

"Cervical Cancer Screening & HPV testing in PEI" - Clinician Q & A's- December 1, 2023

Topic	Questions	Answer
Follow-up for HPV-OHR	What is the advice if HPV-OHR is detected?	If HPV-OHR is detected in a participant, cytological evaluation follows. It is good that the patient knows that not every HPV can or will lead to cancer. Inform your patient on beforehand of the possible scenarios, so they are prepared when they are contacted. After the initial result, we have to wait for the result of the cells to see if there are any abnormalities.
	Who communicates the result to the patient?	If HPV-OHR is detected, cytological evaluation follows. CCSS will not issue a letter to the patient at time of HPV test. The PAP clinician is responsible for follow-up with patient on the next steps according to their best practices (waiting for cytology result). Once cytology results are available, these need to be combined with initial HPV result to determine further follow-up. Further follow-up is managed and communicated by PAP clinician. Once cytology results are available, CCSS will send out either a letter stating that next HPV test needs to be done in 12 months (CCSS to send out reminder at that time) or a letter that patient needs to be seen at a colposcopy clinic (if high grade lesion).
	What if there is a persistent HPV infection present at one year follow up with low grade cytology?	If HPV-OHR is detected with low grade cytology and follow-up HPV-OHR is detected after one year, patient needs to be referred to colposcopy. Every positive HPV test needs to be backtracked and previous results need to be taken into account. Pap Clinician needs to have allocated time to follow-up on every positive HPV result with a thorough chart review.
Follow-up abnormal Pap results	Do we do HPV and Pap when previous Pap follow up indicated repeat in 6 or 12 months?	If the recommendation was to return for a Pap in 3, 6 or 12 months for a Pap test, please now perform a Pap test <b>AND</b> HPV.
Follow-up after biopsy proven dysplasia	When do we stop screening for someone who has had positive biopsy proven dysplasia or cervical cancer eg. 10+ years ago?	If a patient has had significant biopsy proven dysplasia they are at higher risk of developing another lesion for the next 30 years; there is evidence suggesting that a history of an HSIL+ PAP cytology (i.e. not even biopsy proven disease) is also a marker for increased risk of a true lesion in the next 25 years. Therefore, the recommendation is to continue to do HPV-based screening at 3yr intervals indefinitely until more up-to-date recommendations are available.
	If someone had dysplasia in the past, do we continue to screen every 3 years for life?	There is insufficient data available on when to stop screening for individuals with previous biopsy proven dysplasia, so yes at this time, HPV-based screening at 3yr intervals indefinitely is the recommendation.

	How far back do we look for abnormal tests in our patients who are unsure about their previous results?	We need to look as far back as we have available. We do recognize that in PEI we don't have easy access to Pap histories the way some other provinces do. Building a true cervical screening program that can access this info and includes all screened patients would be a good opportunity to keep all the information centralized moving forward. If in doubt about previous abnormalities, rather perform an HPV-screen, this should be not rejected by the lab, even if earlier than the usual interval periods.
<b>Total hysterectomy</b>	For benign pathology AND no prior history of abnormal PAP smears/no previous dysplasia	Discontinue screening if there is an adequate pathological documentation that the cervix has been removed completely.
	For unknown reason - no pathology report available AND no known prior history of abnormal PAP smears (or no abnormal PAP results available)	Patient should have a PAP test (soon, when validated, it will become an HPV test) on the vaginal vault at 12 months and then annually thereafter until they have a negative HPV test on two consecutive occasions. After two annual consecutive negative HPV tests, women can be advised that no further testing is necessary.
	For non-cervical gynaecological cancer AND no known prior history of abnormal PAP smears	Patients will have had a yearly follow up for their primary cancer with the oncologist and/or gynaecologist. After this follow-up, routine HPV testing is NOT required in the setting of hysterectomy for non-cervical cancers (ovarian, endometrial). These patients can be followed by inspection of vaginal vault and pelvic exam.
	After any treatment of biopsy proven high-grade dysplasia (HSIL or worse) or cervical cancer	PATIENT WILL FOLLOW POST-TREATMENT PATHWAY. Patient will have had a colposcopy, cytology and HPV test with the gynaecologist after their procedure. After discharge from colposcopy, HPV-based screening in 12 months with primary provider is advised. If HPV negative, continue to do HPV-based screening at 3yr intervals indefinitely.
<b>Post-treatment follow-up for those who previously had a cone biopsy or LEEP in colposcopy</b>	What to do with results from HPV-based screening at 3 yr intervals indefinitely?	If HPV negative -> continue to screen at 3yr intervals. If HPV positive -> re-refer to colposcopy for usual indications
	When to stop screening in patients with a cervix, what is considered adequate negative screening history?	Patients needs adequate consecutive negative results between age 55 and 65. Those can be either two consecutive negative HPV screening tests, three negative cytology (PAP) screening tests or a combination of both: one HPV screening and two cytology screening tests. All tests need to be negative or normal. Ideally the screening interval between the consecutive tests should be in alignment with previous and current recommendations (3 years apart cytology or 5 years apart HPV).

**Stop screening  
age**

<p>What if a patient comes in at 63 yrs of age and will have adequate consecutive negative results with the current test?</p>	<p>If patient meets the criteria of adequate negative screening tests within the age period 55 to 63 in this case - they do not need to come back over the age of 65 as our recommended screening age group has concluded. It is correct and safe to say that they should touch base at the age of 65 again for possible guideline changes regarding screening stop.</p>
<p>What if a patient comes in at 62 yrs of age and since the age of 55 has had one negative cytology test and HPV is negative at current screen?</p>	<p>Patient has not been able to have adequate negative screening tests with age period of 55 to 65 (one cytology and one HPV). Patient should be advised to return for a consecutive screening according to the recommended screening interval of 5 years for HPV testing, so at age of 67. They do not come sooner for screening, just to get it done.</p>