

Pilot Overview

The BC Cancer Cervix Screening Program is conducting a pilot to assess and optimize how best to offer and deliver self-collection kits for HPV-based screening at home. Patients will be invited to participate in the pilot by mail. After a patient collects their sample, it is delivered to the lab where HPV testing will be performed. Several mailing strategies will be tested during the pilot.

The program will evaluate attendance at recommended follow-up through the pathways of care (follow-up Pap, colposcopy and/or treatment as needed) after a positive result. At-home cervix screening offers an innovative approach to increase screening capacity within the system and has been shown to reduce barriers to screening.



Questions & Answers

1) What is the role of primary care providers in at-home cervix screening?

Primary care providers play an important role in supporting patients to feel comfortable with using at-home cervix screening instead of seeing a provider for a Pap test. Your patients may have questions about this new approach to screening and how to use it. Some patients may want to know that you support them in completing at-home cervix screening instead of a Pap test, and others may bring their kit into your office to complete their screen themselves or to have you take their sample. If you are helping your patient take the sample, please note that a sample from the cervix is not required. The sample should be collected vaginally following the instructions inside the kit. Please refer to the Provider Guide for more information.

2) Who is eligible for this pilot?

- Resident of pilot communities in BC (Central Vancouver Island and Sunshine Coast)
- People with a cervix due for screening;
- Registered with Medical Services Plan; and,
- Age 25 to 69 with ages ending in 0 or 5 (e.g. 25, 30, 35, etc.).

3) Participants who are ineligible for this pilot include those that are:

- Pregnant;
- Total hysterectomy;
- 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;
- Have had a solid organ transplant;
- HIV positive; or,
- Exhibiting symptoms: 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 pap test is not required for referral.



4) Can I invite any of my patients to participate in at-home cervix screening?

Early in the pilot program, participation will only be offered through mailed invitations to patients pre-identified by the program. Once established, the program will look at other distribution methods with an intent to improve screening access.

5) How will I know if my patient has been offered at-home cervix screening?

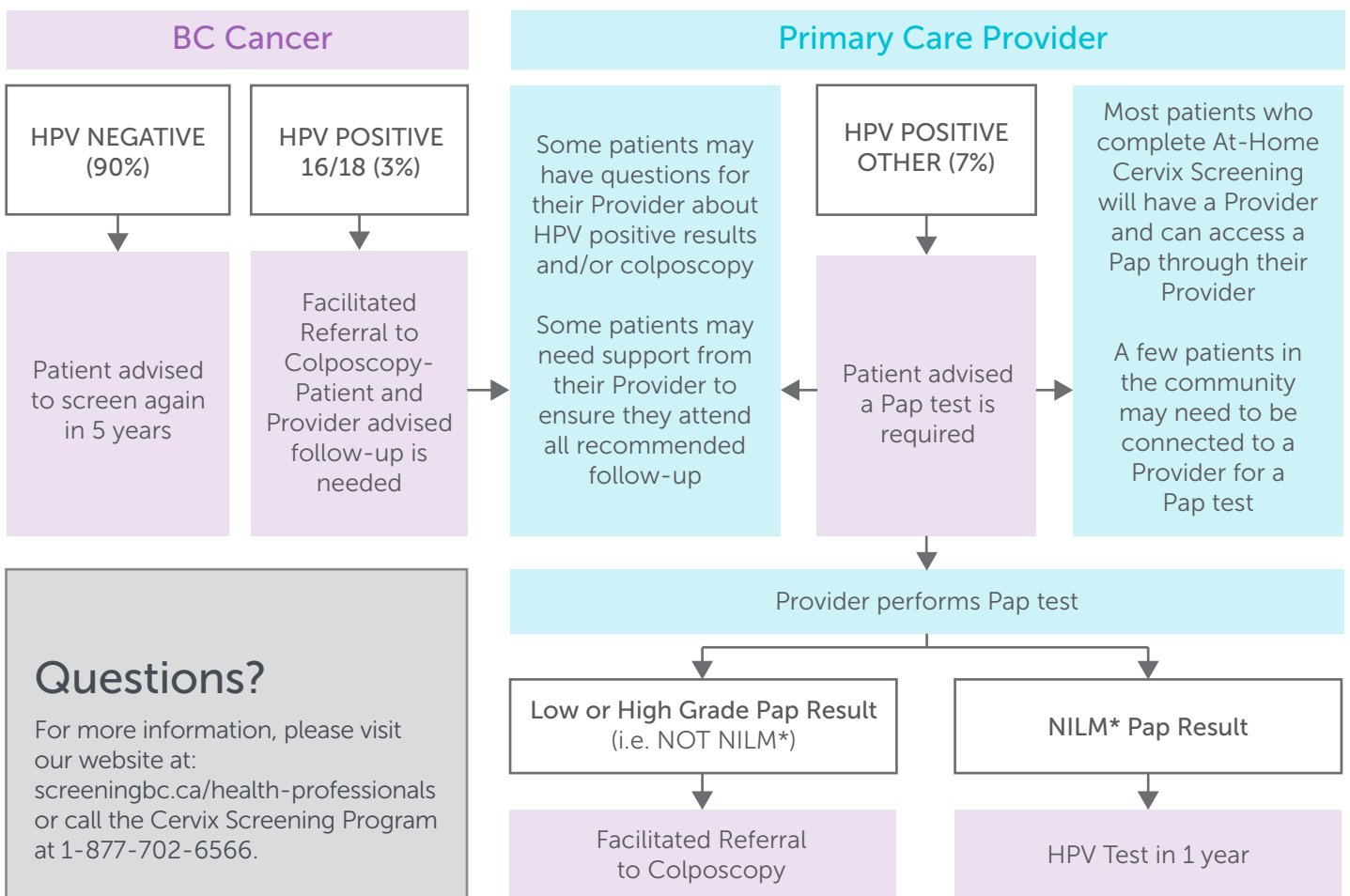
You will be sent a notice if your patient has been invited to participate in at-home cervix screening.

6) What evidence is there to support the extended screening interval from 3 to 5 years following a negative HPV test result?

A negative HPV test offers greater protection against cervical dysplasia than a negative cytology screen (Pap test). Reasons for the increased screening interval include:

- HPV testing has higher sensitivity and higher negative predictive value than cytology screening. HPV testing every 5 years is as safe as Pap testing every 3 years;
- An HPV infection needs to persist for many years, usually 10 or more, for it to lead to cervical cancer;
- HPV is highly prevalent and usually transient. If HPV-based screening is done too frequently, we increase the chances of identifying and treating infections that would otherwise regress spontaneously;
- There are harms to over-screening including unnecessary follow-up and treatments, some of which may have long-term consequences for pregnancy or cause undue anxiety and distress.

Results Management Algorithm



Questions?

For more information, please visit our website at: screeningbc.ca/health-professionals or call the Cervix Screening Program at 1-877-702-6566.

*NILM: Negative for intraepithelial lesion or malignancy