

Fall 2023 Provincial Colposcopy Community of Practice (CoP)

Webinar 2

December 1



Ontario Health
Cancer Care Ontario

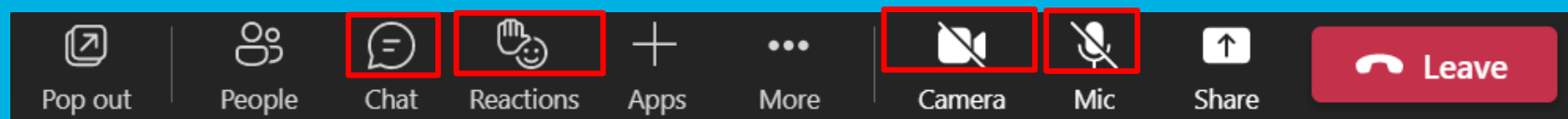
With thanks



Housekeeping items

- Please **mute** yourself when you are not speaking
- Please turn on your **webcam** during discussions
- Please use the **chat box** or **raise hand** option to ask questions or share comments
 - To raise or lower your hand: click the **reactions icon** and select 'Raise/Lower Hand'

Open the task bar by hovering near the middle of the screen



To type in chat box

To share a reaction, raise
or lower hand

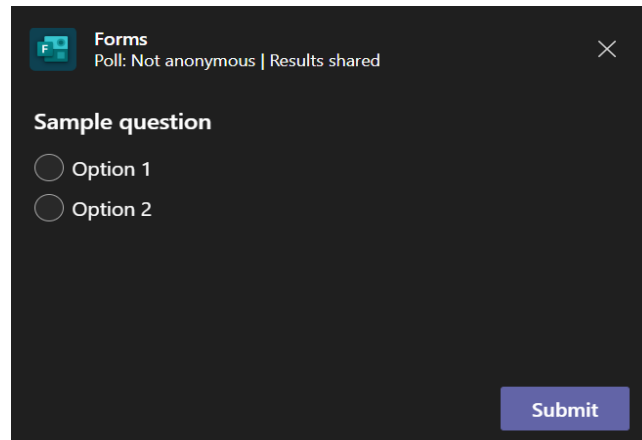
To turn webcam
on/off

To mute/unmute

Poll options

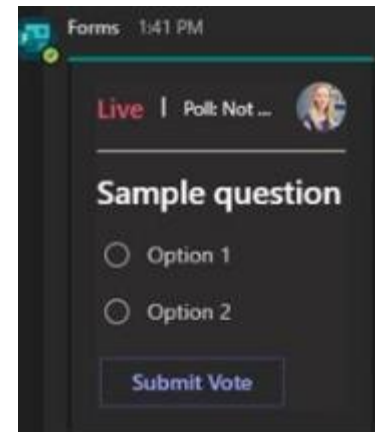
- Polls will either pop up on your screen, appear in the chat box, or both
- You can respond in either location

Poll pop-up



A screenshot of a poll pop-up window. The window has a dark background and a white border. At the top left, there is a small icon of a document with a checkmark, followed by the text "Forms" and "Poll: Not anonymous | Results shared". A close button (an 'X' icon) is in the top right corner. Below this, the text "Sample question" is displayed. Underneath, there are two radio button options: "Option 1" and "Option 2". At the bottom right, there is a blue button labeled "Submit".

Poll in chat box



A screenshot of a poll displayed in a chat box. The chat box has a dark background. At the top, there is a header with a small icon of a document with a checkmark, followed by the text "Forms" and "1:41 PM". Below this, there is a status bar with the text "Live | Poll: Not ..." and a small circular profile picture of a person. The main content area contains the text "Sample question" and two radio button options: "Option 1" and "Option 2". At the bottom, there is a blue button labeled "Submit Vote".

Accreditation

- Today's session is a Royal College of Physicians and Surgeons Accredited Group Learning Activity
- To receive a letter of accreditation for 1.5 credit hours, you must **participate in today's event**

Thank you to our CoP Planning Committee

Dr. Robert Di Cecco

Dr. H el ene Gagne

Dr. Nadia Ismiil

Dr. Felice Lackman

Recording of CoP fall webinar is underway

Please note that this session will be recorded and will be available on the Colposcopy CoP Resources Hub in the coming weeks. You can access the hub here:
cancercareontario.ca/ColposcopyHub

Agenda

Item	Presenter	Time
Welcome and introductions	Christine Stogios	7:30 – 7:35 am
Ontario Cervical Screening Program (OCSP) updates: <ul style="list-style-type: none">• Implementation of human papillomavirus (HPV) testing in Ontario• Trends in cervical screening and colposcopy in Ontario	Dr. Dustin Costescu Dr. Rachel Kupets	7:35 – 7:50am
Case study #1: Management of people with persistent post-treatment low-grade cytology test results	Dr. Dustin Costescu	7:50 – 8:15 am
Overview of new physician-level colposcopy quality reports	Dr. Rachel Kupets	8:15 – 8:30 am
Questions from the field	Dr. Dustin Costescu	8:30 – 8:40 am
Case study #2: Identification of microinvasive cervical cancer on the loop electrosurgical excision procedure (LEEP) specimen	Dr. Rachel Kupets	8:40 – 8:55 am
Concluding remarks	Dr. Dustin Costescu	8:55 – 9:00 am

Learning objectives

Following this webinar, participants will better understand:

- Trends in cervical screening and colposcopy services in Ontario
- How to manage people with persistent post-treatment low-grade cytology test results
- How to access and use the new physician-level cervical screening and colposcopy quality reports
- The appropriate next step for when microinvasive cervical cancer is identified on the LEEP specimen



OCSP updates

7:35 –7:50am

Dr. Dustin Costescu

Dr. Rachel Kupets

Reminder: Regional champions in your area

Regional Cervical Screening and Colposcopy Leads

- Act as clinical champions/experts in the OCSP's cervical screening and colposcopy recommendations
- Lead local activities to support education and quality improvement
- Provide leadership and advise on cervical screening and colposcopy initiatives across the province

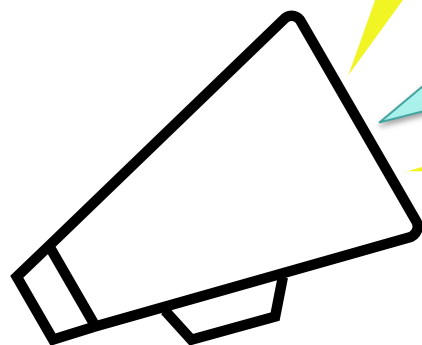
Regional Cervical Screening and Colposcopy Leads

Regional Cancer Program	Lead
Erie St. Clair	Dr. Rahi Victory
South West	Dr. Robert DiCecco
Waterloo Wellington	Dr. Cheryl Lee
Hamilton Niagara Haldimand Brant	Dr. Andra Nica
Central West/ Mississauga Halton	Dr. Tiffany Zigras
Toronto Central	Dr. Michael Shier
Central	Dr. Felice Lackman
Central East	Dr. Nathan Roth
South East	Dr. Elena Park
Champlain	Dr. H�el�ene Gagn�e
North Simcoe Muskoka	VACANT
North East	Dr. Karen Splinter
North West	Dr. Naana Jumah

Connect with your Regional Cervical Screening and Colposcopy Lead for any questions and to learn more about initiatives in your region

Provincial Colposcopy and Cervical Screening Day

Thank you Dr. Tiffany Zigras / the Mississauga Halton Central West Regional Cancer Program for hosting the Provincial Colposcopy and Cervical Screening Day on November 17!



For any questions, feel free to contact

MHCWRCP@THP.ca

Colposcopy resources

- The OCSP has the following resources to help support colposcopists and other providers in the colposcopy community:
 - Guideline-based clinical tools
 - Sample declined referral and discharge letter templates
 - Slides and recordings from past CoP webinars

Resources are available on our Colposcopy
CoP Resources Hub:
cancercareontario.ca/colposcopyhub

Current cytology test result delays in Ontario

- Cytology turnaround times improved substantially over the summer
- Labs across the province have returned to a 10 – 14 day testing turnaround time, which is aligned with performance pre-COVID-19.



Implementation of HPV testing in Ontario

Preparing for launch: HPV testing implementation

- OCSP screening & colposcopy recommendations
- OCSP screening & colposcopy requisition forms
- Recommendations to Ministry about schedule of benefits

Updates to
program
design

HPV test
system & lab
services
provider(s)

- HPV test system & laboratory service provider(s) vendor selection & onboarding
- Platform installation & staff training
- Develop provider relationships & change management
- Configure technical systems to support OCSP requirements
- Development of standard operating procedures

Launch Date:
2025*

Updates to Ontario Health data systems to support

- Data collection
- Correspondence
- Screening Activity Report
- Updates to program reporting

Changes to
information
technology

Change
management
activities

- Resources for providers offering screening & colposcopy
- Provider education sessions
- Revised correspondence letters for participants
- Updated public & provider webpages

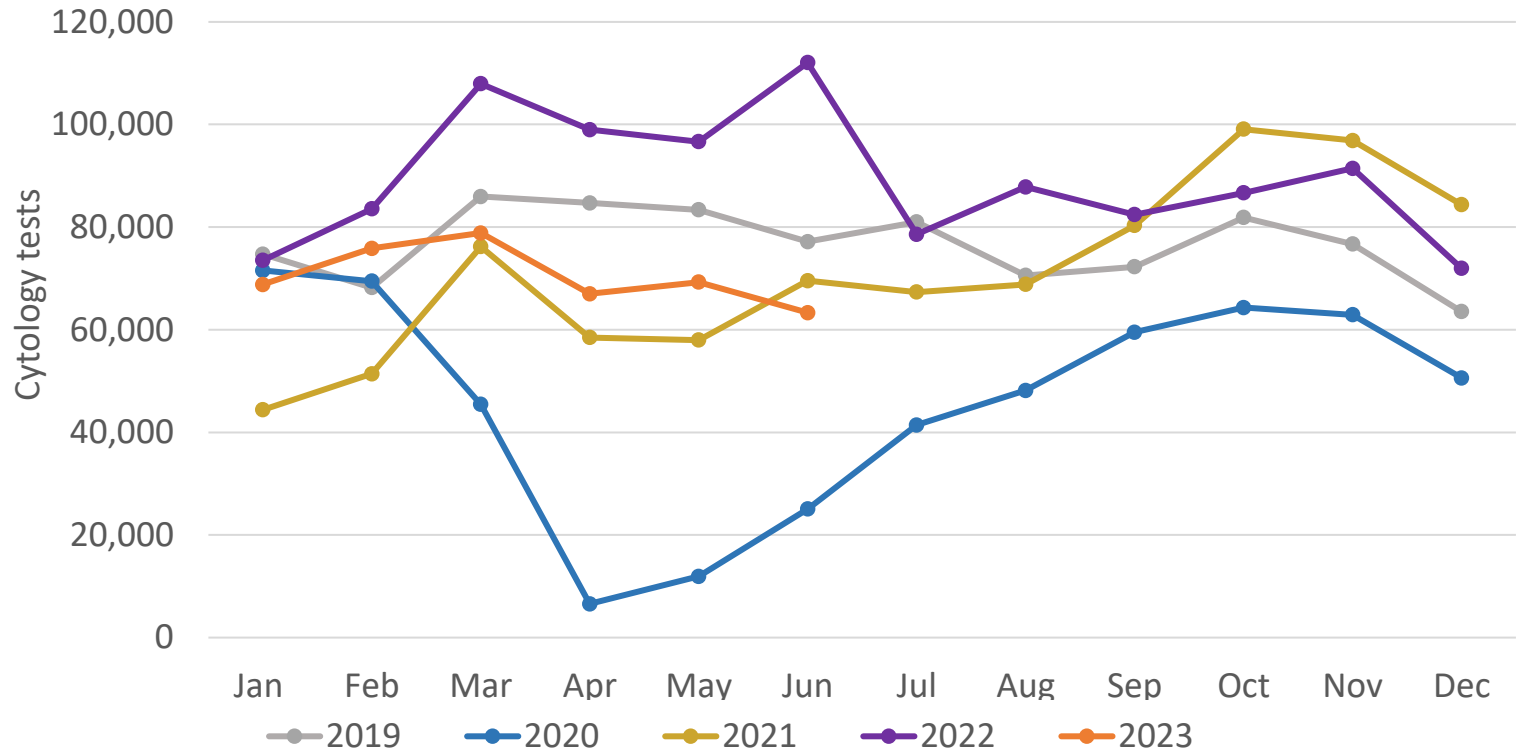
Reminder: Self-collected HPV testing

- There is evidence that self-collected HPV testing can improve screening participation, particularly for under/never screened populations
- There are important regulatory, clinical and implementation considerations that must be considered and addressed before integrating self-collected HPV testing into the OCSP
- As such, self-collected HPV testing will not be ready at go-live
- A pilot will be initiated after launch to inform how self-collected HPV testing will be used in the OCSP in the future



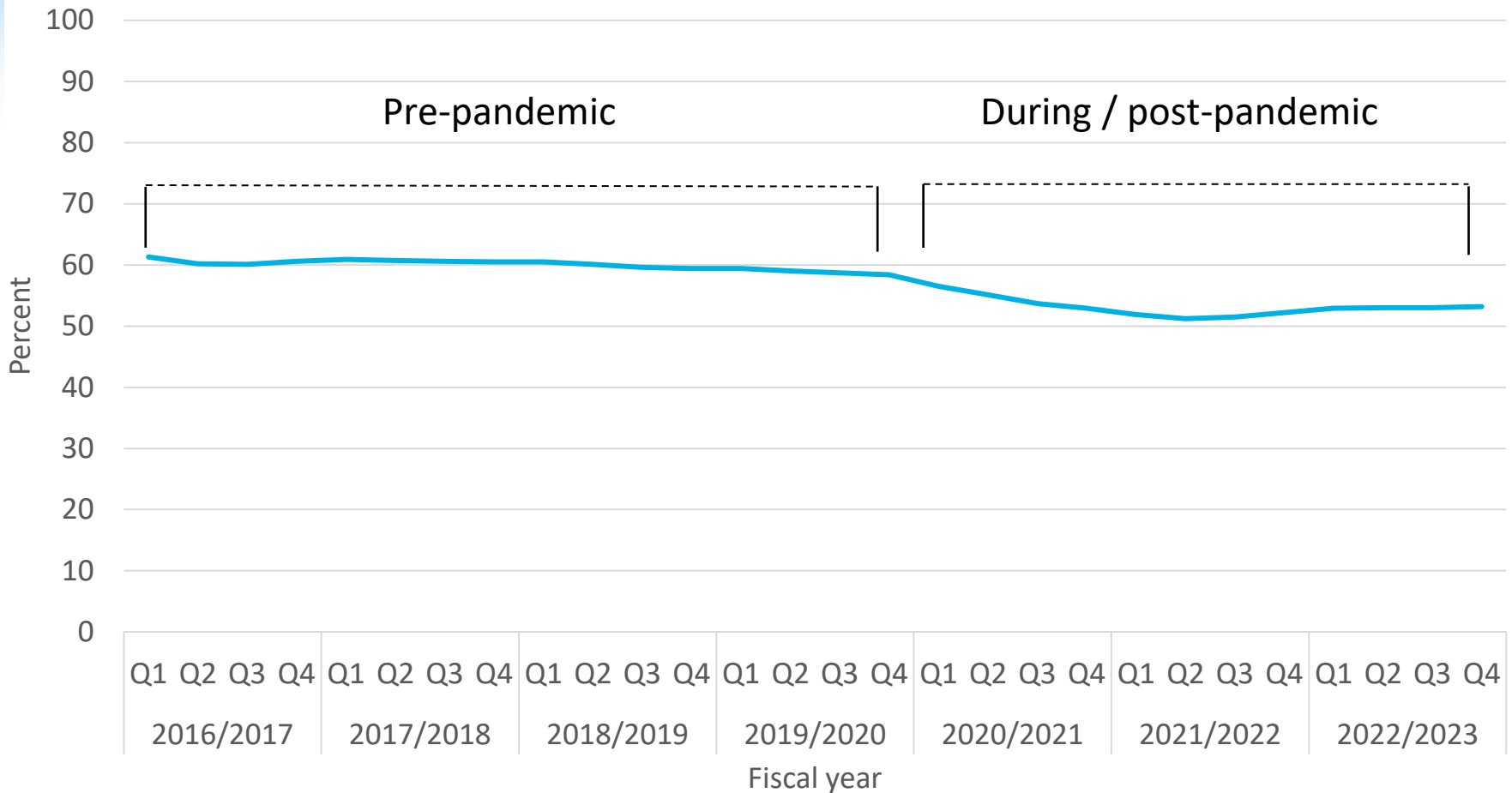
Trends in cervical screening and colposcopy in Ontario

Cytology test volumes by month



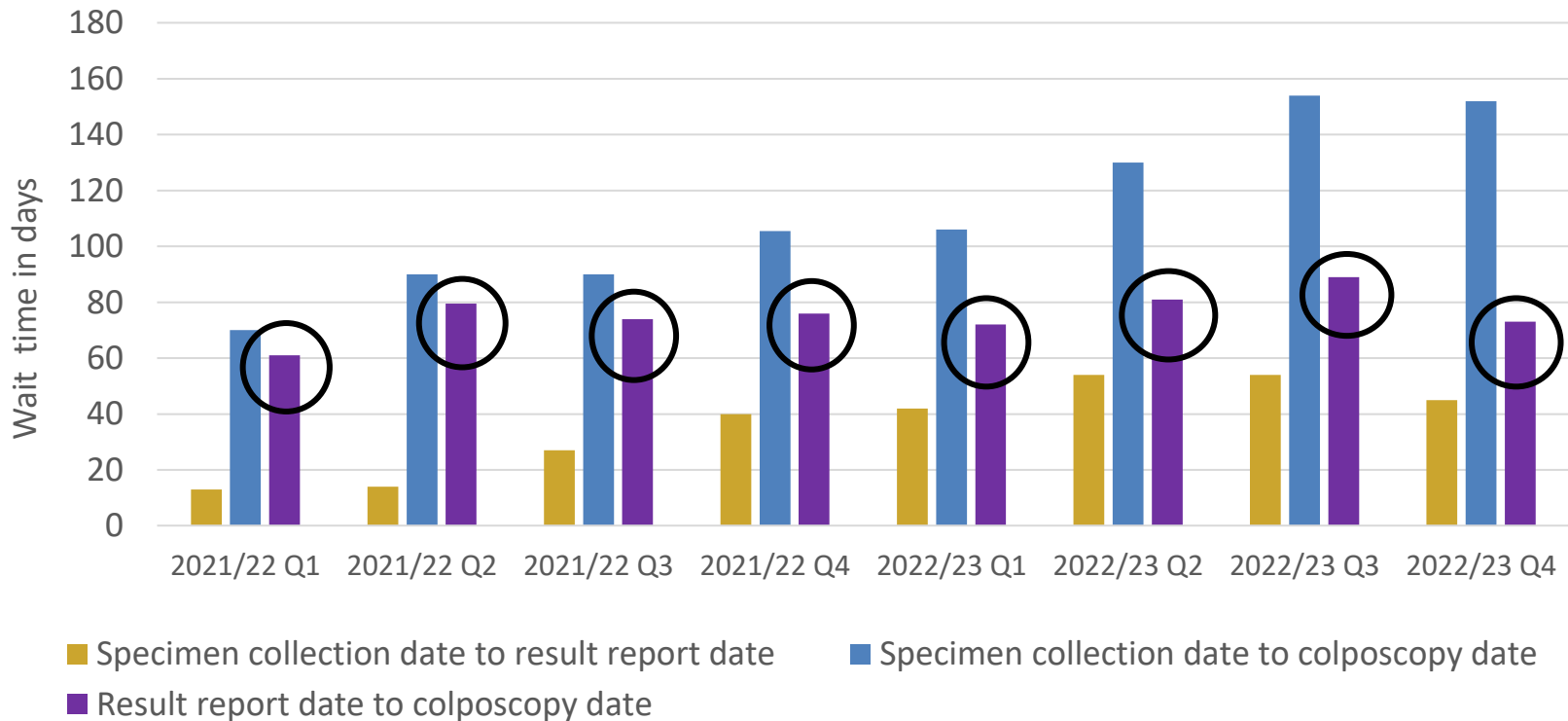
Cytology test volumes have generally exceeded volumes of past years reflecting recovery of cervical screening

OCSP participation



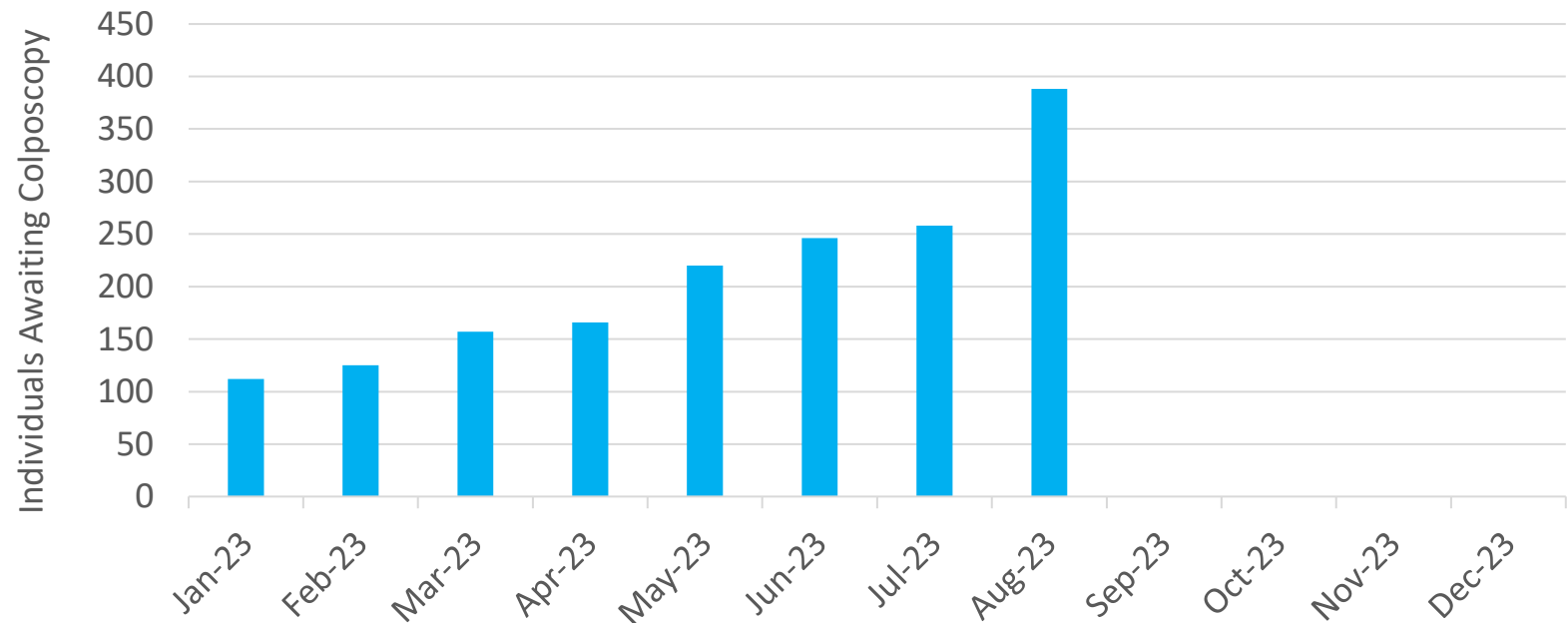
Participation has slightly increased, but has not yet recovered to pre-pandemic percentages

Wait time (in days) from high-grade cytology test to colposcopy



Once impact of lab delays is accounted for, wait times are fairly consistent

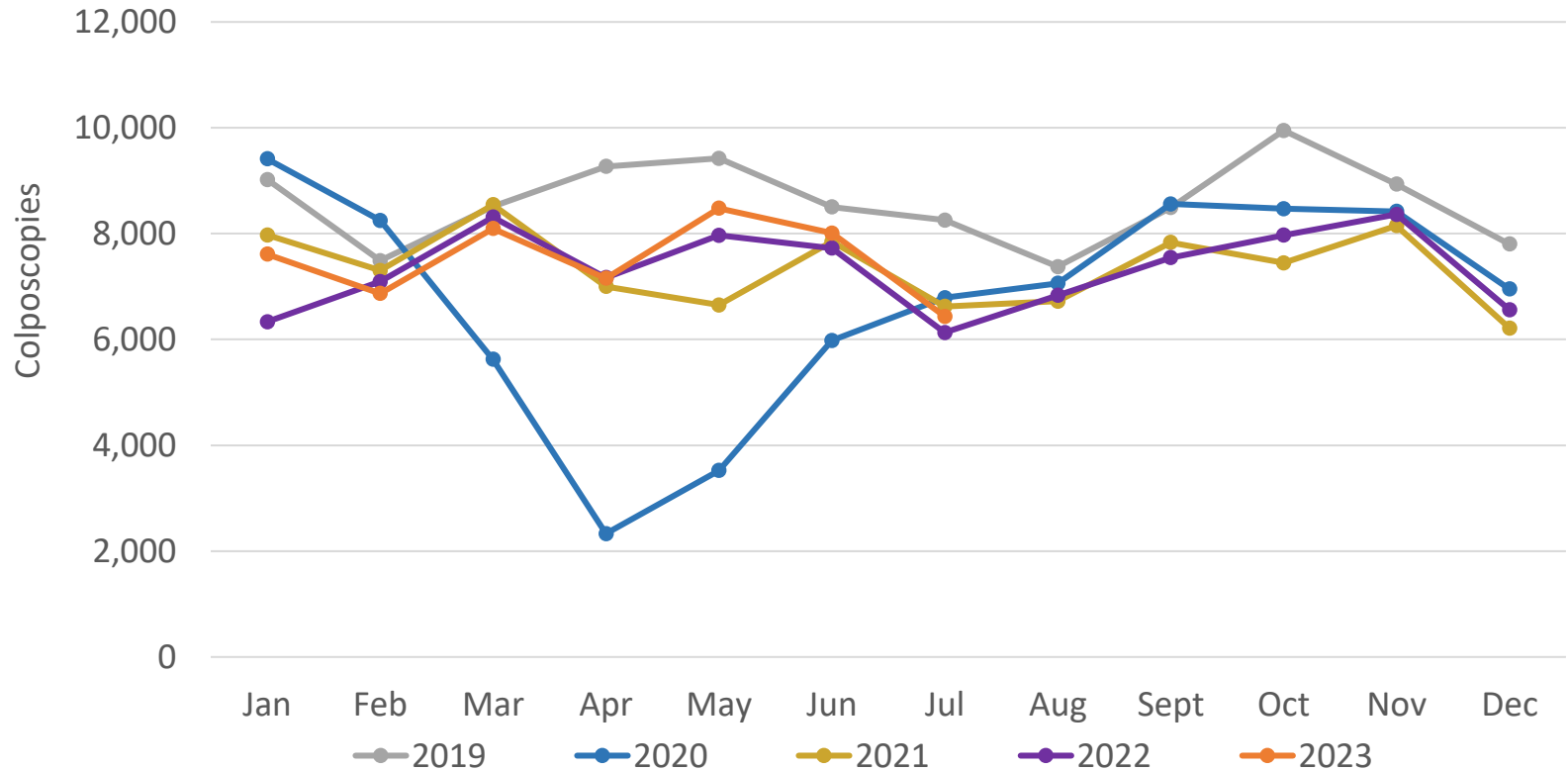
Number of individuals with a high-grade cytology test with no follow-up



Note: The most recent 2 months of data may be incomplete due to data lag

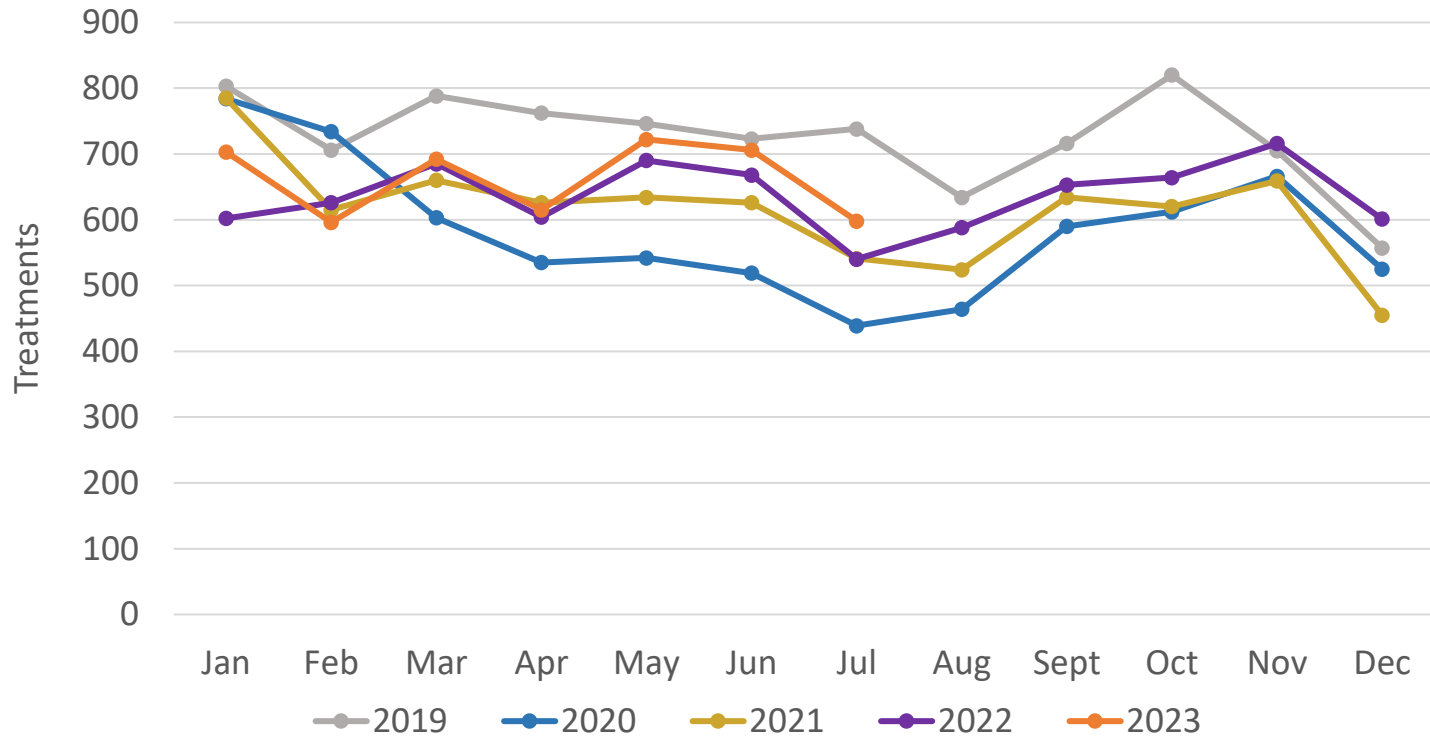
Colposcopists and primary care providers should continue to collaborate to ensure that people with high-grade results have a follow-up colposcopy

Colposcopy volumes by month




2023 colposcopy volumes are closely following the trends of 2022 volumes

Treatment volumes by month



2023 treatment volumes are closely following the trends of 2022 volumes



Case study #1: Management of people with persistent post-treatment low-grade cytology test results

7:50 – 8:15 am

Dr. Dustin Costescu

Patient history

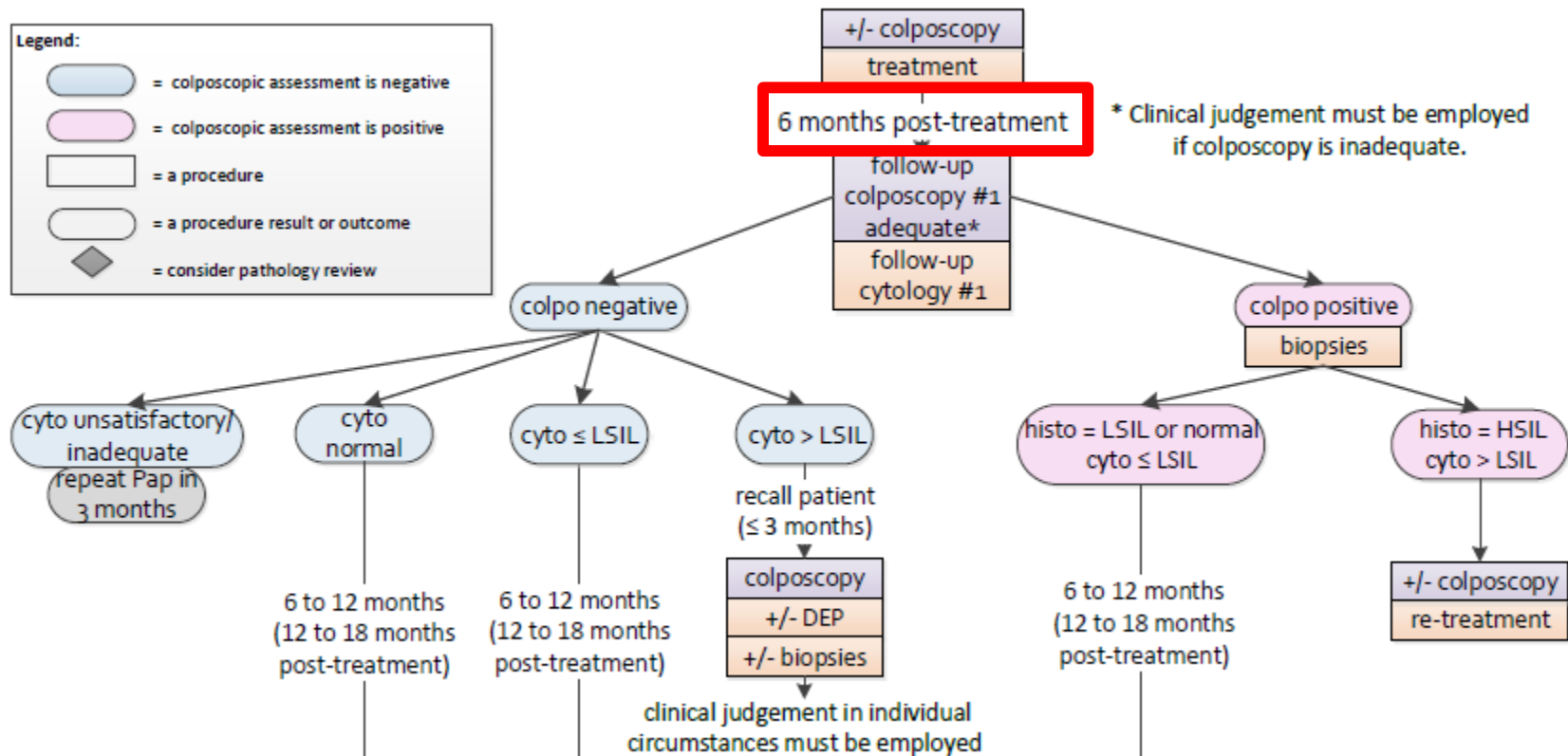
- Referred to colposcopy with low-grade squamous epithelial lesion (LSIL) cytology
- High-grade squamous intraepithelial lesion (HSIL) histology is detected at initial colposcopy visit
- A loop electrosurgical excision procedure (LEEP) is performed at the second colposcopy visit and **margins are negative**

What is the recommended next step?

- A. Follow-up in colposcopy in 3 months
- B. Follow-up in colposcopy in 6 months
- C. Discharge to primary care for annual screening

Answer poll in chat
or via pop-up

Post-treatment pathway for SIL management regardless of age (HPV testing not available)



Post-treatment colposcopy visit

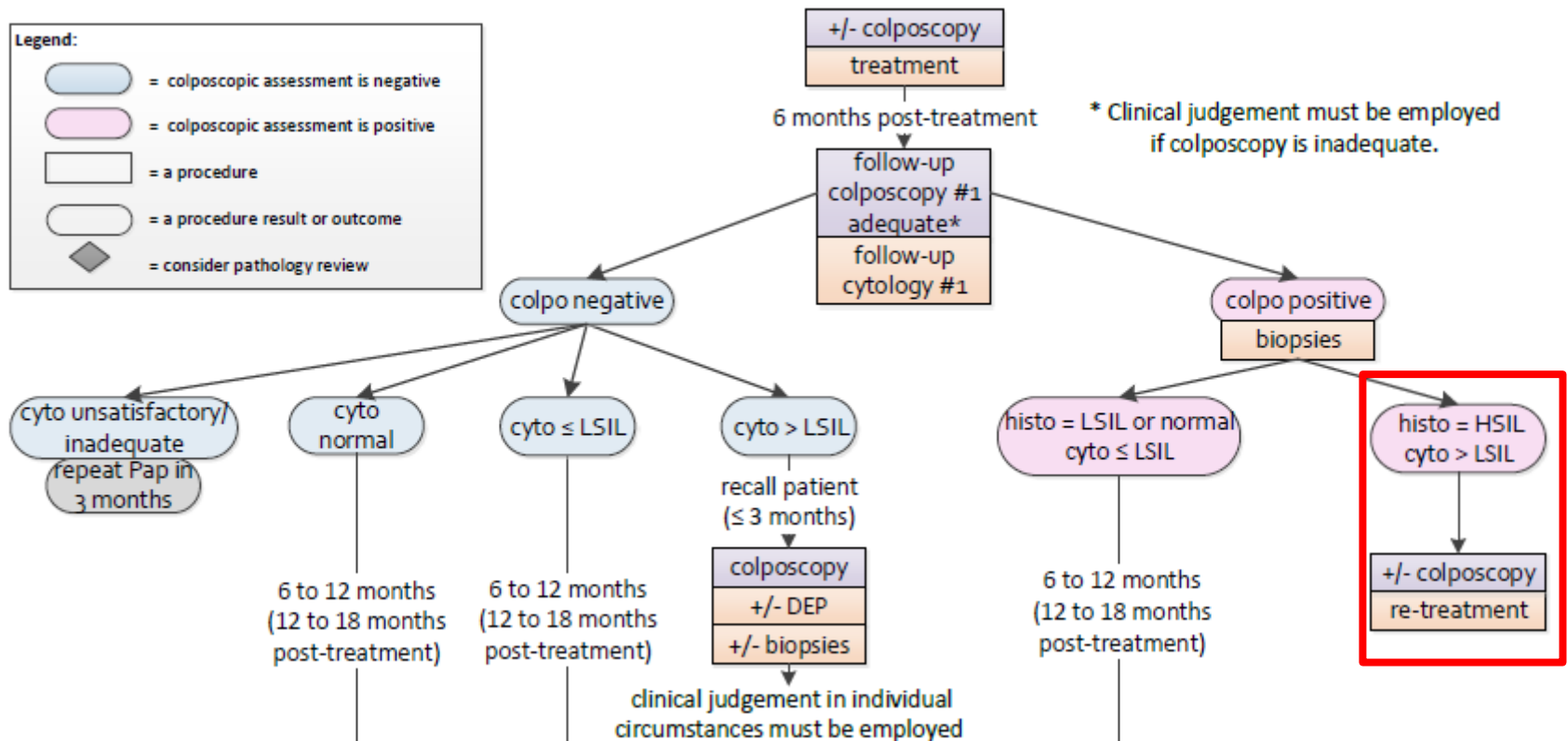
- At the first post-treatment colposcopy visit in 6 months, colposcopy is positive and a biopsy and cytology test are carried out
- HSIL histology is detected and cytology test result is HSIL

What is the recommended next step?

Answer poll in chat
or via pop-up

- A. Re-treatment with a LEEP
- B. Follow-up in colposcopy in 6 to 12 months
- C. Follow-up in colposcopy in 3 months

Post-treatment pathway for SIL management regardless of age (HPV testing not available)



Management after re-treatment

- Patient underwent re-treatment with LEEP and **margins are negative**
- 6 months after re-treatment, colposcopy is negative (i.e., high-grade dysplasia is not detected) and cytology test result is LSIL

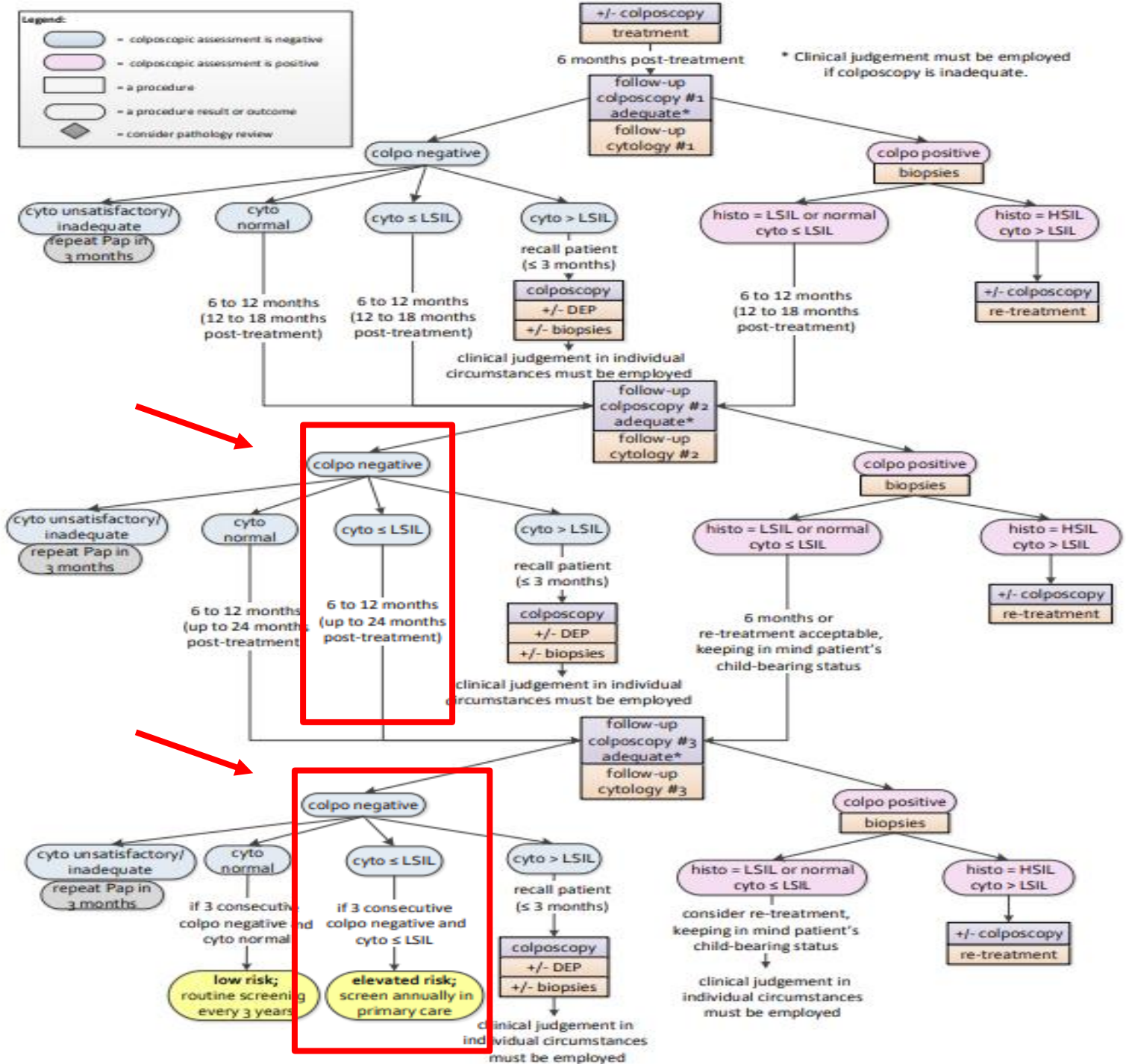
How many more post-treatment visits are required before discharge if subsequent colposcopies are negative and all cytology test results are LSIL?

- A. 2 visits
- B. 3 visits
- C. 4 visits
- D. Keep in colposcopy until cytology is normal

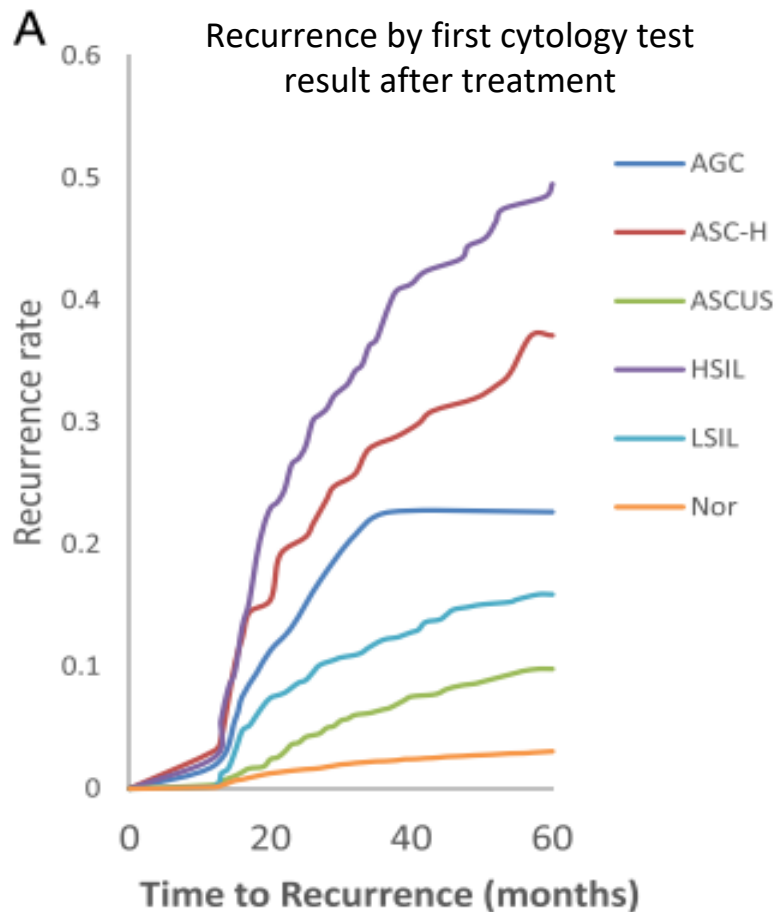
Answer poll in chat or
via pop-up

Legend:

- colposcopic assessment is negative
- colposcopic assessment is positive
- a procedure
- a procedure result or outcome
- consider pathology review



Recurrence rate of HSIL* and AIS histology by first cytology test result after treatment (ON data)



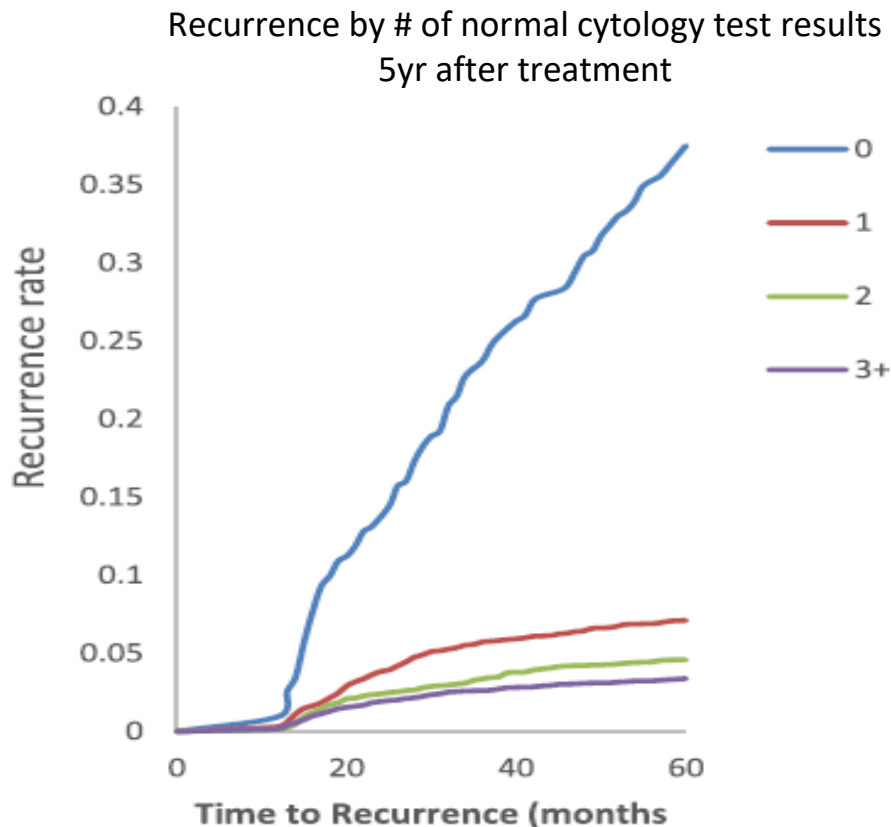
Key take-aways

- Highest risk of recurrence occurs when the first cytology test result after treatment is a high-grade
- Patients with persistent low-grade cytology test results after treatment can return to annual screening after 3 negative follow-up visits in colposcopy

*defined in study as CIN3

Recurrence rate of HSIL* and AIS histology by # of normal cytology test results after treatment

B



Key take-away
Lowest risk of recurrence occurs with 3+ normal cytology test results after treatment

*defined in study as CIN3

Reference: Swift BE, Wang L, Jembere N, Kupets R. Risk of recurrence after treatment for cervical intraepithelial neoplasia 3 and adenocarcinoma in situ of the cervix: recurrence of CIN 3 and AIS of cervix. J Low Genit Tract Dis. 2020;24(3):252-8

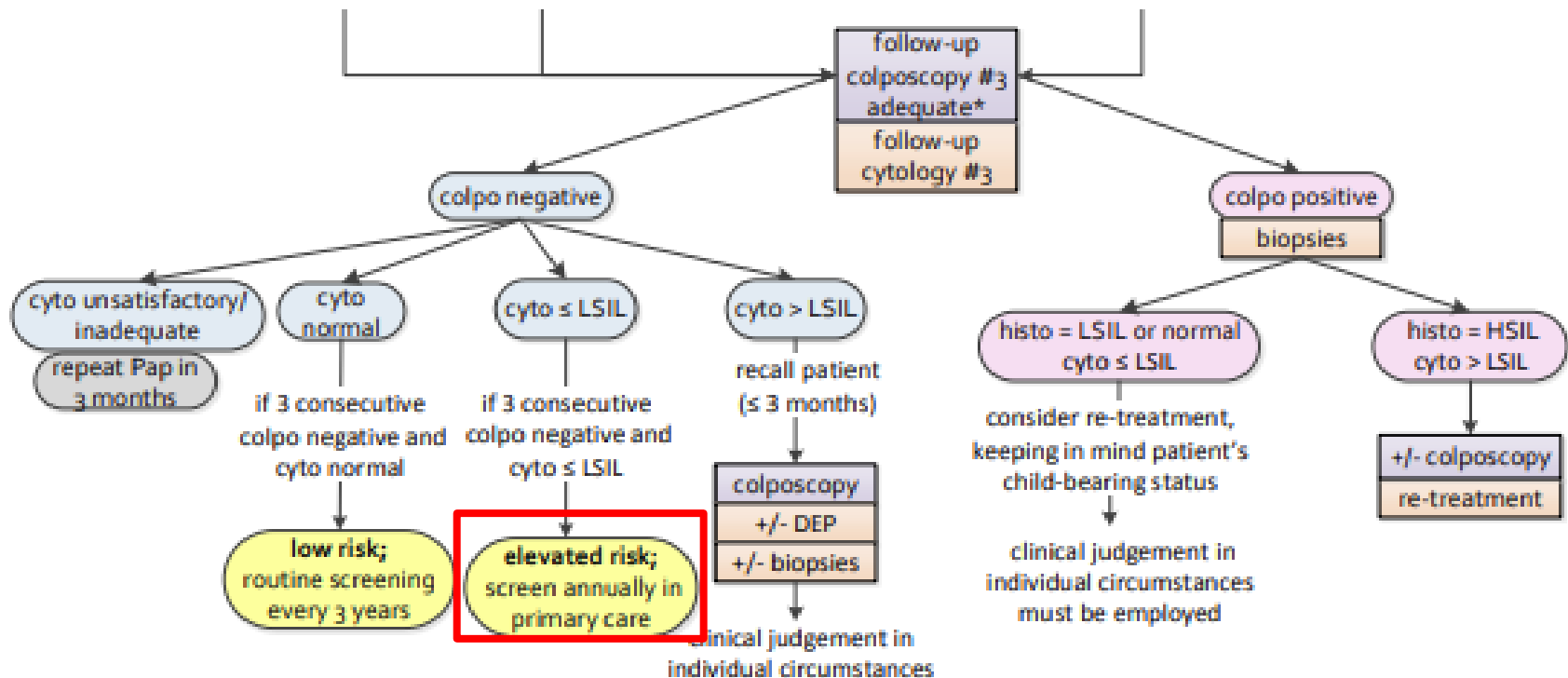
Discharge from colposcopy to primary care

- After 2 more colposcopy visits where colposcopies are negative and cytology test results are LSIL, the patient can be discharged to annual screening in primary care

Your patient has been discharged from colposcopy and can resume cervical screening in primary care; see below for guidance on next steps:

- Your patient is at **average risk** of developing cervical pre-cancer or cancer, so they should resume **routine cervical screening in 3 years** based on the following results from colposcopy:
- HPV testing was not conducted: Normal (NILM) cytology results at 3 consecutive visits, *or*
 - HPV testing was conducted: HPV-negative AND normal (NILM) or low-grade cytology (ASCUS or LSIL) results at last visit
- Your patient is at **slightly elevated risk** of developing cervical pre-cancer or cancer, so they should resume **annual screening** based on the following results from colposcopy:
- HPV testing was not conducted: A combination of normal (NILM) or low-grade cytology (ASCUS or LSIL) results at 3 consecutive visits, *or*
 - HPV testing was conducted: HPV-positive (regardless of subtype) AND normal (NILM) or ASCUS cytology results at last visit

Discharge from colposcopy to primary care



How management would differ if HPV testing is available in your facility

- After re-treatment with a LEEP, follow-up in 6 to 12 months with colposcopy and HPV/cytology co-test
- Only 1 additional post-treatment visit (vs. 2 visits without HPV testing) would be required before discharge
- Discharge recommendations differ depending on the HPV test result:
 - If HPV-negative, discharge to screening in 3 years
 - If HPV-positive, discharge to annual screening



Overview of new physician-level colposcopy quality reports

8:15 – 8:30 am

Dr. Rachel Kupets

Goals of the report

- Reports were disseminated to 438 colposcopists in September 2023
- **Purpose:** Promote awareness of individual performance to encourage self-assessment and quality improvement*
- **Goal:** Ensure that these services lead to desired health outcomes and are consistent with best practice
- **Action:** Review your individual outcomes, identify opportunities for quality improvement and develop an improvement plan
- These reports are mechanism for audit and feedback to individual physicians and not intended to be punitive or place blame

Quality improvement

- Opportunity to use the physician report as part of the CPSO Quality Improvement (QI) Program to engage in self-reflection, self-improvement and meeting quality requirements in five-year cycles
- These reports can fulfill the QI program either as a colposcopy practice or an individual physician.

At a glance: Colposcopy in Ontario



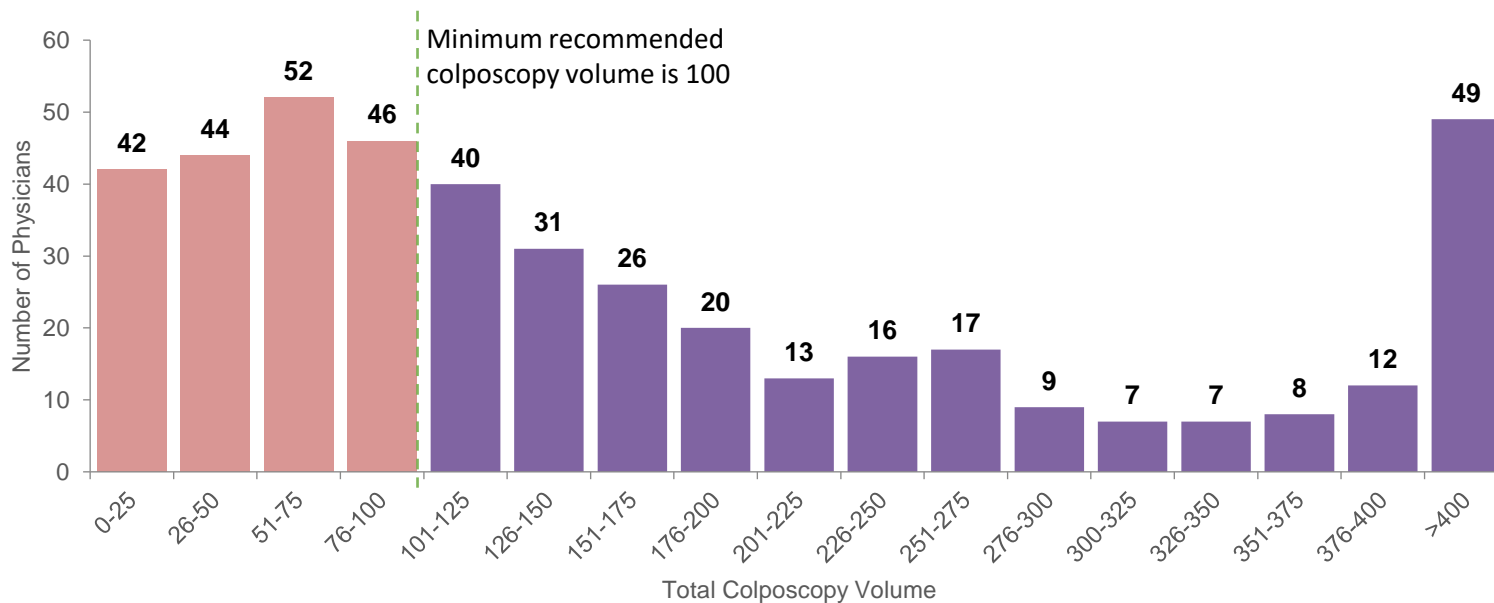
- Total colposcopy volume: **88,083**
- Total number of colposcopists: **439**
 - Total treatment volume: **7,295**
- Number of physicians who performed colposcopy per 10,000 people: **0.9/10,000**

At a glance: Physician data

Total colposcopy volume

Total Ontario colposcopy volume 2022

88,083

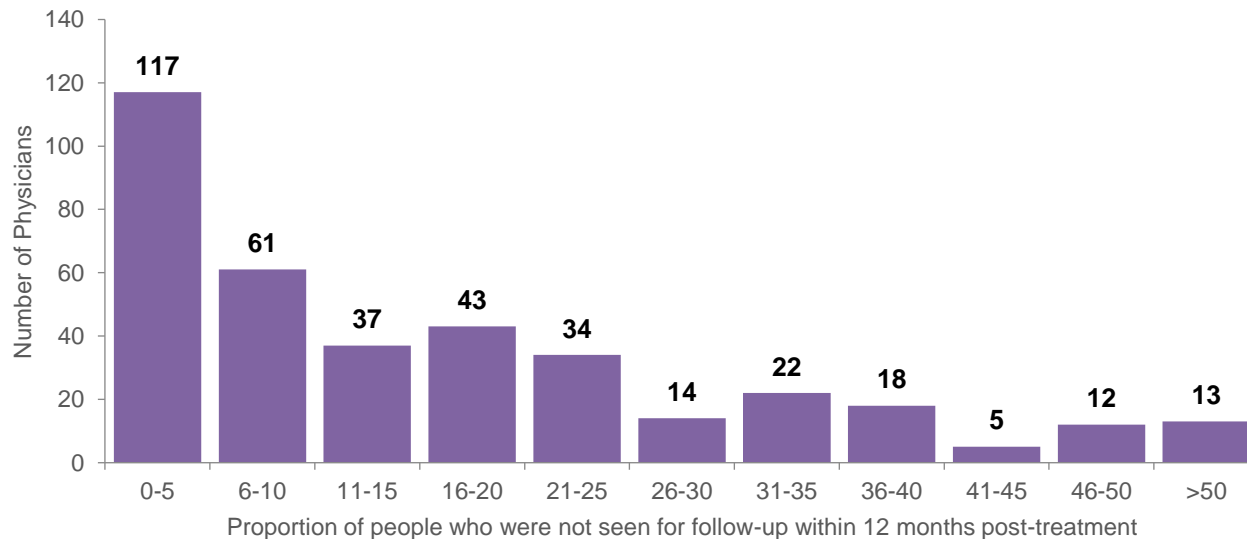


At a glance: Physician data

Proportion of people who were not seen for follow-up within 12 months post-treatment

Ontario: 2022

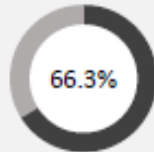
14.9% (Denominator 5,422)



How to use your report

Total colposcopy volume, 2022

(target: ≥100 total colposcopies
for any indication) and ≥ 25% are initial colposcopies)



New colposcopy

Your total colposcopy volumes: 190

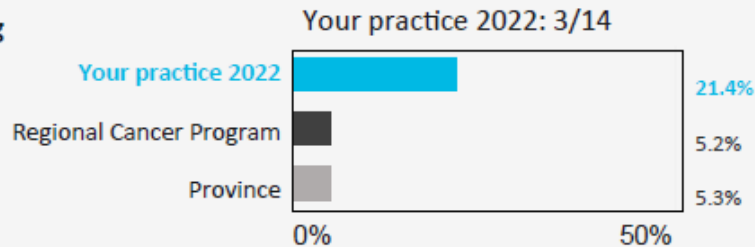
Your initial colposcopy volumes: 126

Your follow-up colposcopy (with biopsy) volumes: 57

Your follow-up colposcopy (without biopsy) volumes: 7



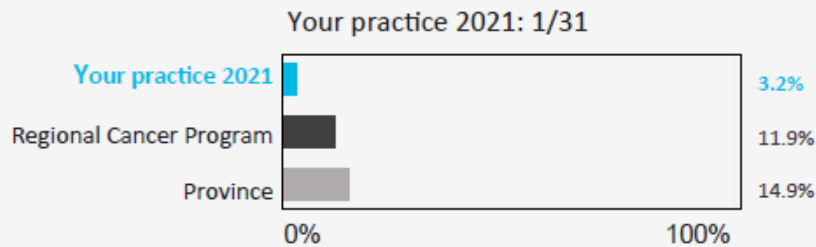
Proportion of people seen for colposcopy following their first-time ASCUS cytology test result†, 2022



Candidate for a physician-level quality improvement initiative

Proportion of people who were not seen for follow-up within 12 months post treatment, 2021

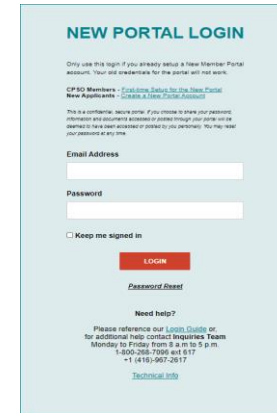
*May capture other lower genital tract treatments beyond the cervix



How to access your report: ONE ID self-registration

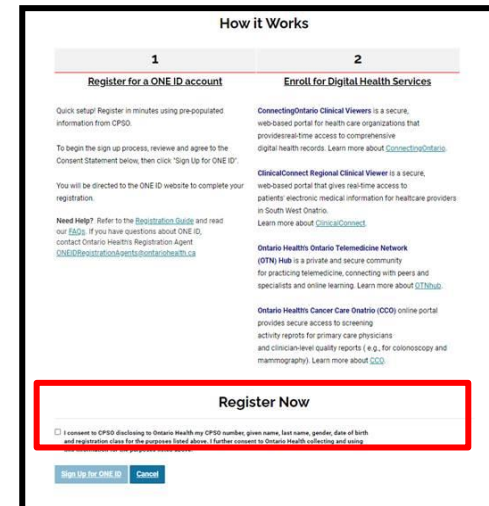
Step 1:

Physicians can self-register for ONE ID via the CPSO website using your account credentials.



Step 2:

Once signed up, a ONE ID username (first.last@oneid.on.ca) and password will be generated (ONE ID credentials).



How to access your report: eReport portal

Step 3:

a. Navigate to eReport portal:

<https://ereport.ontariohealth.ca/>



b. Select ONE ID and login using your ONE ID account credentials

A screenshot of the ONE ID login page. The page has a header with the Ontario Health logo on the left and the ONE ID logo on the right. The ONE ID logo includes the text "ONE ID Identity & Access Management" and "Help Links". Below the header, the text "ONE ID Identity & Access Management" and "ONE ID identity and access management enables secure access to eHealth services." is displayed. A prompt says "Please log in with your login ID and password." Below this are two input fields: "*Login:" and "*Password:". A red rectangular box highlights the "Login" button and the links "Forgot Login ID" and "Forgot Password" located below the password field.

FAQs

- Why do I have low volumes for the indicator “number of treatments performed for cervical pre-cancer or cancer”?
 - Due to a data lag in the Ontario Cancer Registry, the data is reported from January to June 2022 (i.e., your full year worth of volumes is therefore not reflected).
- How is the indicator “proportion of people who were not seen for follow-up within 12 months post-treatment” defined? I work in a practice and patients are sometimes followed-up with another colposcopist in my practice.
 - The patient is assigned to the physician (Dr. X) who performed the procedure. If Dr. X performs the procedure for Dr. Y, the patient will appear as lost to follow-up for Dr. X.



Questions from the field

8:30 – 8:40 am

Dr. Dustin Costescu

Questions from the field

Question:

- Is information available regarding HPV screening and collection methods, including HPV vaginal swabs?

Answer:

- Ontario Health is procuring a single HPV test system vendor to supply goods and services for the province
- A resource on how to collect a specimen with the future state HPV test will be made available for providers
- Self-collected HPV testing will not be part of the OCSP at launch

Questions from the field

Question:

- How do I ensure patients have proper follow-up after discharge from colposcopy if they do not have a primary care provider?

Answer:

- Ongoing colposcopy should not be performed on patients who do not have a primary care provider
- If no primary care provider is available, consider seeing the patient in a gynecology practice (yours or a colleague's)
- You may refer patient to [Health811.ontario.ca](https://www.health811.ontario.ca) or have them call Health811 at 811 (TTY:1-866-797-0007)
- If available, you may also refer patient to sexual health clinics, public health units, walk-in clinics or mobile screening coaches

Questions from the field

Question:


- How can I optimize efficiency in communicating results to patients in the community setting?

Answer:

- You may refer your patients to mypathologyreport.ca which helps patients read and understand their pathology reports
- In some colposcopy clinics, nurses may help in communicating results to patients
- Your regional CSCL may be able to provide you with potential regional resources

What are some suggestions and/or tips you may have for communicating results to patients?

Type in chat box



Case study #2: Identification of microinvasive cervical cancer on the LEEP specimen

8:40 – 8:55 am

Dr. Rachel Kupets

Patient history

- Age 38
- Overdue for cervical screening
- Cytology test performed in primary care and referred to colposcopy with HSIL cytology
- HSIL histology detected at initial colposcopy visit
- Patient does not desire future fertility

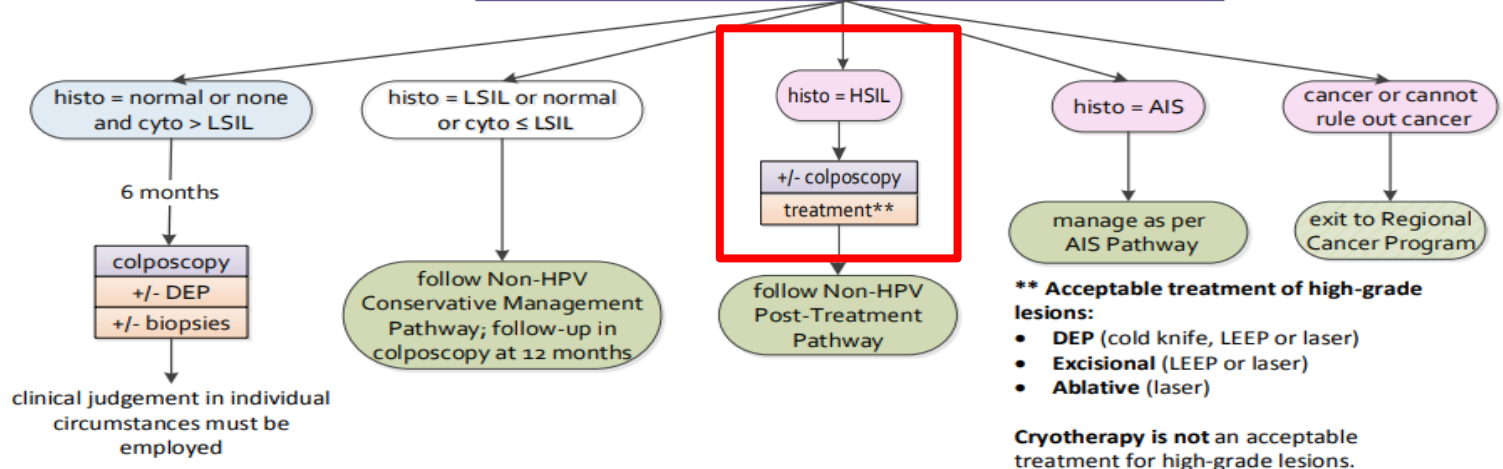
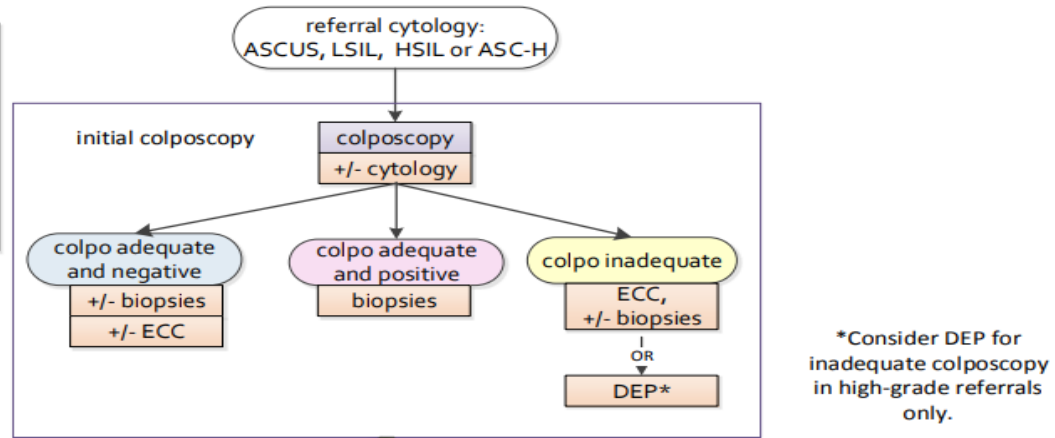
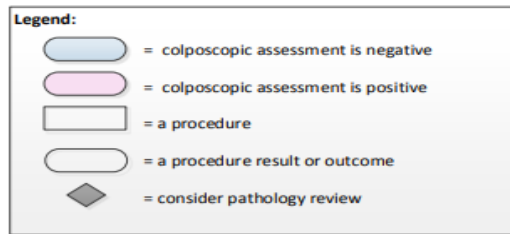
What is the recommended next step?

- A. Perform a hysterectomy
- B. Perform a LEEP
- C. Perform a cytology test

Answer poll in chat or
via pop-up



Pathway for workup and treatment: SIL referral in people ≥ 25 (HPV testing not available)



Colposcopy visit #2

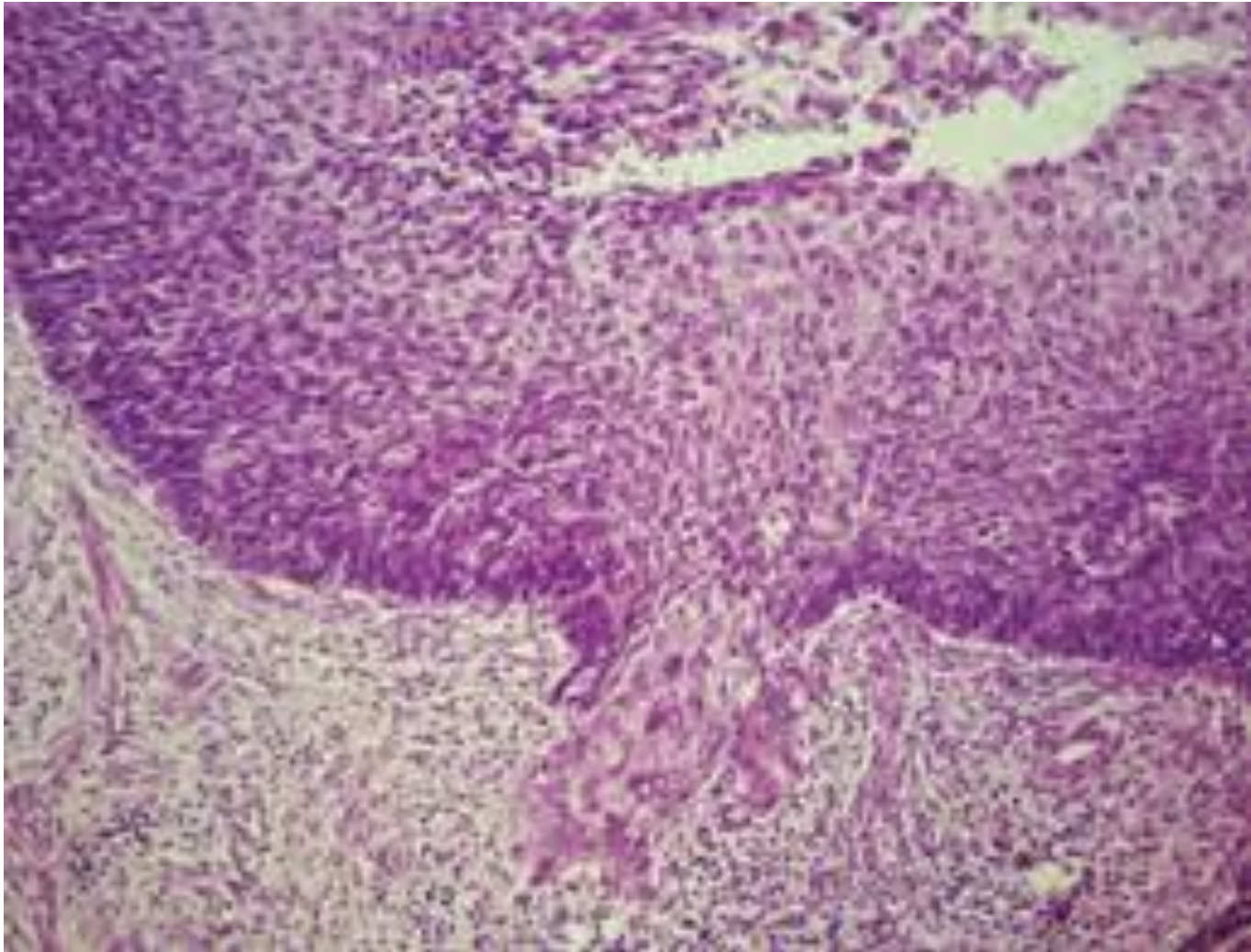
- A LEEP is performed at the second colposcopy visit
- HSIL histology is detected on the LEEP specimen with a focus of invasive squamous cancer of 1mm depth; margins are negative for carcinoma and pre-invasive disease

What is the next step?

Answer poll in chat or
via pop-up

- A. Perform a hysterectomy
- B. Repeat a LEEP
- C. Perform a cytology test
- D. Refer patient to gynecologic oncologist

1mm depth of invasion



Source: International Agency for Research on Cancer (IARC) Publications

Cervical cancer pathway maps

- Ontario Health has cervical cancer pathway maps that provide an overview of best management practices during specific phases of the cervical cancer continuum

These pathways are available at:
www.cancercareontario.ca/en/pathway-maps/cervical-cancer



Final remarks

8:55 – 9:00 am

Dr. Dustin Costescu

Accreditation

Royal College of Physicians and Surgeons of Canada – Section 1:

This event is an Accredited Group Learning Activity (Section 1) as defined by the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada, approved by Continuing Professional Development, Faculty of Medicine, University of Toronto. You may claim up to a maximum of 1.5 hours (credits are automatically calculated).

What's next?

- Please fill out the post-webinar survey – survey link will be emailed to CoP webinar attendees
- Share your feedback and questions with us at ColposcopyCoP@ontariohealth.ca

Next CoP webinar: **Spring 2024** (dates TBD)



*Thank
You!*