



Colposcopy 2022 Update

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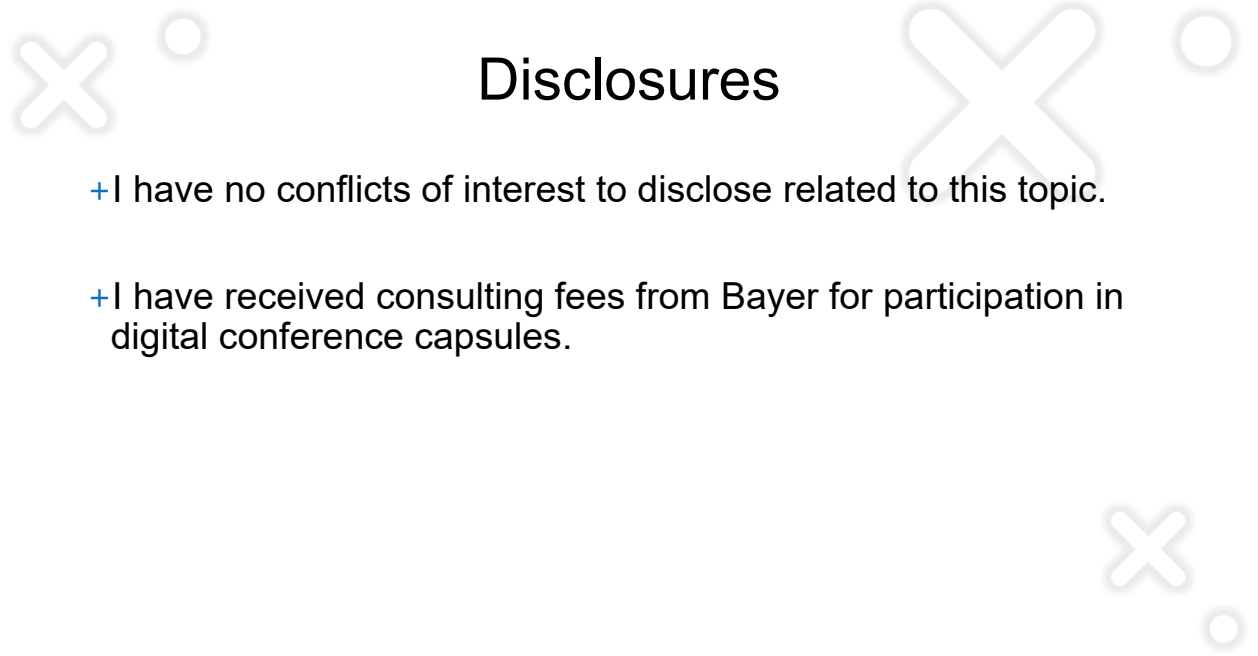
 @EliShoreMD

 @PandemicPregnancyGuide
@SMHOBGYN



Disclosures

- +I have no conflicts of interest to disclose related to this topic.
- +I have received consulting fees from Bayer for participation in digital conference capsules.



Objectives

1. Review what has changed in cervical cancer screening
2. Discuss the different options for HPV vaccination
3. How to use HPV testing and follow up patients
4. What is up and coming for primary screening

Why is Cervical Cancer Screening Important?

- + Reduce the incidence of mortality from cervical cancer through an organized screening program.
- + Improve capacity of providers to engage in organized cervical screening.
- + Colposcopy is an essential tool for the diagnosis and management of patients with pre-invasive lower genital tract disease, usually detected through cervical screening.

Clinical Considerations for Colposcopy for Transgender Men, and Lesbian, Bisexual and Queer Women

Clinical considerations for the management of transgender men, and lesbian, bisexual and queer women in colposcopy are as follows:

- All people with a cervix at birth should all follow the same clinical pathways, regardless of sexual orientation or gender identity.

What has changed in cervical cancer screening

When to start screening



- + Age 25 and sexually active
 - Potential for adverse reproductive outcomes
 - High rate of HPV infection
 - Rarity of cervical cancer in women under 25 years

Ontario Cervical Screening Program (OCSP) Screening Recommendations Summary

June 2020

**Current
cytology-based
recommendations**
for eligible participants with a cervix
who have ever been sexually active

Initiation

Age ≥ 25 is the preferred age of initiation. See below for guidance on change from starting at age ≥ 21 *

Screening interval

Every **3 years with cytology** if screening test is negative

Cessation

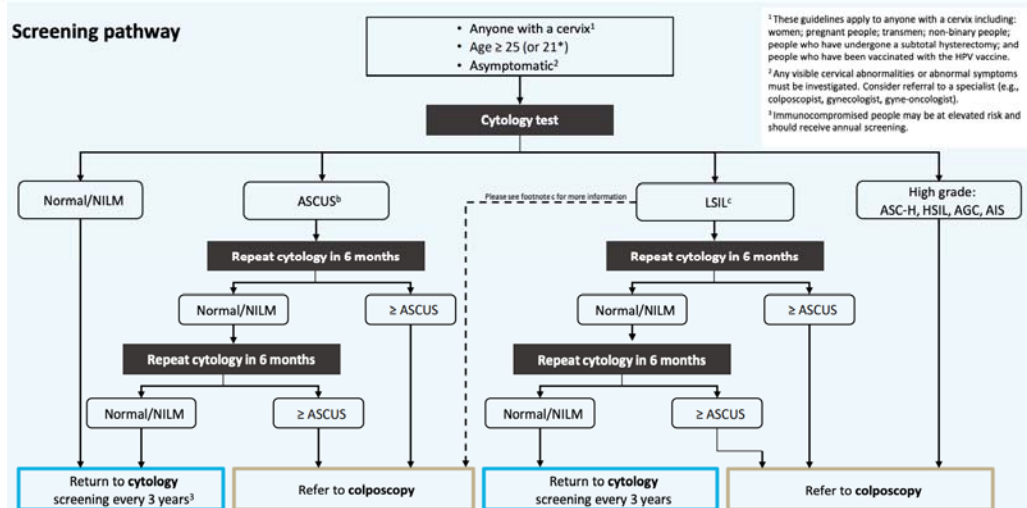
Age 70 if person has had **3 negative cytology results** in routine screening in the previous 10 years

Screening for Special Populations

- + **Immunocompromised** women (immunosuppressant, HIV positive) should screen q 1 year.
- + **Stop** screening women who have had a **total hysterectomy** for benign causes with no history of cervical dysplasia or HPV and in patients **>70 years old**.
- + **Pregnant individuals** should be screened the same as non-pregnant individuals.
- + **Women who have sex with women** should follow the same cervical screening as women sex with men.



Screening Pathway



Reflex HPV Testing

- + Patients over 30 with ASCUS/LSIL pap
- + Exit from colposcopy
- + Do not repeat more frequently than q 2 years

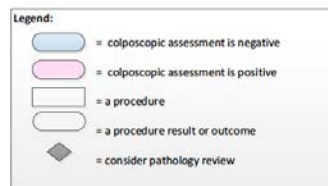
Cancer Care Ontario

Clinical Guidance:
Recommended Best Practices
for Delivery of Colposcopy
Services in Ontario

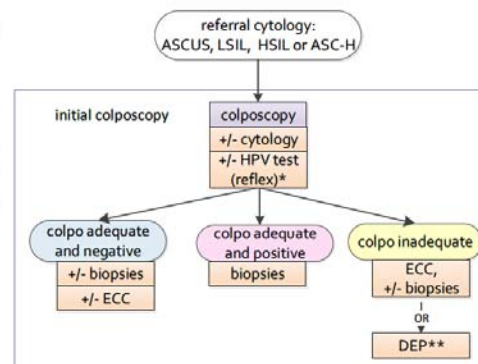
Cancer Care Ontario
June 14, 2016

Initial Colposcopy Pathway

Figure 2: Recommended clinical pathway for workup and treatment: SIL referral in women $\geq 25^a$



*HPV reflex test should be completed only for women ≥ 30 with LSIL, ASCUS or normal cytology, and adequate and negative colposcopy. Or, if requested by clinician due to discordance.



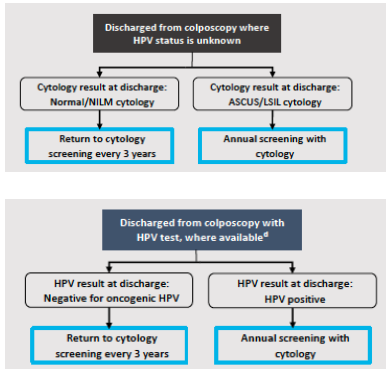
**Consider DEP for inadequate colposcopy in high-grade referrals only.

Updated Recommendations related to COVID

- + First time LSIL or ASCUS should be re-screened with cytology at approximately **12 months**
 - First time ASCUS or LSIL and no HPV DNA testing will likely be declined.
- + Except people with first time LSIL or ASCUS who are HPV 16/18 positive should be referred to colposcopy
- + Continue direct referral of ASC-H, HSIL, AGC and AIS paps
- + If lost to follow up, repeat prior to re-referral.

Follow up for Patients Discharged from Colposcopy

Standardized Discharge Letter



FINAL DISCHARGE RECOMMENDATIONS COLPOSCOPY SERVICES

Colposcopist name:
Contact information:
Date:

Patient identifier:

This patient is now discharged from colposcopy. She requires Pap screening by a primary care provider:
 Every three years (routine cervical screening)
 Every year (surveillance)

Re-referral to colposcopy in the future should be guided by her screening results.

According to the Ontario Cervical Screening Program's recommendations, whether or not a woman has been treated, further colposcopic examinations are not required and she can be discharged to primary care if:

HPV testing was not done	HPV testing was done
<input type="checkbox"/> Colposcopy negative AND negative cytology on 3 consecutive visits. Pap screening every 3 years by a primary care provider. <i>These patients are at very low risk for high-grade dysplasia or cervical cancer.</i>	<input type="checkbox"/> HPV test is negative AND normal or low-grade cytology. Pap screening every 3 years by a primary care provider. <i>These patients are at very low risk for high-grade dysplasia or cervical cancer.</i>
<input type="checkbox"/> Colposcopy negative AND any combination of normal or low-grade cytology on 3 consecutive visits. Pap screening every year by a primary care provider. <i>These patients are at slightly elevated risk for high-grade dysplasia or cervical cancer and should be screened annually.</i>	<input type="checkbox"/> HPV test is positive AND normal or low-grade cytology. Pap screening every year by a primary care provider. <i>These patients are at slightly elevated risk for high-grade dysplasia or cervical cancer and should be screened annually.</i>

Available Online: cancerca.on.ca/pcs/screening/cervscreening/hcpsources



Screening q1y

- + No HPV testing
 - o normal or low-grade pap and negative colposcopy colposcopy **once**
- + HPV testing
 - o **HPV positive**, normal or low-grade pap, and negative colposcopy colposcopy **once**

Screening q3y

- + No HPV testing
 - o consecutive yearly normal paps and negative colposcopy for **3 years**
- + HPV testing
 - o **HPV negative**, normal or low-grade pap, and negative colposcopy **once**

Re-refer to colposcopy if persistently abnormal cytology following discharge, based on standard referral guidelines (ie 2 ASCUS HPV unknown, ASCUS/LSIL HPV+). Post LEEP follow-up is as above. It is every 3 years if 3 consecutive normal paps & colpo and/or HPV negative.

HPV Vaccination

HPV Vaccine Options

- + Bivalent (2) (Cervarix)
 - HPV 16 and 18 (oncogenic)
- + Quadrivalent (4) (Gardasil)
 - HPV 16 and 18 (oncogenic)
 - HPV 6 and 11 (warts)
- + Nonavalent (9) (Gardasil9)
 - HPV 16 and 18 (oncogenic)
 - HPV 31, 33, 45, 52 and 58 (oncogenic)
 - HPV 6 and 11 (warts)

Cervarix[®] 




GARDASIL[®]


GARDASIL[®] 9

What to do about missed/delayed vaccines?

cmaj
CANADIAN MEDICAL ASSOCIATION JOURNAL

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Letters

⌘ Vaccinations against human papillomavirus missed because of COVID-19 may lead to a rise in preventable cervical cancer

Laura M. Diamond, Lauren E. Clarfield and Milena Forte
CMAJ September 20, 2021 193 (37) E1467; DOI: <https://doi.org/10.1503/cmaj.80082>

Vaccination Schedule

- + Under 14: 2 doses (0, 6-12 months)
- + 15 or older: 3 doses (0, 1-2, 6 months)
- + Immunocompromised at any age: 3 doses (0, 1-2, 6 months)

- + Offered to school age males and female in Canada, grade 7 in Ontario

<https://www.hpvinfos.ca>
<https://www.cdc.gov/vaccines/vpd/hpv/hcp/index.html>

What's Coming in Cervical Cancer Screening

Primary HPV DNA Testing

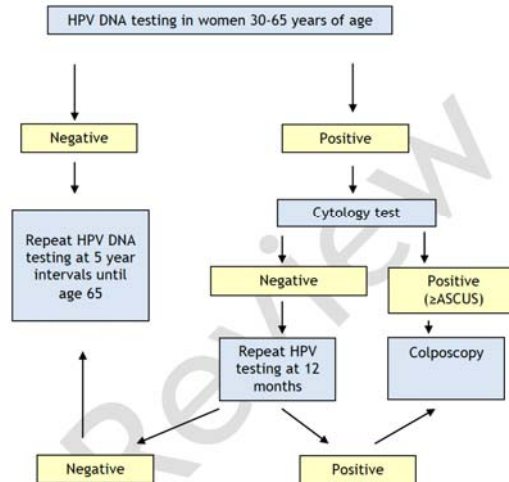
- + Screen everyone aged 30-65 with an HPV DNA test
 - Those who test positive receive pap testing
 - Those with abnormal cytology are referred to colposcopy
- + Screening q5y in women aged 30—65
 - q1y screening for women who are HPV positive/cytology negative
- + Challenge is HPV DNA testing is not funded in Ontario
- + More effective for screening women over 30 years old

Proposed Algorithm for Primary HPV DNA Testing



Original Report Date: May 20, 2005
Current Report Date: October 5, 2011

Figure 1: Primary cervical screening with HPV testing (women 30-65)² (adapted from Cuzick et al. 2008 (13)).



CA CANCER J CLIN 2020;70:321-346

Cervical Cancer Screening for Individuals at Average Risk: 2020 Guideline Update from the American Cancer Society

Elizabeth T. H. Fontham, MPH, DrPH¹; Andrew M. D. Wolf, MD²; Timothy R. Church, PhD³; Ruth Etzioni, PhD^{4,5}; Christopher R. Flowers, MD, MS⁶; Abbe Herzig, PhD⁷; Carmen E. Guerra, MD⁸; Kevin C. Oeffinger, MD⁹; Ya-Chen Tina Shih, PhD¹⁰; Louise C. Walter, MD^{11,12}; Jane J. Kim, PhD¹³; Kimberly S. Andrews, BA¹⁴; Carol E. DeSantis, MPH¹⁵; Stacey A. Fedewa, PhD, MPH¹⁵; Deana Manassaram-Baptiste, PhD, MPH¹⁴; Debbie Saslow, PhD¹⁴; Richard C. Wender, MD¹⁶; Robert A. Smith, PhD¹⁴

The ACS recommends that individuals with a cervix initiate cervical cancer screening at age 25 years and undergo primary HPV testing every 5 years through age 65 years (preferred). If primary HPV testing is not available, individuals aged 25 to 65 years should be screened with cotesting (HPV testing in combination with cytology) every 5 years or cytology alone every 3 years (acceptable) (*strong recommendation*) (Table 1).

5 years sounds so long!!!

- + Six years after a negative HPV DNA test, pooled cohort data found a cumulative incidence rate for CIN3+ of 0.27%, which was lower than the rate after 3 years with a negative cytology test.
- + Danish study showed that the 12 year absolute risk of CIN 3 after a negative HPV DNA test was 3%.

Evidence-based Series 15-9 IN REVIEW. Cervical Cancer Screening. CCO, 2011.

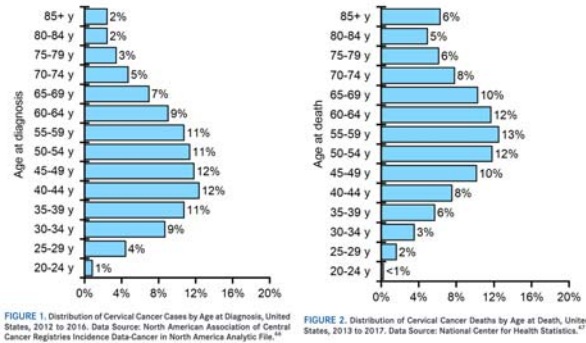
Positive HPV DNA results and Normal Paps

- + Short-term persistence of HPV infection for at least one year is an important predictor of CIN2+
- + Referral to Colpo after 2 consecutive positive HPV tests occurring one year apart, even in the even of initially negative cytology results

Evidence-based Series 15-9 IN REVIEW. Cervical Cancer Screening. CCO, 2011.

Age of Screening Cessation

- + After age 65 provided there is an adequate negative screening history in the previous 10 years (i.e., two or more negative tests) and a final negative test at age 65.



ACS Cervical Cancer Screening Guidelines, 2020.

Evidence-based Series 15-9 IN REVIEW. Cervical Cancer Screening. CCO, 2011

Conclusions

- + Start pap smears at 25 yo
- + Can repeat ASCUS/LSIL pap at 12 months if HPV unknown before referral to colposcopy
- + Follow up screening dependent on HPV results and pap smear results but either q1y or q3y
- + No need to restart the HPV vaccine schedule if the timing is off, just continue.
- + Moving towards primary HPV screening q5y age 30-65.

For more information:

Visit: www.cancercarescreenforlife

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Call: 1-866-662-9233