

# Ontario Cervical Screening Cytology Guidelines Summary

Updated May 2012

## Ontario Cervical Screening Program

**Screen for Life**  Breast  
 Cervical  
**Cancer screening sees what you can't**  Colorectal

Screening Initiation	<ul style="list-style-type: none"><li>Cervical cytology screening should be initiated at <b>21 years</b> of age for women who are or have ever been sexually active. This includes intercourse, as well as digital or oral sexual activity involving the genital area with a partner of either gender.</li></ul>
Screening Interval	<ul style="list-style-type: none"><li>If cytology is normal, screening should be <b>done every 3 years</b>. <b>The absence of T zone is not a reason to repeat a Pap test earlier than the recommended interval.</b> See reverse for management of abnormal cytology.</li></ul>
Screening Cessation	<ul style="list-style-type: none"><li>Screening may be discontinued at the <b>age of 70</b> if there is an adequate negative cytology screening history in the previous 10 years (i.e., 3 or more negative cytology tests)</li></ul>

Note: Any visual cervical abnormalities and/or abnormal symptoms must be investigated regardless of cytology findings.

### Qualifying Statements

- Women who are not sexually active by age 21 should delay cervical cancer screening until sexually active.

### Screening Women with Special Circumstances

- These guidelines do not apply to **women who have been previously treated for dysplasia**. Screening intervals should be individualized and should likely be annual.
- Immunocompromised women** should receive annual screening.
- Women who have undergone **subtotal hysterectomy and retained their cervix** should continue screening according to the guidelines.
- Pregnant women** should be screened according to the guidelines; however, care should be taken not to over-screen. Only conduct Pap tests during pre-natal and post-natal visits if the woman is otherwise due for screening.
- Women who have sex with women** should follow the same cervical screening regimen as women who have sex with men.
- Women who have received the HPV vaccine** should continue with screening.  
The vaccine may be considered by unimmunized women according to NACI guidelines:  
<http://www.phac-aspc.gc.ca/naci-ccni/recs-eng.php>

# Recommendations for Follow-Up of Abnormal Cytology

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## ONTARIO GUIDELINES

Diagnosis	Recommended Management				
Atypical Squamous Cells of Undetermined Significance (ASCUS)	<b>For women &lt; 30 years of age (HPV triage not recommended)</b>				
	Repeat cytology in 6 months	Result: Negative	Repeat cytology in 6 months	Result: Negative	Routine screening in 3 years
		Result: ≥ ASCUS	Colposcopy		
	<b>For women ≥ 30 years of age</b>				
	HPV testing*	Result: Negative	Repeat cytology in 12 months	Result: Negative	Routine screening in 3 years
		Result: Positive	Colposcopy		
	<b>If HPV testing is not available</b>				
	Repeat cytology in 6 months	Result: Negative	Repeat cytology in 6 months	Result: Negative	Routine screening in 3 years
		Result: ≥ ASCUS	Colposcopy		
	*HPV testing is not currently funded by MOHLTC				
Atypical Squamous Cells, Cannot Exclude HSIL (ASC-H)	Colposcopy				
Atypical Glandular Cells (AGC), Atypical Endocervical Cells, Atypical Endometrial Cells	Colposcopy and/or endometrial sampling				
Low-Grade Squamous Intraepithelial Lesion (LSIL)†	Repeat cytology in 6 months	Result: Negative	Repeat cytology in 6 months	Result: Negative	Routine screening in 3 years
		Result: ≥ ASCUS	Colposcopy		
	Colposcopy				
High-Grade Squamous Intraepithelial Lesion (HSIL)	Colposcopy				
Squamous Carcinoma, Adenocarcinoma, Other Malignant Neoplasms	Colposcopy				
Unsatisfactory for Evaluation	Repeat cytology in 3 months				
Satisfactory for Evaluation, No Transformation Zone Present	Routine screening in 3 years; no immediate recall required				
Benign Endometrial Cells on Pap Tests	<ul style="list-style-type: none"> <li>• Pre-menopausal women who are asymptomatic require no action (continue to follow usual screening guidelines)</li> <li>• Post-menopausal women require investigations, including adequate endometrial tissue sampling</li> <li>• Any woman with abnormal vaginal bleeding requires investigation, which should include adequate endometrial tissue sampling</li> </ul>				

† Evidence suggests that either repeat cytology or colposcopy are acceptable management options after the first LSIL result. Though colposcopy may be useful to rule out high-grade lesions, low-grade abnormalities, particularly in young women, often regress and as such may be best managed by surveillance.

For more details on the guidelines, please refer to:  
[www.cancercare.on.ca/screenforlife](http://www.cancercare.on.ca/screenforlife)

