PROVINCIAL LABORATORY MEDICINE SERVICES
Provincial Health Services Authority

BC CANCER CERVIX SCREENING
Provincial Health Services Authority

Transition to Liquid Based Cytology Q & A

May 2022

1. **Why is the Cervical Cancer Screening Laboratory switching to a liquid based methodology for Pap test collection?**
   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.

2. **What is the 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.

3. **What does the transition to LBC collection mean to me?**
   Clinics/providers that are identified to change to LBC will need to participate in a 20-minute training session. 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.

4. **How will the transition to LBC affect my patient's 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.

   The use of lubricants during sampling is discouraged as it may interfere with sample processing and yield an unsatisfactory result. If a lubricant is required (e.g. in post-menopausal patients), then a tiny amount of a carbomer-free lubricant may be used. The recommended brand is Surgilube®.

   Patients will still be able to access their cervical cancer screening report on MyCareCompass (if they are a BC resident with a Personal Health Number) the same as with conventional cytology.

5. **How will I know if my clinic is being changed to LBC?**
   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 training for your clinic.

6. **Over what period of time will the change (training for) LBC be provided?**
   There are approximately 6000 providers in B.C. who offer Pap tests. A schedule is being developed to prioritize the highest volume clinics first. Training is expected to begin in early June and continue for four to six months. Not all clinics/providers in the province will transition at this time to LBC.

7. **Why is the training starting with high volume Pap test clinics/providers?**
   This will enable the quickest improvement in wait time reporting for all Pap tests. 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. This approach will have the largest benefit across the province for improving patients' screening results reporting.

8. **How will the training for LBC be provided?**
   Most clinics/providers will be provided with in-person training. At times, virtual training may be provided.

9. **If I have a patient waiting for a conventional cytology Pap test to be reported, should I repeat the screening with LBC?**
   Completing LBC for an asymptomatic patient waiting for a conventional cytology result is not recommended. Screening is for asymptomatic patients and the goal of cervix screening is to identify pre-cancerous lesions for treatment. Cervical cancer develops slowly over years.

   Patients experiencing symptoms should be referred directly to colposcopy, no screening test result is required. If you have a patient with symptoms who has a Pap test waiting to be reported, do not wait for the report to refer the patient.

10. **I'm still using conventional cytology and need a faster turnaround time for a patient. What do I do?**
    The Cervical Cancer Screening Laboratory has a process for prioritizing patients with certain clinical indications who require quicker reporting times when conventional cytology is used**.**
    - Patients with significant clinical concerns that require expedited Pap processing can be marked as URGENT.
    - Patients who do not require urgent reporting but the indication for cytology requires a faster turnaround time than the current reporting of routine conventional samples, ensure you use the associated tick box on the CCSL requisition (e.g. suspicious lesion, follow-up for ASCUS/LSIL, immunocompromised, organ transplant, present/history of cervical cancer).

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.

11. **I would like to know when my patient's conventional cytology Pap test will be reported. How can I find this out?**
    The most current information on turnaround time for reporting conventional cytology Pap tests is available on the laboratory website: http://www.bccancer.bc.ca/health-professionals/clinical-resources/laboratory-services

    Currently the laboratory is reporting Pap tests that were submitted approximately 16 weeks ago.

12. **Where do I get supplies for LBC?**
    Clinics/providers identified for changing to LBC will be contacted by trainers to set up training for LBC. At the time of training, approximately 3 months of LBC supplies will be provided and conventional cytology supplies will be removed from the clinic.

    You will be given information on how to order additional supplies at the time of training or shortly after.

13. **Will LBC cost my office more?**
    Sampling devices and sample containers with liquid based fixative will be supplied free of charge.

14. **Where can I get information on how to take a specimen using LBC?**
    http://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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