Ontario Cervical Screening Guidelines Summary

Revised October 2016—based on current (2012) screening guidelines

Ontario Cervical Screening Program

Screening initiation
Women should begin screening for cervical cancer at age 21 if they are or have ever been sexually active. Women who are not sexually active by age 21 should delay cervical cancer screening until they are sexually active. Sexual activity includes intercourse, as well as digital or oral sexual activity involving the genital area with a partner of either sex.

Screening interval
If a woman’s cytology is normal, she should be screened every three years. The absence of transformation zone is not a reason to repeat a Pap test earlier than the recommended interval. See reverse for management of abnormal cytology.

Screening cessation
A woman may discontinue screening at age 70 if she has an adequate and negative cytology screening history in the previous 10 years (i.e., three or more negative cytology tests).

Notes:
• Any visible cervical abnormalities or abnormal symptoms must be investigated by a specialist (e.g., colposcopist, gynecologist) regardless of cytology findings.
• Cancer Care Ontario is working with the Ministry of Health and Long-Term Care to implement HPV testing in the Ontario Cervical Screening Program.

Special screening circumstances

• Women who have sex with women should follow the same cervical screening regimen as women who have sex with men.
• Pregnant women should be screened according to the guidelines. Pregnancy does not alter the recommended screening interval. Only conduct Pap tests during pre- and post-natal care if a woman is due for regular screening.
• Women who have undergone subtotal hysterectomy and retained their cervix should continue screening according to the guidelines.
• Women who are immunocompromised (e.g., HIV-positive or on long-term immunosuppressants) should receive annual screening.
• Transgender men who have retained their cervix should be screened according to the guidelines.

For more information and resources
Visit: cancercare.on.ca/pcresources | Call: 1-866-662-9233
Email: screenforlife@cancercare.on.ca
Refer directly to colposcopy for the following cytology report:

- High-grade squamous intraepithelial lesion (HSIL)
- Atypical squamous cells, cannot exclude HSIL (ASC-H)
- Atypical glandular cells (AGC), atypical endocervical cells, atypical endometrial cells (also consider endometrial sampling)
- Squamous carcinoma, adenocarcinoma, other malignant neoplasms.

Any visible cervical abnormalities or abnormal symptoms must be investigated by a specialist (e.g. colposcopist, gyn-oncologist, gynecologist) regardless of cytology findings.

### Diagnosis | Recommended management
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**Atypical squamous cells of undetermined significance (ASCUS)**

For women <30 years old (HPV triage is not recommended)

| Repeat cytology in 6 months | Result: Normal | Repeat cytology in 6 months | Result: Normal | Routine screening in 3 years | Colposcopy |
| | Result: ≥ASCUS | Colposcopy |

For women ≥30 years old

| HPV testing for oncogenic strains* | Result: Negative | Routine screening in 3 years |
| | Result: Positive | Colposcopy |

If HPV status is not known

| Repeat cytology in 6 months | Result: Normal | Repeat cytology in 6 months | Result: Normal | Routine screening in 3 years | Colposcopy |
| | Result: ≥ASCUS | Colposcopy |

**Low-grade squamous intraepithelial lesion (LSIL) †**

| Repeat cytology in 6 months | Result: Normal | Repeat cytology in 6 months | Result: Normal | Routine screening in 3 years | Colposcopy |
| | Result: ≥ASCUS | Colposcopy |

Or refer to colposcopy

### Screening/surveillance in primary care after discharge from colposcopy

The colposcopist should provide specific and individualized screening recommendations when a woman is discharged from colposcopy:

- Women eligible for discharge from colposcopy who have normal, ASCUS or LSIL cytology and a negative HPV test are at average risk and should be screened every three years.
- Women eligible for discharge from colposcopy who have normal, ASCUS or LSIL cytology and a positive HPV test are at elevated risk and should have annual surveillance.
- Women eligible for discharge from colposcopy, whose HPV status is not known, should be screened according to risk-based recommendations made by the colposcopist.

Re-referral to colposcopy should be based on screening results (cytology), as per current guidelines.

For further information on colposcopy, visit cancercare.on.ca/ocsresources

### Screening/surveillance intervals after discharge from colposcopy

<table>
<thead>
<tr>
<th>HPV status</th>
<th>Recommended interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative</td>
<td>3 years</td>
</tr>
<tr>
<td>Positive</td>
<td>Annual</td>
</tr>
<tr>
<td>Unknown</td>
<td>Follow recommendations from colposcopist</td>
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</tbody>
</table>