Spring 2023 Provincial Colposcopy Community of Practice (CoP)

Webinar 2

June 1

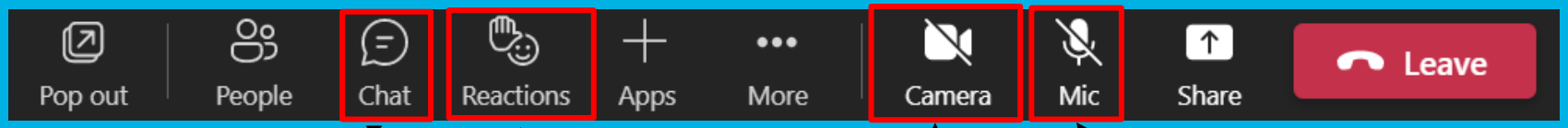
Ontario Health
Cancer Care Ontario

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

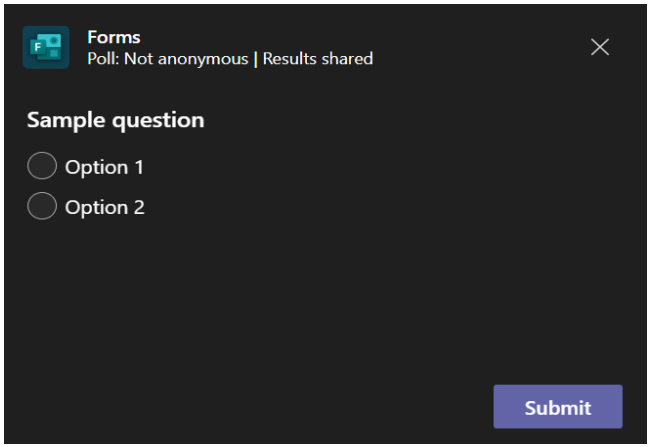
To turn webcam on/off

To mute/unmute

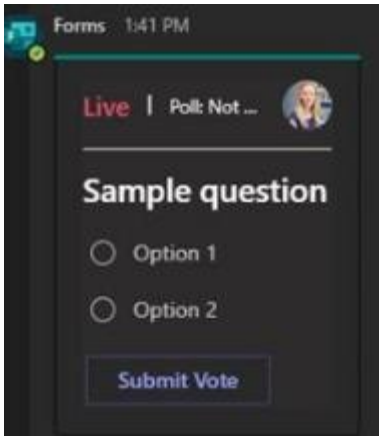
Poll options

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

Poll pop-up



Poll in chat box



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**
  - **Be registered as a member of the CoP**

Thank you to our CoP Planning Committee

Dr. Robert Di Cecco

Dr. Hélène Gagne

Dr. Nadia Ismiil

Dr. Felice Lackman

Recording of CoP spring 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: www.cancercareontario.ca/en/colposcopy-resources-hub

Agenda: Webinar 2

Item	Presenter	Time
Welcome and introductions	Bronwen McCurdy	5:30 – 5:35 pm
Ontario Cervical Screening Program (OCSP) updates: • Implementation of human papillomavirus (HPV) testing in Ontario • Cervical screening and colposcopy: Current state in Ontario	Dr. Dustin Costescu Dr. Rachel Kupets	5:35 – 5:45 pm
Case study #1: Associated risks of high-grade squamous intraepithelial lesion (HSIL) histology for people with HPV-positive and low-grade cytology results	Dr. Dustin Costescu	5:45 – 6:05 pm
Cervical screening and colposcopy quality reporting	Dr. Rachel Kupets Dr. Dustin Costescu	6:05 – 6:20 pm
Questions from the field	Dr. Dustin Costescu	6:20 – 6:35 pm
Case study #2: Post-treatment management for adenocarcinoma in-situ (AIS) histology	Dr. Rachel Kupets	6:35 – 6:55 pm
Concluding remarks	Dr. Rachel Kupets	6:55 – 7:00 pm

Learning objectives

Following this meeting, participants will better understand:

- Trends in cervical screening and colposcopy services in Ontario
- The associated risks of HSIL histology for people with HPV-positive and low-grade cytology results
- What to expect from the *future* colposcopy quality physician-level reports and how to ensure colposcopists can benefit from quality reporting activities
- Post-treatment management for AIS histology

OCSP updates

5:35 – 5:45 pm

Dr. Dustin Costescu

Dr. Rachel Kupets

New regional Cervical Screening and Colposcopy Leads

Hamilton Niagara Haldimand Brant	Dr. Andra Nica
Waterloo Wellington	Dr. Cheryl Lee
North East	Dr. Karen Splinter
Central West / Mississauga Halton	Dr. Tiffany Zigras

Connect with your regional Cervical Screening and Colposcopy Lead to learn more about engagements & quality initiatives in your region

Now available: Updated discharge and declined referral letter templates

- Updated to reflect changes to cervical screening recommendations
- Gender neutral language
- New layouts

Available on the Colposcopy CoP Resources Hub:
www.cancercareontario.ca/en/colposcopy-resources-hub

Now available: Discharge letter

FINAL DISCHARGE RECOMMENDATIONS
COLPOSCOPY SERVICES

Patient information:

Colposcopist's name:
Contact information:
Date:

Your patient has been discharged from colposcopy[1] 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[2] or cancer, so they should resume **routine cervical screening** in **3 years** based on the following results from colposcopy:

- ☐ HPV testing was not conducted[3]: Normal (NILM) cytology results at 3 consecutive visits, *or*
- ☐ HPV testing was conducted[3]: 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[2] or cancer, so they should resume **annual screening** based on the following results from colposcopy[4]:

- ☐ HPV testing was not conducted[3]: A combination of normal (NILM) or low-grade cytology (ASCUS or LSIL) results at 3 consecutive visits, *or*
- ☐ HPV testing was conducted[3]: HPV-positive (regardless of subtype) AND normal (NILM) or ASCUS cytology results at last visit

AIS: adenocarcinoma in situ; ASCUS: atypical squamous cells of undetermined significance; HPV: human papillomavirus; HSIL: high-grade squamous intraepithelial lesion; LSIL: low-grade squamous intraepithelial lesion; NILM: negative for intraepithelial lesion or malignancy

For further information on the Ontario Cervical Screening Program's screening and colposcopy recommendations see https://cancercare.on.ca/pcs/screening/cervscreening/hcpresources.

[Physician Name], MD, Colposcopist

Now available: Declined referral letter

DECLINED REFERRAL FORM
NOTICE: COLPOSCOPY NOT REQUIRED

Colposcopist's name:
Contact information:
Date:

Patient information:

Based on this patient's referral cervical screening test result(s), this patient is not at an elevated risk of having/developing cervical pre-cancer (histology results: HSIL or AIS) or cancer. This patient's referral cytology does not meet the referral threshold to colposcopy, so they **do not require a colposcopic assessment.**

The Ontario Cervical Screening Program recommends that people with the following cervical screening results are referred to colposcopy:

Cervical screening test results to refer to colposcopy
Screening with cytology: • A high-grade cytology result (ASC-H, HSIL, AGC, or AIS) • A low-grade cytology result (ASCUS or LSIL) followed by another low-grade cytology result (ASCUS or LSIL) at the 12 month repeat cytology test • A low-grade cytology result (ASCUS or LSIL) followed by a normal cytology result (NILM) at the 12 month repeat cytology test, and then followed by a low-grade cytology result (ASCUS or LSIL) at the second 12 month repeat cytology test
Screening with HPV testing[1], if available: • A low-grade cytology result (ASCUS or LSIL) and HPV-positive (type 16/18)[2] • A low-grade cytology result (ASCUS or LSIL) at repeat cytology test and HPV-positive (regardless of subtype)

AGC: atypical glandular cells; AIS: adenocarcinoma in-situ; ASC-H: atypical squamous cells, cannot exclude high-grade; ASCUS: abnormal atypical squamous cells of undetermined significance; HPV: human papillomavirus; HSIL: high-grade squamous intraepithelial lesion; LSIL: low-grade squamous intraepithelial lesion

If there is additional information about this patient that was not in the original referral, please advise immediately (e.g., information about visible cervical abnormalities, abnormal symptoms or additional test results that were not included in the referral). If additional information is provided, the need for a colposcopic assessment will be re-evaluated.

For further information on the Ontario Cervical Screening Program's screening and colposcopy recommendations see: https://cancercare.on.ca/pcs/screening/cervscreening/hcpresources.

[Physician Name], MD, Colposcopist

Current Pap test result delays in Ontario

- Ontario Health is aware of the long delays in getting Pap test results
- The Ministry of Health is actively working with labs across the province to address these delays
  - Ontario Health meets regularly with the ministry to provide input

Key take-aways for colposcopists

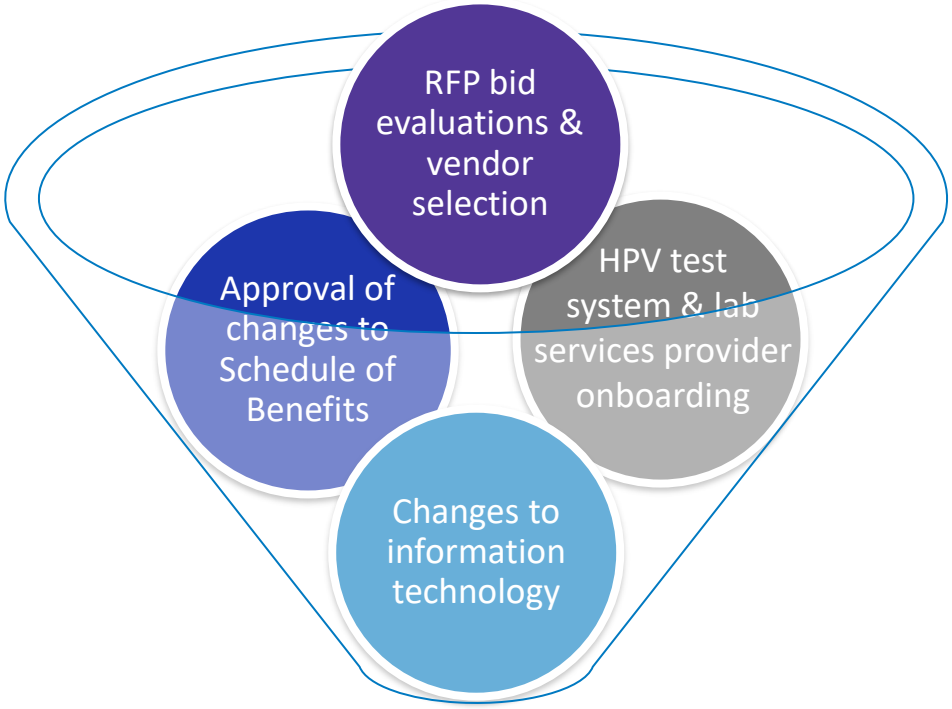
- Prioritize people with high-grade cytology results
- Encourage referring primary care providers to delay initiating screening for people under age 25

Implementation of HPV testing in Ontario

Update: Implementation of HPV testing in Ontario

- Working towards HPV testing launch in late 2024
  - Implementation to occur in primary care and colposcopy at the same time
  - Ontario Health is procuring an HPV Test System Vendor and Laboratory Services Provider(s)
  - Obtaining input on requisitions from Ontario Medical Association / Ministry of Health (MOH) joint forms committee
  - Working with MOH to define colposcopy fee code changes

Launch date



Launch Date:

Late 2024*

*To be confirmed

Future Colposcopy CoPs

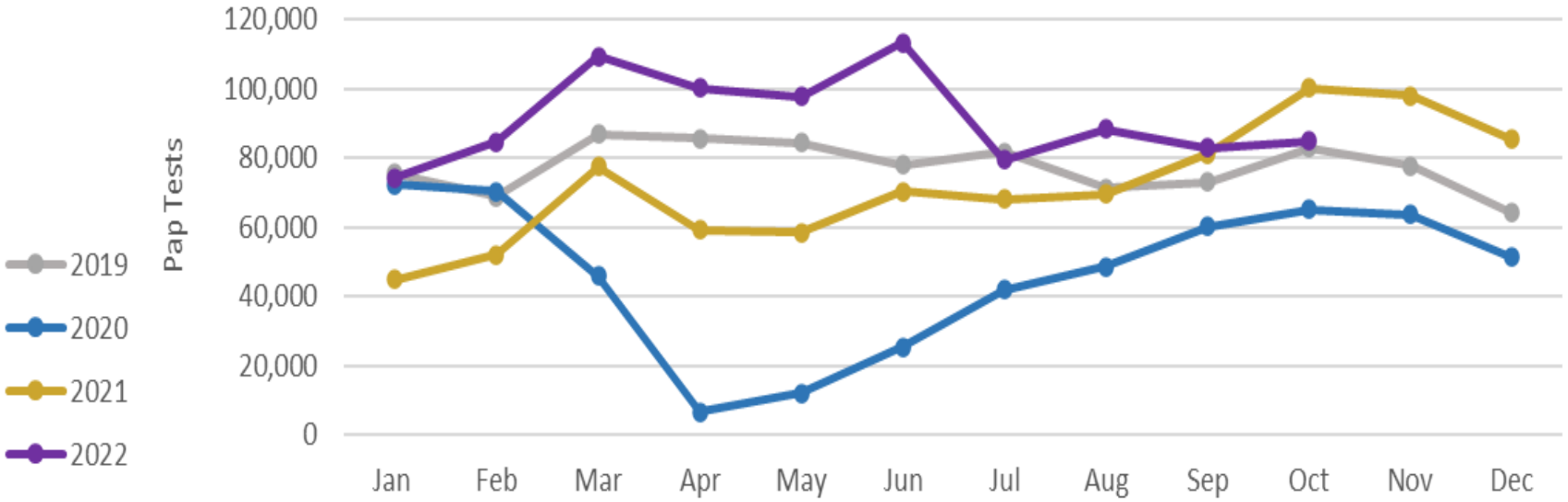
A series of **special focus Colposcopy CoPs** will begin in **fall 2023**, including overviews of the future state recommendations and preparing colposcopists for the change

HPV self-sampling

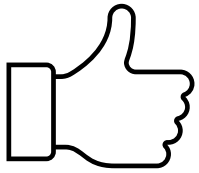
- There is evidence that self-sampling for HPV can improve screening participation for under/never screened populations
- There are considerations for implementation of self-sampling that need to be understood
- At launch, self-sampling will not be part of the OCSP
  - A pilot will be initiated after launch to inform how self-sampling will be used in the OCSP in the future

Cervical screening and colposcopy: Current state in Ontario

Pap test volumes by month

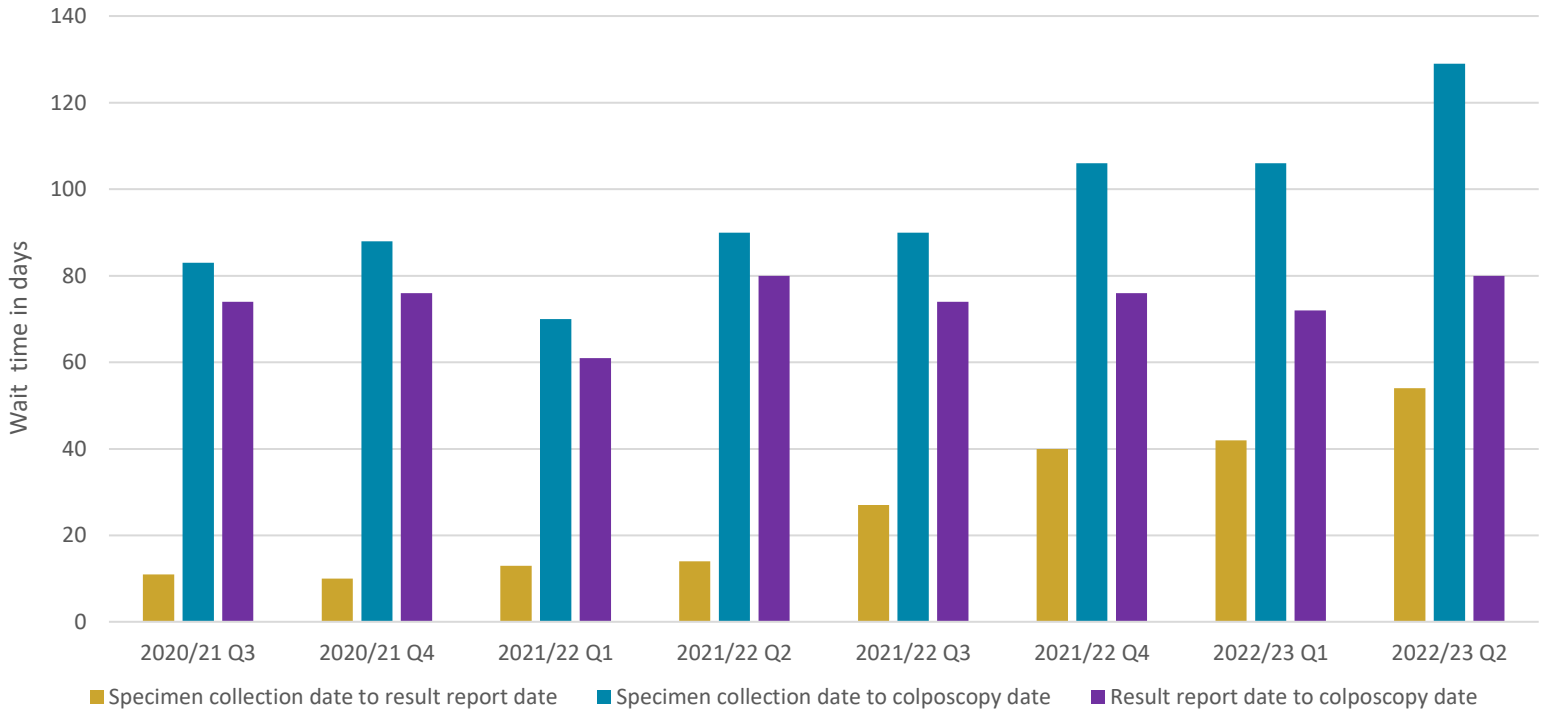


Due to the extended lab turnaround time to process Pap tests, volumes are only available up to October 2022



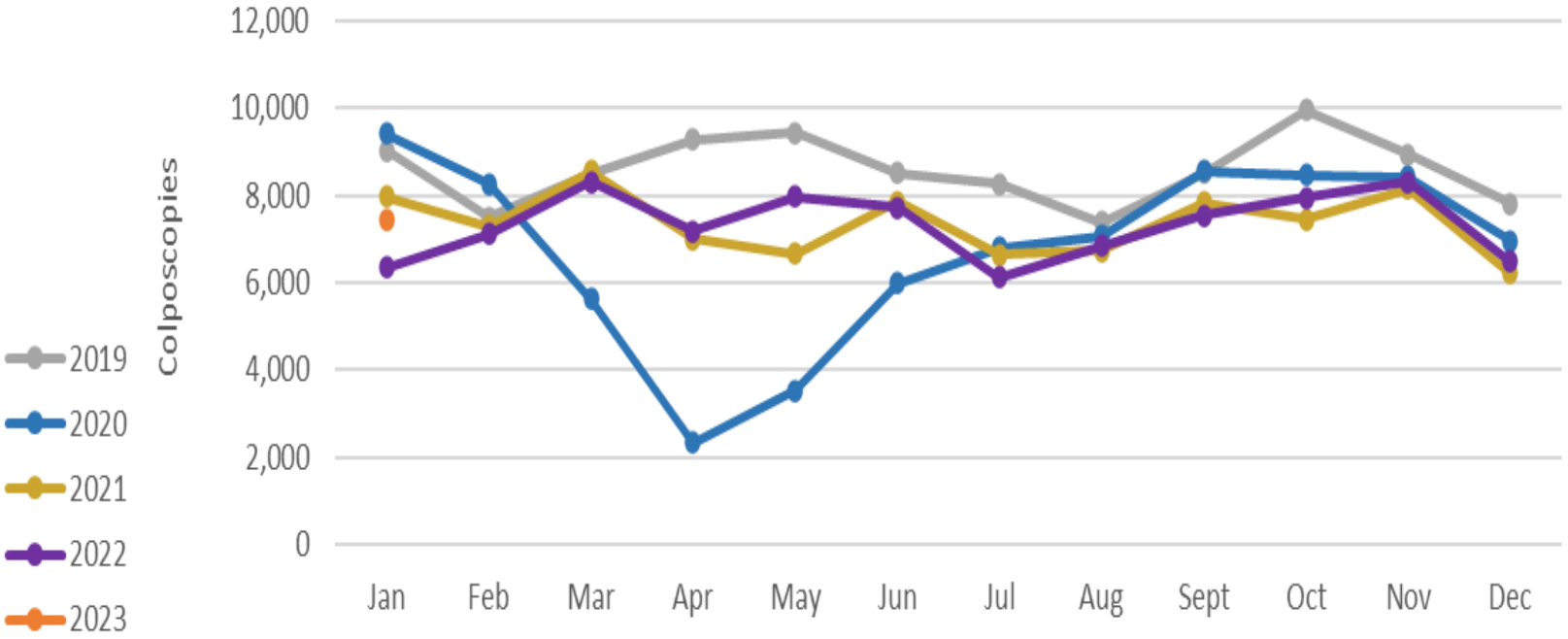
2022 Pap test volumes generally exceeded volumes of recent years reflecting recovery/catch-up of cervical screening

High-grade Pap test to colposcopy wait time (days)



- Lab delays are impacting wait times for people with high-grade results awaiting colposcopy
- However, once impact of lab delays is removed, wait times are fairly consistent

Colposcopy volumes by month



2022 colposcopy volumes are similar to 2021 colposcopy volumes, and have almost recovered to pre-pandemic volumes

Case study #1: Associated risks of HSIL histology for people with HPV-positive and low-grade cytology results

5:45 – 6:05 pm

Dr. Dustin Costescu

Note: Current state of HPV testing

- HPV testing is not currently funded by the Ministry of Health
- Cytology remains the current recommended cervical screening test in Ontario
- HPV testing for someone with a first time ASCUS or LSIL cytology result is not required
- Repeat cytology in 12 months is safe and acceptable

Patient history

- Age 31
- Due for routine cervical screening and visits primary care provider
  - Cytology test result: **ASCUS**
- After discussion with primary care provider, patient makes informed decision to pay for an HPV test
  - Result: **HPV-positive (type 16/18)**

What is the recommended next step?

A. Refer to colposcopy

B. Follow-up with cytology in 12 months

C. Follow-up with cytology in 6 months

Answer poll in chat or via pop-up

Risk of HSIL histology & cervical cancer for people with low-grade cytology and HPV-positive results

HPV subtype	Immediate risk of HSIL histology & cervical cancer* (%)	
	ASCUS cytology	LSIL cytology
HPV 16	9.0	11
HPV 18	3.5	3.1
HPV-positive (other)**	2.8	3.7

Key take-away:

- For people with low-grade cytology results, there is a greater risk of HSIL histology and cervical cancer if HPV-positive (type 16/18) vs HPV-positive (other)

*Defined in study as CIN3+
**Defined in study as HR12

Reference: Demarco M, Egemen D, Raine-Bennett TR, Cheung LC, Befano B, Poitras NE, et al. A Study of Partial Human Papillomavirus Genotyping in Support of the 2019 ASCCP Risk-Based Management Consensus Guidelines. J Low Genit Tract Dis. 2020;24(2):144–7.

Colposcopy visit #1

- Patient is referred to colposcopy in 6 months
- Future fertility is desired
- HSIL histology **not** detected at initial colposcopy visit

What is the recommended next step?

A. Follow-up in colposcopy in 6 months

B. Follow-up in colposcopy in 12 months

C. The next visit should be in primary care

Answer poll in chat or via pop-up

Colposcopy visit #2: HPV-testing available

- HPV testing available at facility (no cost to the patient)
- Colposcopy is adequate and negative
- Cytology result: **ASCUS**
- HPV result: **HPV-positive (type 16/18)**

What is the recommended next step?

Answer poll in chat or via pop-up

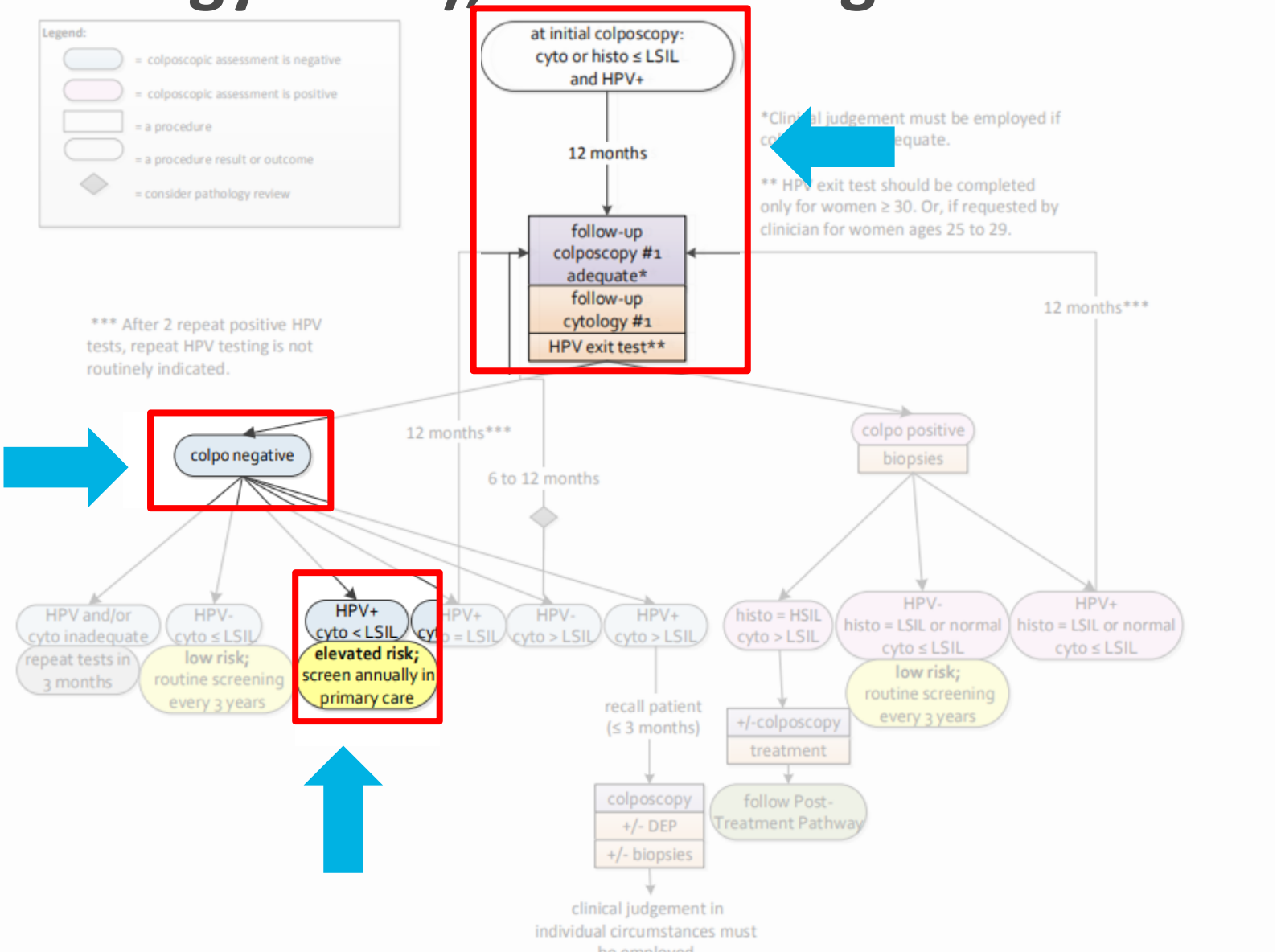
A. Discharge to annual screening in primary care

B. Discharge to screening in 3 years in primary care

C. Follow-up in colposcopy in 12 months

D. Follow-up in colposcopy in 6 months

Conservative management pathway (histology ≤LSIL); HPV testing available



Colposcopy visit #2: HPV-testing NOT available

- Colposcopy is adequate and negative
- Cytology result: **ASCUS**

Answer poll in chat or via pop-up

What is the recommended next step?

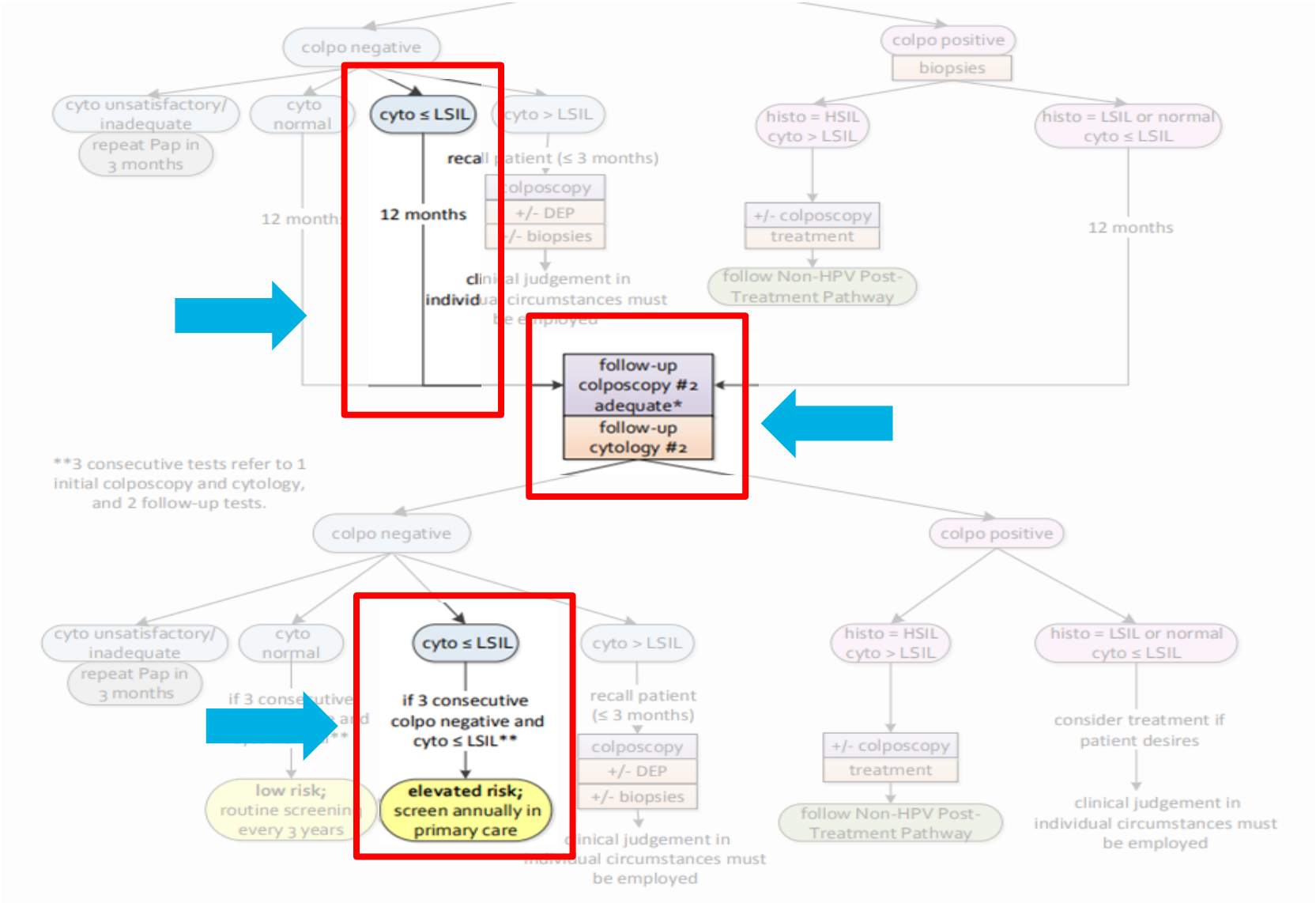
A. Discharge to annual screening in primary care

B. Discharge to screening in 3 years in primary care

C. Follow-up in colposcopy in 12 months

D. Follow-up in colposcopy in 6 months

Conservative management pathway (histology ≤LSIL); HPV testing not available



Discharge to primary care

- To support discharge back to primary care, colposcopist completes discharge letter template, indicating when to resume screening in primary care

Completing the discharge letter

NEW

Your patient has been discharged from colposcopy[1] 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[2] or cancer, so they should resume **routine cervical screening** in **3 years** based on the following results from colposcopy:

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☑ Your patient is at **slightly elevated risk** of developing cervical pre-cancer[2] or cancer, so they should resume **annual screening** based on the following results from colposcopy[4]:

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- ☑ HPV testing was conducted[3]: HPV-positive (regardless of subtype) AND normal (NILM) or ASCUS cytology results at last visit

Cervical screening and colposcopy quality reporting

6:05 – 6:20 pm

Dr. Rachel Kupets
Dr. Dustin Costescu

Why report on quality?

- To ensure consistent care is provided across the province, cervical screening and colposcopy care needs to be aligned with published, evidence-based guidance:
  - Clinical Guidance: Recommended Best Practices for Delivery of Colposcopy Services in Ontario
  - The Organization of Colposcopy Services in Ontario: Recommended Framework
- Quality reports will help us measure how well we are aligned with best practice care

Cervical screening and colposcopy quality reports: A timeline

September 2021

- Launch of the inaugural cervical screening and colposcopy quality reports to:
  - 14 Regional Cancer Programs (RCPs)
  - 88 facilities

September 2022

- Disseminated quality reports to:
  - 14 RCPs
  - 122 facilities (↑)

September 2023 (*planned*)

- Dissemination of quality reports to:
  - 14 RCPs
  - ~122 facilities
  - ~ 600 colposcopists

Ontario Health

Colposcopy Quality Physician Reports

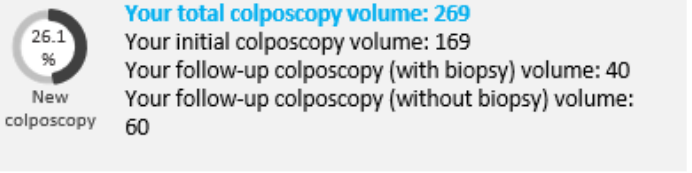
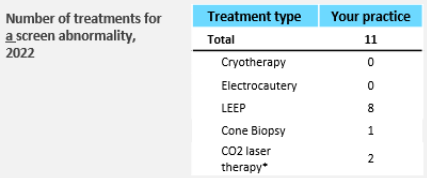
- The introduction of the colposcopy quality physician reports will complete the full suite of quality reports

	Introduction of Quality Reporting		
	OBSP	**CCC**	**OCSP**
Regional Cancer Program	✓	✓	✓
Facility-level	✓	✓	✓
Physician-level	✓ ~ 530 radiologists	✓ ~ 950 endoscopists	**2023** **~ 600 colposcopists**

OBSP: Ontario Breast Screening Program
CCC: ColonCancerCheck

What will the report contain?

- Four quality indicators measured using Ontario Health administrative data:

Colposcopy volume • Broken down by new and returning patients	
Volume of treatments • Broken down by treatment types	
Proportion of people seen for colposcopy following their first ASCUS result	
Proportion of people who were not seen for follow-up within 12 months post-treatment	

- Community of Practice (CoP) participation

Who will see the reports?

Reports will be accessible to select OH leaders

OCSP Clinical and Scientific Leads

Regional Cervical Screening and Colposcopy Leads

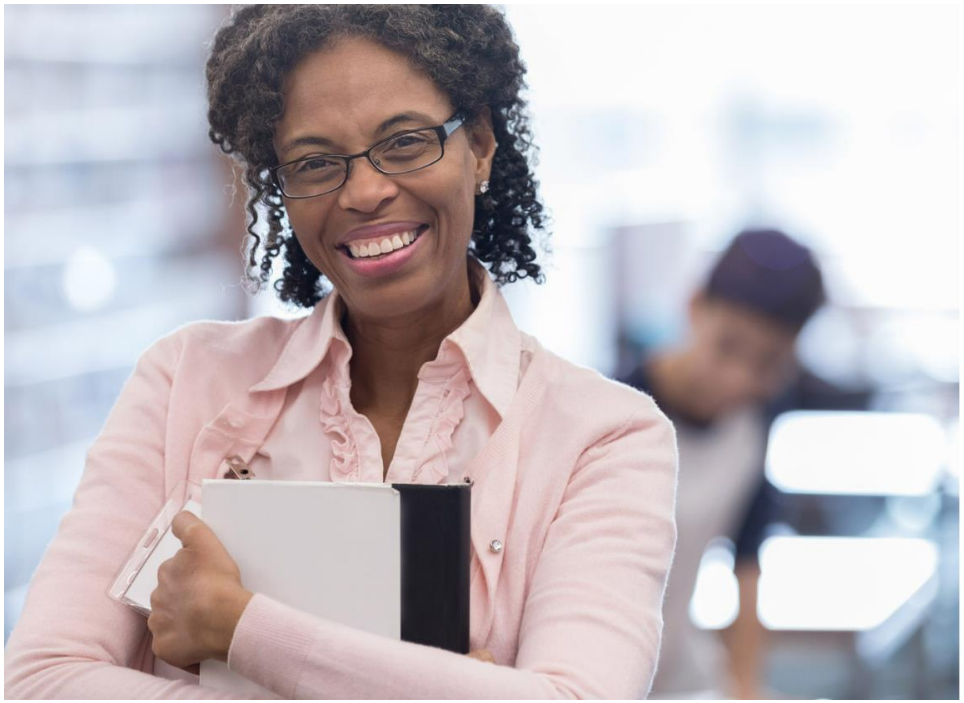
Reports will be disseminated directly to physicians

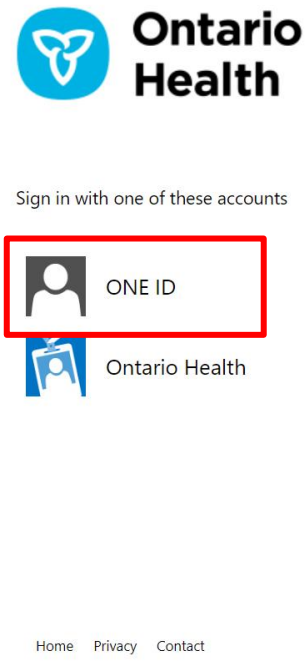
Reports will be not be accessible to:

- *Peers/colleagues*
- *Facility leadership*
- *Colleges/regulatory agencies*

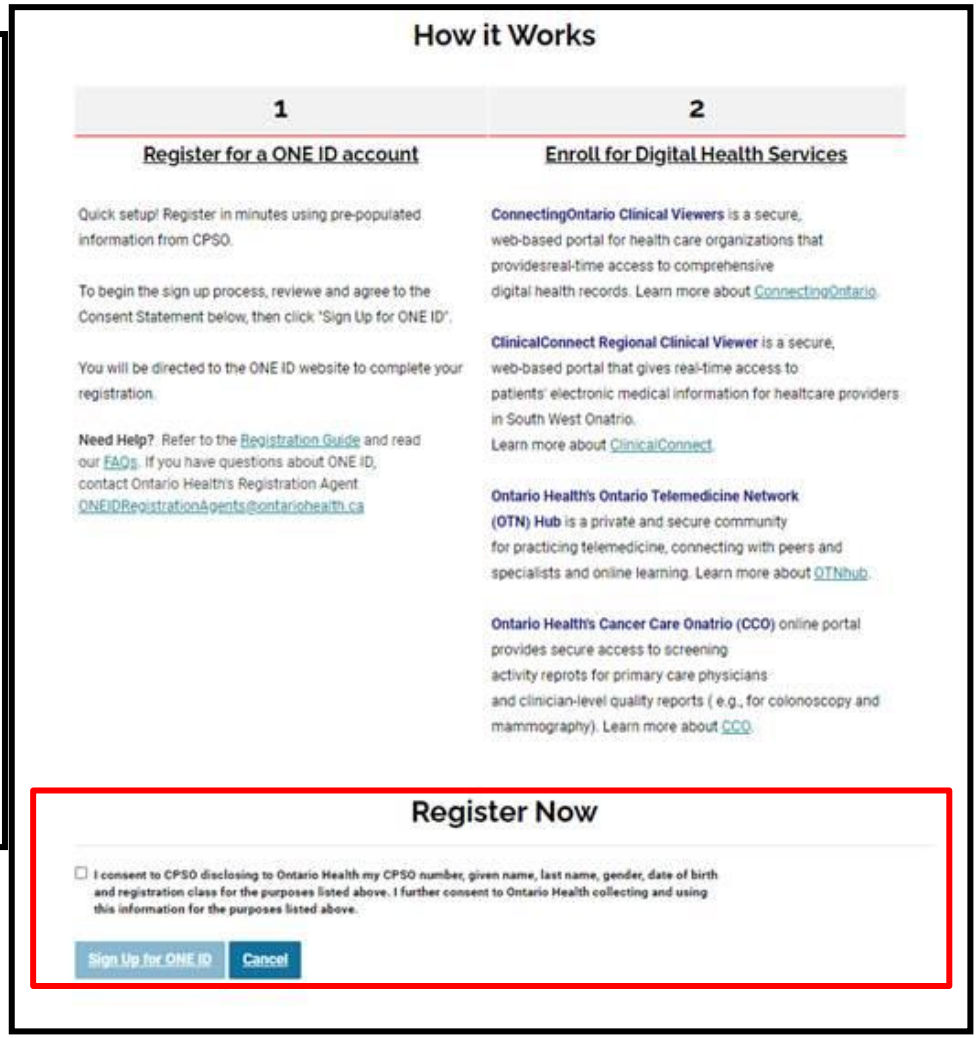
How reports will be accessed

- Reports will be accessible to colposcopists through **eReport**: https://ereport.ontariohealth.ca/ using **ONE ID** credentials
  - Currently 347/601 colposcopists (58%) have a ONE ID account





Sign Up for ONE ID



Why create colposcopy quality physician reports?

- **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
- Reports are not intended to be punitive or place blame

*Ivers N, Jamtvedt G, Flottorp S, Young JM, Odgaard-Jensen J, French SD, et al. Audit and feedback: effects on professional practice and healthcare outcomes. *Cochrane Database Syst Rev*. 2012 Jun 13;(6)

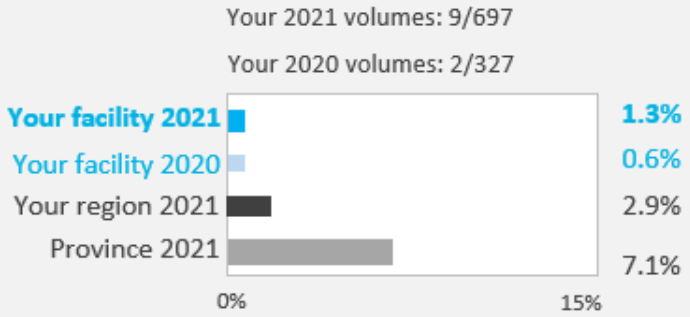
How to use your physician and facility reports

- Conduct a review to understand:
  - How your facility fits in relation to your region and the province
  - How your individual performance compares to your facility
- Facilitate discussions about cervical screening and colposcopy quality with colleagues at your facility/in your region
- Identify areas to make improvements that are relevant and impactful to patients

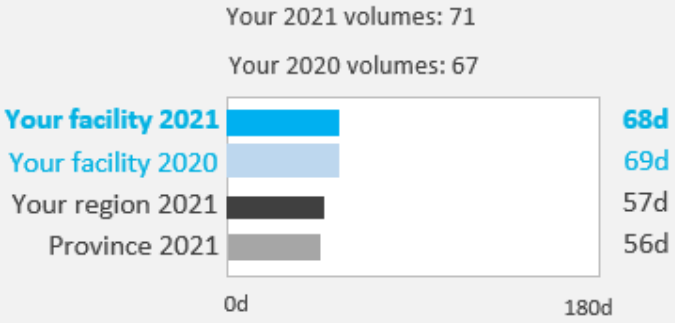
If you have not seen your facility's report, please connect with your Facility Lead or Regional Cervical Screening and Colposcopy Lead

Example – Facility report review

Proportion of people seen for colposcopy following their first ASCUS result

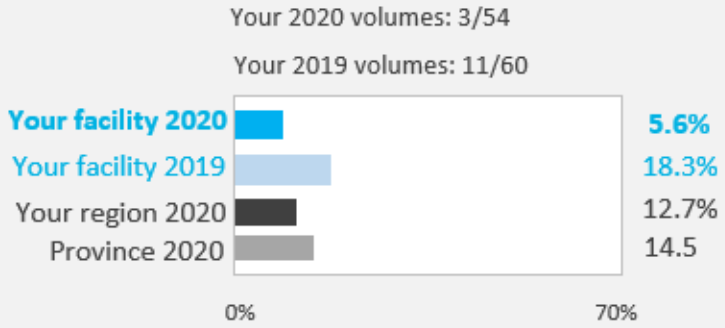


Median wait time (in days) from high-grade cytology test to colposcopy (total)

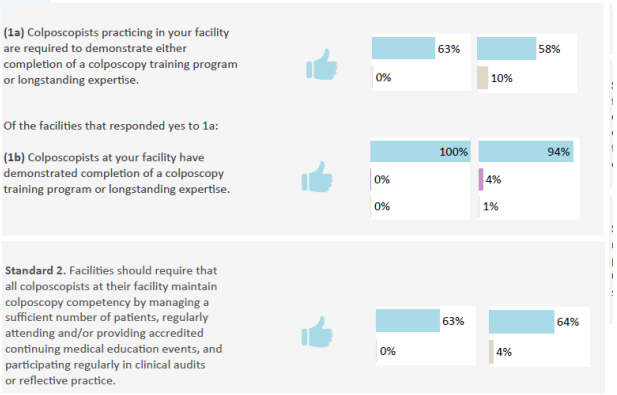


Candidate for a facility-level quality improvement initiative

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



What can you expect next?



2023 colposcopy quality **facility** survey open

April 18 – May 20

June

Pre-release communications will commence via email and mail

Release of provincial, regional and facility-level quality reports

Early – Mid September

Release of physician quality reports

Discussion

- Are there any questions or feedback on the upcoming plans for the colposcopy quality physician report development and dissemination?

Please direct any questions to cancerscreening@ontariohealth.ca

Questions from the field

6:20 – 6:35 pm

Dr. Dustin Costescu

Questions from the field

Question:

- What is the recommended management of a patient with LSIL-H cytology?

LSIL-H: low-grade squamous intraepithelial lesion, cannot exclude HSIL

Answer:

- It is recommended that a patient with LSIL-H cytology be managed the same as a patient with high-grade cytology
- Recommended management of LSIL-H cytology will be addressed in the future state

Risk of CIN2/3+ (HSIL) histology for people with LSIL-H cytology

Table 5
Comparison of Histopathologic CIN 2+ Diagnosis Rates After LSIL-H and Other Abnormal Cytology Results

	Total No. (%)	*P* Value[a]	HPV+, No. (%)	*P* Value[a]	HPV–, No. %	*P* Value[a]
LSIL-H	102/347 (29.4)		99/321 (30.8)		3/26 (11.5)	
HSIL	201/285 (70.5)	<.001	197/273 (72.2)	<.001	4/12 (33.3)	NS
ASC-H	87/505 (17.2)	<.001	84/257 (32.7)	NS	3/248 (1.2)	<.001
LSIL	93/719 (12.9)	<.001	89/612 (14.5)	<.001	4/107 (3.7)	.027

ASC-H, atypical squamous cells, cannot exclude high-grade squamous intraepithelial lesion; CIN, cervical intraepithelial neoplasia; HPV, human papillomavirus; HSIL, high-grade intraepithelial lesion; LSIL, low-grade intraepithelial lesion; LSIL-H, low-grade squamous intraepithelial lesion/cannot exclude high-grade squamous intraepithelial lesion; NS, no significance.

[a] Calculated to compare LSIL-H with each of the other groups.

Immediate risk of CIN2/3+ (HSIL) histology for people with LSIL-H cytology meets the risk threshold for colposcopy

Reference: Barron S, Li Z, Austin RM, Zhao C. Low-grade squamous intraepithelial lesion/cannot exclude high-grade squamous intraepithelial lesion (LSIL-H) is a unique category of cytologic abnormality associated with distinctive HPV and histopathologic CIN 2+ detection rates. American Journal of Clinical Pathology. 2014;141(2):239-46.

Questions from the field

Question:

- How can communication between colposcopists and primary care providers be optimized?

Answer:

- A discharge letter should be shared with referring primary care providers that outlines discharge recommendations, including when patients should resume cervical screening

What communication challenges do you encounter with referring primary care providers?

Type in chat box

Questions from the field

Question:

- How long should colposcopists follow patients with diethylstilbestrol (DES) exposure?

Answer:

- These patients should be monitored every three years in colposcopy
- A decision to cease management in colposcopy should be made by the colposcopist in consultation with their patient based on individual risk

Case study #2: Post-treatment management for AIS histology

6:35 – 6:55 am

Dr. Rachel Kupets

Patient history / colposcopy visits

- Age 32
- Referred to colposcopy with **HSIL cytology**
- At first colposcopy visit, **histology = AIS**
- At second colposcopy visit, a LEEP is performed followed by an ECC. **ECC is negative** and **margins are positive**

Based on the findings you decide to:

A. Repeat colposcopy

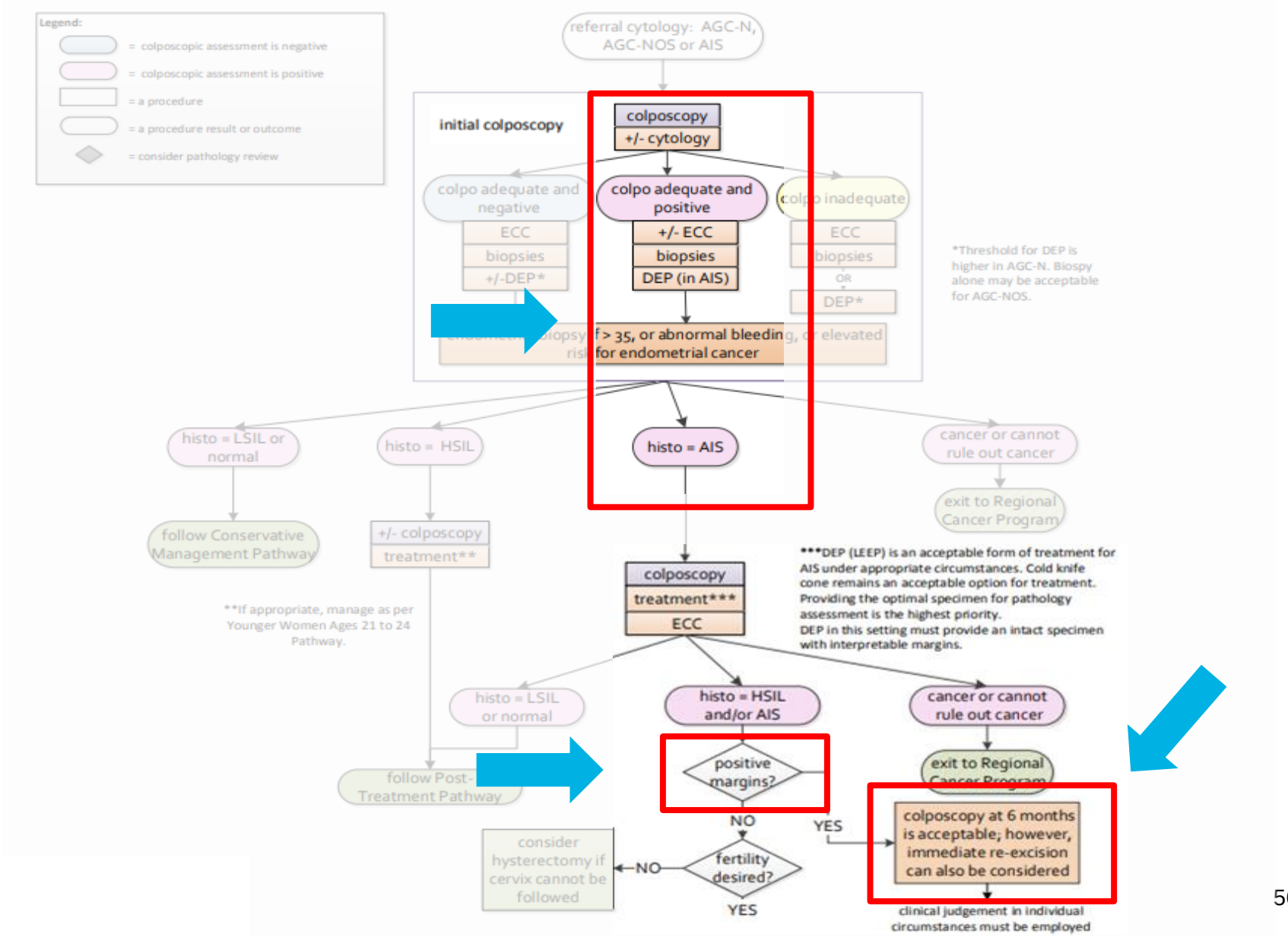
B. Repeat LEEP

C. Perform a Pap test

D. A or B

Answer poll in chat or via pop-up

Pathway for management of AIS histology



Colposcopy visit #3

- A repeat LEEP shows **AIS** histology with **negative margins**
- Future fertility is desired
- Colposcopy is repeated in 6 months

Colposcopy visit #4

For people treated for AIS histology, how many colposcopy visits over how many years is required if subsequent HSIL histology is not detected, and all cytology results are ≤LSIL?

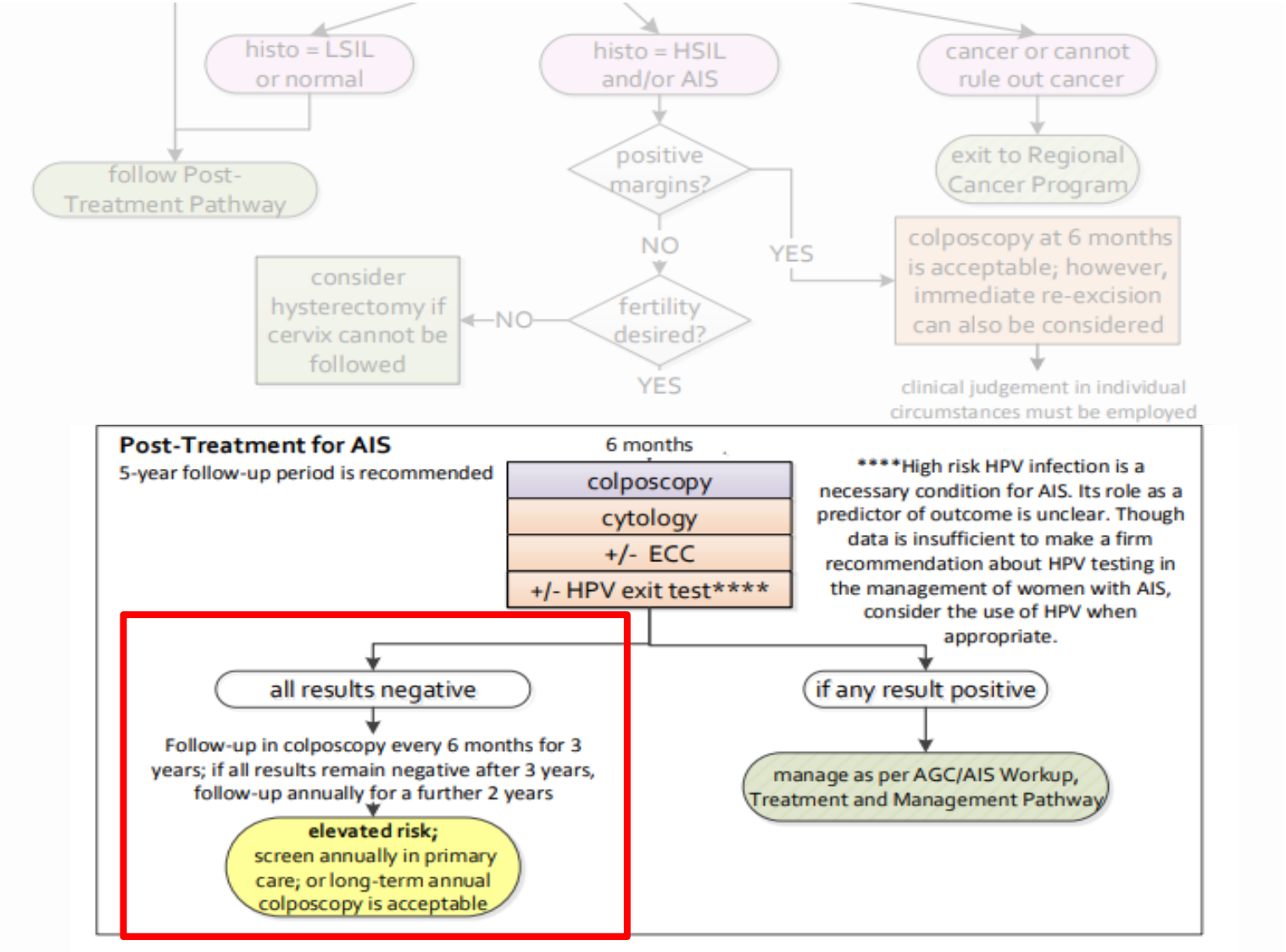
A. 4 visits over 2 years

B. 6 visits over 3 years

C. 8 visits over 5 years

Answer poll in chat or via pop-up

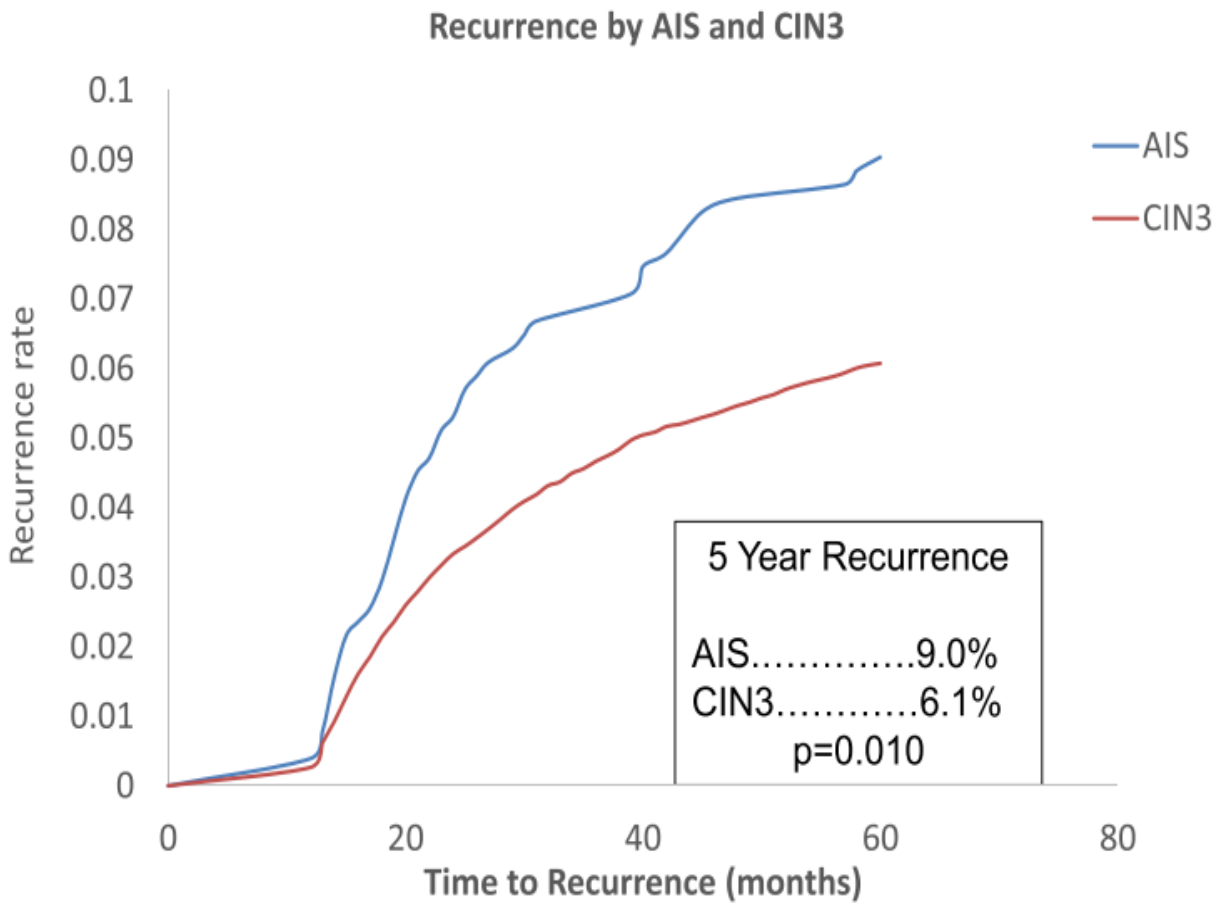
Post-treatment management for AIS histology



Post-treatment management for AIS histology

- In the current state, access to HPV testing does not change the number of post-treatment visits for AIS histology given the high risk of AIS recurrence
  - ~5-year post-treatment follow-up period is recommended
- In the future state, post-treatment visits over several years with HPV testing will still be recommended before discharge to primary care

Recurrence rate after treatment for HSIL* or AIS histology



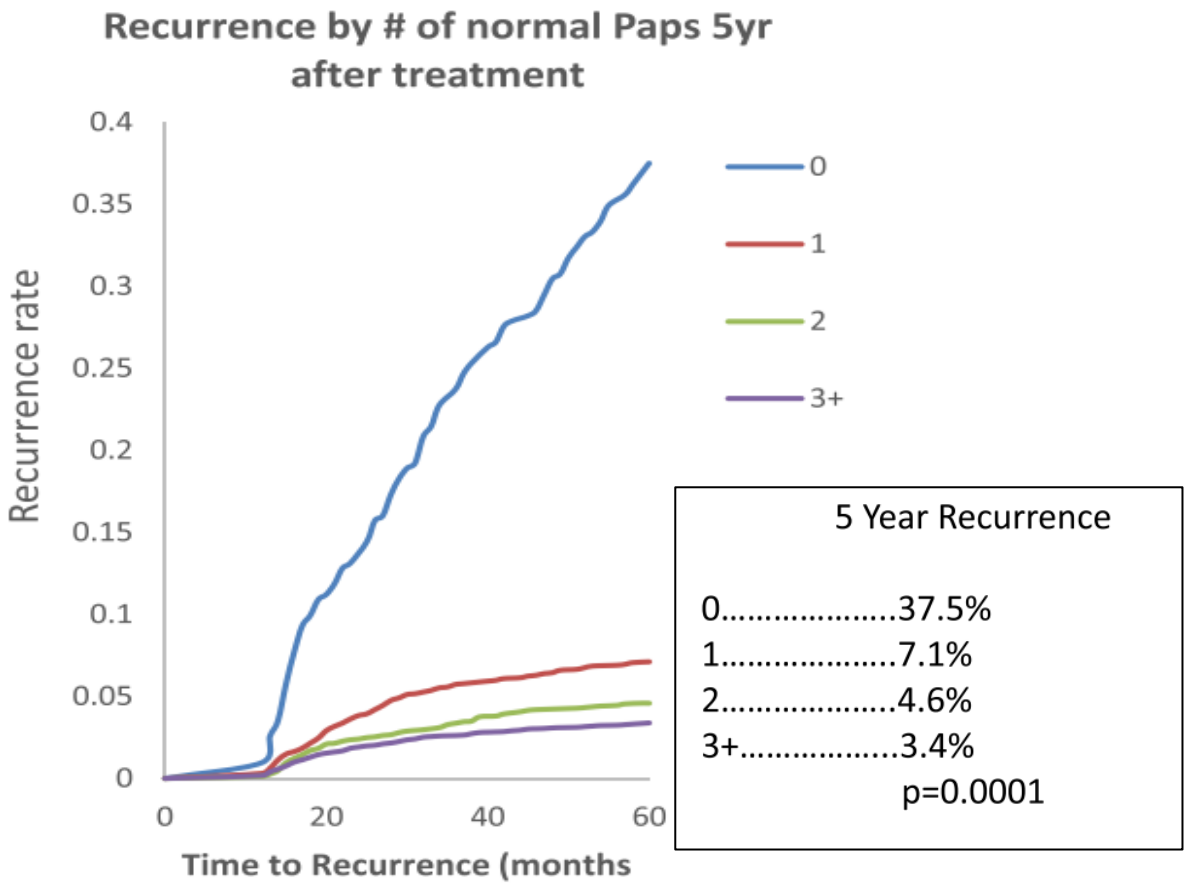
Key take-aways:

- People treated for AIS histology have an increased risk of recurrence compared to people treated for HSIL histology
- Longer follow-up in colposcopy is recommended

*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

Recurrence rate by # of normal cytology tests after treatment for HSIL* or AIS histology



Key take-away:

- There is still a risk of recurrence after 3+ normal cytology results, but risk is low enough to safely return to annual routine screening

*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

Final remarks

6:55 – 7:00 pm

Dr. Rachel Kupets

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: **Fall 2023** (dates TBD)

We will begin to review future state recommendations

Recruitment for study

- **Study purpose:** Explore patient and physician preferences re language to communicate about low-risk pre-cancer/cancer (breast, cervix, bladder, prostate, thyroid) with the aim of improving understanding and reducing anxiety among affected persons
- Funded by the Canadian Cancer Society
- **Investigator:** Anna R Gagliardi; **Co-investigator:** Dr. Rachel Kupets

For colposcopists who are interested in participating, please contact study coordinator: Mavis Lyons

Mavis.Lyons@UHN.ca


Thank
You!