Cervical Screening Initiatives Program 2008
Clinical Management Guidelines

RESULT

RECOMMENDED MANAGEMENT

Specimen Adequacy Statement
Satisfactory
Routine screening at annual intervals (unless the specimen adequacy statement is accompanied by a qualifier and subsequent recommendation). Repeat Pap test after 12 weeks.

Unsatisfactory
Routine annual screening* If specific pathogen is present, treat as clinically appropriate.

Negative
NIL Negative for Intraepithelial Lesion

Epithelial Cell Abnormalities

ASC-US Atypical Squamous Cells of Undetermined Significance

These findings should be interpreted in light of the clinical scenario. Clinical correlation is advised. Endometrial biopsy is recommended if post-menopausal or patient has abnormal pre-menopausal bleeding.

ASC-H Atypical Squamous Cells cannot exclude HSIL

LSIL Low Grade Squamous Intraepithelial Lesion

HSIL High Grade Squamous Intraepithelial Lesion

AGC Atypical Glandular Cells

AEC – Atypical Endocervical Cells – Colposcopy and Endocervical Curretage (ECC)

For women over 35, endometrial sampling is also recommended.

AEMC – Atypical Endometrial Cells – Colposcopy and Endometrial Sampling (EM)

NOS – Not Otherwise Specified – Colposcopy, ECC and EM Sampling.

FN – Favor Neoplastic – Colposcopy, ECC and EM Sampling.

AIS Adenocarcinoma In Situ

Squamous Cell Carcinoma

Adenocarcinoma

Colposcopy and Biopsy.

Other

Endometrial Cells in a woman over 40 (or a younger woman with unexplained vaginal bleeding)

Colposcopy and Biopsy.

These findings should be interpreted in light of the clinical scenario. Clinical correlation is advised. Endometrial biopsy is recommended if post-menopausal or patient has abnormal pre-menopausal bleeding.

Who to screen:

Women of all ages who are, or ever have been, sexually active should be screened annually.

For women who have had a hysterectomy:

- with cervix intact - annual screening
- with history of malignancy/pre-malignancy/immune compromise - annual screening
- with total hysterectomy and benign history - no Pap test required, however a vaginal vault sample may be recommended every five years as part of an overall periodic health assessment.

PREGNANT WOMEN - the broom/brush should not be used on patients after the first 10 weeks of pregnancy. Breakable spatulas are available when ordering supplies.

LBC Pap Test Kits may be ordered by contacting Newfoundland Public Health Laboratories @ 709 777 7242 or online @ www.publichealthlab.com

Instructions for screening:

(ideal, not essential)

• No douching, or contraceptive jellies for 48 hours before examination.
• No intercourse for 24 hours prior to examination.
• A Pap test is not recommended during menstruation, but should not be deferred in abnormal bleeding.
• A mid-cycle test is optimal.

Liquid Based Cytology - Pap Collection:

Labeling:

Label jar and complete requisition; ensure all identifying information, LMP and relevant history are completed. Specimens not labeled will not be accepted.

Visualize Cervix:

Lubricate speculum with warm water. Assess position of transformation zone, ensure zone will be sampled.

Take Sample:

Insert broom gently in the endocervix and rotate 5 full circles, clockwise. Maintain contact with ectocervix.

Sample:

Break off tip of broom and insert in the specimen jar. Secure lid.

Ship:

Place in transport container provided and send with completed requisition to Cytopathology lab with no delay.

This provincial program is administered by Western Health.