Ontario Cervical Screening Cytology Guidelines Summary

Updated May 2012

Ontario **Cervical Screening Program**

Screen *for* Life
Cancer screening sees what you can't
Breast
Cervical
Colorectal

Screening Initiation	• Cervical cytology screening should be initiated at **21 years** of age for women who are or have ever been sexually active. This includes intercourse, as well as digital or oral sexual activity involving the genital area with a partner of either gender.
Screening Interval	• If cytology is normal, screening should be done **every 3 years**. **The absence of T zone is not a reason to repeat a Pap test earlier than the recommended interval.** See reverse for management of abnormal cytology.
Screening Cessation	• Screening may be discontinued at the **age of 70** if there is an adequate negative cytology screening history in the previous 10 years (i.e., 3 or more negative cytology tests).

Qualifying Statements

- Women who are not sexually active by age 21 should delay cervical cancer screening until sexually active.

Screening Women with Special Circumstances

- These guidelines do not apply to **women who have been previously treated for dysplasia**. Screening intervals should be individualized and should likely be annual.
- **Immunocompromised women** should receive annual screening.
- Women who have undergone **subtotal hysterectomy and retained their cervix** should continue screening according to the guidelines.
- **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-natal visits if the woman is otherwise due for screening.
- **Women who have sex with women** should follow the same cervical screening regimen as women who have sex with men.
- **Women who have received the HPV vaccine** should continue with screening.
  The vaccine may be considered by unimmunized women according to NACI guidelines:
  www.phac-aspc.gc.ca/publicat/ccdr-rmtc/07vol33/acs-02/index-eng.php

Note: Any visual cervical abnormalities and/or abnormal symptoms must be investigated regardless of cytology findings.

See reverse

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Recommendations for Follow-Up of Abnormal Cytology

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ONTARIO GUIDELINES

Diagnosis	Recommended Management				
Atypical Squamous Cells of Undetermined Significance (ASCUS)	**For women < 30 years of age**				
	Repeat cytology in 6 months	Result: Negative	Repeat cytology in 6 months	Result: Negative	Routine screening in 3 years
				Result: ≥ ASCUS	Colposcopy
		Result: ≥ ASCUS	Colposcopy		
	For women ≥ 30 years of age				
	HPV testing*	Result: Negative	Repeat cytology in 12 months		
		Result: Positive	Colposcopy		
	If HPV testing is not available				
	Repeat cytology in 6 months	Result: Negative	Repeat cytology in 6 months	Result: Negative	Routine screening in 3 years
				Result: ≥ ASCUS	Colposcopy
		Result: ≥ ASCUS	Colposcopy		
	*HPV testing is not currently funded by MOHLTC				
Atypical Squamous Cells, Cannot Exclude HSIL (ASC-H)	Colposcopy				
Atypical Glandular Cells (AGC), Atypical Endocervical Cells, Atypical Endometrial Cells	Colposcopy and/or endometrial sampling				
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		
	Colposcopy				
High Grade Squamous Intraepithelial Lesion (HSIL)	Colposcopy				
Squamous Carcinoma, Adenocarcinoma, Other Malignant Neoplasms	Colposcopy				
Unsatisfactory for Evaluation	Repeat cytology in 3 months				
Satisfactory for Evaluation, No Transformation Zone Present	Routine screening in 3 years; no immediate recall required				
Benign endometrial cells on Pap tests	• in pre-menopausal women who are asymptomatic require no action • in post-menopausal women require investigation, including adequate endometrial tissue sampling • in any woman with abnormal vaginal bleeding require investigation, which should include endometrial tissue sampling				

† Evidence suggests that either repeat cytology or colposcopy are acceptable management options after the first LSIL result. Though colposcopy may be useful to rule out high grade lesions, low grade abnormalities, particularly in adolescent and young women, often regress and as such may be best managed by surveillance and rarely require intervention.

For more details on the guidelines, please refer to:
www.cancercare.on.ca/screenforlife

See reverse

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