Primary Care Cancer Update
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Toronto Central Regional Cancer Program
in partnership with Cancer Care Ontario

Colposcopy and Cervical Screening – best practice update

Answers to some common questions

by Dr. Michael Shier, Regional Colposcopy and Cervical Screening Lead for Toronto Central Regional Cancer Program

When can women return to routine 3 year screening after discharge from colposcopy?

ANSWER: Upon discharge from colposcopy women who have a negative HPV test or those with 3 consecutive normal Pap tests can return to the routine 3 year (triennial) screen. The timing of the next Pap test will be specified by the colposcopist in the discharge letter. For example if the woman has had 2 normal colposcopies and 2 normal Pap test then the next Pap test would be done by the primary care provider in 1 year. If that Pap test was normal the woman could then go to the routine 3 year (triennial) screening frequency.

Should sexually active women in Ontario who have received an HPV vaccine still start Pap test screening at age 21?

ANSWER: Yes. There is insufficient evidence to conclude that they should be screened later or less often than women who have not been vaccinated.

Initiation of screening depends on whether a woman has been sexually active. What constitutes sexual activity?

ANSWER: Women who have ever had penile-vaginal, oral-vaginal, vaginal-vaginal, and digital-vaginal contact or have shared genital toys have been sexually active as defined by Ontario Cervical Screening Guidance. Screening should not be limited to just women who have had only penile-vaginal intercourse.

My 23 year old patient was referred to colposcopy and was found to have a High Grade Squamous Intra-epithelial Lesion (HSIL) of the cervix. She is being followed in colposcopy without formal treatment. I know women with Low Grade Squamous Intra-epithelial Lesions (LSIL) are often followed but High Grade lesions are usually treated. Is this part of the new colposcopy guidance?

ANSWER: Recent evidence shows that women age 24 and under have very high rates of spontaneous regression and clearance even of High Grade Squamous Lesions. For women who can reliably follow-up this is the current preferred management especially when child bearing has not been completed.

Which women should continue to have annual Pap test screening?

ANSWER: Women who are immunocompromised (for example, women with HIV), women who are Pap test negative and colposcopy negative but continue to test HPV positive, women with history of adenocarcinoma in situ (AIS) after discharge from colposcopy, and some women with multiple recurrences or multiple site disease.

What are the common HPV tests that are available in Ontario?

ANSWER: There are many tests available but the most common are: Hybrid Capture II which is an HPV DNA test for the 13 most common oncogenic HPV genotypes, Cobas which is an HPV DNA test for 14 most common HPV genotypes and specifically identifies HPV 16 and 18, and Aptima which is a messenger RNA test for the 14 commonest HPV genotypes and specifically identifies HPV 16, 18 and 45.

What percentage of cervical cancer and dysplasia is caused by HPV?

ANSWER: Over 99% of cervical cancer and dysplasia is caused by HPV. It is also a common cause of cancers at other sites including anal canal, vagina, vulva, penis and oropharynx.

What is the current indication for HPV testing by primary care providers in Ontario?

ANSWER: The main indication is a Pap test showing Atypical Squamous Cells of Undetermined Significance (ASCUS) in a woman over the age of 30. Woman under the age of 30 should simply have the Pap test repeated because the high prevalence of transient HPV infections in this age group makes HPV testing a poor discriminator in deciding who should be referred to colposcopy.

My understanding was that the HPV vaccines were initially indicated for women up to age 26. Has the upper age limit changed?

ANSWER: Yes. A growing body of evidence supports the efficacy of HPV vaccination for all age groups. The current National Advisory Committee on Immunization for Canada (NACI) recommends that all Canadian men and women be vaccinated and there is no longer an upper age limit.

Should women with HSIL being managed by Loop Electrosurgical Procedure (LEEP) still be vaccinated with an HPV vaccine?

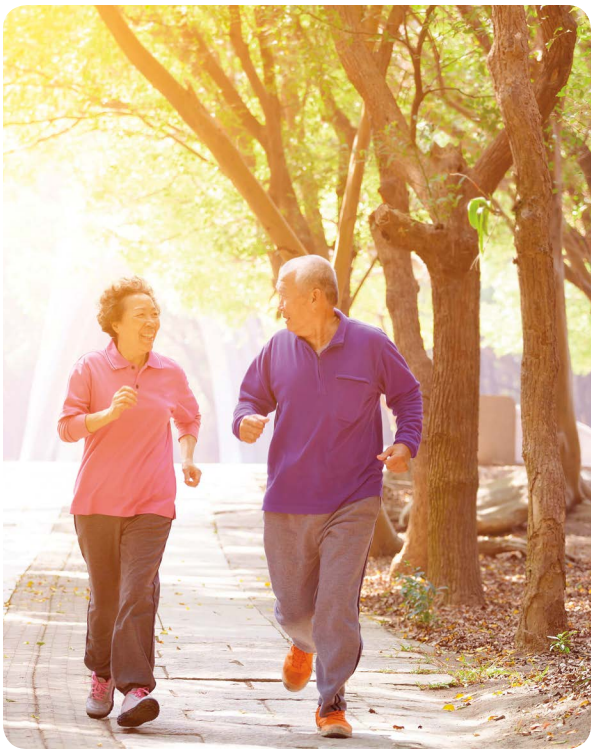
ANSWER: Yes. In one study women who were vaccinated after the LEEP were 2/3 less likely to have recurrent disease caused by the same HPV genotype and in addition these women received protection against other HPV genotypes in the vaccine.

I have read that HPV testing will soon be paid for by the Ontario Health Plan. Who will be covered and when will this occur?

ANSWER: This initiative was announced recently in the Ontario Provincial budget. HPV testing will eventually become the primary screen for most women. A systematic review of evidence and pilot testing will help guide the specifics for the HPV cervical cancer screening program.

Psychosocial Oncology

Psychosocial oncology focuses on a whole-person approach to cancer care, addressing the social, psychological, emotional, spiritual and functional aspects of the patient journey.



There is strong evidence that emotional distress in cancer is prevalent, associated with poor health outcomes/increased health care utilization, and is amenable to intervention.

One such intervention is exercise! There is increasing evidence that people living with cancer can safely improve their quality of life, strength and fitness with physical activity. CCO's Exercise for People with Cancer recommends moderate levels of exercise for people living with cancer. A pre-exercise assessment for all people living with cancer is recommended. Further information on initiating exercise programs in cancer patients and survivors can be found here.

Palliative Care

Palliative care is a holistic approach to active and supportive care for patients and their families at any stage of disease, from diagnosis through survivorship or the end of life.

In the Toronto region, palliative care can be provided by many primary care providers at their offices and through home visits as well as in the home, a residential hospice, a palliative care unit within a hospital or in a long-term care facility.

Your patient can be referred to receive palliative care in any of these settings using the **Palliative Care Common Referral Form.**

The Palliative Care Common Referral Form, a Directory and Map of Inpatient Palliative Care sites across Ontario as well as additional provider, patient and caregiver resources can be accessed at: trcp.ca/en/supportive-palliative/palliative-care.

The Palliative Care Toolkit for Aboriginal Communities provides a resource toolkit and reference material for First Nations, Métis and Inuit families and communities to help support individuals with cancer who have palliative care needs. Please refer to: cancercare.on.ca/toolbox/pctoolkit_aboriginal.

Advance Care Planning is a process for patients to reflect on their values and wishes, and to let people know, especially the patient's Substitute Decision Maker, what kind of health and personal care they would want in the future if they were unable to speak for themselves. Tools and resources from Speak Up Ontario, Toronto East Health Link and Cancer Care Ontario (including the Advance Care Planning Quality Improvement Toolkit) are available at: trcp.ca/en/supportive-palliative/palliative-care/Pages/advanced-care-planning.aspx

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