

New Brunswick Cervical Cancer Screening Clinical Practice Guidelines

Recommended Management

<p>Initiation of Screening</p>	<p>Cervical cancer screening should begin at age 21 or three years after first intimate sexual activity, whichever occurs LATER.</p> <p>Intimate sexual activity includes intercourse as well as digital or oral sexual activity involving the genital area with a partner of either gender.</p> <p>For women younger than 21, interactions with healthcare providers may still be necessary for STI (sexually transmitted infections) screening and HPV vaccination.</p>
<p>Screening Interval</p>	<p>Women with no previous abnormal Pap tests:</p> <p>Screened annually until there are three consecutive negative Pap test results → then every two to three years. Screening at a three-year interval is recommended, supported by an adequate recall system.</p> <p>Women who have not been screened in more than five years:</p> <p>Screened annually until there are three consecutive negative Pap test results → then every two to three years.</p>
<p>Cessation of Screening</p>	<p>Women screened previously:</p> <p>After the age of 69 → if adequate negative screening history in the previous 10 years.</p> <p>For women NEVER screened:</p> <p>After the age of 69 → screen with 3 consecutive annual Pap tests → If the results are negative and satisfactory, discontinue screening.</p>
<p>Optimal Cervical Cancer Screening Tools</p>	<p>Liquid-based cytology (LBC) is the preferred tool for cervical cytology screening. Conventional smear cytology remains an acceptable alternative.</p> <p>HPV Testing → The role of HPV testing will evolve in New Brunswick as the cohort of HPV vaccinated females' approaches the age-group recommended for screening. Use of HPV testing in primary screening is not recommended. Research in this field is ongoing.</p>

Cervical Screening for Women with Special Circumstances

Women with sub-total hysterectomy (cervix intact) → should continue screening according to the guidelines.

Women with total hysterectomy

→ Screening can be discontinued if the total hysterectomy was for benign causes and there is no history of cervical dysplasia or HPV.

→ Women who have had a biopsy confirmed high-grade squamous intraepithelial lesion (HSIL), adenocarcinoma in situ (AIS), or invasive cervical cancer **and** a total hysterectomy should have vault smears annually thereafter.

Pregnant women → Screening is the same as with women who are not pregnant. Manufacturers' recommendations for the use of individual screening tools in pregnancy should be taken into consideration.

Immunosuppressed women (transplant recipients, those treated with chemotherapy or who are HIV-positive) → Screened annually.

Women who have sex with women → Screening is the same as with women who have sex with men.

Optimal Specimen Collection

To ensure optimal specimen collection, the Pap test should be done BEFORE other cervical procedures, including STI testing and Intra-Uterine Contraceptive Device (IUCD) insertion, so that the diagnostic cells needed for the Pap test are not removed.

Qualifying Statements

- Routine cervical screening is **NOT** recommended for women < 21 years.
- Repeat Pap test should not be performed earlier than three months following the original.
- To meet minimal guideline requirements, endometrial cells in women ≥ 40 should be managed or referred as appropriate.
- HPV immunization is effective for women aged 9 to 26 and is available to women in New Brunswick. Women who receive the HPV vaccine should continue with cervical cancer screening according to the Guidelines.
- These are minimum guidelines only. Certain clinical situations may require earlier follow-up/referral for Colposcopy.
- The Guidelines will be reviewed yearly and updated as necessary.

This tool is based on the New Brunswick Cervical Cancer Screening Guidelines (2011).

Document available from the New Brunswick Cancer Network.

For details or a copy of the document, contact:

NBCN Coordinator - Cancer Screening. 506-453-5521 or

www.gnb.ca/health



Optimal Management of Abnormal Cytology

Pap Test Result	Recommended Management
<p>ASCUS: (Atypical squamous cells of undetermined significance)</p>	<p>WOMEN ≥ 30 YEARS HPV reflex testing for women ≥ 30 with ASCUS result</p> <ul style="list-style-type: none"> • HPV negative → return to routine screening • HPV positive → refer for Colposcopy <p>In the absence of HPV reflex testing → repeat Pap test in 6 months</p> <ul style="list-style-type: none"> • Pap test negative → repeat cytology in another 6 months • Once a woman has had 2 negative Pap test results → return to routine screening • Pap test abnormal → refer for Colposcopy <p>WOMEN 21-29 YEARS Repeat Pap test in 6 months</p> <ul style="list-style-type: none"> • Pap test negative → repeat cytology in another 6 months • After 2 negative Pap test results → return to routine screening • Pap test abnormal → refer for Colposcopy <p>WOMEN < 21 YEARS (Although routine cervical screening is NOT recommended) Repeat Pap test every 12 months for 2 years (2 tests)</p> <ul style="list-style-type: none"> • At 12 months: <ul style="list-style-type: none"> ➢ ONLY women with high-grade lesions should be referred for Colposcopy • At 24 months: <ul style="list-style-type: none"> ➢ Pap test negative → return to routine screening ➢ ASCUS or greater → refer for Colposcopy
<p>LSIL: (Low-grade squamous intraepithelial lesion)</p>	<p>WOMEN ≥ 50 Years HPV reflex testing for women ≥ 50 years with LSIL result</p> <ul style="list-style-type: none"> ➢ HPV negative → return to routine screening ➢ HPV positive → refer for Colposcopy <p>In the absence of HPV reflex testing → refer for Colposcopy</p> <p>WOMEN 21-49 YEARS Repeat Pap test every 6 months for one year (2 tests)</p> <ul style="list-style-type: none"> • Pap tests must be at least 6 months apart <ul style="list-style-type: none"> ➢ If all negative → return to routine screening ➢ If any one result is ASCUS or greater → refer for Colposcopy <p><i>HPV testing is NOT recommended to triage women 21 to 49 with LSIL</i></p> <p>WOMEN < 21 YEARS (Although routine cervical screening is NOT recommended) Repeat Pap test every 12 months for 2 years (2 tests)</p> <ul style="list-style-type: none"> • At 12 months: <ul style="list-style-type: none"> ➢ ONLY women with high-grade lesions should be referred for Colposcopy • At 24 months: <ul style="list-style-type: none"> ➢ Pap test negative → return to routine screening ➢ ASCUS or greater → refer for Colposcopy
<p>AGC: (Atypical glandular cells)</p>	<p>Refer for Colposcopy</p> <ul style="list-style-type: none"> • Endocervical and endometrial sampling is recommended, when clinically indicated
<p>ASC-H: (Atypical squamous cells; cannot exclude high grade squamous intraepithelial lesion)</p>	<p>Refer for Colposcopy</p>
<p>HSIL (High grade squamous intraepithelial lesion)</p>	<p>Refer for Colposcopy</p>
<p>Squamous carcinoma, adenocarcinoma, or other malignancy</p>	<p>A biopsy is required for accurate diagnosis</p>
<p>Unsatisfactory</p>	<p>If clinically indicated, the Pap test should be repeated in 3 months from the date of the initial Pap test and not before</p>

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