Cervix Self-Screening
Provider Reference Sheet

BC CANCER CERVIX SCREENING
Provincial Health Services Authority

Pilot Overview

The BC Cancer Cervix Screening Program is conducting a pilot to assess and optimize how best to offer and deliver HPV-based self-collection kits to patients due for screening. Eligible patients will be invited to participate in the pilot by either mail, a participating provider/clinic or self-enrolling into the pilot after seeing a promotional ad in their community. 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. Cervix self-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 cervix self-screening?

Primary care providers play an important role in supporting patients to feel comfortable with using cervix self-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 cervix self-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.

2) Who is eligible for this pilot?

- Residents of pilot communities in BC (visit screeningbc.ca/cervix-pilot for a list of communities);
- People with a cervix who are due for screening;
- Registered with Medical Services Plan; and,
- Ages 25 to 69.

3) Participants who are ineligible for this pilot include those who 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 cervix self-screening?

If you practice within one of the participating pilot communities and would like to offer kits in your practice, please contact us at: isabella.piechota@bccancer.bc.ca.

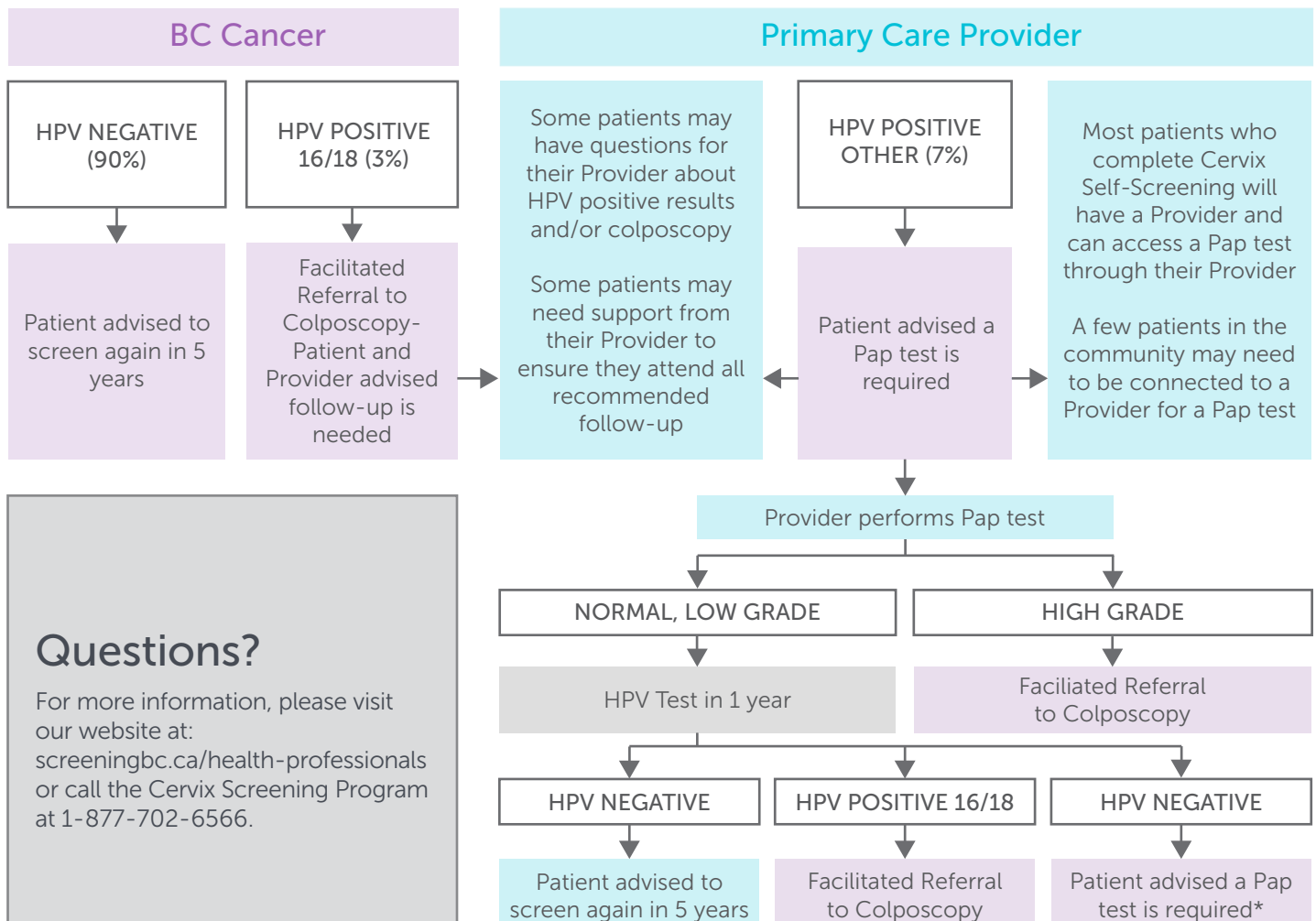## 5) How will I know if my patient has been offered cervix self-screening?

You will be sent a notice if your patient has been invited to participate in cervix self-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, ususally 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

BC Cancer

Primary Care Provider

HPV NEGATIVE (90%)	HPV POSITIVE 16/18 (3%)
Patient advised to screen again in 5 years	Facilitated Referral to Colposcopy- Patient and Provider advised follow-up is needed

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 test 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	HIGH GRADE
HPV Test in 1 year	Faciliated Referral to Colposcopy

HPV NEGATIVE	HPV POSITIVE 16/18	HPV NEGATIVE
Patient advised to screen again in 5 years	Facilitated Referral to Colposcopy	Patient advised a Pap test is required*

Questions?

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

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