Cervical Cancer Screening Frequently Asked Questions

Q: Will get lubricants contaminate the Pap specimen for liquid based cytology?

A: The SurePath TM Pap method uses a density gradient which excludes blood, mucus and extraneous material such as lubricants. A small quantity of lubricant can be used safely.
(Vance, K.V. <u>Vaginal Lubricants Do Not Affect the Quality of SurePath</u> TM Pap <u>Specimens.</u> American Society of Cytotechnology. Vol. 1 Issue 4, January 2005)

Q: Are there any shipping considerations for LBC?

A: Specimens should be capped tightly and securely, labeled and shipped with the requisition to the lab. The solution in the vials is an aqueous solution of alcohol and will not freeze.

Q: What is the recommendation for screening pregnant women?

A: The broom should not be used beyond 10 weeks of pregnancy.

Q: Do we screen for HPV in ASC women under 30?

A: Women less than 30 years of age will not be tested for HPV because of the temporary nature of HPV infection and its high prevalence in this age group. Generally presence of HPV infection in women less than 30 years does not have clinical relevancy.

Q: Will the broom be used to collect the Pap specimen for women with a stenosed os?

A: Yes, the same collection device is recommended, the design of the brush should allow for optimal sample collection.

Q: Do women need to return for HPV testing?

A: No, HPV testing is most effective when used to triage an ASCUS diagnosis. This testing will now be done in the lab as a reflex to a first ASC diagnosis for women over 30 years of age. The result will be reported directly to the attending physician.

Q: Will the HPV status change the clinical management for women?

A: Yes. In accordance with the provincial clinical management guidelines, women with first ASC who are HPV negative will maintain routine annual screening. Women with first ASC who are HPV positive will be referred for colposcopy and biopsy. (Clinical Management Guidelines ©2007)

Q: Will all women be screened for HPV disease?

A: A HPV DNA assay will be used for some women in the context of screening (see ASC recommendations). The principal utility of the test is in identifying women with high risk HPV who are identified to require further testing subsequent borderline cytologic abnormality. (Human Papillomavirus: HPV Information for Clinicians. November 2006. Centers for Disease Control and Prevention)

Q: Will the introduction of the HPV Vaccine change the screening recommendations?

A: No. Although this vaccine offers a promising new approach to the prevention of HPV and associated conditions, this vaccine will not replace other prevention strategies, such as cervical cancer screening or protective sexual behaviors, because the vaccine will not protect against all types of genital HPV infections. Cervical cancer screening recommendations have not changed for females who receive the HPV vaccine. (Human Papillomavirus: HPV Information for Clinicians. November 2006. Centers for Disease Control and Prevention)



For further information contact your local laboratory or Cervical Screening Initiatives Program @ 1-866-643-8719