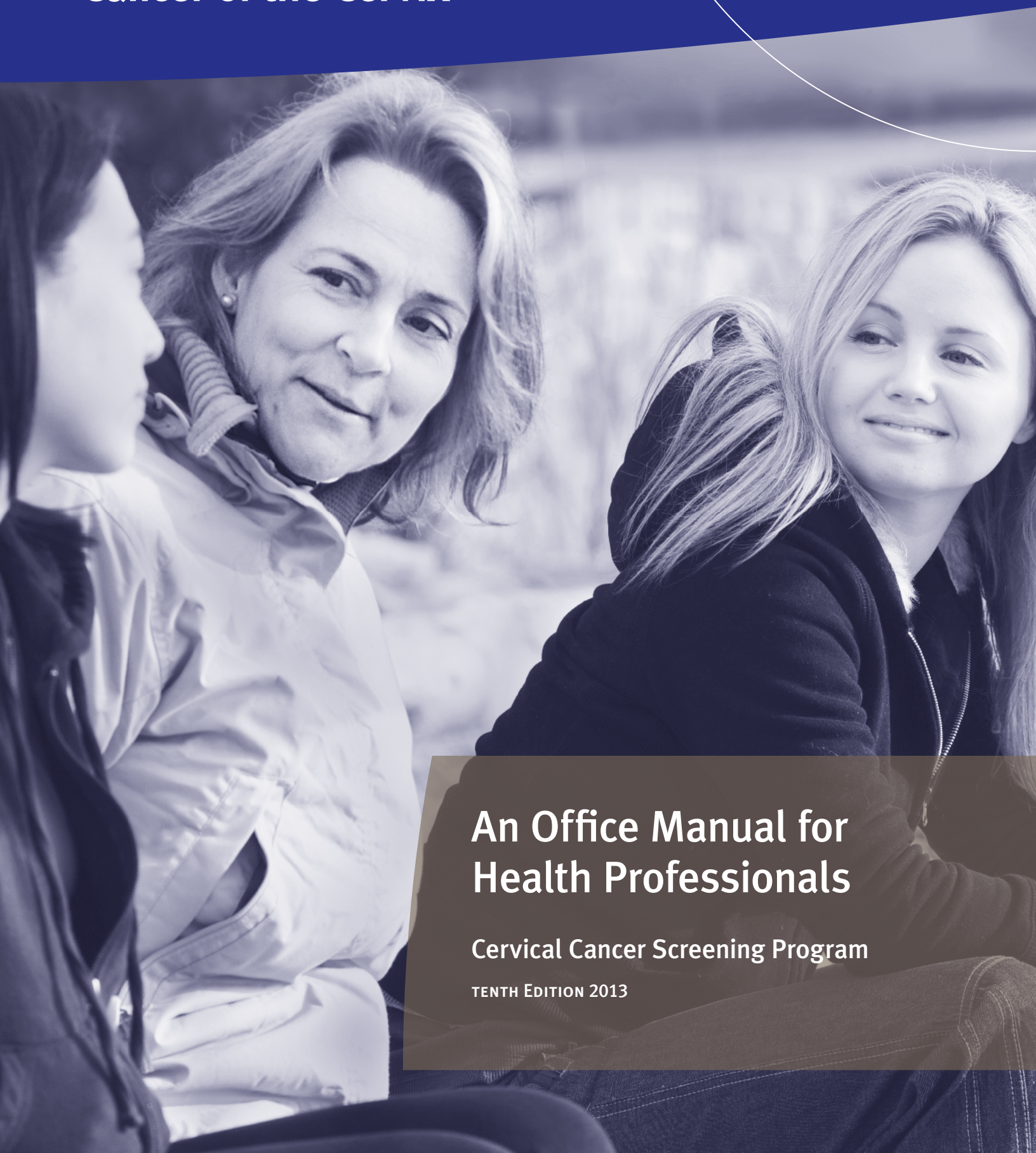
Screening for Cancer of the Cervix

BC Cancer Agency
CARE + RESEARCH
An agency of the Provincial Health Services Authority



An Office Manual for Health Professionals

Cervical Cancer Screening Program

TENTH EDITION 2013

Contact Information

Cervical Cancer Screening Program (CCSP)

Administration

Phone: 604-877-6200
Fax: 604-660-3645
E-mail: *ccsp@bccancer.bc.ca*

Cervical Cancer Screening Laboratory(CCSP)

Pap Test Supplies

Fax request to 604-707-2606

General Enquiries

Phone: 1-877-747-2522 (1-877-PHSA LAB)
Fax: 604-707-2809

Provincial Colposcopy Program

Phone: 604-877-6000 Local 672352
Fax: 604-877-6179

Gynecology Tumour Group

Phone: 604-877-6000 Local 672354
Fax: 604-877-6179

Website

www.screeningbc.ca/Cervix

Acknowledgments

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BC Cancer Agency

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Introduction

The Cervical Cancer Screening Program (CCSP), operated by the BC Cancer Agency, is a coordinated program of cervical cancer control. The aim of the CCSP is to reduce the number of women who develop invasive cervical cancer (incidence) and the number of women who die from it (mortality). This is done by encouraging women to have regular cervical cancer screening so that conditions that might otherwise develop into invasive cervical cancer can be identified and treated.

Components of the Cervical Cancer Screening Program

Recruitment and Retention

In a true population-based screening program, all at-risk women are personally invited to participate. At this time, recruitment to cervical cancer screening is opportunistic. This means family doctors and other health professionals initiate the sample collection for a Pap test from their female clients. The Pap test sample is sent to a central Cervical Cancer Screening Laboratory of the Provincial Health Services Authority for processing and interpretation. The Cervical Cancer Screening Program's centralized registry coordinates a system of recall by sending reminders to the woman's health care provider based on the screening interval recommendation issued by the Laboratory.

Centralized Laboratory Services

The central Cervical Cancer Screening Laboratory processes and interprets approximately 600,000 tests annually. The laboratory distributes Pap test sampling supplies to health professionals at no cost to them.

Quality Assurance and Quality Control

The Cervical Cancer Screening Laboratory has implemented quality assurance and quality control systems based on recommendations by the Canadian Society of Cytopathology.

Decreasing the incidence of cervical cancer through screening depends on four related factors:

(1) Women's participation
(2) Sample quality
(3) Laboratory performance
(4) Adequate management and treatment of detected abnormalities

To optimize these factors, the Program supports:

- Promotion and education initiatives to encourage women's participation
- Educational material for health professionals to enhance sample quality
- Laboratory reviews and continuing education for cytotechnologist and pathologists to enhance morphological interpretation proficiency
- The linked Provincial Colposcopy Program

Evaluation

Data is collected and analyzed on an ongoing basis to monitor the Program's effectiveness and to identify areas for improvement.

Colposcopy Service

The linked Provincial Colposcopy Service investigates women with abnormal Pap tests.

If recommended, women should be referred promptly for colposcopy. A copy of the cytology report must accompany the referral letter.

More information and the list of regional colposcopy clinics are available at:
www.bccancer.bc.ca/cervicalscreening → For Health Professionals

Limitations of Screening

Screening Tests are not Diagnostic Tests

Screening programs aim to reduce morbidity and mortality from cancer. Their goal is the "application of a relatively simple, inexpensive test to a large number of persons in order to classify them as likely, or unlikely, to have the cancer."[1] The use of the terms 'likely' or 'unlikely' underscores the limitations of screening (screening tests are not diagnostic tests). A person with an abnormal screening test does not have a definitive diagnosis until additional, more sophisticated diagnostic tests are completed. Screening test accuracy varies according to cancer site and individuals' physiological characteristics. Although most screening interpretations are accurate, it is inevitable that some individuals are identified as possibly having cancer when they do not (false positive screens [1]), whereas others with disease are not identified (false negative screens [2]).

Facts About Screening and Cervical Cancer

The Papanicolaou (Pap) smear is a screening test for cervical squamous dysplasia and early invasive squamous carcinoma of the cervix. Glandular atypia can be detected in advanced pre-malignant lesions or in early adenocarcinomas. Some facts about cervical cancer:

- In many countries where effective cervical screening is not available, the incidence rate of cervical cancer is high and increasing.

- Despite the benefits of Pap testing, not all women take advantage of it. About 65% of women diagnosed with invasive squamous cell cervical cancer in BC had not had a Pap test in the past 3 years.

- The Pap test is used to screen asymptomatic women whose cervices appear clinically normal. Symptomatic women require further investigation, such as a biopsy, regardless of their Pap test result. Pap test samples taken in the presence of symptoms are often unsatisfactory or have a higher false negative rate.

- Most cases of cervical cancer are caused by certain sub-types of the Human Papillomaviruses (HPV), a sexually transmitted infection. The majority of women who become infected with HPV, including those infected with high-risk subtypes, do not go on to develop invasive cervical cancer.

- Other risk factors include:
  - commencement of sexual activity at a young age
  - multiple sexual partners or a partner who has had multiple sexual partners
  - history of other sexually transmitted infections
  - immunosuppression or deficiency
  - smoking

- Women who have never had sexual contact have a low probability of developing cervical cancer. The health professional needs to develop a rapport with these women to feel confident that they have, in fact, never had sexual contact. If there is any doubt, Pap testing should be initiated.

- Evidence shows that women who have been screened regularly up to age 69 with negative results will have a very low risk of developing cervical cancer.

- Cervical cancer is extremely rare in women under 21. However, temporary mild cervical cell changes caused by transient HPV infections are common in this age group. Delaying the onset of screening reduces detection of these temporary cervical changes without increasing the risk of invasive cervical carcinoma, therefore preventing unnecessary investigations and anxiety for the patient.

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[1] Cole P, Morriso AS: Basic issues in cancer screening. In Miller AB (Ed): Screening in Cancer. Geneva, International Union Against Cancer, 1978, page 7.
[2] Miller, AB: Fundamentals of screening: In Screening for Cancer, Orlando, Academic Press, 1985, page 3.

Cervical Cancer Screening

Clinical Practice Guidelines

BC Cancer Agency
CARE + RESEARCH
An agency of the Provincial Health Services Authority

Screening Initiation

Cervical cancer screening should begin at age 21 or approximately three years after first sexual contact, whichever occurs first. Sexual contact includes intercourse as well as digital or oral sexual contact involving the genital area with a partner of either gender.

The guideline of screening initiation at age 21 provides a way for healthcare providers to offer cervical screening and have a discussion about sexual history. Unfortunately, some women may be reluctant to share information about previous sexual contacts with their healthcare provider. This may be due to a number of reasons, such as embarrassment, fear of disclosing premarital sexual relationship(s), or a history of sexual abuse or assault. A woman's choice to be screened or not should always be respected.

Women who have never had any sexual contact do not need to be screened.

Screening Interval

Repeat Pap tests every 12 months until there are three consecutive negative results, then continue at 24-month intervals.

Discontinue Screening

Women older than 69 years should discontinue screening if they have had at least three negative Pap tests in the past 10 years, with no previous history of biopsy confirmed significant abnormalities (CIN*2 or CIN 3, AIS** or invasive cervical cancer).

Women older than 69 who have never been screened, should be screened with three annual Pap tests. If results are negative, discontinue screening.

HPV vaccination is recommended for females between nine and 26 years of age. For National Advisory Committee on Immunization (NACI) guidelines visit:
www.phac-aspc.gc.ca/publicat/ccdr-rmtc/07vol33/acs-02/index-eng.php

A woman with a visibly abnormal cervix or abnormal bleeding should be referred appropriately, regardless of the Pap test findings

Screening Women with Special Circumstances

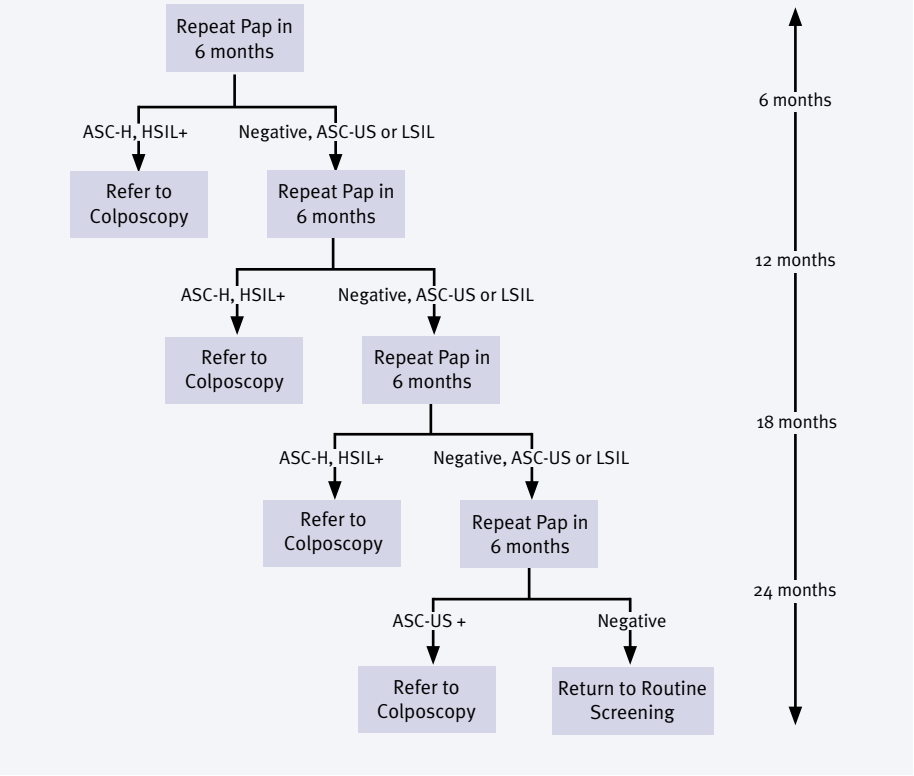
- Women should follow regular guidelines for screening if they (1) received the HPV vaccine, (2) are lesbian or (3) are pregnant.
- Women with immunosuppression should be screened annually. This includes women with human immunodeficiency virus (HIV/AIDS), lymphoproliferative disorders, an organ transplant, and women under long-term immunosuppression therapy.
- Women currently being assessed by a colposcopy clinic or being followed by a cancer clinic should not undergo additional Pap testing unless being directed by the treating physician.
- Women who have ever had biopsy confirmed CIN 2, CIN 3, AIS or invasive cervical cancer should be screened annually thereafter.
- Women who have had a hysterectomy with the cervix removed
  - and have a history of invasive cervical cancer, should have a vault smear annually thereafter;
  - and have a history of CIN 2, CIN 3 or AIS, should have a vault smear until there are three consecutive negative results in a three-year period, then discontinue screening;
  - due to benign disease, may discontinue screening if adequate pathological documentation exists that the cervix has been removed completely and there is no history of biopsy confirmed CIN 2, CIN 3, AIS or invasive cervical cancer.
- Women who have undergone subtotal hysterectomy and retained their cervix should continue with screening according to the guidelines.

* CIN - cervical intraepithelial neoplasia

** AIS - adenocarcinoma in situ

Cervical Cancer Screening

Results and Recommended Management

Pap Test Result	Recommended Management
Atypical squamous cells of undetermined significance (ASC-US) Low-grade squamous intraepithelial lesion (LSIL)	 ASC-US in background of atrophy should be repeated after topical estrogen
Atypical squamous cells – cannot exclude HSIL (ASC-H) High-grade squamous intraepithelial lesion (HSIL) Atypical glandular cells (AGC), Adenocarcinoma in situ (AIS)	Refer for colposcopy
Squamous cell carcinoma, adenocarcinoma, other malignancy	Refer to specialist care
After age 40, endometrial cells should be managed as appropriate	

Role of the Health Professional

All Pap tests submitted for cervical cancer screening must be accompanied by a gynecological cytology requisition that identifies the name of a licensed health professional in British Columbia to whom the Pap test report and follow-up reminder letters can be sent.

A "licensed health professional" is a member in good standing of the BC College of Physicians and Surgeons, the College of Registered Nurses of BC or the Association of Naturopathic Physicians of BC. Registered midwives and certain nursing stations in rural areas are also acceptable.

RNs who meet the additional competency criteria for pelvic exams and cervical screening are encouraged to apply for an individual provider number. The application form is available at:
www.bccancer.bc.ca/cervicalscreening → For Health Professionals

Health professionals play a key role in cervical cancer control:

- Identifying women for whom cervical screening is recommended.
- Educating women about the benefits of screening while ensuring the limitations of screening are understood.
- Educating women about the importance of regular Pap tests.
- Informing women of the need to seek medical attention for abnormal vaginal bleeding and other clinical symptoms, regardless of a normal Pap test result.
- Forwarding copies of Pap test results to a woman's primary health care provider (with her consent).

The health professional is responsible for following up with individual women. Follow-up should include:

- A mechanism to ensure a report is received for each Pap test submitted.
- A mechanism to inform the woman of the Pap test result, including normal results.
- Protocols to ensure women are referred for specialist assessment and investigation when required, and ongoing care is coordinated.
- Protocols to support recall of women for regular Pap tests as recommended.

How you can help the patient

In an effective screening program, all at-risk women receive regular Pap tests, according to the guidelines.

The single most powerful motivator for a woman to be screened is an invitation or suggestion by her health care provider. Barriers or discouraging experiences preventing women from being screened need to be addressed by the health professionals involved.

Women often describe the Pap test experience as awkward, invasive, uncomfortable, embarrassing and traumatic. Some women never return for subsequent Pap tests. In many cases the failure to return has been attributed to a negative first experience. Therefore, it is imperative that health professionals do all they can to provide a positive, sensitive and caring experience for the woman, including comfortable, pleasant surroundings and an organized and informative environment.

An educational video that covers both the technical aspects of collecting a quality sample for the lab and approaches to help make the experience more comfortable for women is available at:
www.bccancer.bc.ca/cerivcalscreening → For Health Professionals

What women should know before their Pap Test

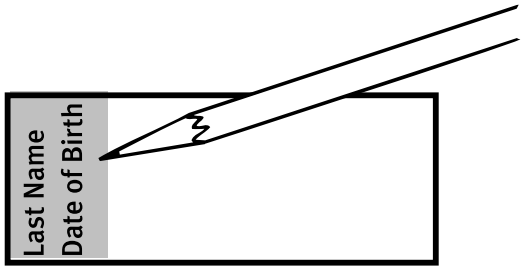
If possible, women should be provided the following information before their Pap test visit:

- Do not douche the vagina for 48 hours before the examination
- Avoid using contraceptive creams or jellies for 48 hours before the examination
- Pap tests are not recommended during menstruation. A mid-cycle test is optimal
- They will be asked for the date of their last menstrual period (LMP)

Pap Sampling Technique

Slide Labeling is Mandatory

Use a **pencil** to print the **woman's date of birth and surname** on the **frosted** end of the slide. Include at least the first seven letters if the surname has more than 7 letters. The name and DOB must be easy to read, written correctly and match the name and DOB on the requisition.



Single Slide Method

Please use the single slide method. Multiple slides from one woman are not necessary or cost effective. Women with a double cervix are the obvious exception.

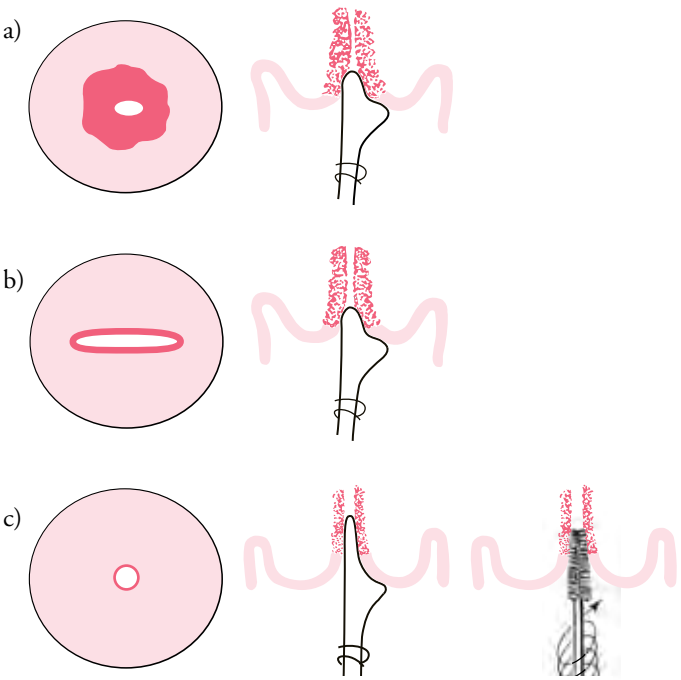
If two sites are sampled (i.e. cervix and endocervix), they can be applied side-by-side on the same side of a single slide.

Variations in Cervical Transformation Zone

A major cause of a false negative test is failure to sample the transformation zone (squamocolumnar junction).

The transformation zone is the region lying between the columnar epithelium of the endocervix and the mature squamous epithelium of the ectocervix. It is here that carcinogens act upon the squamous metaplastic cells of the transformation zone to cause squamous dysplasia and squamous carcinoma.

Generally, during the reproductive years, the transformation zone lies on the ectocervix. Post-menopausally, it recedes within the endocervix.



The location of the squamocolumnar junction is dependent on the woman's age, parity, hormonal status and any previous surgery.

If squamocolumnar junction is visible, sample with a spatula. If not visible (i.e. in the canal), sample with the elongated end of spatula or cytobrush.

a) Reproductive age group, nulligravida; squamocolumnar junction often visible on ectocervix lateral to os. Os (small, round or oval). Sample with spatula.

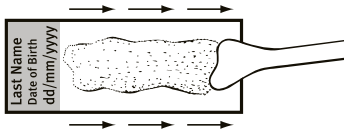
b) Reproductive age group, parous; squamocolumnar junction often at or near external os. Sample with spatula.

c) Post menopause. Squamocolumnar junction often in canal. Cervical os often smaller. Sample with elongated end of spatula and cytobrush.

Obtaining the Sample

1. Gently insert a sterile, pre-warmed speculum to visualize cervix.
   A small (tiny) amount of lubricant may be used on the lower bill of the speculum for post menopausal women.
2. Gently cleanse the cervix with cotton pledget if obscured with discharge or secretions.
3. Identify extent of transformation zone and probable squamocolumnar junction.

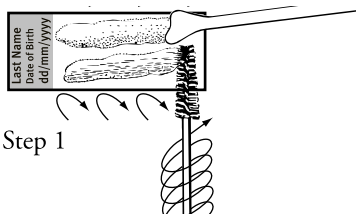
If Squamocolumnar Junction is Visible



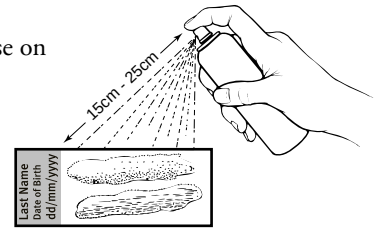
- Rotate a spatula 360° once to obtain a single sample.
- Smear the sample onto the labeled slide.
- Fix the sample immediately (before it is air-dried) using a cytology spray fixative.
  Hold the fixative 15-20 cm (6 to 8 inches) away from the slide and evenly spray the slide by depressing the plunger 2 or 3 times. (See Step 2 below).

If Squamocolumnar Junction is Not Visible

- First use a spatula for the exocervical specimen.
- Then use a cytobrush or the elongated end of the spatula for the endocervical sample. Rotate cytobrush 180° only.
- Place both specimens side-by-side lengthwise on a single slide and fix immediately.



Step 1



Step 2

Cautions

- Use of the cytobrush is not recommended in pregnant women.
- If a clinically suspicious lesion is seen, biopsy immediately.
- If the patient is menstruating or infection is present reschedule exam.
- Irregular bleeding may be a symptom of gynecological malignancy. Pelvic examination with lower genital tract and appropriate investigation is indicated.

The use of cotton swabs for sampling is associated with cellular trapping and distortion and is not recommended.

Equipment and Supplies

Equipment and supplies	Order from:
Examination table	Medical supplier
Good illumination	
Bi-valve speculum (various sizes)	
Endocervical brush	
Cytology spray fixative (e.g. cytospray)	
Extended-tip spatula	Cervical Cancer Screening Laboratory (supplied free of charge) • See the supply order form at *www.bccancer.bc.ca/cervicalscreening → For Health Professionals* • Fax order form to 604-707-2606
Glass microscope slide with frosted end	
Container for transporting slide to the lab	
Requisition form	
Lead pencil for labeling slide	Stationery supplier

Completing the Gynecologic Requisition Form

To ensure the woman's demographics are up-to-date, the laboratory requires:

- Current and all previous surnames. Ensure correct spelling and enter first and middle names, if applicable. **The name on the Requisition Form and the name on the slide must match exactly.**
- CareCard or Personal Health Number (PHN).
- Date of birth (day/month/year) on the Requisition Form and on the slide must match exactly.

To ensure accurate report delivery, the laboratory requires:

- Practitioner's full address, including postal code and telephone number.
- Practitioner's MSC or Provider Number.
- Practitioner or clinic responsible for follow up, if different from above.

To ensure optimum evaluation of specimens, the laboratory requires:

- Date of the patient's last menstrual period (LMP).
- Relevant clinical history e.g., discharge, bleeding, suspicious lesions, medications.
- Relevant past history, such as the reason for the hysterectomy procedures, previous abnormal Pap tests, previous cervical malignancies, previous cervical investigations and/or treatments. This information helps determine appropriate follow-up recommendations.
- Please print clinical comments clearly on requisitions to ensure they are legible.

Transporting the Pap sample

To ensure that the slides arrive at the Cervical Cancer Screening Laboratory:

- The labeled slides, which must have a minimum of the first 7 letters of the surnames and the dates of birth written in pencil on the frosted end of each slide, should be placed in the mailing containers provided.
- The completed gyne requisition should be folded, wrapped around each slide-mailing container and secured with an elastic band. There is no need to apply a patient identification label to the mailing container.
- The slide and requisition should be sent by courier or Canada Post addressed to the laboratory *(Slides may be collected and sent in weekly batches):*

  Cervical Cancer Screening Laboratory
  c/o Central Processing and Receiving
  655 West 12th Avenue
  Vancouver, BC V5Z 4R4
  Phone: 1-877-747-2522 (1-877-PHSA LAB)

Specimen Rejection Policy

Inadequately labeled, mislabeled or unlabeled specimens have been identified as a significant source of sample error worldwide. For this reason, the Cervical Cancer Screening Laboratory must accurately identify all slides that are processed in the laboratory. The Laboratory will not process unlabeled, insufficiently labeled or mislabeled slides. Health professionals are advised when a new sample needs to be collected.

A Pap sample may be rejected for these technical reasons:

- Slide was received broken or was broken during handling in the laboratory and is considered beyond repair
- Slide was not labeled with woman's surname and date of birth
- Mismatch between the name and date of birth on the slide and the name and date of birth on the requisition
- Improperly or unclearly labeled slide

Optimal and Unsatisfactory Tests

What is an optimal cervical test?

The presence of endocervical cells, metaplastic cells, and squamous cells suggest a high probability that the transformation zone has been sampled, which is necessary for a cervical smear to be considered optimal.

Cytologists continue to debate the criteria necessary to ensure that the transformation zone has been sampled. The presence of squamous metaplastic cells and endocervical cells and/or atypical cells is generally regarded as evidence of adequate sampling of the transformation zone.

What is an unsatisfactory test?

Pap samples can be considered unsatisfactory for these interpretative reasons:

- 75% or more of the test is obscured by inflammatory exudate or blood
- Too few cells are present on the test (generally less than 8,000 well-preserved, well-visualized squamous cells)
- Sample is too thick (cells are on top of each other so cytotechnologist is unable to examine individual cells)
- Sample consists mainly of endocervical glandular cells (sample mainly from the endocervical canal and not representative of the transformation zone)
- Cells are too poorly preserved for adequate interpretation, due to poor fixation or micro-organism presence.

Human Papillomavirus and Cervical Cancer

The detection of Human Papillomavirus (HPV) in the majority of cervical cancer precursor lesions and invasive cervical carcinomas supports the assertion that this agent is an essential factor in the development of cervical cancer. More than 80 types of HPV have been identified. Approximately 30 types are transmitted principally by skin-to-skin contact (commonly during sexual activity). About half of this group have been linked to cervical cancer, and two (types 16 and 18) account for 70% of this association in North America. While HPV infection is very common, only a small percentage of infected women will develop cervical cancer. Of note is that the HPV types associated with visible genital warts do not predispose to invasive cancer. At present, the role of HPV testing for cervical cancer screening is being evaluated in British Columbia in a large randomized trial, the HPV FOCAL Study, which began in 2007. For further details about the HPV FOCAL Study, visit: *www.bccancer.bc.ca/hpvfocal*

An HPV vaccine that protects against the most common HPV types associated with cervical cancer has been available in Canada since 2006. This allows us to move in the direction of preventing this common infection in the hopes of further reducing the incidence of cervical cancer. In 2008, the HPV vaccine was introduced into BC's school-based vaccination program for girls in Grades 6 and 9. The grade 9 program will end after 2010/2011. For more information, visit: *www.immunizebc.ca*

Emerging Technologies

Recent advances in gynecological cytology have focused on improving specimen preparation and processing and on the interpretation of cytological findings. They will lead to an increase in screening accuracy and subsequently improve the detection rate of pre-invasive and invasive cervical malignancies.

Liquid-Based Cytology (Thin-Layer Cytology)

The sample is collected with a spatula and/or brush in the same way as for the conventional Pap test. Instead of testing the sample on the slide, the specimen is washed directly into a vial containing liquid fixative. Slide preparations are made from the liquid sample in the laboratory. The cells are fixed more uniformly, mucus is dissolved, large cell clusters are dispersed and debris and excessive blood are removed in the slide preparation. Random cell disbursement allows for easier interpretation. Evidence on whether liquid based cytology increases the detection of significant cervical cancer precursor lesions is inconclusive. It is not currently available in British Columbia.

Machine-Assisted Screening

Computerized screening devices are algorithm-based decision making instruments. Some automated screening devices require specially prepared and/or stained slides, while others can use routinely stained tests. These machines can be used for primary screening or as re-screening devices. In the United States, where 10% of all negative slides must be re-screened, an automated device was shown to detect 2 – 3 times more false-negatives than manual interpretation. In a primary screening mode, up to 25% of all slides from women with a low probability of having cervical precancerous lesions can be scanned by machine only without further intervention by a cytotechnologist.

HPV Testing

Infection with high risk strains of Human Papillomavirus (HPV) are a necessary step in the development of cervical cancer. Large randomized controlled trials have shown that HPV testing is more sensitive but less specific than Pap testing. BC Cancer Agency and BC Centre for Disease Control are conducting a three-arm randomized controlled trial to evaluate HPV Testing as primary screening for cervical cancer within an organized cervical cancer screening program, The HPV FOCAL Study is funded by the Canadian Institute of Health Research (CIHR).

For more information visit the HPV FOCAL website: *www.bccancer.bc.ca/hpvfocal*

Appendix I

Terminology for Reporting Cervical Cytology Results

Bethesda System (after October 1, 2010)	**BC Cervical Cancer Screening Program** (before October 1, 2010)
Unsatisfactory: state reason	Unsatisfactory: state reason
Negative for Intraepithelial Lesion or Malignancy (NILM)	Negative, no atypical cells are seen
NILM Reactive Change due to: • Trichomonas vaginalis • Fungal organisms morphologically consistent with Candida sp. • Cellular changes associated with Herpes Simplex Virus • Inflammation • Treatment effects	Benign changes due to: • Trichomonas vaginalis • Monilia (Candida species) • Cellular changes suggestive of Herpes simplex viral infection • Inflammation • Radiation effect
Atypical Squamous Cells of Undetermined Significance (ASC¬US)	Some cases of Mild squamous dyskaryosis, Atypia nos, or Benign changes
Atypical Squamous Cells, Cannot Exclude HSIL (ASC-H)	Some cases of Moderate or Marked squamous dyskaryosis, or Atypia nos.
Low-grade Squamous Intraepithelial Lesion (LSIL)	Mild squamous dyskaryosis
High-grade Squamous Intraepithelial Lesion (HSIL) • Moderate • Marked	Moderate squamous dyskaryosis • Marked squamous dyskaryosis • Some cases of Suspicious squamous cells
Squamous Cell Carcinoma	Some cases of Suspicious squamous cells Malignant squamous cells
Adenocarcinoma	Malignant glandular cells
Carcinoma, unspecified	Malignant epithelial cells
Atypical Glandular Cells, not otherwise specified (AGC – NOS),	Mild glandular atypia Some cases of Moderate glandular atypia
Atypical Glandular Cells, favour neoplastic (AGC – favour neoplastic)	Some cases of Moderate glandular atypia Marked glandular atypia
Adenocarcinoma in situ (AIS)	Suspicious glandular cells

Educational Materials

Education materials for health care providers and women are available at no charge from the Cervical Cancer Screening Program.

For health care providers

- Educational video (online or DVD) – A Women-Centered Approach to Cervical Cancer Screening
- Information cards on the following:
  - Cervical Cancer Screening Clinical Practice Guidelines
  - Pap Sampling Technique

For women

- Brochures about Pap tests and HPV
- Booklets about cervical cancer and abnormal results
- Posters
- Postcards
- Calendar reminder stickers

Educational materials online

Education materials and the order form are available at:

www.bccancer.bc.ca/cervicalscreening → Resources
www.bccancer.bc.ca/cervicalscreening → For Health Professionals

Further Reading

BC Cancer Agency Colposcopy Program Guidelines
www.bccancer.bc.ca/HPI → Cancer management guidelines → Gynecology → Uterine Cervix

Canadian Society of Cytology (third revision: January 2005). Canadian Society of Cytology: Guidelines for Practice and Quality Assurance in Cytopathology. Canadian Association of Pathologists.

Cancer View Canada
www.cancerview.ca

Cervical Cancer Prevention and Control Network
www.ccpcn.ca

Cervical Cancer Screening Program Annual Reports
www.bccancerbc.ca → Cervical screening → About the program

ImmunizeBC
www.immunizebc.ca

Society of Obstetricians and Gynaecologists of Canada (SOGC)
www.sogc.org
www.hpvinfo.ca
www.sexualityandu.ca

Footnotes

[1] Cole P, Morrison AS: Basic issues in cancer screening. In Miller AB (Ed): Screening in Cancer. Geneva, International Union Against Cancer, 1978, page 7.

[2] Miller, AB: Fundamentals of screening: In Screening for Cancer, Orlando, Academic Press, 1985, page 3.

Feedback

It is important that we receive your feedback to ensure that this Manual meets your needs and the needs of the Cervical Cancer Screening Program.

Please forward any comments/suggestions you may have after using the Tenth Edition of the Office Manual to:

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8th Floor, 686 West Broadway
Vancouver, BC V5Z 1G1
Fax: 604-660-3645
e-mail: *ccsp@bccancer.bc.ca*

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