

May 19 2022

Update Bulletin

A rapid transition to liquid based cytology (LBC) for Pap tests is underway

The Cervical Cancer Screening Laboratory will begin a process to transition clinics/providers from a conventional cytology collection method to liquid based cytology (LBC). This will enable the laboratory to increase capacity for reporting Pap test results and in turn will improve the time it takes to return a result for conventional cytology Pap tests.

What you should know:

- Clinics/providers will be contacted directly by trainers from our vendor partner (Hologic) who will lead this technology transition. High-volume clinics will be prioritized for early transition.
- Our vendor partner will provide training and initial supplies for LBC collection. Trainers will begin contacting clinics in early June. Training will be rolled out over four to six months.
- It is not necessary to repeat Pap tests with LBC for patients who are waiting for conventional cytology screening results.
- Patients experiencing symptoms should be referred directly to colposcopy, no screening test result is required. Screening is for asymptomatic patients.
- Patients with clinical concerns that require expedited processing should be marked URGENT on the sample's outer packaging in addition to writing URGENT on the requisition
- There will be no difference in how conventional cytology and LBC results are reported.
- See over for background and the attached Q&A document for more information
- Information can be also found on the Cervical Cancer Screening Laboratory website at www.bccancer.bc.ca/health-professionals/clinical-resources/laboratory-services/cervical-cancer-screening

If you have further questions, please contact the
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Background: Transition to Liquid Based Cytology

Liquid based cytology (LBC) will enable the laboratory to increase capacity for reporting and, in turn, will restore Pap test reporting turnaround times to pre-COVID-19 pandemic timelines. The Cervical Cancer Screening Laboratory (CCSL) is working with Quest Diagnostics and Hologic for a short period of time to reduce the backlog of Pap tests awaiting analysis in the CCSL.

Difference between conventional cytology and liquid based cytology

- With both methods, a cervical sample is collected during a speculum examination of the cervix. LBC can be collected using a similar spatula and cytobrush that are provide with the vials. These collection devices will resemble what is used for conventional cytology sample collection.
- Once collected, the cells on the device are transferred into a container containing an alcohol-based fixative. The liquid sample is submitted to the laboratory instead of a glass slide.
- The LBC method is considered clinically equivalent to conventional Pap testing for detecting pre-cancerous changes and cancer.
- The follow-up algorithm for conventional cytology and LBC are the same.

Transitioning to LBC collection

- Clinics/providers with a historical high volume of Pap testing will be prioritized for early transition. When it is time for your clinic to be trained, you will be contacted by the vendor's trainers to organize a 20-minute training session for your clinic.
- Pap test reporting time for LBC samples will be shorter than what you have been experiencing recently for conventional cytology.
- There is no change to how your office will receive results.

Your patients' Pap testing experience

- The sampling technique for LBC is the same for both conventional and LBC cytology and it is not expected that patients will notice any difference.

A focus on high volume Pap test clinics/providers

- Having LBC samples analyzed elsewhere will ensure the backlog of Pap tests awaiting analysis is reduced as the Cervical Cancer Screening Laboratory will be able to focus on reporting existing conventional cytology Pap tests.

Refer symptomatic patients to colposcopy

- People with symptoms including post-coital bleeding, persistent intermenstrual bleeding and/or a persistent vaginal discharge that cannot be explained by benign causes such as infection should have a speculum examination by someone with experience in cervical disease. Referral to a colposcopist is appropriate and may be expedited if the clinical suspicion is high. A screening test is not required for referral.