Summary of Recommended Guideline

Cervical Cancer Screening: Abnormal Test Results

Key Highlights from the recommended guideline:
- Reporting for Pap smears has changed, and specific protocols are suggested for each kind of abnormality
- HPV-DNA testing, if used correctly, can reduce the need for colposcopy

Scope: This guideline is intended for physicians who look after women with abnormal Pap test results.

How should I manage women with cytology reported as ASCUS (Atypical squamous cells of uncertain significance)?

- Among women 30 and older:
  - Perform an HPV DNA test with cytology. [Level of evidence: C-III]
  - Refer positive HPV-DNA tests for colposcopy. [Level of evidence: Not stated]
  - For negative HPV-DNA tests, repeat cytology in 12 months. After 2 negative cytology tests, resume usual screening regimen. [Level of evidence: Not stated]
- Among women 30 and older who cannot or do not have an HPV-DNA test done, follow recommendations suggested for women under 30 years of age (see below). [Level of evidence: Not stated]
- Among women under age 30
  - Repeat Pap test in 6 months [Level of evidence: C-III]
  - If Pap test is abnormal, refer for colposcopy [Level of Evidence: Not stated]
  - If Pap test is negative, repeat cytology in 6 months [Level of Evidence: Not stated]
  - After 2 negative cytology tests, resume usual screening regimen [Level of Evidence: Not stated]
- Refer directly for colposcopy, without pursuing the above suggested algorithm, when there is a high risk of loss to follow-up or other symptoms suggestive of cervical abnormality such as bleeding. [Level of evidence: A-I]

How should I manage women with cytology reported as ASC-H (Atypical squamous cells: cannot exclude high grade squamous)?

- Refer women with ASC-H for colposcopy. (Level of evidence: A-II)

How should I manage women with cytology reported as LSIL (low-grade squamous intraepithelial lesion)?

- Either refer women with LSIL for colposcopy, or repeat their cytology in six months. [Level of evidence: B-II]
  - If repeat cytology is used and Pap test is abnormal, refer for colposcopy. [Level of evidence: Not stated]
  - If Pap test is negative, repeat cytology in 6 months. [Level of evidence: Not stated]
  - After 2 negative cytology tests, resume usual screening regimen. [Level of evidence: Not stated]
• For women with LSIL who have clinical or cytological evidence of atrophy and no contraindications to using intravaginal estrogen, consider, even though there is limited evidence, a course of intravaginal estrogen followed by repeat cytology approximately a week after completing the regimen. [Level of evidence: CIII]
  o If the repeat cytology shows ASC-US or greater, that is, any results other than “Negative for Intraepithelial Lesion or Malignancy” or “Endometrial cells in woman >40 years of age” (see Ontario Cervical Screening Program Conversion Table), refer for colposcopy [Level of evidence: C-III]

How should I manage women with cytology reported as HSIL (high-grade squamous intraepithelial lesion)?

• Refer women with HSIL for colposcopy. [Level of evidence: A-II]

How should I manage women with cytology reported as AGC (atypical glandular cells)

• Refer women with AGC for colposcopy. [Level of evidence: A-II]
• Where appropriate, women with AGC should also receive endocervical and endometrial sampling. [Level of evidence: A-II]

Levels of Evidence
The levels of evidence used to grade the recommendations in this guideline are as follows:

<table>
<thead>
<tr>
<th>Quality of evidence</th>
<th>Description</th>
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<tbody>
<tr>
<td>I</td>
<td>Evidence from at least 1 randomized controlled trial</td>
</tr>
<tr>
<td>II</td>
<td>Evidence from at least 1 clinical trial without randomization, from cohort or case-controlled analytic studies, or from multiple time series studies or dramatic results from uncontrolled experiments</td>
</tr>
<tr>
<td>III</td>
<td>Evidence from opinions of respected authorities based on clinical experience, descriptive studies, or reports of expert committees</td>
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<table>
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<tr>
<th>Strength of recommendation</th>
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<tbody>
<tr>
<td>A</td>
<td>Good evidence for efficacy and substantial clinical benefit support recommendation for use</td>
</tr>
<tr>
<td>B</td>
<td>Moderate evidence for efficacy or only limited clinical benefit support recommendation for use</td>
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<tr>
<td>C</td>
<td>Evidence for efficacy is insufficient to support a recommendation for or against use, but recommendations may be made on other grounds</td>
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<tr>
<td>D</td>
<td>Moderate evidence for lack of efficacy or for adverse outcome supports a recommendation against use</td>
</tr>
<tr>
<td>E</td>
<td>Good evidence for lack of efficacy or for adverse outcome supports a recommendation against use</td>
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</table>

The above recommendations were derived from the following GAC endorsed guideline:


Rating (out of 4):

Endorsed Date: February, 2007
Planned Review Date: February, 2010

Ontario Guidelines Advisory Committee
500 University Ave., Suite 650,
Toronto, ON M5G 1V7
Telephone: 416-946-7899
Fax: 416-971-2462
Email: contact@gacguidelines.ca

www.gacguidelines.ca