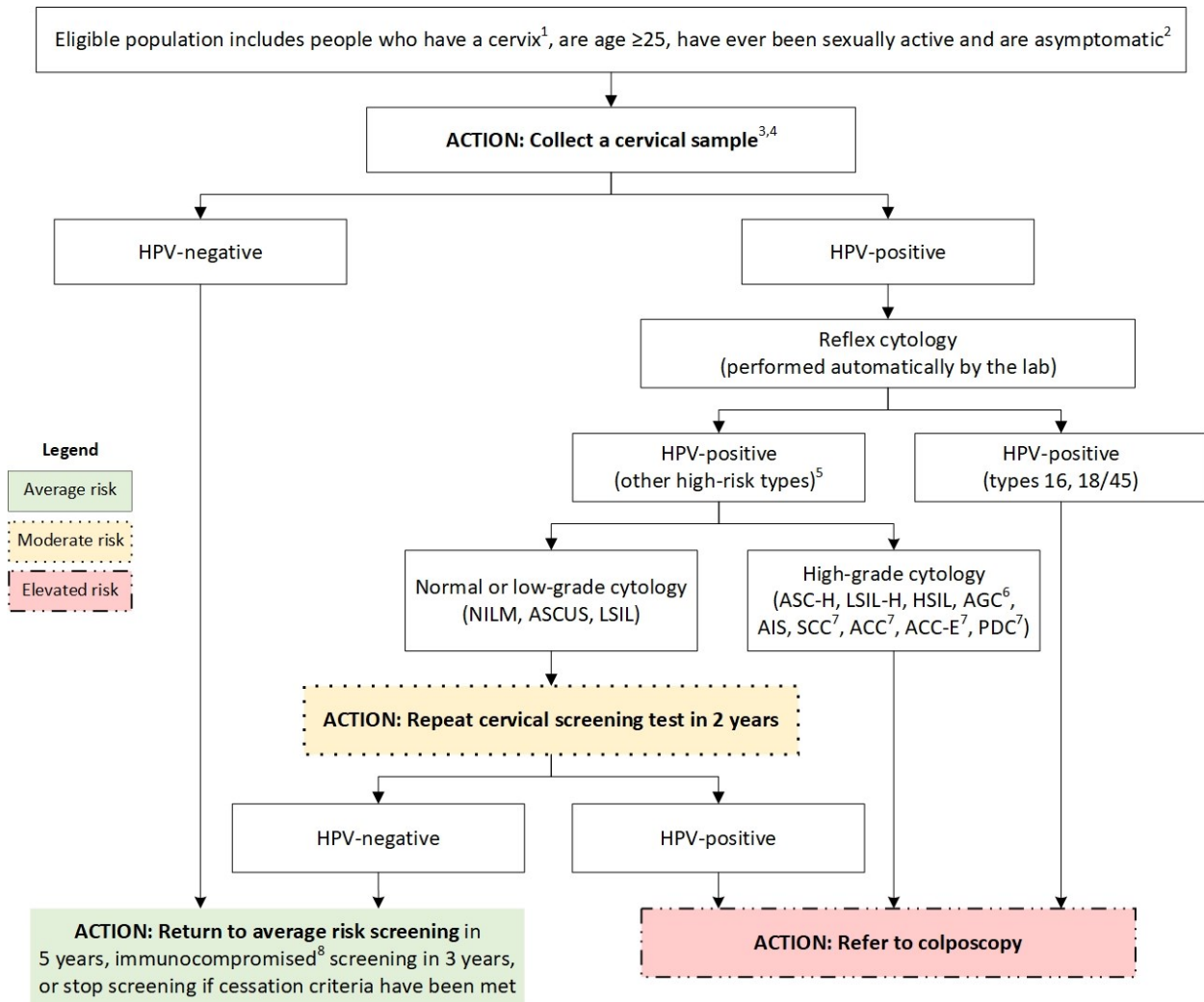


Ontario Cervical Screening Program (OCSP): Guide to Cervical Screening



ACC = adenocarcinoma; ACC-E = endocervical adenocarcinoma; AGC = atypical glandular cells;
 AIS = adenocarcinoma in situ;
 ASC-H = atypical squamous cells, cannot exclude high-grade squamous intraepithelial lesion;
 ASCUS = atypical squamous cells of undetermined significance; HPV = human papillomavirus;
 HSIL = high-grade squamous intraepithelial lesion; LSIL = low-grade squamous intraepithelial lesion;
 LSIL-H = low-grade squamous intraepithelial lesion, cannot exclude HSIL;
 NILM = negative for intraepithelial lesion or malignancy; PDC = poorly differentiated carcinoma;
 SCC = squamous cell carcinoma



Footnotes:

1. Including women, Two-Spirit people, transmasculine people, nonbinary people, pregnant people, post-menopausal people, people who have undergone a subtotal hysterectomy and retained their cervix and people who have had the HPV vaccine. Routine screening is not recommended for people who have had their cervix removed as a result of a hysterectomy. For more information, refer to the OCSF's Vaginal Vault Testing Guidance at ontariohealth.ca/Vaginal-vault
2. Any visible cervical abnormalities or abnormal symptoms must be investigated, regardless of age. If a lesion is found during a routine cervical screening test, complete the test and refer the participant to colposcopy or a regional cancer centre. Do not wait for the cervical screening test results to refer someone for next steps.
3. The cervical screening test does not test for non-oncogenic types of HPV, such as those that cause genital warts, or other sexually transmitted infections.
4. If the HPV test component of the cervical screening test is invalid, repeat sample collection at the participant's earliest convenience, within 3 months. If the repeat HPV test is invalid, refer to colposcopy.
5. If the test is HPV-positive (other high-risk types) with unsatisfactory cytology, repeat the cytology test only (i.e., do not repeat the HPV test) at the participant's earliest convenience, within 3 months. If the repeat cytology test is unsatisfactory, refer to colposcopy. After an unsatisfactory cytology result, a course of intravaginal estrogen therapy should be considered for people using transition-related hormone therapy (i.e., androgen therapy) or in post-menopausal people.
6. Includes AGC-N/NOS, AEC-N/NOS (AGC-N = atypical glandular cells, favour neoplastic; AGC-NOS = AGC, not otherwise specified; AEC-N = atypical endocervical cells, favour neoplastic; AEC-NOS = AEC, not otherwise specified).
7. If someone has SCC, ACC, ACC-E or PDC results, refer them urgently to colposcopy or if they have an obvious lesion, consider referral to gynecologic oncology.
8. The following immunocompromised populations may be at a higher risk of cervical pre-cancer and cancer, and should screen every three years if their last HPV test was negative: people living with HIV/AIDS, regardless of CD4 cell count; people with congenital (primary) immunodeficiency; transplant recipients (solid organ or allogeneic stem cell transplants); people requiring treatment (either continuously or at frequent intervals) with medications that cause immune system suppression for three years or more; people who are living with systemic lupus erythematosus (SLE), regardless of whether they are receiving immunosuppressant treatment; and people who are living with renal failure and require dialysis.

Ontario Cervical Screening Program (OCSP): Cervical Screening Cessation

Age	Test result	Clinical next step	Considerations and exceptions
65 to 69	Not screened	Continue screening	If a person did not have a cervical screening test from age 65 to 69, they should be screened until age 74.
65 to 69	HPV-negative	Stop screening	Someone can stop cervical screening if they have had 1 negative human papillomavirus (HPV) test result from age 65 to 69, with the following exceptions: <ul style="list-style-type: none"> • If they are immunocompromised,¹ they should be screened until age 74 • If they are age 65 to 69, have been discharged from colposcopy and have been advised to screen every 2 years because they have not yet met the criteria to return to routine cervical screening, they should continue to screen until age 74
65 to 69	HPV-positive	Continue to follow cervical screening pathway and refer to colposcopy if appropriate	Follow the cervical screening pathway until they have a negative HPV test or until they are age 74, whichever occurs first.
70 to 74	HPV-positive, regardless of HPV type or cytology	Refer directly to colposcopy	People ages 70 to 74 who have an HPV-positive result require colposcopy to exclude a high-grade lesion and can safely cease screening if colposcopy is negative.
75 and older ²	Not applicable	Not applicable	The OCSP does not recommend cervical screening for people age 75 and older. People age 75 and older with any visible cervical abnormalities or abnormal symptoms must be investigated, regardless of age.

Footnotes:

1. The following immunocompromised populations may be at a higher risk of cervical pre-cancer and cancer, and should screen every three years if their last HPV test was negative: people living with HIV/AIDS, regardless of CD4 cell count; people with congenital (primary) immunodeficiency; transplant recipients (solid organ or allogeneic stem cell transplants); people requiring treatment (either continuously or at frequent intervals) with medications that cause immune system suppression for three years or more; people who are living with systemic lupus erythematosus (SLE), regardless of whether they are receiving immunosuppressant treatment; and people who are living with renal failure and require dialysis.
2. Due to potential discomfort and atrophy (which causes visual inspection issues), using intravaginal estrogen therapy can be considered if there are no medical contraindications.