

CANCER EDUCATION DAYS

The Future of Cervical Cancer Screening in Ontario

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October 13, 2023

Presenter Disclosure

- Relationships with financial sponsors:
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Learning Goals

- Pap Test Refresher Recordings
- Colposcopy Referrals
- Normal and Abnormal Cervix Images
- ASCUS versus ASC-H Follow-up
- Cervical Cancer Awareness Month
- HPV Test Implementation in Ontario

Pap Test Refresher Recordings

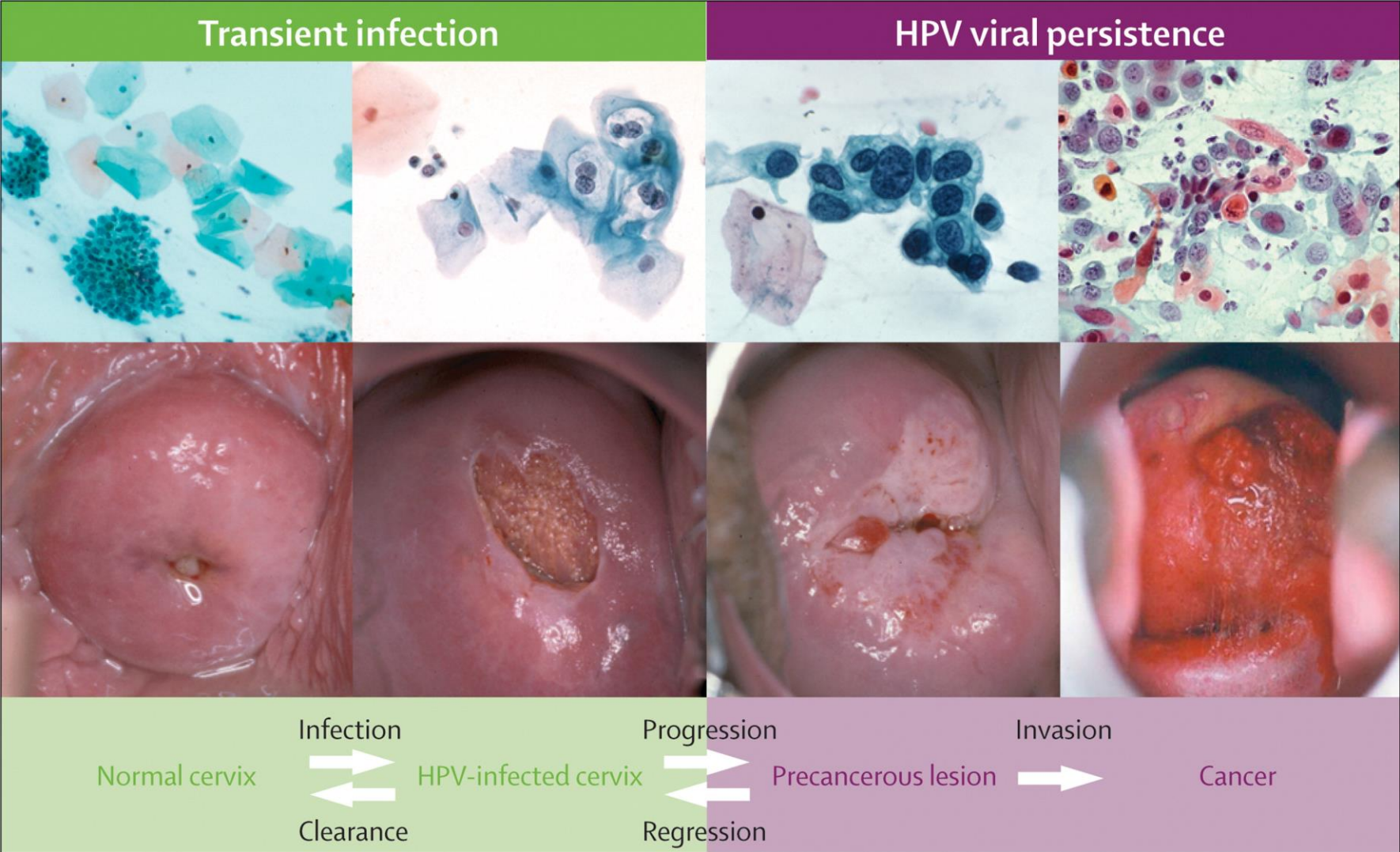
- **Pap Test Refresher: Part 1** video available here:
<https://youtu.be/Ms8xbUkr1DI>
- **Pap Test Refresher: Part 2** video available here:
<https://youtu.be/CfqB0DkZ9og>
- **Step-by-Step Pap Test Technique** video available here:
<https://youtu.be/wUiW1S0r9tA>



Normal, Healthy Cervix During a Pap Test



Stages of Cervical Changes



When to Refer to Colposcopy

Patient presents for follow-up of abnormal cervical cytology results. Questions answered and will continue with the following recommendations based on Ontario Health - Cancer Care Ontario guidelines:

ASCUS/LSIL with previous TWO NORMAL results - repeat cytology in 12 months

ASCUS/LSIL with previous ASCUS/LSIL result - colposcopy referral

ASC-H/HSIL/AGC/AIS - URGENT colposcopy referral

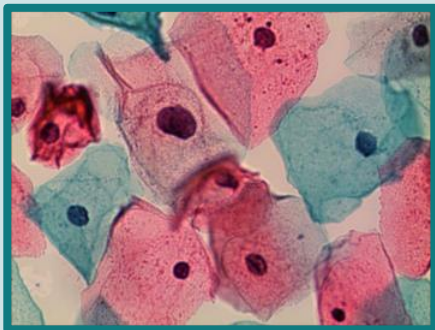


ASCUS vs. ASC-H Follow-up

ASCUS

Low-Grade Abnormal Result

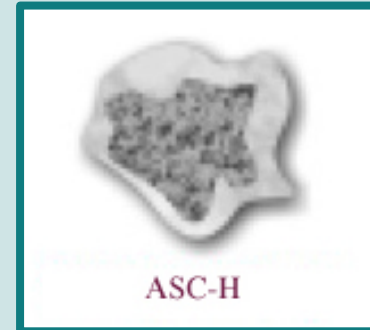
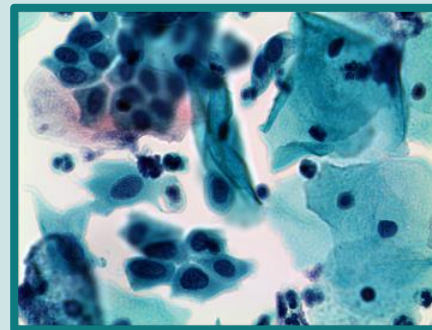
- Atypical Squamous Cells of Undetermined Significance (ASCUS)
- Some cells do not look completely normal, but it is not clear if the changes are caused by HPV infection
- Follow-up required:
 - ASCUS with previous TWO NORMAL results - repeat cytology in 12 months
 - ASCUS with previous ASCUS result - colposcopy referral



ASC-H

High-Grade Abnormal Result

- Atypical squamous cells—cannot exclude high-grade squamous intraepithelial lesion (ASC-H)
- The risk of a high-grade precancerous lesion (cells with a moderate to high risk of developing into cervical cancer) is as high as 33 percent, and the risk of cervical cancer is as high as 3 percent
- Follow-up required:
 - **Urgent colposcopy required after one occurrence**



Symptoms of Cervical Cancer



Vaginal bleeding between periods or after menopause



Menstrual bleeding that is longer than usual



Bleeding after intercourse



Pain during sexual intercourse



Persistent pelvic and/or back pain



Pain during urination



Needing to urinate more often



Vaginal discharge that may be heavy and have a foul odor



Weight loss

**URGENT
colposcopy
referral**

ESC Colpo Contact List and Referral Form

Colposcopists in the Erie St. Clair Region

Location	Colposcopist	Telephone Number	Fax Number
Sarnia-Lambton	Dr. Laura Allen	519-491-0566	519-337-9779
	Dr. Saad Elkemani	519-344-9031	519-344-9044
	Dr. Boulos Ghazarian	519-383-0003	519-383-6499
	Dr. Brittany Hoover	519-491-6567	519-312-3994
	Dr. Baljit Singh	519-491-1110	519-491-1109
Chatham-Kent	Dr. Garvey Chilopora	519-397-3075	519-351-7227
	Dr. Constance Nasello	519-351-0626	519-351-6064
Windsor-Essex	Dr. Andrea Brkovich	519-253-6033	519-253-6866
	Dr. Angelina Chan	519-253-6033	519-253-6866
	Dr. Gregory Hasen	519-254-6461 ext. 27	519-254-1349
	Dr. Bradley Jasey	519-258-1592	519-258-7350
	Dr. Joe Leung	519-258-4600	519-258-5413
	Dr. Oshiomoghe Ogah	519-326-7997	519-999-8600
	Dr. Joshua Polsky	519-253-6033	519-253-6866
	Dr. Jenna Rawlins	519-258-1592	519-258-7350
	Dr. Michelle Suga Rak	519-254-6461 ext. 32	519-254-1349
	Dr. Fatima Taboun	519-258-1592	519-258-7350
	Dr. John Tomc	519-254-6461 ext. 23	519-254-1349
	Dr. Rahi Victory	519-944-6400	519-944-6406
Dr. Idris Yekinni	519-322-2424	519-322-2727	

Erie St. Clair
Regional Cancer Program
Ontario Health (Cancer Care Ontario)

Colposcopy Referral Form

Please use this form to indicate the reason for referral to Colposcopy. This form does not imply Colposcopy is required in all cases below. Complete all sections of the form and attach all Pap Test results. Incomplete/illegible referrals will be returned, resulting in delay of appointment booking.

PATIENT INFORMATION (please print)			
Name:	DOB:	Health Card #:	Version Code:
Home #:	Alt. #:	Address:	
COLPOSCOPY REQUIRED (please attach all reports with referral form)		COLPOSCOPY POSSIBLY INDICATED (please attach all reports with referral form)	
<input type="checkbox"/> ASCUS / LSIL [2 occurrences]		<input type="checkbox"/> Post-coital bleeding [1 Pap Test result]	
<input type="checkbox"/> ASC-H / HSIL / AGC / AIS [1 occurrence]		<input type="checkbox"/> Vulvar Disorders (lichen sclerosis, atypical areas)	
<input type="checkbox"/> Suspicious lesion, cancer or dysplasia on (please circle): Cervix / Vulva / Vagina / Imaging		<input type="checkbox"/> Other (please describe):	
<i>Note: Based on your clinical judgement, any abnormal clinical findings should be referred to Colposcopy.</i>			
PAST COLPOSCOPY AND VACCINATION HISTORY		HPV AND CERVICAL CANCER RISK FACTORS	
Has this patient had a previous Colposcopy?		<input type="checkbox"/> HPV DNA positive 16/18 <input type="checkbox"/> Multiple sexual partners	
<input type="checkbox"/> Yes Date: _____ Location: _____		<input type="checkbox"/> Immunocompromised <input type="checkbox"/> Previous Cone or LEEP	
<input type="checkbox"/> No <input type="checkbox"/> Unsure		<input type="checkbox"/> Smoking	
Previous HPV Vaccine: <input type="checkbox"/> No <input type="checkbox"/> Yes			
REFERRING PROVIDER		PRIMARY CARE PROVIDER	
Name:	OHIP Billing #:	<input type="checkbox"/> Same as Referring Provider	
Phone:	Fax:	Name:	OHIP Billing #:
Address:		Phone:	Fax:
Signature: _____		Address:	
TO BE COMPLETED BY COLPOSCOPY CLINIC STAFF ONLY			
Date Referral Received	Schedule Within	Appointment	Additional Notes
	<input type="checkbox"/> 2 weeks (Urgent)	Date:	
	<input type="checkbox"/> 4 weeks (High Priority)	Time:	
	<input type="checkbox"/> 10 weeks (Routine)		
	<input type="checkbox"/> Other: _____		
<input type="checkbox"/> Please re fax referral with relevant pap results or criteria			
<input type="checkbox"/> Referral does not meet current criteria as per OH-CCO guidelines:			
CONFIDENTIALITY NOTICE: This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If you are not the intended recipient, please contact the sender and destroy all copies of the original.			
AIS	Adenocarcinoma in situ	HSIL	High-grade squamous intraepithelial lesion
AGC	Atypical glandular cells	LSIL	Low-grade squamous intraepithelial lesion
ASC-H	Atypical squamous cells—cannot exclude HSIL	LSIL-H	LSIL—cannot exclude HSIL
ASCUS	Atypical squamous cells of undetermined significance		

Last Revised: September 13, 2013

*Note: A copy of the contact list and referral form is available in the CED Supplementary Resource Package.

Email samantha.metler@wrh.on.ca if you require a copy.

The Future of Cervical Cancer Screening in Ontario

Cervical Cancer Awareness in Ontario

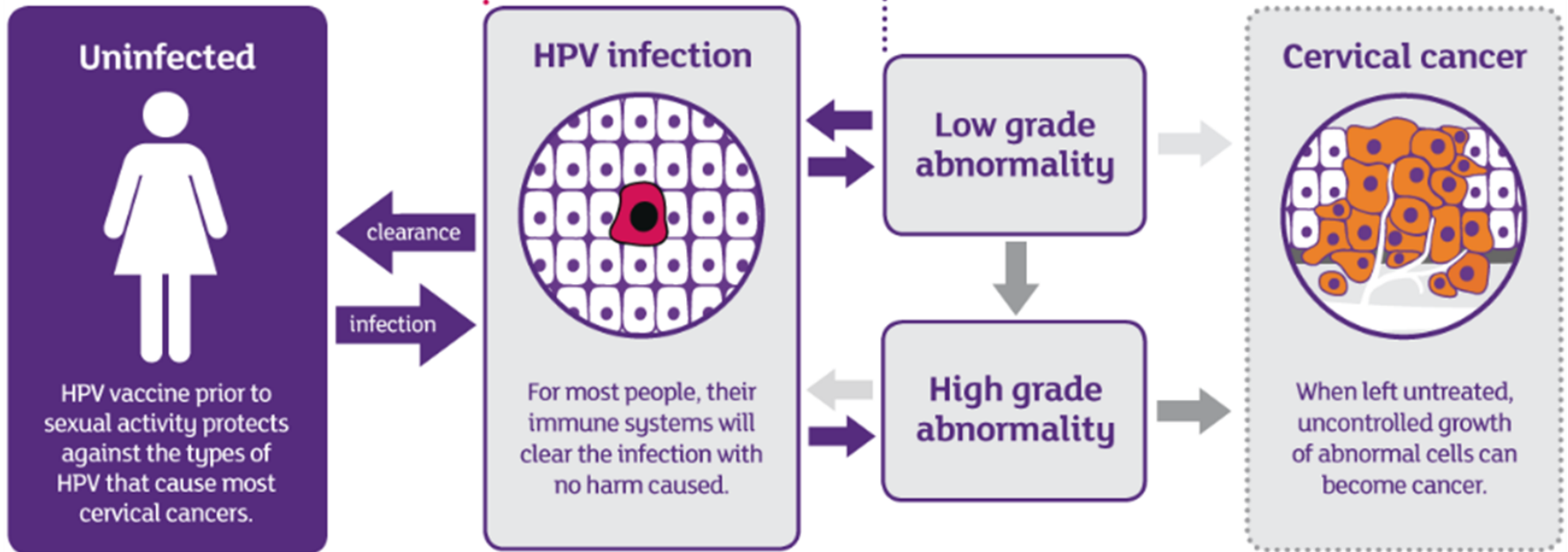
CURRENT: Cervical Cancer Awareness Week	FUTURE: Cervical Cancer Awareness Month
<ul style="list-style-type: none">• Every October (one week)• Overlapped with October Breast Cancer Awareness Month	<ul style="list-style-type: none">• Every January (entire month)• Beginning January 2024• Aligns with the following organizations:<ul style="list-style-type: none">• World Health Organization• Women’s Health Research Institute• Canadian Cancer Survivor Network• International Gynecologic Cancer Society

HPV Test Implementation in Ontario

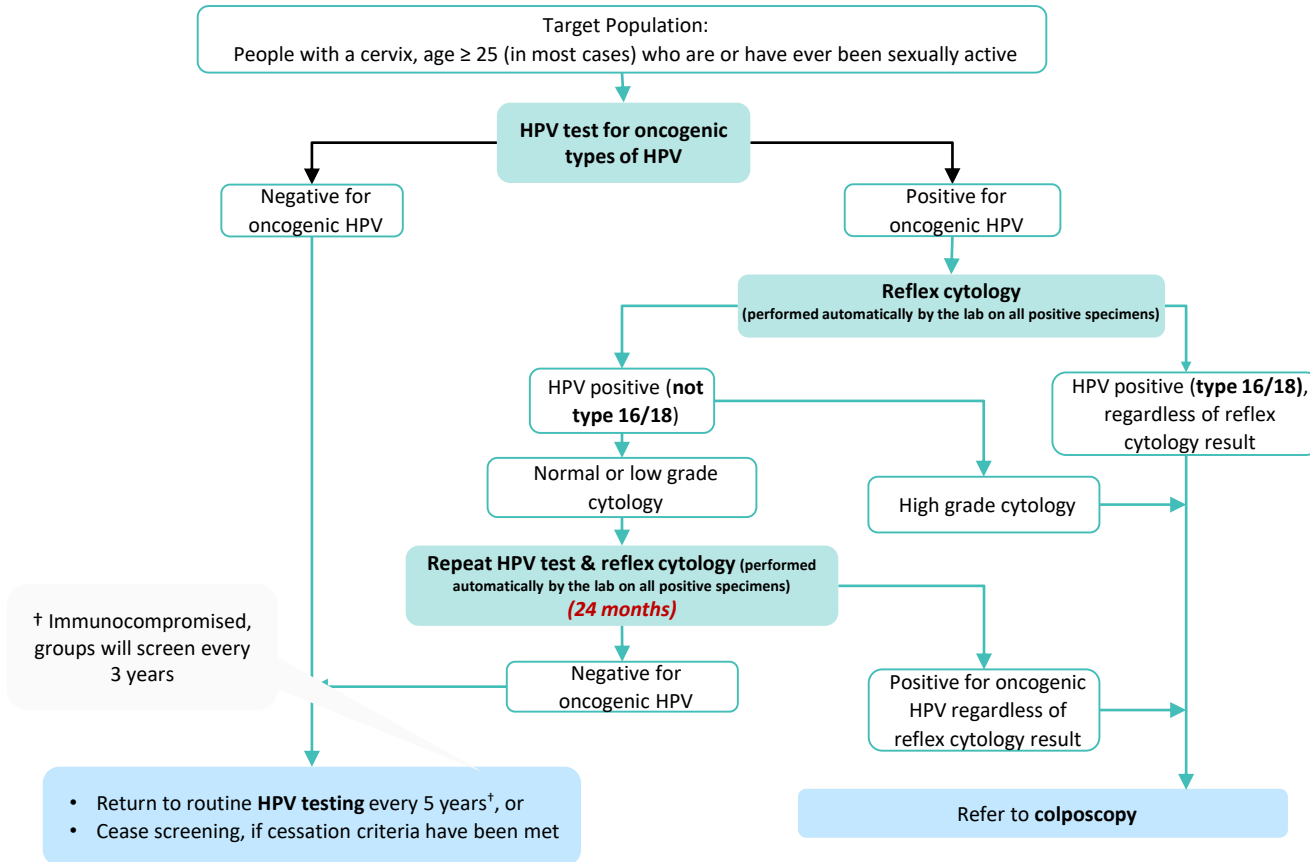
CURRENT: Pap Test	FUTURE: HPV Test
<ul style="list-style-type: none">• Detects abnormal cell changes in the cervix• Interpretation is subjective<ul style="list-style-type: none">• 1 out of 3 individuals diagnosed with cervical cancer had a normal Pap test result• Challenging cytology delays impacting provider follow-up processes	<ul style="list-style-type: none">• Detects cancer causing types of HPV DNA cells (before abnormal cell changes)<ul style="list-style-type: none">• HPV is the cause of more than 99% of cervical cancers• Interpretation is objective and reproducible• Successfully adopted by the Netherlands and Australia

The HPV Test can detect HPV, even before cell changes occur

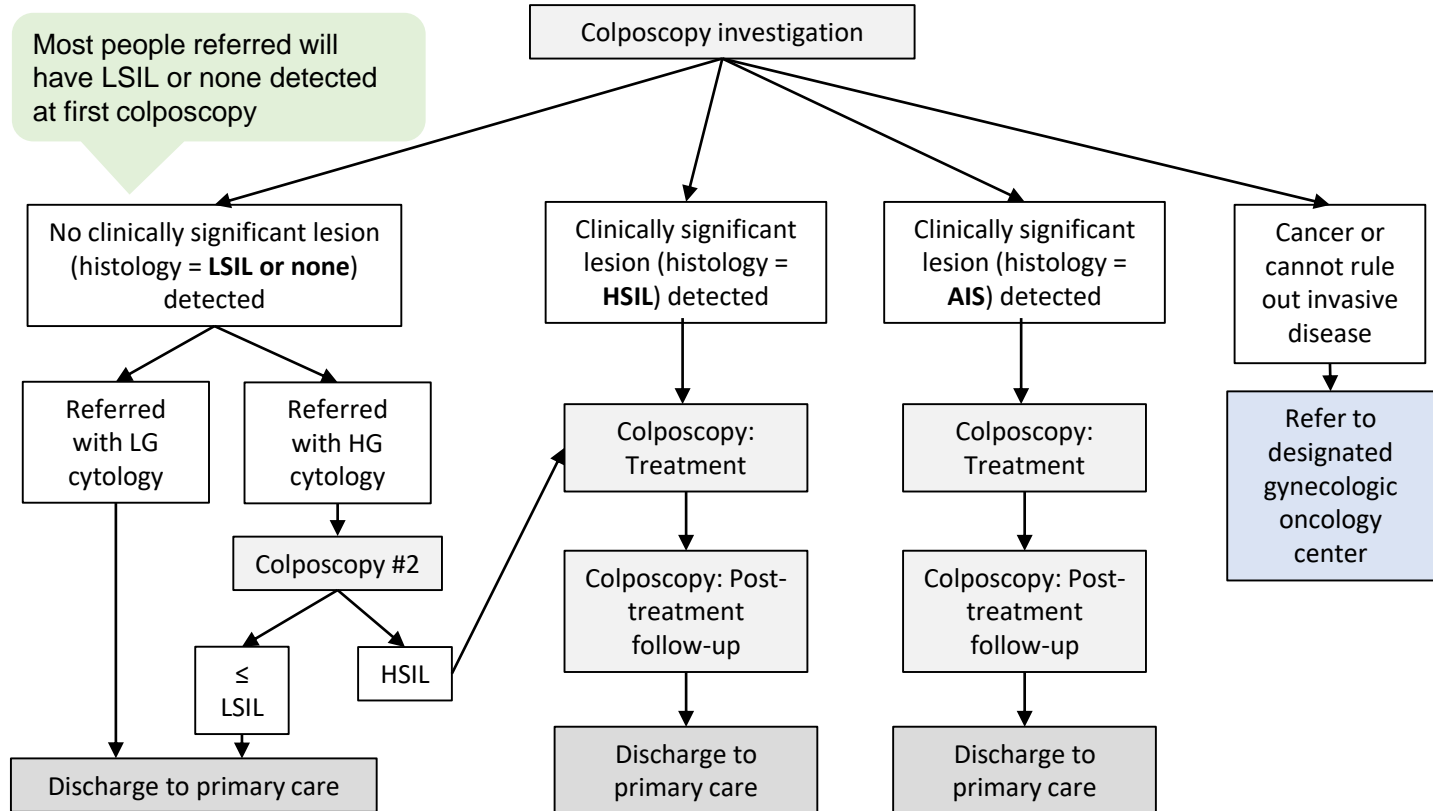
The Pap Test detects cell changes after they occur



Future HPV-Based Screening Recommendations

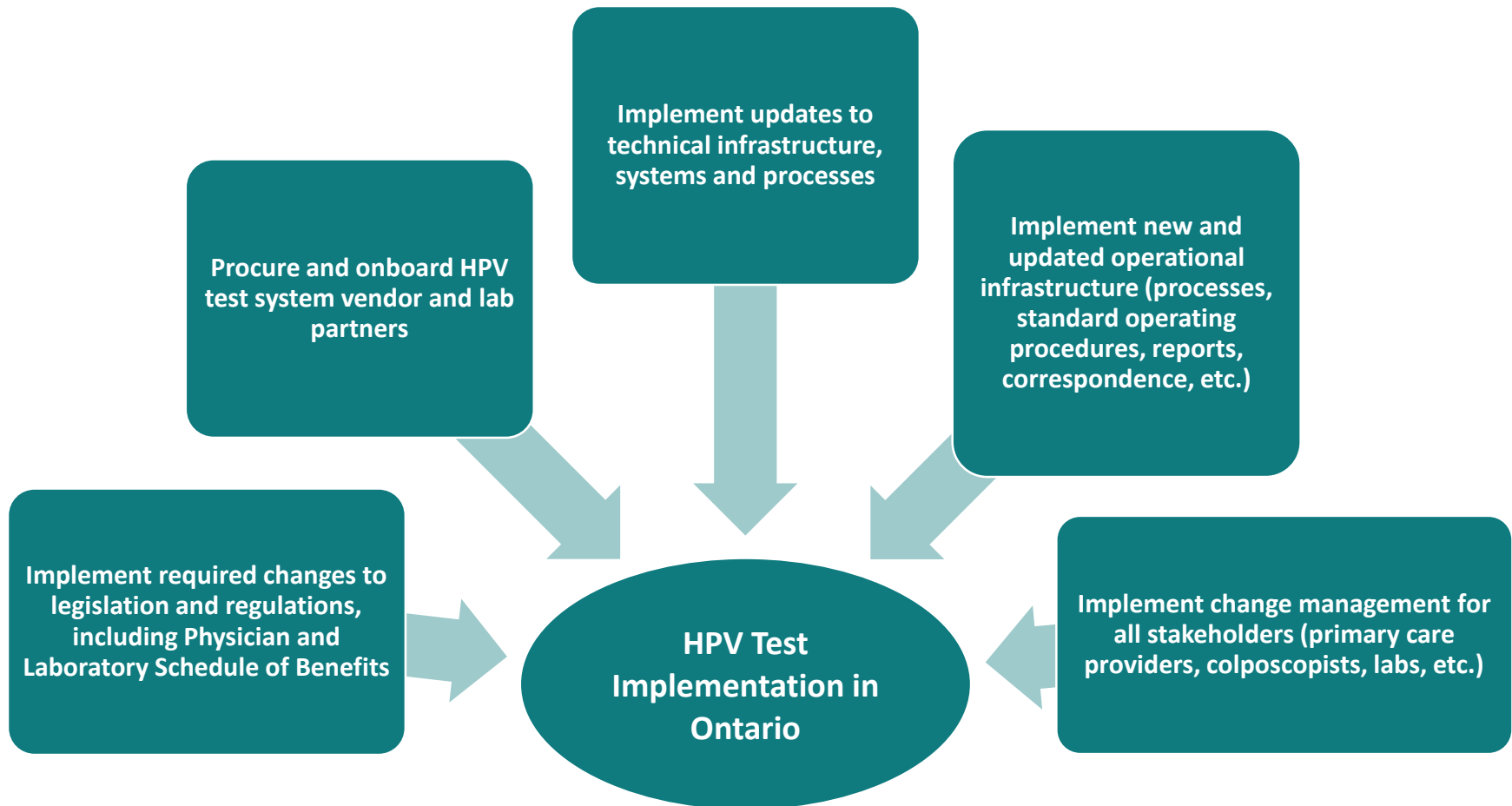


Draft Future Colposcopy Pathways



AIS: Adenocarcinoma in situ; HG: High grade; HSIL: High-grade squamous intraepithelial lesion;
 LG: Low grade; LSIL: Low-grade squamous intraepithelial lesion

OH-CCO HPV Test Implementation Scope



What We Know from OH-CCO

Implementation Date

- OH-CCO will choose a firm go-live date for HPV Test Implementation (aiming to launch HPV testing in Fall 2024)
- This date will be communicated to you by us (the ESC RCP) as soon as it is known

Education Sessions

- OH-CCO plans to work backwards from the go-live date to provide enough time for Regional Cancer Programs to communicate practice changes to providers
- The ESC RCP will offer multiple education sessions (live and recorded) pre and post implementation
- The exact amount of lead time that will be provided is currently unknown (possibly 6 months)

Support Materials

- Similar to the Fecal Immunochemical Test (FIT) Implementation in 2019, materials with HPV test information will be available to providers and patients
- Scripts will be provided to help providers answer patient questions
- Instructions will be provided that outline how to handle a patient that had a Pap test before the go-live date and requires follow-up after the go-live date

Supplies

- Pap test supplies like cytobrushes, specimen collection vials, swabs and speculums should be the same for HPV tests
- Providers should not need different supplies or equipment to perform HPV tests

STAY INFORMED: To receive HPV Test Implementation updates, contact samantha.metler@wrh.on.ca to confirm you are on the Erie St. Clair contact list. You are already on the contact list that will receive HPV Test Implementation updates if you currently receive cancer screening/cancer care emails from

samantha.metler@wrh.on.ca.

HPV Implementation in ESC – Suggestion Survey

We want to hear from you!

Please share your implementation suggestions with us!



HPV Implementation Survey

If you have questions about HPV Implementation or are looking for cancer screening resources, please reach out to samantha.metler@wrh.on.ca any time.

What You Can Do Now to Prepare

Pap Test Providers

- Review and follow the most current [Ontario Cervical Screening Guidelines](#) and [Colposcopy Clinical Guidance](#)
- Educate your patients on:
 - The importance of attending colposcopy appointments (poster available in the Supplementary Resource Package)
 - An HPV test every 5 years eventually replacing their Pap test every 3 years
- Use the Erie St. Clair Colposcopy Referral Form (copy available in the Supplementary Resource Package)
- As quickly as possible, refer all high-grade Pap test results, especially ASC-H, to colposcopy after one occurrence
- Use the [OCEAN eReferral Network](#)

Colposcopists

- Review and follow the most current [Toolkit for Ontario Colposcopists](#) and [Colposcopy Clinical Guidance](#)
- Perform colposcopy for patients with high-grade Pap test results within 4-6 weeks of the result date
- Use the [template Discharge Recommendation Letters](#) from OH-CCO to communicate next steps with the referring Primary Care Provider
- Use the [OCEAN eReferral Network](#)

Thank You

For all you do to provide Pap tests and colposcopy follow-up to patients in our community.

Partnerships, support and communication between Pap test providers and Colposcopists will be crucial to successful HPV test implementation.