; no immediate recall required.				
Benign Endometrial Cells on Pap Test	<ul style="list-style-type: none"> • Pre-menopausal women who are asymptomatic require no action (follow screening guidelines). • Post-menopausal women may require investigations, including adequate endometrial tissue sampling. • Any woman with abnormal vaginal bleeding requires investigation, which may include adequate endometrial tissue sampling. 				
Cytology Negative and HPV Positive	Women with negative cytology and positive HPV results should have both tests repeated with their primary health care provider after 12 months. 12 Month Follow-up Test Result Plan:				
	Cytology: Negative and HPV: Negative			Return to routine cytology screening every 3 years.	
	Cytology: Abnormal			Manage as clinically indicated for cytological abnormality	
	HPV: Positive 2 times 1 year apart			Colposcopy	