



Cervical Screening Initiatives Program 2008 Clinical Management Guidelines



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RESULT

Specimen Adequacy Statement

Satisfactory

Unsatisfactory

Negative

NIL Negative for
Intraepithelial Lesion

Epithelial Cell Abnormalities

ASC-US Atypical Squamous
Cells of Underdetermined
Significance

ASC-H Atypical Squamous
Cells cannot exclude HSIL

LSIL Low Grade Squamous
Intraepithelial Lesion

HSIL High Grade Squamous
Intraepithelial Lesion

AGC
Atypical Glandular Cells

AIS Adenocarcinoma In Situ
Squamous Cell Carcinoma
Adenocarcinoma

Other

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

RECOMMENDED MANAGEMENT

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

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

* In the presence of a gross abnormality with a negative Pap test, patient should be referred for colposcopy

Women < 30 years of age: A repeat Pap test in six months is recommended. If abnormal, refer for colposcopy. If negative, repeat in six months. After two negative Pap tests, return to routine screening.

Women 30 years of age and over: **HPV Positive*** **Colposcopy and Biopsy**

Women 30 years of age and over: **HPV Negative*** **Routine annual screening**

* HPV Testing will be done through the laboratory automatically for ASCUS results in women over 30 years.

A combined report will be issued.

Colposcopy and Biopsy.

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AEC – Atypical Endocervical Cells – Colposcopy and Endocervical Curettage (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.

Colposcopy, Biopsy and endocervical curettage as recommended.

Colposcopy and Biopsy.

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.

Revised April 2008. Initially developed May 4, 2004, with support from the Nova Scotia Gynecological Cancer Screening Program, & Ontario's Laboratory Proficiency Testing Program Guidelines; full source list available. Consultation was held with leading Pathologists and Physicians in the Province of Newfoundland and Labrador. Endorsed by the Newfoundland and Labrador Medical Association.

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.

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.

This guideline is not intended to define or serve as a standard of medical care. Standards of medical care are specific to all the facts or circumstances involved in an individual case and can be subject to change as scientific knowledge and technology advance and as practice patterns evolve.



**Cervical
Screening
Initiatives**

A simple Pap test can save your life!

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This provincial program is administered by Western Health.

