

## NWT Clinical Practice Information Notice

Upon receipt, please file this notice in  
**Section C, Clinical Practice Information Binder** for future reference.

The following clinical practice has been approved for use in the Northwest Territories Health and Social Services system, and has been distributed to:

<input checked="" type="checkbox"/>	Hospitals	<input checked="" type="checkbox"/>	Community Health Centers	<input checked="" type="checkbox"/>	Homecare	<input checked="" type="checkbox"/>	LTCF	<input checked="" type="checkbox"/>	Lab Directors
<input checked="" type="checkbox"/>	Doctors' Offices		Social Services Offices	<input checked="" type="checkbox"/>	Public Health Units		Other		

The information contained in this document is a Departmental:									
	Policy		Standard		Protocol		Procedure	<input checked="" type="checkbox"/>	Guideline

**Title:** NWT Cervical Cancer Screening Guidelines

**Effective Date:** March 17, 2010

### Statement of approved Clinical Practice:

The Stanton Medical Clinic Gynaecology Program and the Chief Public Health Officer recommends the implementation of these NWT Cervical Cancer Guidelines.

### Background:

New technologies are evolving surrounding cervical cancer screening and Human Papillomavirus (HPV) testing and vaccination. Improved knowledge of the role of HPV in cervical cancer is now being incorporated into screening recommendations.

- Papinocolaou (Pap) smears and HPV testing are less expensive than colposcopy and can be performed in a woman's home community, reducing costs and patient inconvenience. Pap smears are now used in conjunction with HPV testing to rule out significant disease in certain cases.
- The NWT has adopted Liquid-based cytology (LBC) methods for the collection Pap smears. LBC improves specimen quality and allows testing for high-risk HPV in specified circumstances.
- The age at onset of screening has been increased to 3 years after the onset of sexual activity (includes intercourse, as well as digital or oral sexual activity involving the genital area) with a partner of either gender or age 21, whichever is earlier.

Colposcopy referrals should be faxed to the Stanton Medical Clinic Gynaecology Program (Fax: 867-669-4139). Referrals can be made directly by community health nurses, nurse practitioners and physicians based on guidelines. Referrals should include all available pathology reports of prior Pap smears, cervical biopsies, and LEEP and cone biopsies. Advice regarding uncertainties with clinical results or implementation of these guidelines is also available (Tel: 867-669-4151).

### Attachment:

NWT Cervical Cancer Screening Clinical Practice Guidelines (2010)

NWT Cervical Cancer Screening Patient Information (2010)

This clinical practice is approved.

  
(signature)

March 17, 2010

(Date)

Deputy Minister ☒

Chief Public Health Officer ☐

Director, Child & Family Services ☐

Director, Adoptions ☐

# NWT Cervical Cancer Screening Clinical Practice Guidelines

**A woman with a visibly abnormal cervix or abnormal bleeding should be referred appropriately, regardless of the Pap test findings.**

<b>Screening Initiation</b>	Cervical cancer screening should begin 3 years after the onset of intimate sexual activity (includes intercourse, as well as digital or oral sexual activity involving the genital area), or at age 21, whichever occurs earlier.	
<b>Screening Recommendations</b>	<b>Negative smear</b>	
	<b>Routine Screening:</b> Repeat smear annually until there are 3 consecutive normal smears, then continue every 2 years.	
	<b>Positive smear</b>	
	<b>ASC-US:</b> Atypical Squamous Cells - Undetermined significance	See reverse
	<b>LSIL:</b> Low-grade Squamous Intraepithelial Lesion	See reverse
	<b>ASC-H:</b> Atypical Squamous Cells - cannot exclude HSIL	Refer for colposcopy
	<b>HSIL:</b> High-grade Squamous Intraepithelial Lesion	Refer for colposcopy
	<b>AGC:</b> Atypical Glandular Cells	Refer for colposcopy
	<b>AIS:</b> Adenocarcinoma in Situ	Refer for colposcopy
	<b>Unsatisfactory smear</b>	
	Repeat Pap smear in 3 months.	
<b>Increased Surveillance</b>	<ul style="list-style-type: none"> <li>Women with immunosuppression (i.e. organ transplant, long-term steroids, HIV positive status) should be screened with Pap smears every 6 months until there are 2 consecutive normal smears, then continue at 12 month intervals.</li> <li>Women with a history of cervical cancer, HSIL, or AIS should be screened annually for life.</li> </ul>	
<b>Discontinue Screening</b>	<b>Women age 69 and older</b> should discontinue screening if 3 or more normal smears in the last 10 years AND have no history of cervical cancer, HSIL or glandular lesion. If no prior screening, perform 3 annual Pap smears, then discontinue if all normal.	

## Screening Women with Special Circumstances

- Women who have never been sexually active** have a low probability of developing cervical cancer. However, any intimate sexual activity (includes intercourse, as well as digital or oral sexual activity involving the genital area), with a partner of either gender, can transmit the HPV virus. If there is any doubt whether a woman has ever had intimate sexual contact, Pap screening should be initiated.
- Pregnant women** should be screened with a Pap smear if more than 1 year since last Pap or if indicated according to the guideline. If the result is ASC-US or LSIL, repeat Pap 6 months postpartum.
- Women who have received HPV vaccination** still require PAP screening according to this guideline.
- Women who have had a hysterectomy with the cervix removed** may discontinue screening as long as there is no history of high-grade lesions. If prior HSIL, AIS, AGC, or cancer, yearly vaginal vault Pap smears should be performed.
- Women who have undergone subtotal hysterectomy and retained their cervix** should continue with PAP screening.
- Women with benign endometrial cells** should undergo endometrial biopsy if post-menopausal. If premenopausal & asymptomatic, no action is required.

## Pap smear positive for low-grade squamous and atypical lesions of undetermined significance\*

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graph TD
    Start[LSIL OR ASC-US] --> A1[< 21 years]
    Start --> A2[21 - 29 years]
    Start --> A3[≥ 30 years  
Post-menopausal]

    A1 --> A1_Pap[Follow with yearly Pap smear screening]
    A1_Pap --> A1_Pap_Neg[Negative result at age 21  
Continue with routine screening]
    A1_Pap --> A1_Pap_Pos[Persistent LSIL/ASC-US at age 21 AND present for 2 years or more  
Refer for colposcopy]
    A1_Pap_Neg --- A1_Note1[If HPV testing done inadvertently for women < 21 years, results should not influence management.]

    A2 --> A2_Pap[Follow with combined Pap smear and HPV test in 1 year  
(Practitioner should specifically request the HPV test on the PAP requisition)]
    A2_Pap --> A2_Pap_Neg[Negative result  
Return to routine screening]
    A2_Pap --> A2_Pap_Pos[High-risk HPV positive or persistent LSIL/ASC-US  
Refer for colposcopy]
    A2_Pap_Pos --- A2_Note2[The HPV vaccine prevents cervical cancer and up to 70% of HPV infections that cause changes to the cervix. The HPV vaccine is currently available for girls and young women in the NWT. Cervical cancer screening is still recommended for those who have received the HPV vaccine.]

    A3 --> A3_Pap[ASC-US  
Reflex HPV testing (by practitioner request if not automatic)]
    A3_Pap --> A3_Pap_LSIL[LSIL  
Refer for colposcopy]
    A3_Pap --> A3_Pap_HighRisk[High-risk HPV testing  
Reflex HPV testing (by practitioner request if not automatic)]
    A3_Pap_HighRisk --> A3_HighRisk_Pos[High-risk HPV positive  
Refer for colposcopy]
    A3_Pap_HighRisk --> A3_HighRisk_Neg[High-risk HPV negative  
Return to routine screening]
    A3_HighRisk_Pos --- A3_Note3[Hybrid Capture II assay tests for the HPV types most commonly linked with cervical cancer. A positive result is labeled as high-risk HPV.]
  
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**LSIL OR ASC-US**

**< 21 years**

Follow with yearly Pap smear screening

Negative result at age 21  
Continue with routine screening

Persistent LSIL/ASC-US at age 21 AND present for 2 years or more  
Refer for colposcopy

*If HPV testing done inadvertently for women < 21 years, results should not influence management.*

**21 - 29 years**

Follow with combined Pap smear and HPV test in 1 year  
(Practitioner should **specifically** request the HPV test on the PAP requisition)

Negative result  
Return to routine screening

High-risk HPV positive or persistent LSIL/ASC-US  
Refer for colposcopy

*The HPV vaccine prevents cervical cancer and up to 70% of HPV infections that cause changes to the cervix. The HPV vaccine is currently available for girls and young women in the NWT. Cervical cancer screening is still recommended for those who have received the HPV vaccine.*

**≥ 30 years**  
**Post-menopausal**

**ASC-US**  
Reflex HPV testing (by practitioner request if not automatic)

**LSIL**  
Refer for colposcopy

**High-risk HPV testing**  
Reflex HPV testing (by practitioner request if not automatic)

**High-risk HPV positive**  
Refer for colposcopy

**High-risk HPV negative**  
Return to routine screening

*Hybrid Capture II assay tests for the HPV types most commonly linked with cervical cancer. A positive result is labeled as high-risk HPV.*

Northwest Territories Health and Social Services

Once you become sexually active you should have a Pap test every 1 to 2 years (frequency depending on your previous test results).

Even if you have stopped having sex, you should continue to have a Pap test.

If you have had a hysterectomy, you may still need a Pap test, but talk to your doctor about whether this is necessary.

Women age 69 and older no longer need Pap smears if they have no history of cervical cancer and their last 3 Pap smears have been normal.

For more information on cervical cancer, HPV and sexually transmitted infections, please visit the following websites:

<http://www.hltss.gov.nt.ca/>

<http://www.respectyourself.ca>

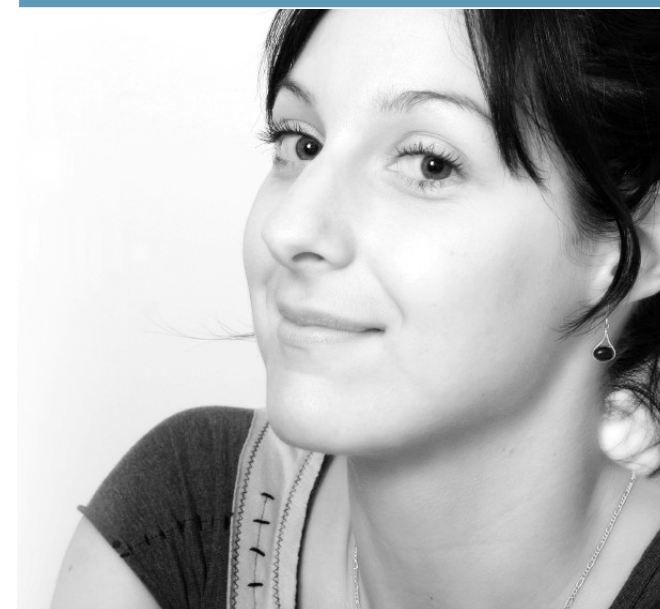


If you would like this information in another official language, contact us at 867-920-3367.

Si vous voulez ces informations dans une autre langue officielle, téléphonez-nous au 867-920-3367.

# NEW

## NWT Cervical Cancer Screening Patient Information



### Getting the Facts

# The NWT has the highest Pap smear coverage rate in Canada (83.5%)<sup>1</sup>.

However, cervical cancer still occurs, most often in women who do not get regular Pap smears.

**Cervical cancer** develops in the cells of the cervix. The cervix is the lower part of the uterus which forms the neck of the uterus and opens into the vagina. Before cervical cancer develops, the cells of the cervix start to change and become abnormal. These abnormal cells are *precancerous*, meaning they have not developed into cancer.

The **Papanicolaou (Pap) smear** is a screening test for these abnormal cervical cells. Since the introduction of the Pap test in Canada in 1969, the number of women that die from cervical cancer each year has dramatically decreased.

The **Human Papillomavirus (HPV)** is the main risk factor for developing cervical cancer. HPV can lead to pre-cancerous cells in the cervix, and is spread through *intimate sexual activity (includes intercourse, as well as digital or oral sexual activity involving the genital area), with a partner of either gender.*

The NWT has recently launched a HPV Vaccine Program targeted to school-age girls that protects against specific types of HPV. **The HPV vaccine prevents cervical cancer** and up to 70% of the HPV infections that cause changes to the cervix. The HPV vaccine is currently available for girls and young women in the NWT.

Cervical cancer screening is still recommended for those who have received the HPV vaccine.

Cervical cancer is among the top five cancers among women in the NWT.

## Changes to Screening

- Screening should start 3 years after the start of intimate sexual activity, or at age 21, whichever is earlier.
- HPV testing may assist with the screening process.



- Women who have never been sexually active have a low risk of developing cervical cancer. However, any intimate sexual contact can transmit the HPV virus.
- Women should visit their primary health care provider prior to, or soon after intimate sexual activity to discuss birth control methods, sexually transmitted infections (STIs), and cervical cancer screening.
- If you think you should be screened for cervical cancer, book a Pap smear.

<sup>1</sup> Source: Statistics Canada, 2009, Health Indicators, 82-221-XWE, volume 1 no.1

**MOST WOMEN DIAGNOSED WITH CERVICAL CANCER HAVE NOT HAD REGULAR PAP SMEARS.**