Cancer Care Ontario

Colposcopy Community of Practice Webinar

NOVEMBER 22ND, 2018
5:30-7:00PM

Ontario
Cancer Care Ontario

Housekeeping Items

- If you a unable to hear us, please dial-in:
  - **416-620-7077 / 1-866-834-7685**
  - **Access code: 255 6848**
- Please use the chat box or the “Raise Hand” function in your window to alert us if you have a question or comment
- We have muted the line – if you have questions, press *7 to unmute yourself.
- For technical difficulties, dial *0 to speak to an operator
- Please note that this session is being recorded and will be available for a period of time online

For reference, the *Colposcopy Clinical Guidance Document* and the related colposcopy toolkit documents are provided in your calendar invitations

Welcome to the Colposcopy Community of Practice

About the Colposcopy CoP

- Fifth CoP webinar
  - ~120 attendees at Spring 2018 meeting
  - Active engagement and strong feedback

- Today's webinar will be interactive
  - ✓ Live polls during case studies
  - ✓ Q&A periods after each agenda item
  - ✓ Participation is encouraged

- Today's session is a Royal College of Physicians and Surgeons Accredited Group learning Activity – we will issue you a letter of accreditation for 1.5 credit hours if you:
  1. Participate in today's event,
  2. Register as a member of the Colposcopy CoP, and
  3. Complete and submit the post-webinar evaluation survey.

Have questions? Email us!
ColposcopyCoP@cancercare.on.ca

Today's Agenda

Item	Presenter
Introduction	Dr. Joan Murphy
Ontario Cervical Screening Program Updates	Dr. Joan Murphy
Colposcopy Indicators from the *Quality Management Insider (2nd Issue)*	Dr. Rachel Kupets
Questions from the Field	Dr. Joan Murphy
Case Study #1: Interpreting Pathology on LEEPs and cones	Dr. Neerja Sharma & Dr. Keiyan Sy
Case Study #2: Immunocompromised Patients	Dr. Dustin Costescu
Case Study #3: Vaccinated Cohort	Dr. Rachel Kupets
Concluding Remarks and Accreditation	Dr. Joan Murphy

A special thank you to our CoP Planning Committee:

Dr. Jennifer Jocko
Dr. Rachel Kupets
Dr. Paul Gurland
Dr. Keiyan Sy

Learning Objectives

We hope that by the end of this meeting, you will better understand:

1. The colposcopy landscape in Ontario through infographic indicators
2. Risk assessment and implications for screening and colposcopy
3. Navigation of colposcopy best-practice pathways

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Ontario Cervical Screening Program Updates

DR. JOAN MURPHY

Ontario
Cancer Care Ontario

HPV Testing - Implementation Update

- In summer 2017, CCO began working with the Ministry to implement HPV testing in Ontario
- Scientific evidence and expert consultation supports each component of program design for HPV screening (e.g. lab engagement)
- Engagement with public and the broad clinical community
- Support for providers will include:
  - Updated cervical screening guidelines using HPV testing
  - Updated colposcopy clinical guidance pathways including HPV testing
  - Education and tools to help providers understand and adopt the pathways (e.g. case studies)

Screening Guidelines Updates

- The Ontario Cervical Screening Guidelines have been updated by the Program in Evidence-Based Care (PEBC) and are wrapping up final reviews

- The updated screening guidelines are planned to be released in 2019

Colposcopy Clinical Guidance Updates

- Thank you for submitting feedback through your CSCL, our survey, or directly to the CoP inbox last year

- To align HPV testing in screening and colposcopy settings, the next version of the colposcopy clinical guidance document will be released to align with updated cervical screening guidelines, planned for release in 2019

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Quality Management Insider: Spotlight on Colposcopy (2nd Issue)

DR. RACHEL KUPETS
SCIENTIFIC LEAD, OCSP

Ontario
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Quality Management Insider: Spotlight on Colposcopy

- Introduced as a one-time newsletter to share regional performance, as measured by a select list of colposcopy indicators
- Aims to inform regional quality improvement initiatives and to measure impact of these initiatives
- 2018 version includes updated indicators

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Cancer Screening Analytics Newsletter

Quality Management Insider

ISSUE 2: SPOTLIGHT ON COLPOSCOPY NOVEMBER 2018

About this newsletter

This issue

Note from the OCSP Provincial Leads:
Dr. Joan Murphy and Dr. Rachel Kupets

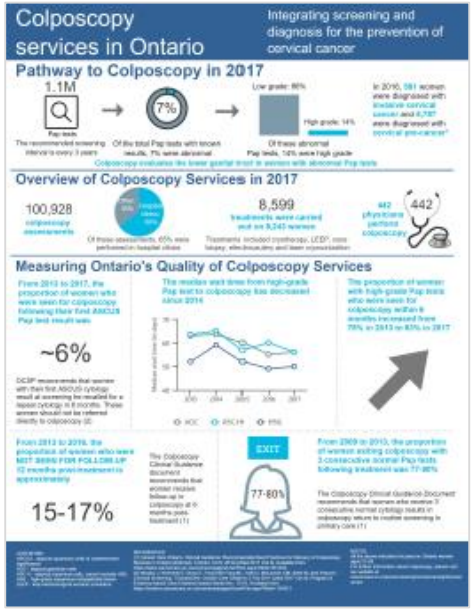
Latest research

HIGHLIGHTS

- About this newsletter
- This issue
- Note from the OCSP Provincial Leads
- Latest research
- Colposcopy infographics

Ontario

FEEDBACK



Colposcopy services in Ontario

Integrating screening and diagnosis for the prevention of cervical cancer

Pathway to Colposcopy in 2017

1.1M

7%

Overview of Colposcopy Services in 2017

100,928

8,599

442

Measuring Ontario's Quality of Colposcopy Services

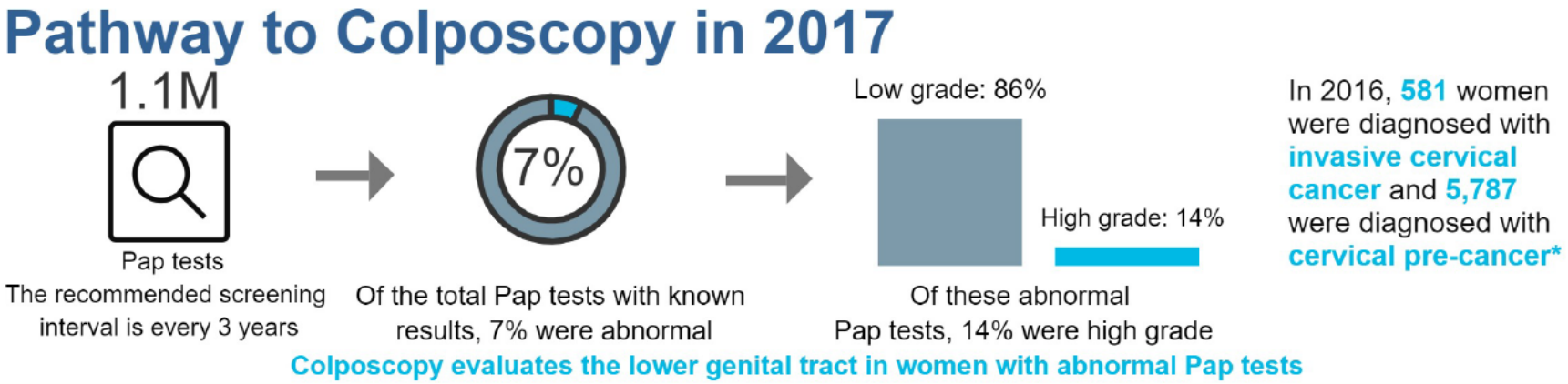
~6%

15-17%

77-80%

EXIT

Infographic content



Infographic content

Overview of Colposcopy Services in 2017

100,928
colposcopy assessments

H

Of these assessments, **65%** were performed in hospital clinics

8,599
treatments were carried out on 8,243 women

Treatments included cryotherapy, LEEP, cone biopsy, electrocautery and laser cryoconization

442 physicians perform colposcopy

Infographic content

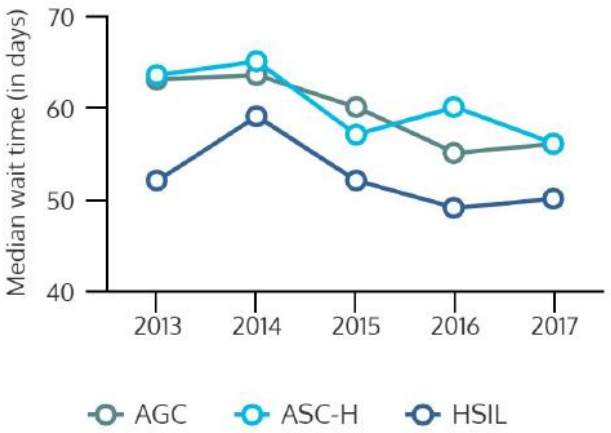
Measuring Ontario's Quality of Colposcopy Services

From 2013 to 2017, the proportion of women who were seen for colposcopy following their first ASCUS Pap test result was

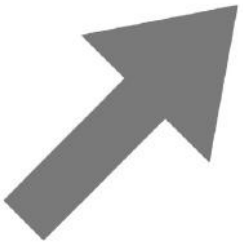
~6%

OCSP recommends that women with their first ASCUS cytology result at screening be recalled for a repeat cytology in 6 months. These women should not be referred directly to colposcopy (2)

The median wait time from high-grade Pap test to colposcopy has decreased since 2014



The proportion of women with high-grade Pap tests who were seen for colposcopy within 6 months increased from 75% in 2013 to 83% in 2017



Infographic content

MEASURING ONTARIO'S QUALITY OF COLPOSCOPY SERVICES

From 2013 to 2016, the proportion of women who were NOT SEEN FOR FOLLOW-UP 12 months post-treatment is approximately

15-17%

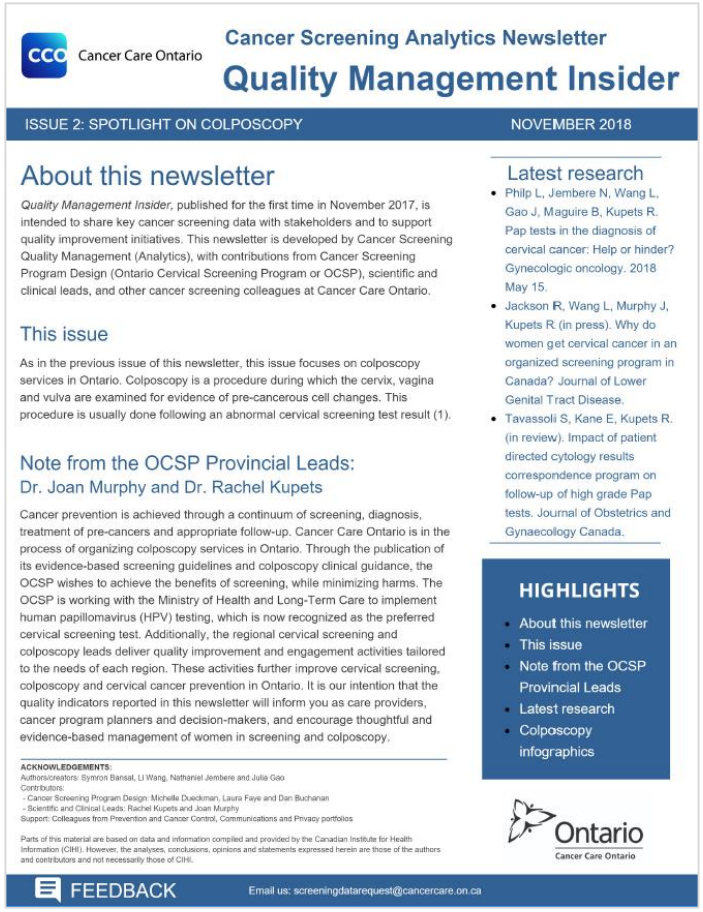
The *Colposcopy Clinical Guidance* document recommends that women receive follow-up in colposcopy at 6 months post-treatment (1)

77-80%

From 2009 to 2013, the proportion of women exiting colposcopy with 3 consecutive normal Pap tests following treatment was 77-80%

The *Colposcopy Clinical Guidance* document recommends that women who receive 3 consecutive normal cytology results in colposcopy return to routine screening in primary care (1)

Q&A



Cancer Care Ontario

Cancer Screening Analytics Newsletter

Quality Management Insider

ISSUE 2: SPOTLIGHT ON COLPOSCOPY — NOVEMBER 2018

About this newsletter

Quality Management Insider, published for the first time in November 2017, is intended to share key cancer screening data with stakeholders and to support quality improvement initiatives. This newsletter is developed by Cancer Screening Quality Management (Analytics), with contributions from Cancer Screening Program Design (Ontario Cervical Screening Program or OCSP), scientific and clinical leads, and other cancer screening colleagues at Cancer Care Ontario.

This issue

As in the previous issue of this newsletter, this issue focuses on colposcopy services in Ontario. Colposcopy is a procedure during which the cervix, vagina and vulva are examined for evidence of pre-cancerous cell changes. This procedure is usually done following an abnormal cervical screening test result (1).

Note from the OCSP Provincial Leads:
Dr. Joan Murphy and Dr. Rachel Kupets

Cancer prevention is achieved through a continuum of screening, diagnosis, treatment of pre-cancers and appropriate follow-up. Cancer Care Ontario is in the process of organizing colposcopy services in Ontario. Through the publication of its evidence-based screening guidelines and colposcopy clinical guidance, the OCSP wishes to achieve the benefits of screening, while minimizing harms. The OCSP is working with the Ministry of Health and Long-Term Care to implement human papillomavirus (HPV) testing, which is now recognized as the preferred cervical screening test. Additionally, the regional cervical screening and colposcopy leads deliver quality improvement and engagement activities tailored to the needs of each region. These activities further improve cervical screening, colposcopy and cervical cancer prevention in Ontario. It is our intention that the quality indicators reported in this newsletter will inform you as care providers, cancer program planners and decision-makers, and encourage thoughtful and evidence-based management of women in screening and colposcopy.

ACKNOWLEDGEMENTS:
Authors/creators: Symron Bansal, Li Wang, Nathaniel Jembere and Julia Gao
Contributors:
- Cancer Screening Program Design: Michelle Dueckman, Laura Faye and Dan Buchanan
- Scientific and Clinical Leads: Rachel Kupets and Joan Murphy
Support: Colleagues from Prevention and Cancer Control, Communications and Privacy portfolios

Parts of this material are based on data and information compiled and provided by the Canadian Institute for Health Information (CIHI). However, the analyses, conclusions, opinions and statements expressed herein are those of the authors and contributors and not necessarily those of CIHI.

Latest research

- Philp L, Jembere N, Wang L, Gao J, Maguire B, Kupets R. Pap tests in the diagnosis of cervical cancer: Help or hinder? Gynecologic oncology. 2018 May 15.
- Jackson R, Wang L, Murphy J, Kupets R (in press). Why do women get cervical cancer in an organized screening program in Canada? Journal of Lower Genital Tract Disease.
- Tavassoli S, Kane E, Kupets R. (in review). Impact of patient directed cytology results correspondence program on follow-up of high grade Pap tests. Journal of Obstetrics and Gynaecology Canada.

HIGHLIGHTS

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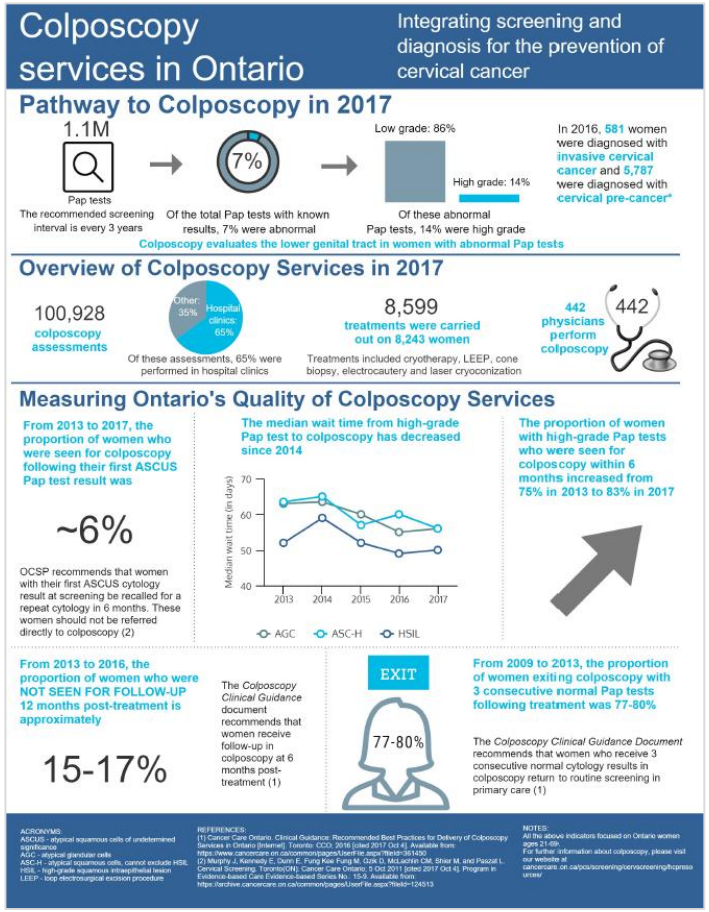
FEEDBACK — Email us: screeningdatarequest@cancercare.on.ca



Colposcopy services in Ontario

Integrating screening and diagnosis for the prevention of cervical cancer

Pathway to Colposcopy in 2017

1.1M Pap tests — The recommended screening interval is every 3 years

7% — Of the total Pap tests with known results, 7% were abnormal

Low grade: 86%; High grade: 14% — Of these abnormal Pap tests, 14% were high grade

In 2016, **581** women were diagnosed with **invasive cervical cancer** and **5,787** were diagnosed with **cervical pre-cancer***

Colposcopy evaluates the lower genital tract in women with abnormal Pap tests

Overview of Colposcopy Services in 2017

100,928 colposcopy assessments

Other: 35%; Hospital clinics: 65% — Of these assessments, 65% were performed in hospital clinics

8,599 treatments were carried out on 8,243 women — Treatments included cryotherapy, LEEP, cone biopsy, electrocautery and laser cryoconization

442 physicians perform colposcopy

Measuring Ontario's Quality of Colposcopy Services

From 2013 to 2017, the proportion of women who were seen for colposcopy following their first ASCUS Pap test result was

~6%

OCSP recommends that women with their first ASCUS cytology result at screening be recalled for a repeat cytology in 6 months. These women should not be referred directly to colposcopy (2)

The median wait time from high-grade Pap test to colposcopy has decreased since 2014

The proportion of women with high-grade Pap tests who were seen for colposcopy within 6 months increased from 75% in 2013 to 83% in 2017

From 2013 to 2016, the proportion of women who were NOT SEEN FOR FOLLOW-UP 12 months post-treatment is approximately

15-17%

The *Colposcopy Clinical Guidance* document recommends that women receive follow-up in colposcopy at 6 months post-treatment (1)

EXIT — 77-80%

From 2009 to 2013, the proportion of women exiting colposcopy with 3 consecutive normal Pap tests following treatment was 77-80%

The *Colposcopy Clinical Guidance Document* recommends that women who receive 3 consecutive normal cytology results in colposcopy return to routine screening in primary care (1)

ACRONYMS:
ASCUS - atypical squamous cells of undetermined significance
AGC - atypical glandular cells
ASC-H - atypical squamous cells, cannot exclude HSIL
HSIL - high-grade squamous intraepithelial lesion
LEEP - loop electrosurgical excision procedure

REFERENCES:
(1) Cancer Care Ontario. Clinical Guidance: Recommended Best Practices for Delivery of Colposcopy Services in Ontario [Internet]. Toronto: CCO; 2016 [cited 2017 Oct 4]. Available from: https://www.cancercare.on.ca/common/pages/UserFile.aspx?fileId=361456
(2) Murphy J, Kennedy E, Dunn E, Fung Kee Fung M, Gzik D, McLachlin CM, Shier M, and Pascoe L. Cervical Screening. Toronto(ON): Cancer Care Ontario; 5 Oct 2011 [cited 2017 Oct 4]. Program in Evidence-based Care Evidence-based Series No.: 15-9. Available from: https://archive.cancercare.on.ca/common/pages/UserFile.aspx?fileId=124513

NOTES:
All the above indicators focused on Ontario women ages 21-69.
For further information about colposcopy, please visit our website at cancercare.on.ca/pcs/screening/cervscreening/hcpresources/

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Questions from the Field

DR. JOAN MURPHY

Ontario
Cancer Care Ontario

Questions from the Field

Could we discuss the stenotic post-LEEP cervix in the post menopausal woman?

Questions from the Field

Do you recommend hysterectomy when child bearing is complete, for AIS?

Questions from the Field

Can you comment on choice of LEEP vs. Cone?

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Clinical Management in Colposcopy: Case Study #1

DR. NEERJA SHARMA
CSCL EERIE ST. CLAIR (LHIN #1)

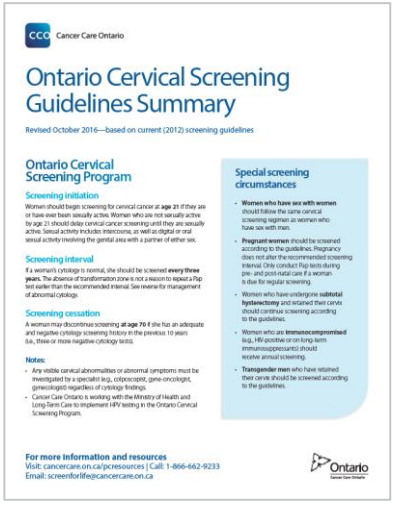
Ontario
Cancer Care Ontario

Case Study #1

Patient:

- 33 year old G1P1
- Smoker
- LSIL x2 on Pap smears 6mo apart (most recent Pap on Sept 24th)
- At first colpo visit, colpo adequate/satisfactory:
  - Colpo impression: HSIL at 6 o'clock; nabothian cyst at 1 o'clock
  - Cervical Punch biopsies done at 1 and 6 o'clock
  - Pathology – HSIL at 6 o'clock and LSIL at 1 o'clock

Case Study #1



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Ontario Cervical Screening Guidelines Summary

Revised October 2016—based on current (2012) screening guidelines

Ontario Cervical Screening Program

Screening initiation

Women should begin screening for cervical cancer at **age 21** if they are or have ever been sexually active. Women who are not sexually active by age 21 should delay cervical cancer screening until they are sexually active. Sexual activity includes intercourse, as well as digital or oral sexual activity involving the genital area with a partner of either sex.

Screening interval

If a woman's cytology is normal, she should be screened **every three years.** The absence of transformation zone is not a reason to repeat a Pap test earlier than the recommended interval. See reverse for management of abnormal cytology.

Screening cessation

A woman may discontinue screening **at age 70** if she has an adequate and negative cytology screening history in the previous 10 years (i.e., three or more negative cytology tests).

Notes:

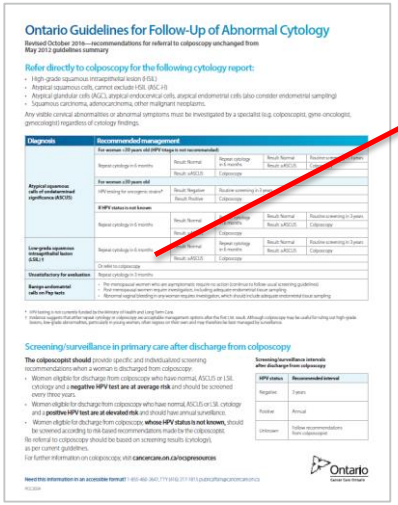
- Any visible cervical abnormalities or abnormal symptoms must be investigated by a specialist (e.g., colposcopist, gyne-oncologist, gynecologist) regardless of cytology findings.
- Cancer Care Ontario is working with the Ministry of Health and Long-Term Care to implement HPV testing in the Ontario Cervical Screening Program.

Special screening circumstances

- **Women who have sex with women** should follow the same cervical screening regimen as women who have sex with men.
- **Pregnant women** should be screened according to the guidelines. Pregnancy does not alter the recommended screening interval. Only conduct Pap tests during pre- and post-natal care if a woman is due for regular screening.
- Women who have undergone **subtotal hysterectomy** and retained their cervix should continue screening according to the guidelines.
- Women who are **immunocompromised** (e.g., HIV-positive or on long-term immunosuppressants) should receive annual screening.
- **Transgender men** who have retained their cervix should be screened according to the guidelines.

For more information and resources
Visit: cancercare.on.ca/pcresources | Call: 1-866-662-9233
Email: screenforlife@cancercare.on.ca

Ontario



Ontario Guidelines for Follow-Up of Abnormal Cytology

Revised October 2016—recommendations for referral to colposcopy unchanged from May 2012 guidelines summary

Refer directly to colposcopy for the following cytology report:

- High-grade squamous intraepithelial lesion (HSIL)
- Atypical squamous cells, cannot exclude HSIL (ASC-H)
- Atypical glandular cells (AGC), atypical endocervical cells, atypical endometrial cells (also consider endometrial sampling)
- Squamous carcinoma, adenocarcinoma, other malignant neoplasms

Any visible cervical abnormalities or abnormal symptoms must be investigated by a specialist (e.g. colposcopist, gyne-oncologist, gynecologist) regardless of cytology findings.

Screening/surveillance in primary care after discharge from colposcopy

The colposcopist should provide specific and individualized screening recommendations when a woman is discharged from colposcopy:

- Women eligible for discharge from colposcopy who have normal, ASCUS or LSIL cytology and a **negative HPV test are at average risk** and should be screened every three years.
- Women eligible for discharge from colposcopy who have normal, ASCUS or LSIL cytology and a **positive HPV test are at elevated risk** and should have annual surveillance.
- Women eligible for discharge from colposcopy **whose HPV status is not known,** should be screened according to risk-based recommendations made by the colposcopist.

No referral to colposcopy should be based on screening results (cytology), as per current guidelines.

For further information on colposcopy, visit **cancercare.on.ca/ocpresources**

Need this information in an accessible format?

Ontario

Diagnosis	Recommended management				
Atypical squamous cells of undetermined significance (ASCUS)	**For women <30 years old (HPV triage is not recommended)**				
	Repeat cytology in 6 months	Result: Normal	Repeat cytology in 6 months	Result: Normal	Routine screening in 3 years
				Result: ≥ASCUS	Colposcopy
		Result: ≥ASCUS	Colposcopy		
	For women ≥30 years old				
	HPV testing for oncogenic strains*	Result: Negative	Routine screening in 3 years		
		Result: Positive	Colposcopy		
	If HPV status is not known				
	Repeat cytology in 6 months	Result: Normal	Repeat cytology in 6 months	Result: Normal	Routine screening in 3 years
				Result: ≥ASCUS	Colposcopy
		Result: ≥ASCUS	Colposcopy		
Low-grade squamous intraepithelial lesion (LSIL) †	Repeat cytology in 6 months	Result: Normal	Repeat cytology in 6 months	Result: Normal	Routine screening in 3 years
				Result: ≥ASCUS	Colposcopy
		Result: ≥ASCUS	Colposcopy		
	Or refer to colposcopy				
Unsatisfactory for evaluation	Repeat cytology in 3 months				
Benign endometrial cells on Pap tests	• Pre-menopausal women who are asymptomatic require no action (continue to follow usual screening guidelines) • Post-menopausal women require investigation, including adequate endometrial tissue sampling • Abnormal vaginal bleeding in any woman requires investigation, which should include adequate endometrial tissue sampling				

Case Study #1

Q1: What are your recommendations?

A) F/U colpo in 6 months

B) Cryotherapy to cervix

C) Laser to cervix

D) LEEP

E) C) or D)

Case Study #1

Q1: What are your recommendations?

A) F/U colpo in 6 months

B) Cryotherapy to cervix

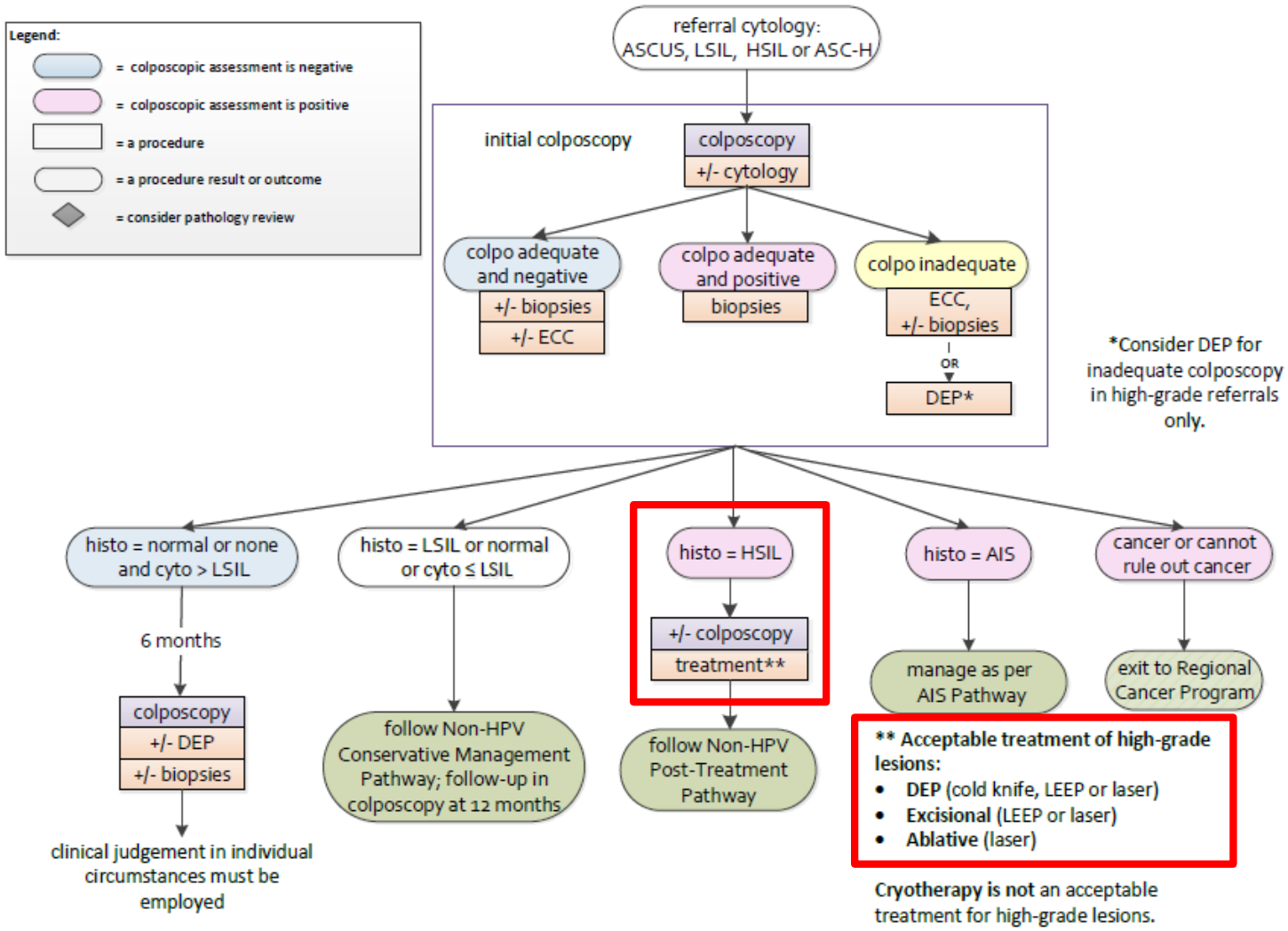
C) Laser to cervix

D) LEEP

E) C) or D)

Case Study #1

Clinical Management without HPV Testing in Colposcopy:
Workup and Treatment: SIL Referral in Women ≥ 25



Case Study #1

Patient underwent LEEP within 4 weeks; pathology confirmed HSIL/CIN3; margins clear

Q2: What do you recommend in terms of follow up?

A) Discharge to primary care physician for annual screening

B) Follow up colpo in 6 months

C) Follow up colpo in 3 months

D) None of the above

Case Study #1

Patient underwent LEEP within 4 weeks; pathology confirmed HSIL/CIN3; margins clear

Q2: What do you recommend in terms of follow up?

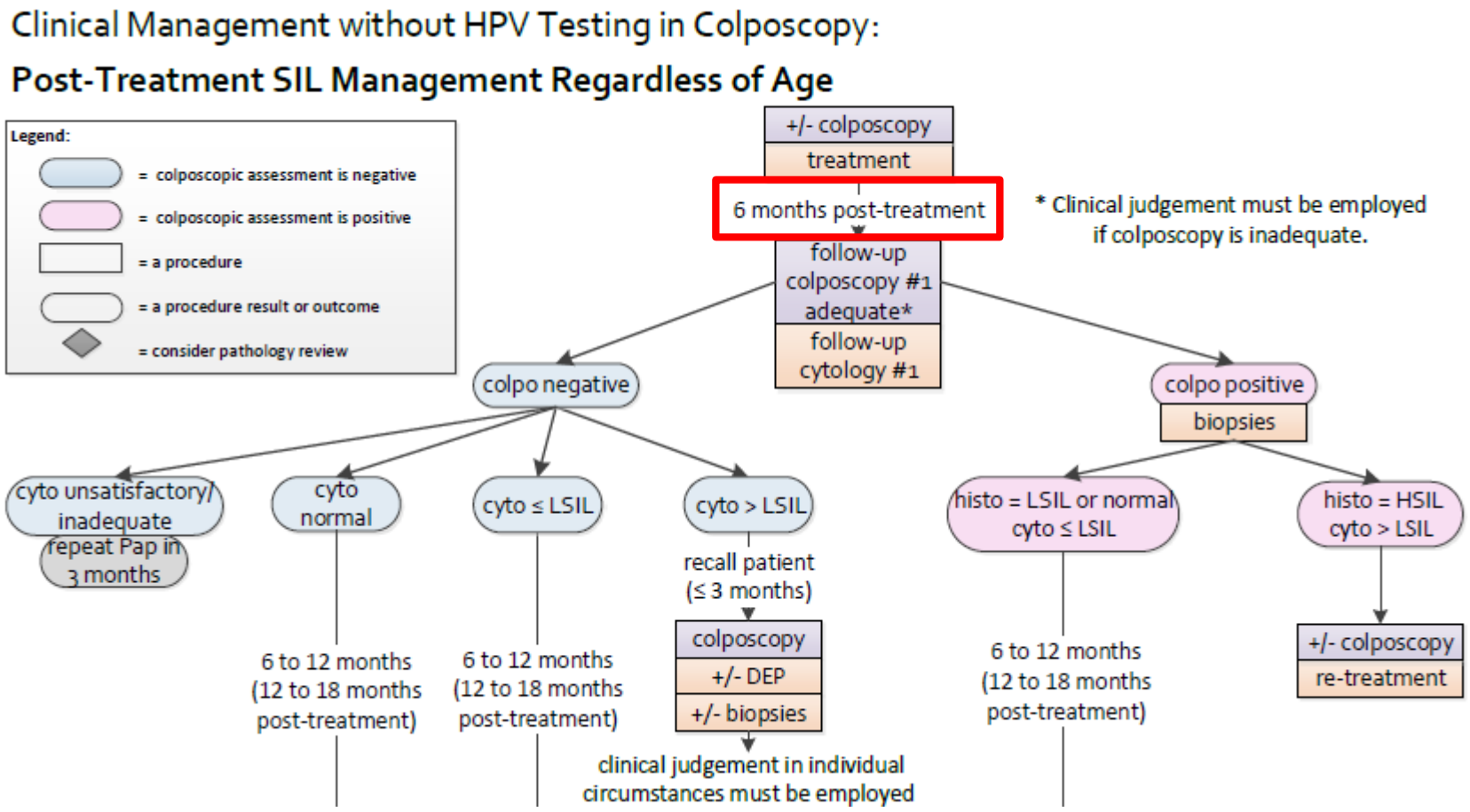
A) Discharge to primary care physician for annual screening

B) Follow up colpo in 6 months

C) Follow up colpo in 3 months

D) None of the above

Case Study #1


Clinical Management without HPV Testing in Colposcopy:
Post-Treatment SIL Management Regardless of Age
Legend:
= colposcopic assessment is negative
= colposcopic assessment is positive
= a procedure
= a procedure result or outcome
= consider pathology review
+/- colposcopy
treatment
6 months post-treatment
follow-up colposcopy #1 adequate*
follow-up cytology #1
* Clinical judgement must be employed if colposcopy is inadequate.
colpo negative
colpo positive
biopsies
cyto unsatisfactory/ inadequate
repeat Pap in 3 months
cyto normal
cyto ≤ LSIL
cyto > LSIL
histo = LSIL or normal cyto ≤ LSIL
histo = HSIL cyto > LSIL
6 to 12 months (12 to 18 months post-treatment)
6 to 12 months (12 to 18 months post-treatment)
recall patient (≤ 3 months)
colposcopy
+/- DEP
+/- biopsies
clinical judgement in individual circumstances must be employed
6 to 12 months (12 to 18 months post-treatment)
+/- colposcopy
re-treatment

Case Study #1

At first post-treatment colpo visit in 6 months: Colpo is adequate and negative; Cyto normal

Q3: What would be your recommended next step?

A) Discharge to primary care physician

B) Follow up colpo in 6-12 months

C) A) or B)

D) None of the above

Case Study #1

At first post-treatment colpo visit in 6 months: Colpo is adequate and negative; Cyto normal

Q3: What would be your recommended next step?

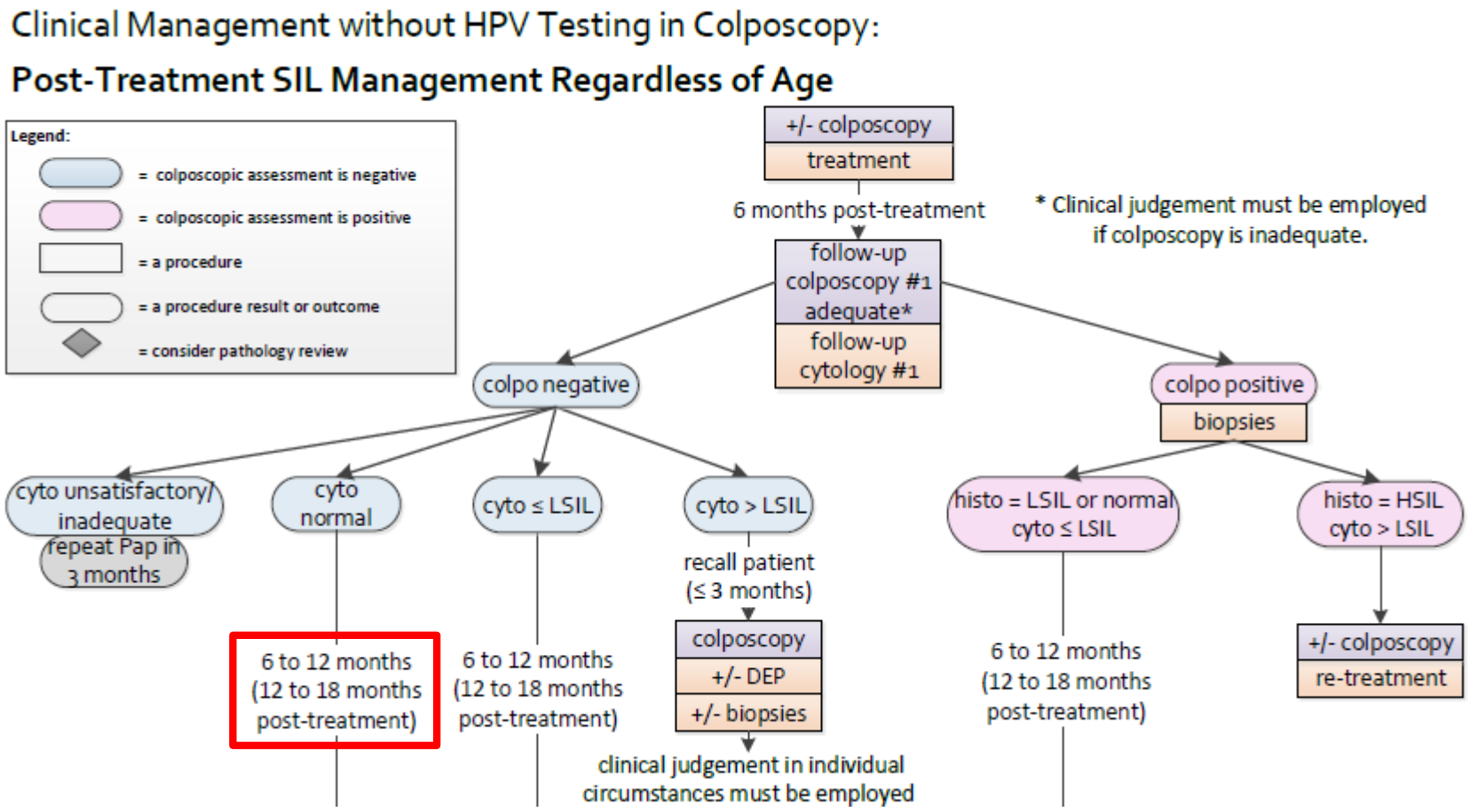
A) Discharge to primary care physician

B) Follow up colpo in 6-12 months

C) A) or B)

D) None of the above

Case Study #1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follow-up colposcopy #1 adequate*
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repeat Pap in 3 months
cyto normal
cyto ≤ LSIL
cyto > LSIL
histo = LSIL or normal cyto ≤ LSIL
histo = HSIL cyto > LSIL
recall patient (≤ 3 months)
colposcopy
+/- DEP
+/- biopsies
6 to 12 months (12 to 18 months post-treatment)
6 to 12 months (12 to 18 months post-treatment)
clinical judgement in individual circumstances must be employed
6 to 12 months (12 to 18 months post-treatment)
+/- colposcopy
re-treatment

Case Study #1

At second (potentially final) post-treatment colpo visit : Colpo is adequate and positive; Histo HSIL; Cyto LSIL; HPV positive

Q4: What is your recommended next step?

A) Re treatment with laser or LEEP

B) Follow up colposcopy in 6 months

C) Pathology review

D) All of the above

Case Study #1

At second (potentially final) post-treatment colpo visit : Colpo is adequate and positive; Histo HSIL; Cyto LSIL; HPV positive

Q4: What is your recommended next step?

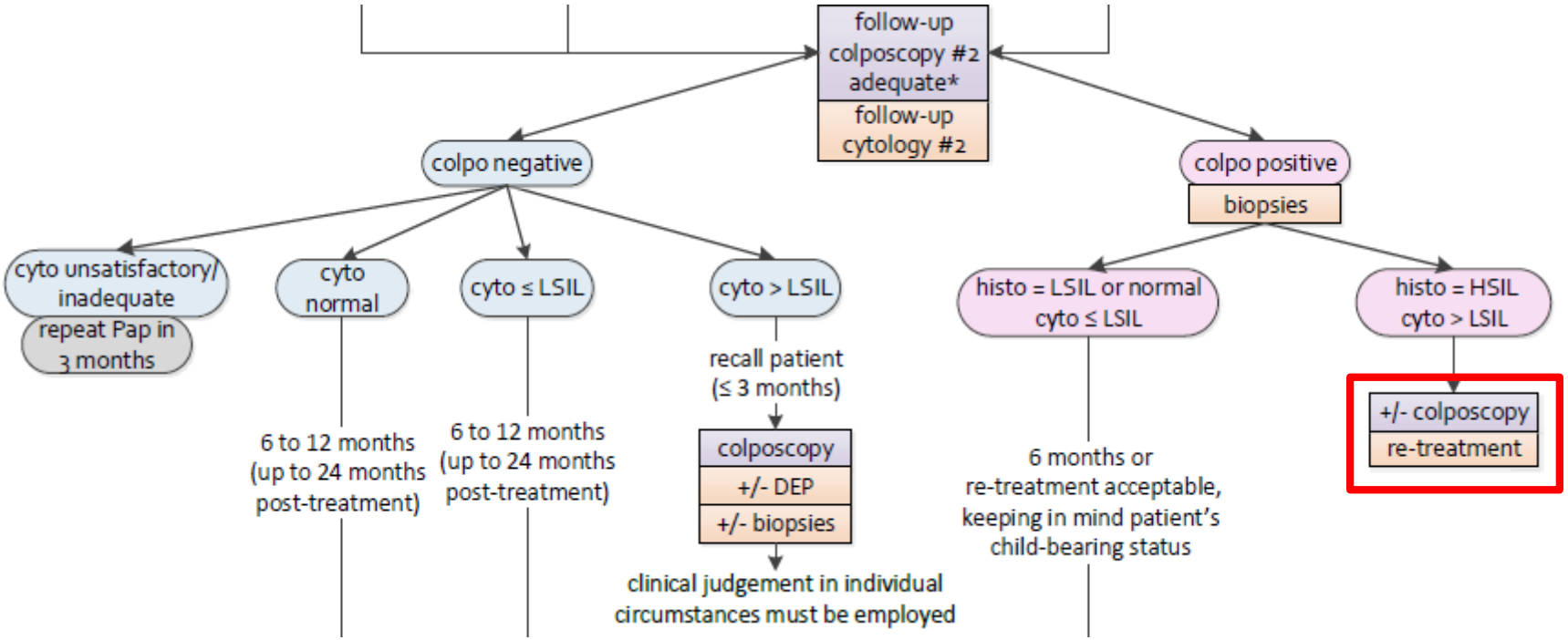
A) Re treatment with laser or LEEP

B) Follow up colposcopy in 6 months

C) Pathology review

D) All of the above

Case Study #1


follow-up colposcopy #2 adequate*
follow-up cytology #2
colpo negative
colpo positive
biopsies
cyto unsatisfactory/ inadequate
repeat Pap in 3 months
cyto normal
cyto ≤ LSIL
cyto > LSIL
histo = LSIL or normal cyto ≤ LSIL
histo = HSIL cyto > LSIL
+/- colposcopy
re-treatment
6 to 12 months (up to 24 months post-treatment)
6 to 12 months (up to 24 months post-treatment)
recall patient (≤ 3 months)
colposcopy
+/- DEP
+/- biopsies
clinical judgement in individual circumstances must be employed
6 months or re-treatment acceptable, keeping in mind patient's child-bearing status

Case Study #1

Patient underwent re-treatment with LEEP; small focals for HSIL and all margins negative

On post re-treatment colpo visit, findings were normal and the patient returned to the normal pathway along the post-treatment algorithm

Case Study #1

◈ **Pathology review by a pathologist with a specialty or special interest in gynecological pathology at a gynecologic oncology centre should be considered for cases with significant discordance, where a pathology review may be useful in patient management.**

Conservative management is favoured.

Treatment of persistent LSIL is acceptable for women in whom:
- LSIL or high risk HPV infection persists for two or more years OR
- Child bearing is not a concern

Acceptable treatment of low-grade lesions:
- **Excisional** (LEEP)
- **Ablative** (laser)
- Due to higher failure rates, cryotherapy is only acceptable when other options do not exist

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Clinical Management in Colposcopy: Case Study #2

DR. DUSTIN COSTESCU
CSCL HAMILTON NIAGARA (LHIN #4)

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Case Study #2

Q1: What is the appropriate screening interval (cervical cytology) for an immunocompromised individual?

A) 3 years

B) 1 year

C) 3 years if HPV co-test

D) 6 months

Case Study #2

Q1: What is the appropriate screening interval (cervical cytology) for an immunocompromised individual?

A) 3 years

B) 1 year

C) 3 years if HPV co-test

D) 6 months

Case Study #2

Q2: What constitutes an immunocompromised individual for the purposes of cervical screening?

A) HIV

B) Immunosuppressant drug therapy

C) Long standing diabetes

D) A) and B)

E) There is no clear definition

Case Study #2

Q2: What constitutes an immunocompromised individual for the purposes of cervical screening?

A) HIV

B) Immunosuppressant drug therapy

C) Long standing diabetes

D) A) and B)

E) There is no clear definition

Case Study #2

Q3: What DOES NOT constitute an immunocompromised individual for the purposes of cervical screening?

A) Organ transplant

B) Asthmatic on intermittent steroids

C) Past history of breast cancer with previous chemotherapy

D) B) and C)

E) All of the above

Case Study #2

Q3: What DOES NOT constitute an immunocompromised individual for the purposes of cervical screening?

A) Organ transplant

B) Asthmatic on intermittent steroids

C) Past history of breast cancer with previous chemotherapy

D) B) and C)

E) All of the above

Case Study #2

Patient:

- 30 year old G0P0
  - Considering pregnancy in the future
- Cystic Fibrosis patient with previous double lung transplant
  - Multiple immunosuppressant drugs
- Referred with ASCUS followed by LSIL 6 months afterward

Case Study #2

Q4: At first colposcopy visit: colposcopy adequate; lesion consistent with LSIL

What are your recommendations?

A) F/U in colpo

B) DEP

C) HPV test

D) Discharge to primary care physician for annual screening

E) Biopsy the lesion

Case Study #2

Q4: At first colposcopy visit: colposcopy adequate; lesion consistent with LSIL

What are your recommendations?

A) F/U in colpo

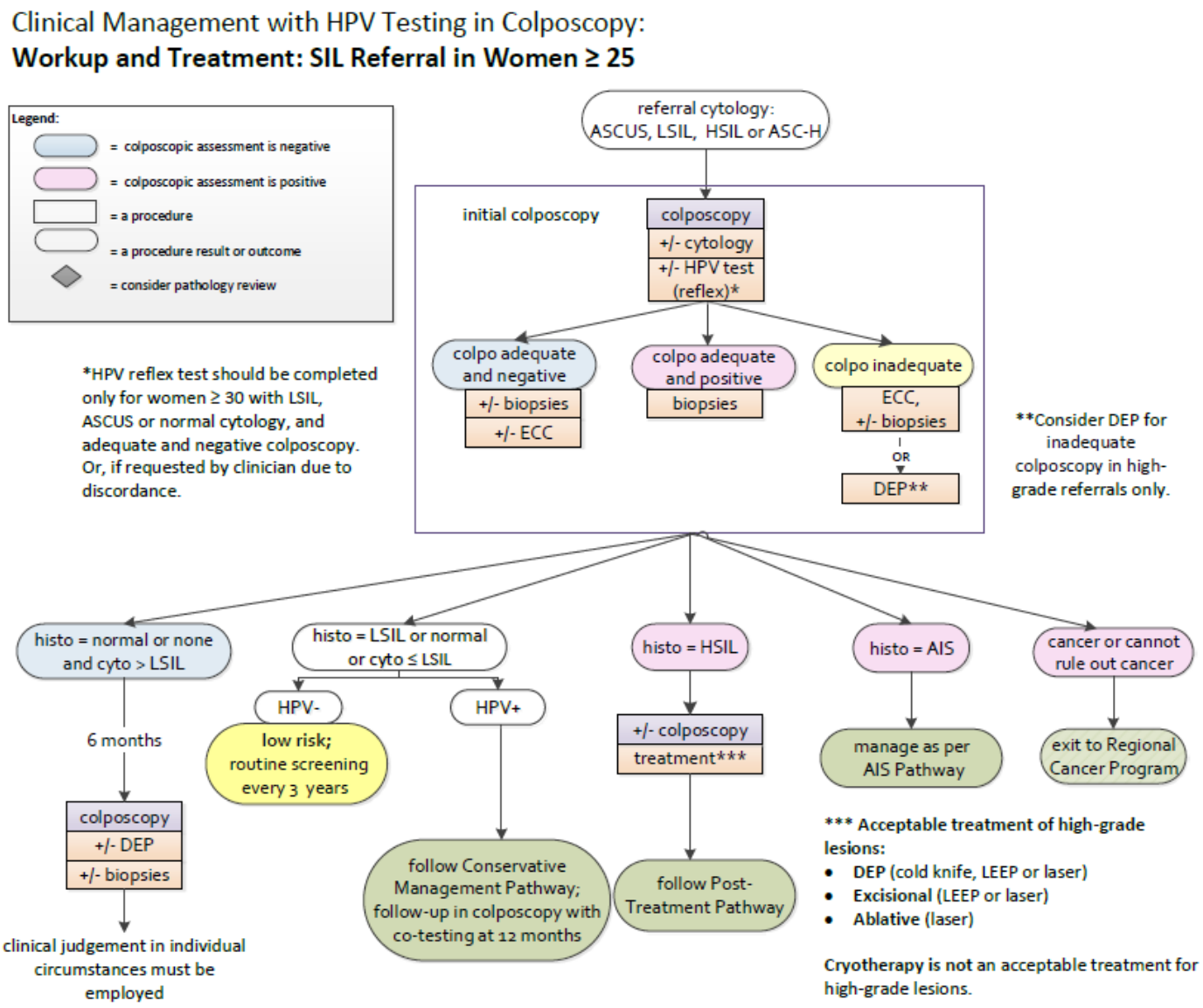
B) DEP

C) HPV test

D) Discharge to primary care physician for annual screening

E) Biopsy the lesion

Case Study #2


Clinical Management with HPV Testing in Colposcopy:
Workup and Treatment: SIL Referral in Women ≥ 25
Legend:
= colposcopic assessment is negative
= colposcopic assessment is positive
= a procedure
= a procedure result or outcome
= consider pathology review
referral cytology: ASCUS, LSIL, HSIL or ASC-H
initial colposcopy
colposcopy
+/- cytology
+/- HPV test (reflex)*
colpo adequate and negative
+/- biopsies
+/- ECC
colpo adequate and positive
biopsies
colpo inadequate
ECC, +/- biopsies
OR
DEP**
*HPV reflex test should be completed only for women ≥ 30 with LSIL, ASCUS or normal cytology, and adequate and negative colposcopy. Or, if requested by clinician due to discordance.
**Consider DEP for inadequate colposcopy in high-grade referrals only.
histo = normal or none and cyto > LSIL
6 months
colposcopy
+/- DEP
+/- biopsies
clinical judgement in individual circumstances must be employed
histo = LSIL or normal or cyto ≤ LSIL
HPV-
low risk; routine screening every 3 years
HPV+
follow Conservative Management Pathway; follow-up in colposcopy with co-testing at 12 months
histo = HSIL
+/- colposcopy
treatment***
follow Post-Treatment Pathway
histo = AIS
manage as per AIS Pathway
cancer or cannot rule out cancer
exit to Regional Cancer Program
*** Acceptable treatment of high-grade lesions:
DEP (cold knife, LEEP or laser)
Excisional (LEEP or laser)
Ablative (laser)
Cryotherapy is not an acceptable treatment for high-grade lesions.

Case Study #2

HPV test is positive (non 16/18)

Q5: What do you recommend in terms of next steps?

A) Discharge to primary care physician for annual screening

B) Follow up colpo in 6 months

C) Follow up colpo in 12 months

D) LEEP

Case Study #2

HPV test is positive (non 16/18)

Q5: What do you recommend in terms of next steps?

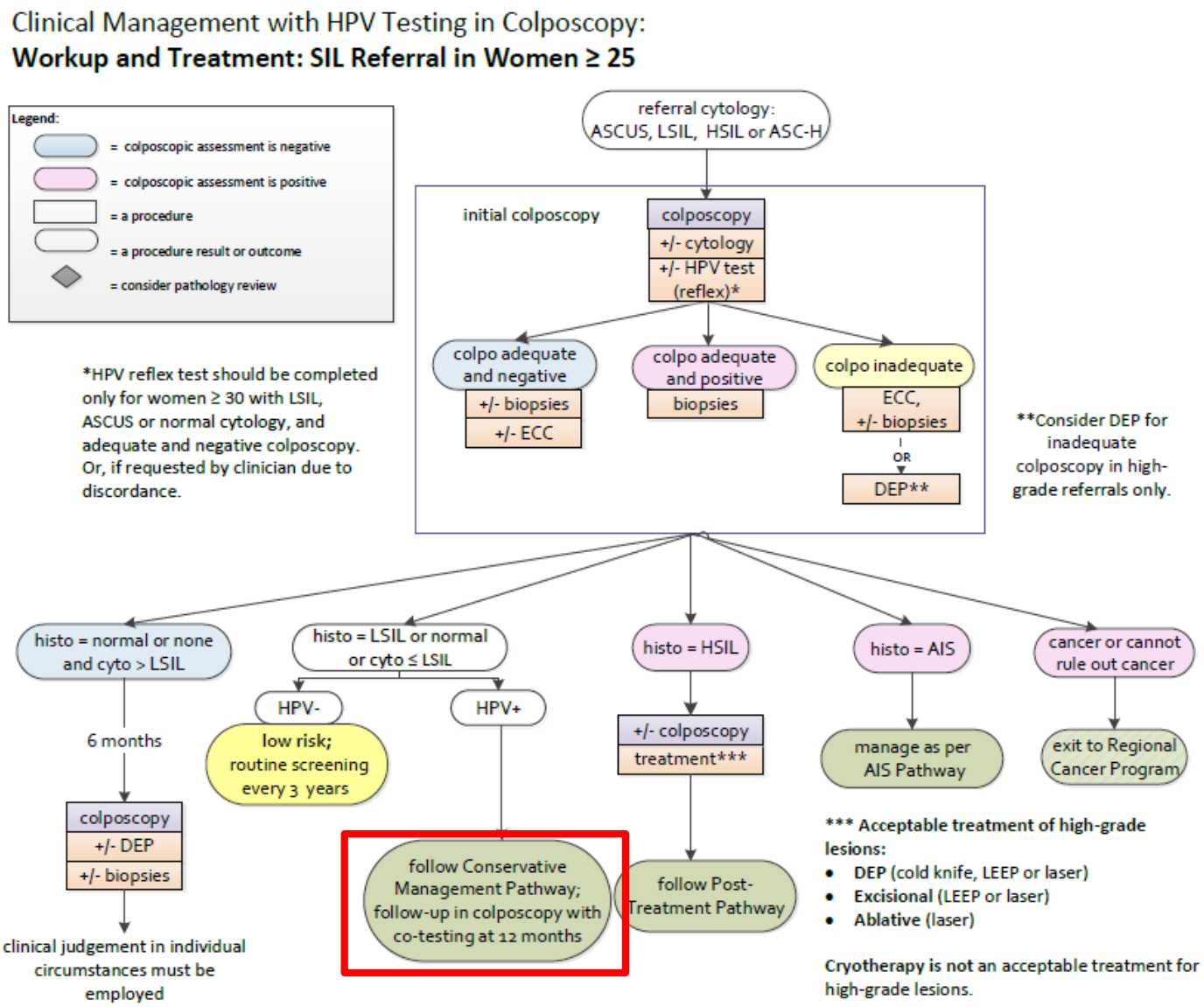
A) Discharge to primary care physician for annual screening

B) Follow up colpo in 6 months

C) Follow up colpo in 12 months

D) LEEP

Case Study #2


Clinical Management with HPV Testing in Colposcopy:
Workup and Treatment: SIL Referral in Women ≥ 25
Legend:
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= colposcopic assessment is positive
= a procedure
= a procedure result or outcome
= consider pathology review
referral cytology: ASCUS, LSIL, HSIL or ASC-H
initial colposcopy
colposcopy
+/- cytology
+/- HPV test (reflex)*
colpo adequate and negative
+/- biopsies
+/- ECC
colpo adequate and positive
biopsies
colpo inadequate
ECC, +/- biopsies
OR
DEP**
*HPV reflex test should be completed only for women ≥ 30 with LSIL, ASCUS or normal cytology, and adequate and negative colposcopy. Or, if requested by clinician due to discordance.
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histo = normal or none and cyto > LSIL
histo = LSIL or normal or cyto ≤ LSIL
histo = HSIL
histo = AIS
cancer or cannot rule out cancer
HPV-
HPV+
6 months
low risk; routine screening every 3 years
colposcopy
+/- DEP
+/- biopsies
clinical judgement in individual circumstances must be employed
follow Conservative Management Pathway; follow-up in colposcopy with co-testing at 12 months
+/- colposcopy
treatment***
follow Post-Treatment Pathway
manage as per AIS Pathway
exit to Regional Cancer Program
*** Acceptable treatment of high-grade lesions:
DEP (cold knife, LEEP or laser)
Excisional (LEEP or laser)
Ablative (laser)
Cryotherapy is not an acceptable treatment for high-grade lesions.

Case Study #2

At 12mo follow-up colposcopy: colpo adequate and positive; histo LSIL; cytology LSIL

Q6: What would be your recommended next step?

A) Discharge to primary care for routine screening

B) LEEP

C) Repeat HPV test

D) Follow up colpo in 6-12 months

Case Study #2

At 12mo follow-up colposcopy: colpo adequate and positive; histo LSIL; cytology LSIL

Q6: What would be your recommended next step?

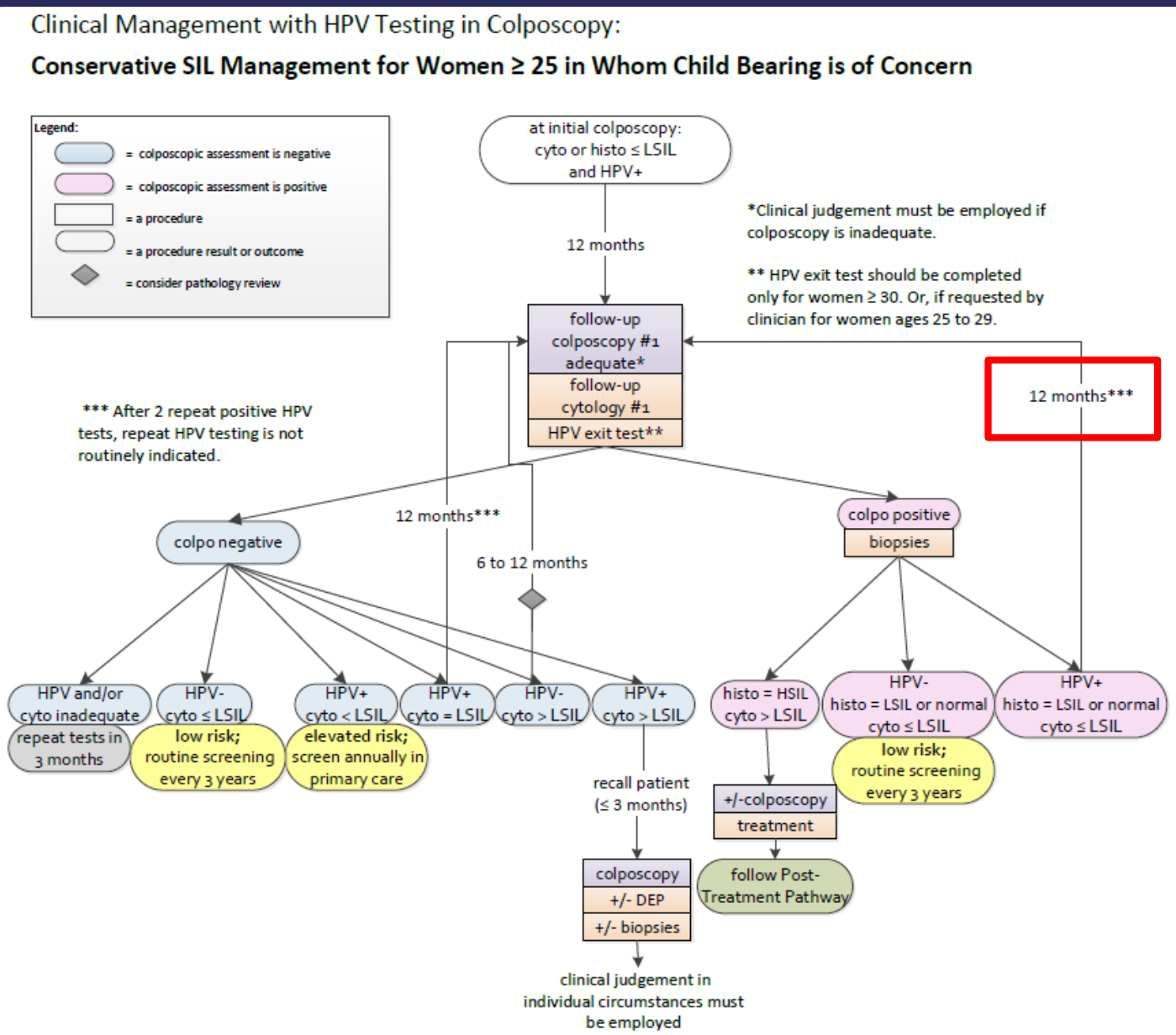
A) Discharge to primary care for routine screening

B) LEEP

C) Repeat HPV test

D) Follow up colpo in 6-12 months

Case Study #2


Clinical Management with HPV Testing in Colposcopy:
Conservative SIL Management for Women ≥ 25 in Whom Child Bearing is of Concern
Legend:
= colposcopic assessment is negative
= colposcopic assessment is positive
= a procedure
= a procedure result or outcome
= consider pathology review
at initial colposcopy: cyto or histo ≤ LSIL and HPV+
12 months
*Clinical judgement must be employed if colposcopy is inadequate.
** HPV exit test should be completed only for women ≥ 30. Or, if requested by clinician for women ages 25 to 29.
follow-up colposcopy #1 adequate*
follow-up cytology #1
HPV exit test**
12 months***
*** After 2 repeat positive HPV tests, repeat HPV testing is not routinely indicated.
12 months***
6 to 12 months
colpo negative
colpo positive
biopsies
HPV and/or cyto inadequate
repeat tests in 3 months
HPV- cyto ≤ LSIL
low risk; routine screening every 3 years
HPV+ cyto < LSIL
elevated risk; screen annually in primary care
HPV+ cyto = LSIL
HPV- cyto > LSIL
HPV+ cyto > LSIL
histo = HSIL cyto > LSIL
HPV- histo = LSIL or normal cyto ≤ LSIL
low risk; routine screening every 3 years
HPV+ histo = LSIL or normal cyto ≤ LSIL
recall patient (≤ 3 months)
+/-colposcopy
treatment
follow Post-Treatment Pathway
colposcopy
+/- DEP
+/- biopsies
clinical judgement in individual circumstances must be employed

Case Study #2

Cervical Screening Tips:

- Clinicians can make use of e-consults to seek clarity on the appropriateness of screening at shorter intervals
- Although HR-HPV testing may be useful for exit from colposcopy and may identify patients at low risk of developing cervical cancer, there is insufficient evidence to state whether HIV + women can be safely discharged to triennial screening if HPV negative

Case Study #2

Colposcopy Tips:

- History should include the nature of the immune compromise and any medications that suppress the immune system
- Multiple biopsies should be considered as lesions tend to be larger and may be multifocal
- Consider vaginal dysplasia when colposcopy is negative (as always)
- Consider biopsies for negative colposcopy if severely immunocompromised ???
- Exit to annual screening ???

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Clinical Management in Colposcopy: Case Study #3

DR. RACHEL KUPETS
SCIENTIFIC LEAD, OCSP

Ontario
Cancer Care Ontario

Case Study #3

Patient:

- 22 year old G0
- Vaccinated for HPV in grade 8
- Referred with ASCUS followed by LSIL 6 months afterward
- At first colpo visit, colpo adequate and negative; no evidence of dysplasia

Case Study #3

What are your recommendations?

A) Multiple random biopsies

B) Observation alone/return for colposcopy in 1 year

C) Discharge to family MD for screening in 1 year

D) B) or C)

Case Study #3

What are your recommendations?

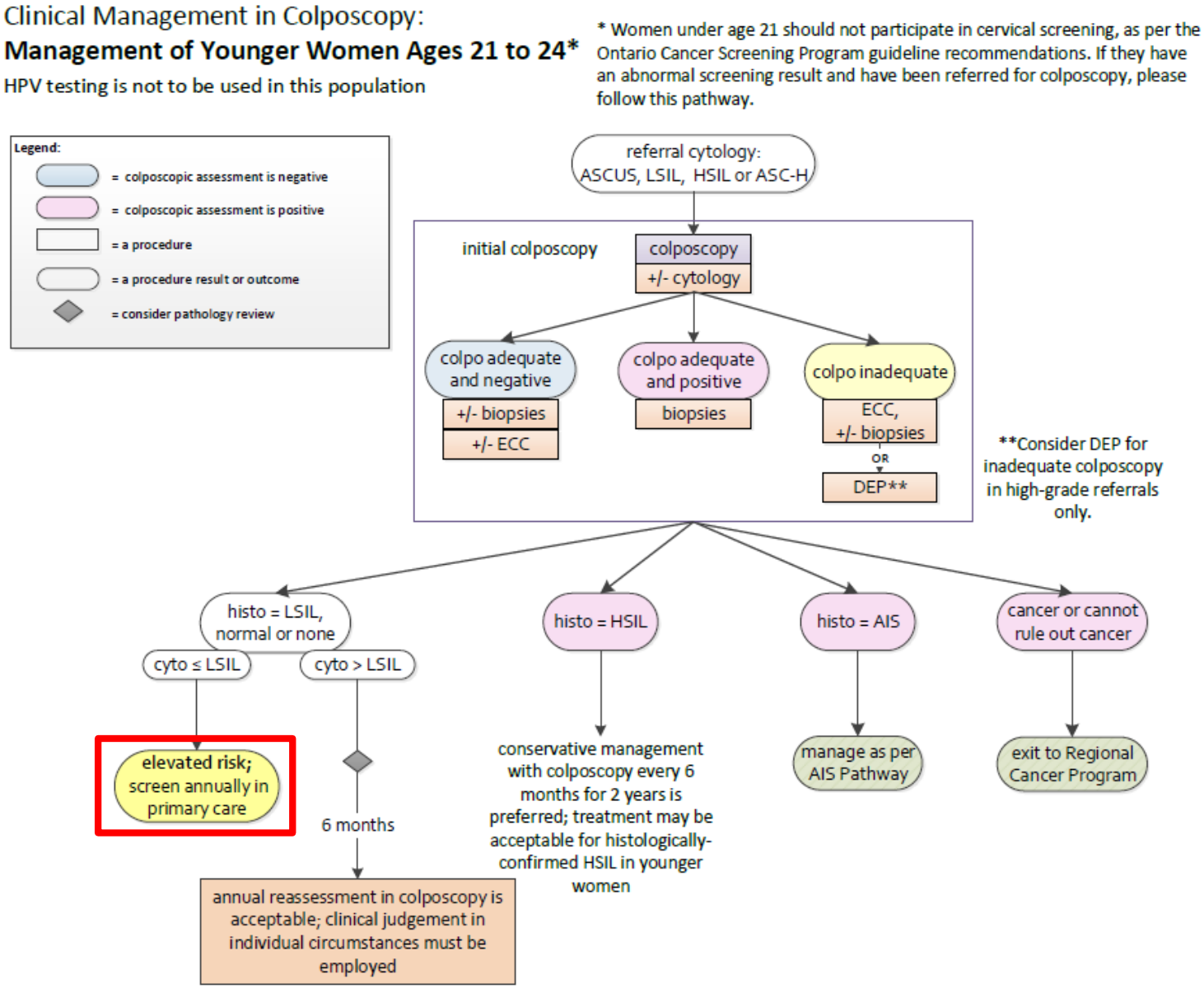
A) Multiple random biopsies

B) Observation alone/return for colposcopy in 1 year

C) Discharge to family MD for screening in 1 year

D) B) or C)

Case Study #3


Clinical Management in Colposcopy:
Management of Younger Women Ages 21 to 24*
HPV testing is not to be used in this population
* Women under age 21 should not participate in cervical screening, as per the Ontario Cancer Screening Program guideline recommendations. If they have an abnormal screening result and have been referred for colposcopy, please follow this pathway.
Legend:
= colposcopic assessment is negative
= colposcopic assessment is positive
= a procedure
= a procedure result or outcome
= consider pathology review
referral cytology: ASCUS, LSIL, HSIL or ASC-H
initial colposcopy
colposcopy +/- cytology
colpo adequate and negative
+/- biopsies
+/- ECC
colpo adequate and positive
biopsies
colpo inadequate
ECC, +/- biopsies
OR
DEP**
**Consider DEP for inadequate colposcopy in high-grade referrals only.
histo = LSIL, normal or none
cyto ≤ LSIL
cyto > LSIL
elevated risk; screen annually in primary care
6 months
annual reassessment in colposcopy is acceptable; clinical judgement in individual circumstances must be employed
histo = HSIL
conservative management with colposcopy every 6 months for 2 years is preferred; treatment may be acceptable for histologically-confirmed HSIL in younger women
histo = AIS
manage as per AIS Pathway
cancer or cannot rule out cancer
exit to Regional Cancer Program

Case Study #3

Patient returns for colposcopy in 1 year; their results are normal

Points for Discussion:

- Spontaneous regression
- Age of Initiation for cervical screening:
    - Canada: 25yr in BC and Alberta
    - International: 25yr (UK and AUS), 30yr (the Netherlands)

Cancer Care Ontario

Concluding Remarks

DR JOAN MURPHY

Ontario
Cancer Care Ontario

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).

In order for you to obtain your certificate of participation, you must fill out our survey that will be sent to your email address that you registered with.

What's Next

- Next meeting of the CoP will take place in **Spring 2019**
- Want to see something discussed? Let us know at ColposcopyCoP@cancercare.on.ca or speak to your CSCL or Regional Pathology Lead
- Your regional lead will be in contact with you for local events and the next CoP meeting

What's Next

We welcome your feedback!
Please fill out the online evaluation that will be emailed to you.

You can always reach us through email at ColposcopyCoP@cancercare.on.ca.

Thank you!