Cervix Screening in BC:

Transitioning from Cytology (Pap Test) to HPV Primary Screening

October 2023 Update

In January 2024, cervix screening in BC will start to transition from cytology (Pap test) to HPV testing as the primary screening method.

BC CANCER CERVIX SCREENING
Provincial Health Services Authority

Why are we transitioning to HPV screening?

HPV-based screening detects pre-cancerous lesions earlier and better than cytology[1,2]. Many regions around the world have transitioned from cytology to HPV-based screening.

How does HPV testing work?

HPV testing can be done with either a provider-collected cervical sample or a patient-collected vaginal sample. A patient-collected vaginal sample is just as accurate as a provider-collected cervical sample for HPV testing. Offering self-screening reduces many barriers to screening, improving participation and equity in screening.

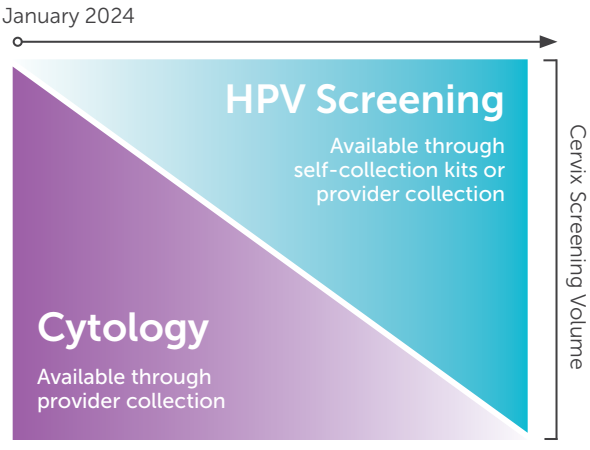
What can I expect with this transition?

1 Cervix screening will no longer require a provider to collect a sample (Pap test) for testing.

Patients can choose **self-screening**, where they will be able to request a kit from the Cervix Screening Program with the materials and information they need to easily and safely collect their own sample vaginally and then mail it to the lab for HPV-based testing. This creates more opportunities for people to access cervix screening.

Patients and providers can also choose to have a **provider-collected sample**. If a patient needs support collecting their own sample, they can bring their self-screening kit to a clinic and get help from a provider. Or, the provider can collect their sample with the current liquid-based cytology (LBC) collection method (Pap test).

If a patient has a provider-collected (LBC method) sample, the laboratory will be able to conduct HPV or cytology testing on the sample. The sample will be triaged at the lab for either primary cytology or primary HPV testing based on the patient's age. The age for HPV testing of provider-collected samples will continue to change over a few years to allow the system to fully transition to HPV-based screening.



2 The screening interval after a negative HPV test result will increase to 5 years.

Most patients who have HPV testing (self-screening and with a provider-collected sample) will have a negative HPV test result and won't need to re-screen for 5 years. HPV testing has a higher sensitivity and higher negative predictive value than cytology. As a result, the interval after a negative HPV screen can be safely extended from 3 years to 5 years.

3 Fewer in-person, provider-collected (Pap) tests are expected over time.

With the availability of HPV-based self-screening and the extended screening interval, lower demand for in-person cytology testing is expected. The HPV pilot experience is showing that up to 40% of people who are due to screen again are opting to complete self-screening with a vaginal swab. About 7% of patients who complete self-screening will require an in-person appointment for cytology as their recommended follow-up test.

Although the total number of in-person visits for cervix screening is expected to gradually decline, the increased access to cervix screening means that some unattached patients will not have a clinic to attend for recommended follow-up cytology testing.

4 Providers can stay involved in offering Pap tests.

Cervix screening no longer requires an in-person visit to access HPV-based screening. Self-screening offers the opportunity to reach more of the eligible population and offer screening to people who may not have a primary care provider. Work is occurring with all Divisions of Family Practice to identify clinics that will support unattached patients with positive self-screening results. If your clinic is interested in supporting this work, reach out to your Division of Family Practice to find out how this is being organized in your community.

BC Cancer also hosts a Clinic Locator. This tool is used by the public to find a clinic in their community that is willing to see patients to talk about cervix screening and provide a Pap test (for screening or as follow-up after a positive self-screening HPV test). To add your clinic to the Clinic Locator, complete the online form at http://www.bccancer.bc.ca/screening/cervix/clinic-locator.

Who should **not** do self-screening?

Some patients should continue to have a provider-collected sample. Examples of these patients include:

- Patients who are currently pregnant.
- Patients with symptoms (e.g. post-coital bleeding, persistent abnormal bleeding and/or a persistent vaginal discharge) should see a provider for a physical exam and have a speculum examination by someone with experience in cervical disease.
- Some patients with a history of CIN 2, CIN 3 or AIS will be recommended to have a co-test (HPV and cytology testing) for screening. This is accomplished most efficiently with a single, provider-collected (LBC method) sample.

Other program documents, provided separately, will cover screening and follow-up recommendations for non-average risk patients.

How can I start preparing for the transition?

- ❑ Register for the UBC CPD webinar, Cervix Screening in BC: Transitioning from Cytology (Pap Test) to HPV Primary Screening, on Monday, November 27th (5:30-7:00 pm)
- ❑ Reach out to your Division of Family Practice if your clinic is interested in supporting unattached patients with positive self-screening results
- ❑ Consider adding your clinic to the Pap Test Clinic Locator
- ❑ Bookmark the HPV Screening Transition webpage for the latest updates, resources, and learning opportunities for providers
- ❑ Contact Melissa.Yan@bccancer.bc.ca to sign up for email updates

[1] Ogilvie GS, van Niekerk D, Krajden M et al. Effect of screening with primary cervical HPV testing vs cytology testing on high-grade cervical intraepithelial neoplasia at 48 months: the HPV FOCAL randomized clinical trial. JAMA. 2018 Jul 3;320(1):43-52.

[2] Ronco G, Dillner J, Elfström KM, et al. Efficacy of HPV-based screening for prevention of invasive cervical cancer: follow-up of four European randomised controlled trials. Lancet. 2014 Feb 8;383(9916):524-32.