Screening Program for Cervical Cancer | Sask cancer AGENCY

Health-Care Provider Resources
Summary of the Clinical Practice Guideline

The following recommendations pertain to asymptomatic, average-risk people who are or have ever been sexually active*. If the patient is symptomatic they should be investigated regardless of age. See the reaffirmed SOGC Clinical Practice Guideline No. 292- Abnormal Uterine Bleeding in Pre-Menopausal Women[1].

Initiate Screening	**Cervical cancer screening applies to all persons with a cervix 25-69 years of age who are or have ever been sexually active*. Includes transgender people with a cervix.** ✓ Start screening three years from onset of sexual activity* or age 25, whichever is later. ✓ Optional screening for ages 21-24 based on informed patient choice and/or where people may benefit, i.e., those at higher risk. (See FAQs and decision points for initiating and discontinuing Pap testing.) X DO NOT screen less than 21 years of age. ***Sexual activity includes use of shared sex toys, vaginal or anal penetrative intercourse, as well as digital or oral sexual activity, involving the genital area with a partner of any gender.**
Screening Interval	✓ Every three years from initiation or the time of the last normal Pap test result.
Discontinue Screening	✓ Stop screening people 69 years of age and older who have had three normal Pap tests results over the previous 10 years. ✓ Initiate or continue screening people age 70 years old and older who have never been screened or are under-screened with three annual Pap tests. If all three results are normal, screening can be discontinued. ✓ People who have a long life expectancy, no other health issues and are aware of the challenges associated with Pap testing in older ages, may wish to continue with screening after age 69.
Increase Surveillance	Some patients may require surveillance because of increased risk or past cervical disease. However, the evidence is not conclusive at this time and, therefore, increased surveillance is based on expert opinion and experience. **Consider changing the screening interval for the following patients:** ▪ Total hysterectomy with previous CIN II or III, AIS, or invasive cervical cancer ***without*** radiation. Suggest annual vault smears for 25 years after the last treatment for high-grade dysplasia. ▪ For severe autoimmune deficiency, for whatever reason (e.g. AIDS, certain immunosuppressant medication) clinicians may choose to offer more frequent screening, i.e., every one or two years.

Other Considerations Regarding Cervical Cancer Screening

Pregnancy → continue screening only if due for a Pap test or is unlikely to return for screening at an appropriate time.
If ASC-US or LSIL is detected during pregnancy, do not repeat the Pap test until six months post-partum. All other findings should be managed according to the Management of Abnormal Pap Test Result (pg 2).

Total hysterectomy for benign pathology with no dysplasia in cervix → discontinue screening.
Subtotal hysterectomy and retained cervix → continue routine screening as per guidelines.

HPV vaccinated → continue screening. The National Advisory Committee on Immunization (NACI) recommends HPV vaccine for all people ages 9 to 26. Contact Public Health for information on HPV vaccination in Saskatchewan, or visit www.saskatchewan.ca/residents/health/accessing-health-care-services/immunization-services

These recommendations are systematically developed statements to assist practitioner and patient decisions about appropriate health-care for specific clinical circumstances. They should be used as an adjunct to sound clinical decision-making.

[1] Singh S, Best C, Dunn S, Leyland N, Wolfman WL. No. 292-Abnormal Uterine Bleeding in Pre-Menopausal Women. *Journal of Obstetrics and Gynaecology Canada*. 2018;40(5):e391-e415. doi:10.1016/j.jogc.2018.03.007

Management of Abnormal Pap Test Result

Return to routine screening: Patient returns to three-year interval Pap testing from the date of the last NILM [negative for intraepithelial lesion or malignancy] specimen regardless of age and/or any previous testing interval.

Unsatisfactory: Repeat Pap in three months.

Transformational zone absent (SNTZ) is a lab code (now modified): Absence of endocervical glandular cells/transformation zone component. *The specimen is still considered satisfactory for evaluation and does not require a repeat.*

Atypical squamous cells of undetermined significance (ASC-US)

Patients ≤ 24 years: If screened, with ASC-US result, repeat Pap test every 12 months for two years (two tests):

- At 12 months: ONLY high-grade lesions refer for colposcopy.
- At 24 months: Negative → return to routine screening.
  ASC-US or greater → refer for colposcopy.

Patients 25 - 29 years: Repeat Pap test every 12 months for two years (two tests):

- If both repeat results are negative → follow-up is routine screening (every three years).
- If either repeat result is ASC-US or greater → refer for colposcopy.

Patients ≥ 30 years: (*The lab will automatically perform HPV reflex testing*)

- HPV Negative* → risk level equivalent to NILM. Follow-up is routine screening.
- HPV Positive → refer for colposcopy.
- HPV No Result → submit vaginal swab for repeat HPV testing.

Low-grade squamous intraepithelial lesion (LSIL)

Patients ≤ 24 years: If screened, with LSIL result, repeat Pap test every 12 months for two years (two tests):

- At 12 months: ONLY high-grade lesions refer for colposcopy.
- At 24 months: Negative → return to routine screening.
  ASC-US or greater → refer for colposcopy.

Patients 25 - 49 years: Repeat Pap test every 12 months for two years (two tests):

- If both repeat results are negative → follow-up is routine screening (every three years).
- If either repeat result is ASC-US or greater → refer for colposcopy.

Patients ≥ 50 years: *(The lab will automatically perform HPV reflex testing)*

- HPV Negative* → risk level is equivalent to NILM. Follow-up is routine screening.
- HPV Positive → refer for colposcopy.
- HPV No Result → submit vaginal swab for repeat HPV testing.

**The risk of CIN3+ over three years is virtually the same for HPV-negative patients as for patients with negative cytology without HPV testing.*

High-grade squamous intraepithelial lesion (HSIL)	ASC-H	Atypical glandular cells (AGC), adenocarcinoma in situ (AIS)	Squamous carcinoma, adenocarcinoma, other malignancy
Refer all ages for colposcopy.			Refer all ages to a specialist.

Patients with cytologically benign endometrial cells

- Endometrial sampling is required if:
  - there is abnormal bleeding
  - the patient is postmenopausal (even if asymptomatic)
- Also consider endometrial sampling if the patient is asymptomatic, pre-menopausal, and at increased risk for endometrial cancer due to chronic unopposed estrogen stimulation.

PRACTICE POINT	
	• In patients 30 - 49, HPV reflex testing is done for ASC-US but not LSIL. *Rationale: the differential diagnosis for an ASC-US Pap includes benign cytology, low-grade dysplasia, or high-grade dysplasia. LSIL is reported when the diagnosis is confidently low-grade dysplasia, eliminating the need to stratify the patient's risk with HPV testing.*

Table 3: Management of Abnormal Pap Test Result