

Should my patient get a vaginal swab or a provider-collected liquid-based cytology (LBC) sample?

The transition to HPV screening in BC allows more choice for patients and providers regarding how samples for cervix screening can be collected.

Vaginal swabs for cervix screening involves a patient (self-screening) or provider to use a swab to collect a sample from vaginal secretions. These swabs can be tested for high-risk HPV only. A sample of cells from the cervix is not required for vaginal swabs. If a vaginal swab is positive for HPV, cytology may be recommended, and the patient will need to see a provider for a liquid-based cytology (LBC) sample.

LBC collection can only be performed by a provider because the sample needs to be collected from the cervix, and so the patient needs to undergo a pelvic examination. It involves collection of a cervical sample and can be used for cytology and/or HPV testing.

There are **several factors that can influence whether a patient can or should get a vaginal swab (either provider-collected or self-screening) or have a provider-collected LBC sample**. Some factors that may come into consideration as you and your patient decide on the collection method for screening include:

- **Clinical history:** Some patients require both cytology and HPV testing (cotest) for their screening and this is most efficiently accomplished with a single LBC collection. Or, patients using a pessary should have a provider-collected LBC sample, in case HPV-infected secretions do not sufficiently present in the vagina.
- **Speculum exam:** For a variety of reasons, some patients find speculum exams difficult to undergo, and this may have historically prevented them from keeping up to date with screening or cause stress and anxiety. These patients can be recommended for self-screening using a vaginal swab.
- **Time for appointments:** For some patients, attending an in-person appointment can be difficult due to reasons such as having to take time off work, travel distance, arranging childcare, etc. Self-screening is an option that enables patients to screen without an in-person clinic appointment. However, when a patient is **already** in the clinic, an LBC collection may be preferred by the patient, as they will not have to return a second time if their self-screening result recommends cytology collection.
- **Physical aspects** such as a disability, limited mobility or body habitus may also direct whether a vaginal swab or provider-collected LBC sample may be best for the patient.

Patients will have varying and different values for these considerations, which will contribute to their collection preference. In addition, providers will review patient history and circumstances, to use their clinical judgment to ensure the most appropriate sample collection choice for the patient. There may be circumstances where the provider may feel a vaginal swab is the most appropriate choice for their patient, and the clinician should use clinical judgment to determine the best screening method for the patient.

Patients who call BC Cancer to request a self-screening kit will be sent a kit if they are due to screen. BC Cancer Client Service Centre Screening staff are not able to assess clinical eligibility for self-screening. The laboratory has established processes to identify patients with relevant clinical histories to have provider-collected LBC samples triaged to primary HPV screening (e.g. previous ASCUS or LSIL result) or for cotesting (e.g., previous AIS diagnosis). Patients who complete self-screening and who should have cotesting based on their clinical history, will receive a recommendation for cytology follow-up and will be directed to see a provider for a Pap test.

Refer to the flow diagram on the next page to help decide on the most appropriate sample collection method.



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