BC CANCER CERVIX SCREENING
Provincial Health Services Authority

PROVIDER NOTICE

Cervix Self-Screening Pilot Algorithm Change

Update

Patients who are HPV other high-risk positive (non 16/18) with normal, LSIL or ASCUS (low grade) cytology will have repeat HPV testing in 12 months and only be referred to colposcopy if they remain HPV positive at that 12 month follow up test.

Background and Rationale

The Cervix Self-Screening Pilot previously recommended patients with HPV other high-risk positive (non 16/18) with any abnormal cytology result, including LSIL or ASCUS (low grade), have colposcopy. Based on review of the current data, it is now recommended that these patients have an HPV test in 12 months and referral to colposcopy only if they remain persistently HPV positive.

Patients aged 25 to 69 attending for primary cervical cancer screening will have a high risk HPV positive (non 16/18) positivity rate of 6 to 8 per cent.[1] HPV infections typically clear rapidly and overall, an estimated 67 per cent of infections resolve by 12 months.[2] After viral clearance (i.e. oncogenic HPV is no longer detected), the risk of significant cervical disease is very low for the next 5 years.

Patients with a positive oncogenic HPV (16/18) test result are recommended for immediate referral to colposcopy regardless of cytology results. However, for patients who are HPV other high-risk positive (i.e. non 16/18) with normal, LSIL or ASCUS cytology, it is safe to delay colposcopy referral and instead monitor risk with a follow-up HPV test in 12 months to allow for viral clearance. This will prevent unnecessary colposcopies and associated harms (including biopsy, overtreatment, anxiety and financial costs) among those who will clear HPV within 12 months.

Patients who are HPV other high-risk positive (non 16/18) with normal, LSIL or ASCUS cytology results have a risk of cancer of approximately 0.02 per cent.[1] If HPV detection persists at the 12-month follow-up HPV test, patients will be referred to colposcopy irrespective of their cytology result. Cytology can be performed by the referring physician or at colposcopy, if it is not completed prior to referral. It is recommended that the patient be referred to colposcopy, regardless of the cytology result, as the risk of CIN 2, CIN 3, AIS or cancer is 5.7 per cent in this population.[2]

The Australian National Cervical Screening Program adopted a policy of 12-month follow-up for women with high risk HPV positive (non 16/18) low grade cytology, replacing the previous policy of immediate referral to colposcopy in 2005. A recent evaluation by their Quality and Safety Monitoring Committee found that this policy, as compared to immediate referral to colposcopy, was not associated with an increase in the incidence of cervical cancer in women 20 to 69 years old.[3]

If you have questions about this protocol change, please contact the Cervix Screening Program: Cervicalscreeningquality@bccancer.bc.ca.

[1] Smith MA, Sherrah M, Sultana F, Castle PE, Arbyn M, Gertig D, Caruana M, Wrede CD, Saville M, Canfell K. National experience in the first two years of primary human papillomavirus (HPV) cervical screening in an HPV vaccinated population in Australia: observational study. BMJ. 2022 Mar 30;376:e068582. doi: 10.1136/bmj-2021-068582. PMID: 35354610; PMCID: PMC8965648.

[2] Rodríguez AC, Schiffman M, Herrero R, Wacholder S, Hildesheim A, Castle PE, et al. Rapid clearance of human papillomavirus and implications for clinical focus on persistent infections. J Natl Cancer Inst 2008 Apr 2;100(7):513-7 Available from: http://www.ncbi.nlm.nih.gov/pubmed/18364507.

[3] Australian Institute of Health and Welfare. Report on monitoring activities of the National Cervical Screening Program Safety Monitoring Committee. Cancer series 80. Cat. no. CAN 77. Canberra: AIHW; 2013 Available from: http://www.aihw.gov.au/publication-detail/?id=60129545158).

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Cervix Self-Screening Pilot Flowchart

Patient

Patient completes test at home and mails in sample

BC Cancer

BC Cancer sends Notice to Patient offering HPV-based cervix self-screening

HPV testing completed at the Lab and results are sent to the Provider

HPV NEGATIVE (90%)

Patient advised to screen again in 5 years

HPV POSITIVE 16/18 (3%)

Facilitated Referral to Colposcopy- Patient and Provider advised follow-up is needed

Primary Care Provider

Participating Provider offers eligible Patient a self-screening kit during their visit

Some patients may have questions for their Provider about Cervix Self-Screening or may request support to take the sample - Provider offers instruction and space to Patient to take their own sample or Provider takes sample

If taken at the Provider's office, the completed sample can be returned along with other Pap tests being submitted to the lab

Some patients may have questions for their Provider about HPV positive results and/or colposcopy

Some patients may need support from their Provider to ensure they attend all recommended follow-up

HPV POSITIVE OTHER (7%)

Patient advised a Pap test is required

Most patients who complete Cervix Self-Screening will have a Provider and can access a Pap through their Provider

A few patients in the community may need to be connected to a Provider for a Pap test

Provider performs Pap test

NORMAL, LOW GRADE

HPV Test in 1 year

HPV NEGATIVE

Patient advised to screen again in 5 years

HPV POSITIVE 16/18

Facilitated Referral to Colposcopy

HPV POSITIVE OTHER

Patient advised a Pap test is required*

HIGH GRADE

Faciliated Referral to Colposcopy

*When cytology is completed, regardless of the result, facilitated referral for colposcopy will be initiated.

Exclusion Criteria for Cervix Self-Screening

- Pregnant;
- Total hysterectomy;
- HIV positive;
- Solid organ transplant on immunosuppression therapy;
- History of cervical intraepithelial neoplasia grade 2 or 3 or cervical cancer in the last five years;
- History of adenocarcinoma in situ of the cervix at any time in the past; or,
- Exhibiting cervical cancer symptoms including post coital bleeding, persistent intermenstrual bleeding and/or a persistent vaginal discharge that cannot be explained by benign causes such as infection.