

Implementing HPV-Based Cervical Cancer Screening in BC

April 2024 | Highlights and Updates

In January 2024, cervix screening in BC began to transition to HPV testing as the primary screening method. This includes triaging eligible liquid-based cytology (LBC) samples to HPV testing and offering cervix self-screening to eligible people across BC. The age for HPV testing of LBC samples will continue to change over a few years to allow the system to fully transition, at which point HPV-based screening will be completed on all LBC samples.

Important Reminder: Sample Collection Options

Spatula/Cytobrush and Alcohol-Based Fixative (for Clinician Collection)

- A collection method used by health care providers to collect a cervical sample.
- Collect **cervical cells** using a spatula and/or cytobrush, then swirl the spatula/cytobrush inside a vial with an alcohol-based fixative.
- The liquid-based sample will be tested for cytology, high-risk HPV types or both, depending on the indication and testing algorithm established by the Laboratory.



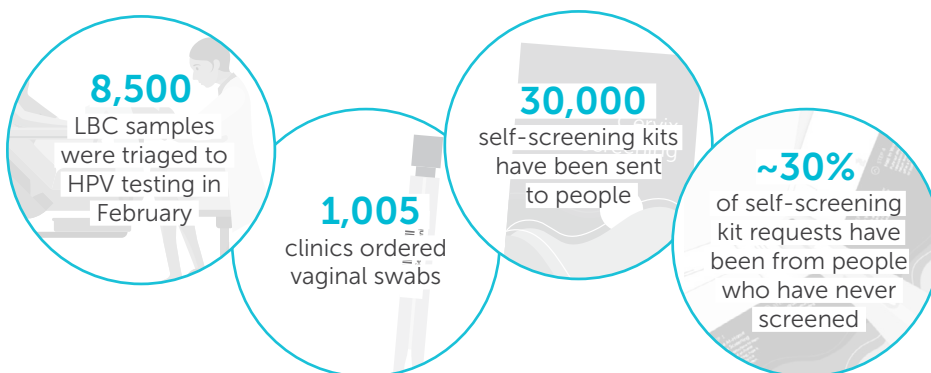
Vaginal Swab (for Clinician or Patient Collection)

- A collection method used by patients **OR** health care providers to collect a vaginal sample.
- Do **not** use the vaginal swab to collect a cervical sample.
- Do **not** swirl the vaginal swab inside the LBC alcohol-based fixative.
- To ensure a sufficient amount of sample is collected, **slowly count to 20** as you rotate the swab inside the vagina. Consider using the teach-back method to confirm patient understanding.
- The sample will be tested for high-risk HPV types.



For detailed LBC sample collection instructions, visit the [Cervical Cancer Screening Laboratory website](#)

In February and March 2024...



We've heard from patients:

"This was so easy. Painless and dignified. Easier than a COVID test."

"As I don't have a GP, I found it much more comfortable [to self-screen] in my own home."

We've heard the following common inquiries from health care providers and clinics:

Q: If my patient requires a cotest, should I collect a liquid-based cytology (LBC) sample and a vaginal swab?

A: No, both cytology and HPV testing can be completed with a single provider-collected LBC sample. Do **not** submit an LBC sample and a vaginal swab.

Q: Can I use the vaginal swab to collect a cervical sample?

A: No, the vaginal swab should only be used for collecting a vaginal sample. To collect a cervical sample, use a spatula and/or cytobrush to collect cells from the cervix, then swirl the spatula/cytobrush inside a vial with an alcohol-based fixative.

Q: My patient wants to self-screen at home. Can I provide them with a vaginal swab from the clinic to take home?

A: If a clinic is providing a patient with a vaginal swab, BC Cancer expects that the patient would complete their sampling during/after their appointment, such as in the exam room or clinic washroom. This will prevent samples from not being returned.

Ensure the patient has the vaginal sample instructions and is aware to slowly rotate the swab in the vagina for 20 seconds.

After the patient has collected their sample, clinics return the sample and the laboratory requisition in the same way they would return liquid-based cytology (LBC) samples to the Cervical Cancer Screening Laboratory. LBC samples and vaginal samples can be sent together in the same outer package to the Laboratory.

If the patient is unable to collect the sample that day in the clinic/office, the patient could:

- Take the vaginal swab, instructions and lab requisition and complete the sample at home and return the sample to the clinic/office to be sent to the laboratory;
- Return to the clinic/office on a different day to take their sample; or
- Request a kit from the Cervix Screening Program and use the kit to take the sample at home and return it to the laboratory.

Q: My patient has a history of ASCUS/LSIL and had a 6-month follow-up recommendation. Can they self-screen?

A: Yes, a previous ASCUS/LSIL result is not an exclusion criteria for self-screening. If the patient has a provider-collected LBC sample, the Laboratory will triage their sample to HPV primary screening regardless of their age.

Patients who complete self-screening and have a history of persistent ASCUS/LSIL may be recommended by the Laboratory to have cytology as their follow-up test. You will be advised on the laboratory report.

Q: My patient had cytology showing ASCUS or LSIL and the reflex HPV test was negative. Is it safe for them to wait 5 years to re-screen?

A: Studies have demonstrated that for women with ASCUS or LSIL and negative high-risk HPV test, the risk for precancerous cervical lesions is very low, similar to women with negative cytology and HPV test. It is safe to wait 5 years to screen again.

For more information about returning samples, visit the [Cervical Cancer Screening Laboratory website](#)

Q: How do I order vaginal swabs for my clinic? What will be included in my order?

A: Use the [Cervical Cancer Screening Laboratory online order system](#) to request LBC supplies and vaginal swabs. This is the same system that has been in use to order LBC (i.e., Pap test) supplies.

Your order will include the vaginal swabs for patients or providers to collect a sample at the clinic/office and a copy of the instructions for health care providers.

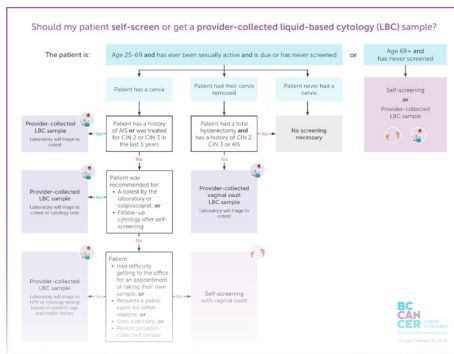
Note: In these early days, many clinics are establishing baseline volumes of vaginal swabs for their clinic/office. As we learn what is being requested from clinics, we want to ensure equitable distribution and availability of the swabs across BC. An initial volume of 25 vaginal swabs is being sent to any clinic requesting them. As we better understand the needs across BC, additional supplies will be sent to clinics that have requested more. The Cervix Screening Program is actively monitoring the provincial demand for vaginal swabs and will ensure that an adequate supply is available when clinics need them.

Thank you for your support! If you have further questions, contact screening@bccancer.bc.ca.

Looking for more information?

- Check out the [Cervix Screening – Health Professionals Resources](#) webpage for tools and resources to help you implement the changes, including:

Algorithm: [Should My Patient Self-Screen or Get A Provider-Collected LBC Sample?](#)



Overview Table: [Cervix Screening Recommendations and Results](#)

Cervix Screening Program Overview 28 January 2024

Overview Table: Cervix Screening Recommendations and Results
For the complete Program Overview, go to www.bccancer.bc.ca/screening/Documents/Cervix_Program_Overview.pdf

Summary Screening Recommendations	
Age to Start Screening	<ul style="list-style-type: none">Initiate screening at age 25. Cervical screening is not recommended for those over age 75 who have never been sexually active.
Cessation of Cervical Screening	<ul style="list-style-type: none">Average Risk: Stop screening at age 65, provided that there has been a negative HPV screening test between the ages of 60 and 69 and under no active surveillance of pre-cancer abnormalities.Immunocompromised: Stop screening at age 74 provided there has been a negative HPV screening test between the ages of 60 and 69 and under no active surveillance of pre-cancer abnormalities.Those who have been discharged from colposcopy, but have not yet completed the post-discharge 12-month co-test (HPV and cytology testing) before age 69 (average risk) or 74 (immunocompromised), should continue with screening until they have had a negative co-test. After this, screening can be discontinued.
Management of Those over age 69 with HPV Positive Results	<ul style="list-style-type: none">Refer to colposcopy directly.If colposcopic evaluation is negative, discharge to primary care for a repeat HPV test in 12 months. If patients continue to be HPV positive, refer back to and follow in colposcopy, and repeat negative or repeat 2x.At age 79 and the colposcopic examination is negative, HPV positive patients can be discharged with no further need for screening.

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[Patient Materials in Multiple Languages](#)

(English, French, Traditional Chinese, Simplified Chinese) Punjabi, Tagalog, Korean, Persian, Spanish, Vietnamese, German, Ukrainian, Tigrinya)

Health Information in Multiple Languages

Cervix screening information is available in a variety of languages.

English

- [Cervix self-screening brochure](#)
- [Cervix self-screening kit instructions](#)
- [Cervix self-screening gender inclusive kit instructions](#)
- [Answering Your Questions About HPV Results and the Pap Test](#)
- [Fact Sheet: Answering Your Questions About HPV Results and Colposcopy](#)
- [Fact Sheet: Answering Your Questions About LEEP](#)

French

- [Autotest de dépistage du cancer du col de l'utérus](#)
- [INSTRUCTIONS](#)
- [Répondre à vos questions sur les résultats du VPH et le test Pap](#)
- [Répondre à vos questions sur les résultats du VPH et la coloscopie](#)
- [Répondre à vos questions sur la LEEP](#)

Traditional Chinese

- [子宮頸自我篩檢](#)
- [說明](#)
- [回答有關HPV檢測結果及子宮頸抹片檢查的問題](#)
- [回答有關HPV檢測結果及陰道鏡檢查的問題](#)
- [回答有關LEEP的問題](#)

Simplified Chinese

- Save the date for the UBC CPD webinar, [Implementing HPV-Based Cervical Cancer Screening in BC: Early Outcomes and Answering Your Questions](#), on Wednesday, June 5 (6:30-8:00 PM PST)
- Stop by our booth at the Island Medicine Conference (May 3) and Rural Health Conference (May 24-26)