



Cancer Care Ontario

# Colposcopy Community of Practice Webinar

MAY 24<sup>TH</sup>, 2018  
5:30-7:00PM

# Housekeeping Items

- If you are 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

- Fourth CoP webinar
- Today's webinar will be interactive
  - ✓ Live polls before and after presentations
  - ✓ 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.



# Today's Agenda

| Item   | Presenter         |
|--|-------------------|
| Introduction   | Dr. Joan Murphy   |
| Ontario Cervical Screening Program Updates                       | Dr. Joan Murphy   |
| Colposcopy Indicators from the <i>Analytix Insider</i>           | Dr. Rachel Kupets |
| Case Study #1: Risk stratification for women entering colposcopy | Dr. Susan McFaul  |
| Case Study #2: Woman under 25                                    | Dr. Michael Shier |
| Case Study #3: Older woman                                       | Dr. Rachel Kupets |
| Concluding Remarks and Accreditation                             | Dr. Joan Murphy   |

# 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. Age-based risk assessment and implications for screening and colposcopy
3. Navigation of colposcopy best-practice pathways



# Ontario Cervical Screening Program Updates

DR. JOAN MURPHY

# HPV Testing - Implementation Update

- **Summer 2017:** CCO is working with the Ministry to implement HPV testing in Ontario.
- Scientific evidence and expert consultation supports each component of program design for HPV screening
- Engagement with public and clinical community
- Support for physicians in implementing HPV testing will include:
  - Updated cervical screening guidelines using HPV testing
  - Updated colposcopy clinical guidance pathways including HPV testing
  - Education and tools to help physicians understand and align with the pathways (e.g. case studies)

# 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 *Document* will be released to align with updated cervical screening guidelines, which will be finalized later this year





Cancer Care Ontario

# Analytics Insider: Spotlight on Colposcopy

**DR. RACHEL KUPETS**  
**SCIENTIFIC LEAD, OCSP**

# Analytics Insider: Spotlight on Colposcopy

- One-time newsletter to share regional performance, as measured by a select list of colposcopy indicators
- To drive regional quality improvement initiatives and to measure impact of these initiatives

**CCO** Cancer Care Ontario  
**CANCER SCREENING ANALYTICS NEWSLETTER**  
**ANALYTICS INSIDER**

ISSUE 1: SPOTLIGHT ON COLPOSCOPY      DATE: NOVEMBER 2017

### About this newsletter

Analytics Insider aims to share key cancer screening findings with stakeholders and support quality improvement initiatives. This newsletter is developed by Cancer Screening Quality Management (Analytics team), with contributions from Cancer Screening Program Design (Ontario Cervical Screening Program team), scientific and clinical leads, and other cancer screening colleagues at Cancer Care Ontario.

### This issue

In this issue, we will take a closer look at **colposcopy services** in Ontario. Colposcopy is a procedure used to examine the cervix, vagina and vulva for any abnormalities. The procedure is conducted using a colposcope and is usually indicated by an abnormal screening Pap test result (1). While this issue focuses on colposcopy, future issues will highlight other cancer screening services.

### Note from the OCSPP Provincial Leads:

Dr. Joan Murphy and Dr. Rachel Kupets

In recognizing the importance of the cervical cancer prevention continuum, Cancer Care Ontario is organizing colposcopy services in Ontario, which will ultimately be integrated into the province's organized cervical screening program. With the release of the Colposcopy Clinical Guidance Document (2016) and the 2017 Ontario Budget announcement regarding HPV testing, the OCSPP and the Regional Cervical Screening and Colposcopy Leads are planning Regional Quality Improvement initiatives. These regional initiatives are tailored to specific regional needs and will further improve cervical screening, colposcopy and cervical cancer prevention in Ontario. It is our intention that the indicators reported in this newsletter will contribute to the Regional Quality Improvement Initiatives.

These indicators include descriptive statistics and performance metrics that will support the regions in identifying OCSPP successes and opportunities for improvement. This information should be used in conjunction with the cervical screening and colposcopy indicators reported in the Quarterly Performance Review Reports and Monthly Reports available through regional leadership.

**ACKNOWLEDGEMENTS:**  
 Authors: Christine McMillan, E. Polanco and Jeanette Cook  
 Contributors:  
 - Cancer Screening Quality Management: Julie Day, National Ambrose, Li Wang, Bryan Higgins and Larne Braune  
 - Cancer Screening Program Design: Sandra Strada, Wei Gan, Rebecca Yao, Lisa Faye and Gillian Beinfell  
 - Scientific and Clinical Leads: Rachel Kupets and Joan Murphy  
 Support: Colleagues from the Department of Prevention and Cancer Control, Communications and Privacy portfolio  
 Parts of this newsletter are based on data and information compiled and provided by the Canadian Institute for Health Information (CIHI). However, the analysis, conclusions, opinions and statements expressed herein are those of the authors and contributors and not necessarily those of CIHI.

**FEEDBACK**      Email: [screening@hlsimq.com](mailto:screening@hlsimq.com) | [ccocarcara.on.ca](mailto:ccocarcara.on.ca)

## COLPOSCOPY SERVICES IN ONTARIO

INTEGRATING SCREENING AND DIAGNOSIS FOR THE PREVENTION OF CERVICAL CANCER

### PATHWAY TO COLPOSCOPY IN 2016

3.8M Women ages 21 to 69  
 1.1M Pap tests (The recommended screening interval is every 3 years)  
 6% Of the total Pap tests with abnormal results, 6% were abnormal  
 Colposcopy evaluates the lower genital tract in women with abnormal Pap tests  
 Low grade: 88%  
 High grade: 12%  
 Of these abnormal Pap tests, 12% were high grade

### OVERVIEW OF COLPOSCOPY SERVICES IN 2016

103,080 Colposcopy assessments  
 9,059 Treatments were carried out on women  
 428 physicians perform colposcopy  
 Of these assessments, 93% were performed in hospital clinics  
 Treatment includes cryotherapy, LEEP, cone biopsy, electrocautery, and laser cryocoagulation

### MEASURING ONTARIO'S QUALITY OF COLPOSCOPY SERVICES

From 2012 to 2016, the proportion of women who were seen for colposcopy following their first ASCUS Pap test result: **6 to 7%**

The wait time from high grade Pap test to colposcopy is declining

The proportion of women with high-grade Pap tests who were seen for colposcopy within 6 months increased

More women with a high-grade Pap test were seen for colposcopy within six months, increasing from 74% in 2012 to 80% in 2016

From 2012 to 2015, the proportion of women who were NOT SEEN FOR FOLLOWUP 12 months post-treatment is approximately: **16%**

The Colposcopy Clinical Guidance Document recommends that women receive follow-up in 6 months post-treatment (1)

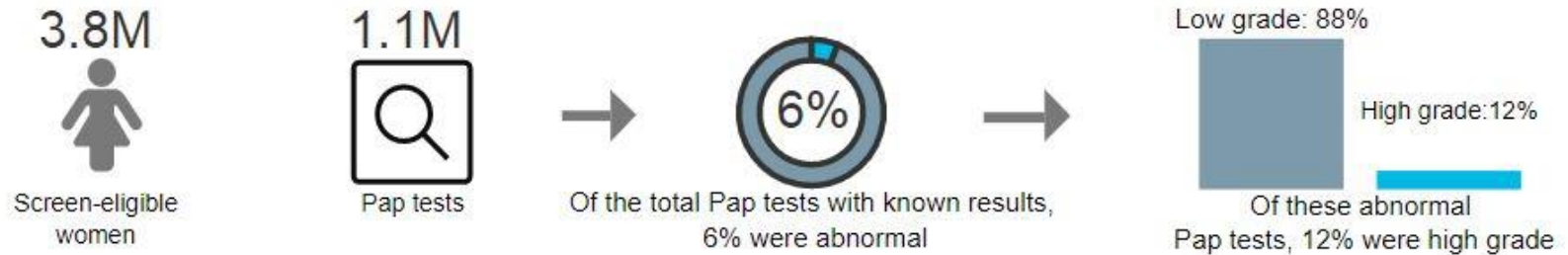
From 2008 to 2012, the proportion of women exiting colposcopy with 3 consecutive normal Pap tests following treatment was between **77 and 80%**

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

**EXIT** 77-80%

**REFERENCES:**  
 1) Cancer Care Ontario, Clinical Guidance: Recommendations for Practice by Ontario's Cervical Screening and Colposcopy Leads, Toronto: CCO, 2016. Available from: <http://www.cco.on.ca/colposcopy-clinical-guidance>  
 2) Murphy, J. and Strada, S. Pap Test Follow-Up: 2016. Available from: <http://www.cco.on.ca/pap-test-follow-up>  
 3) Wang, J., Higgins, B., Day, J., Fung, D., Fung, M., Day, J., Wang, L., Wang, L., and Murphy, J. Cervical Screening: Cervical Cancer Program Design (2016). Available from: <http://www.cco.on.ca/cervical-cancer-program-design>  
 4) Lippman, S.M. (2011). Colposcopy. In: Cancer Care Ontario, Cervical Cancer: A Clinical Practice Guideline. Available from: <http://www.cco.on.ca/cervical-cancer>

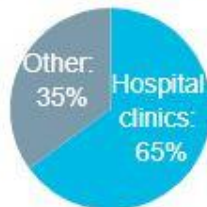
## PATHWAY TO COLPOSCOPY IN 2016



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

## OVERVIEW OF COLPOSCOPY SERVICES IN 2016

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Colposcopy  
assessments



Of these assessments, 65% were performed in hospital clinics

9,059  
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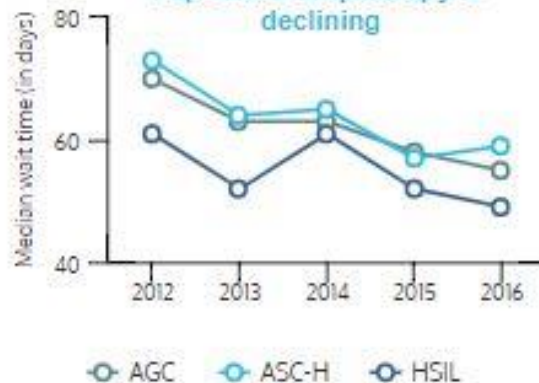
## MEASURING ONTARIO'S QUALITY OF COLPOSCOPY SERVICES

From 2012 to 2016, the proportion of women who were seen for colposcopy following their first ASCUS Pap test result:

**6 to 7%**

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 wait time from high grade Pap test to colposcopy is declining



The median wait time from high-grade Pap test to colposcopy declined from 2012 to 2016

The proportion of women with high-grade Pap tests who were seen for colposcopy within 6 months increased



More women with a high-grade Pap test were seen for colposcopy within six months, increasing from 74% in 2012 to 80% in 2016

## MEASURING ONTARIO'S QUALITY OF COLPOSCOPY SERVICES

From 2012 to 2015, the proportion of women who were **NOT SEEN FOR FOLLOW-UP** 12 months post-treatment is approximately:

16%

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



From 2008 to 2012, the proportion of women exiting colposcopy with **3 consecutive normal Pap tests** following treatment was between **77 and 80%**

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





CANCER SCREENING ANALYTICS NEWSLETTER

## ANALYTICS INSIDER

ISSUE 1: SPOTLIGHT ON COLPOSCOPY

DATE: NOVEMBER 2017

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In recognizing the importance of the cervical cancer prevention continuum, Cancer Care Ontario is organizing colposcopy services in Ontario, which will ultimately be integrated into the province's organized cervical screening program. With the release of the *Colposcopy Clinical Guidance Document* (2016) and the 2017 Ontario Budget announcement regarding HPV testing, the OCSP and the Regional Cervical Screening and Colposcopy Leads are planning Regional Quality Improvement Initiatives. These regional initiatives are tailored to specific regional needs and will further improve cervical screening, colposcopy and cervical cancer prevention in Ontario. It is our intention that the indicators reported in this newsletter will contribute to the Regional Quality Improvement Initiatives.

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### Latest Research

- Koné Péfóyo AJ, Wang L, Gao J, Kupets R. Are women who exit colposcopy without treatment at elevated risk for cervical cancer?. *Journal of Lower Genital Tract Disease.* 2017 Jan;21(1):47-54.
- Kupets R, Wang L, Gao J, Koné Péfóyo A. Cervical Screening and Colposcopy Management of Women Ages 24 and Under. 4th Canadian Cancer Research Conference
- Policarpio ME, Heng J, Jembere N, Gao J, Kupets R. A Closer Look at Colposcopy Services in Ontario. 4th Canadian Cancer Research Conference

### HIGHLIGHTS

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



FEEDBACK


Email us: [screeningdatarequest@cccancer.ca](mailto:screeningdatarequest@cccancer.ca)

## COLPOSCOPY SERVICES IN ONTARIO

INTEGRATING SCREENING AND DIAGNOSIS FOR THE PREVENTION OF CERVICAL CANCER


### PATHWAY TO COLPOSCOPY IN 2016

3.8M




Women ages 21 to 69

1.1M



Pap tests  
(The recommended screening interval is every 3 years)

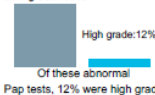
6%



Of the total Pap tests with known results, 6% were abnormal

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High grade: 12%




Of these abnormal Pap tests, 12% were high grade

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

### OVERVIEW OF COLPOSCOPY SERVICES IN 2016

103,080

Colposcopy assessments




65% Hospital clinical  
35% Other

9,059

Treatments were carried out on women

428 physicians perform colposcopy



Of these assessments, 65% were performed in hospital clinics Treatment includes cryotherapy, LEEP, cone biopsy, electrocautery, and laser cryocoagulation

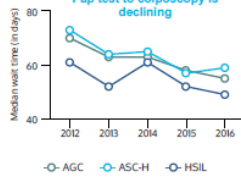
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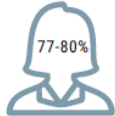
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## 16%

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

EXIT



77-80%


From 2008 to 2012, the proportion of women exiting colposcopy with 3 consecutive normal Pap tests following treatment was between 77 and 80%

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

**ACRONYMS/ABBREVIATIONS:**  
 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. *Cervical Guidance: Recommended Best Practices for Delivery of Colposcopy Services in Ontario* (revised). Toronto: CCO; 2016 (last 2017 Oct 6). Available from: <https://www.ccccancer.ca/ontario/cancer-prevention/colposcopy-user-file.aspx?file=25145>  
 (2) Murphy R, Heng J, Wang L, Gao J, Kupets R, Gao J, Koné Péfóyo A, Steer M, and Pincus L. *Cervical Screening, Toronto (ON): Cancer Care Ontario; 9 Oct 2011* (last 2017 Oct 6). Program in Evidence-Based Care Evidence-Based Series (no. 74). Available from: <https://www.ccccancer.ca/colposcopy/pages/UserFile.aspx?file=124613>

**NOTES:**  
 All the above indicators focused on Ontario women ages 21-69.  
 For further information about colposcopy, please visit our website at [www.ccccancer.ca/colposcopy/en/colposcopy-screening](http://www.ccccancer.ca/colposcopy/en/colposcopy-screening)



Cancer Care Ontario

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# Clinical Management in Colposcopy: Case Study #1

**DR SUSAN MCFAUL**  
OB/GYN, THE OTTAWA HOSPITAL  
CHAMPLAIN LHIN CSCL



# Case Study #1: SIL management with and without HPV testing

# Case Study #1 – HPV testing unavailable

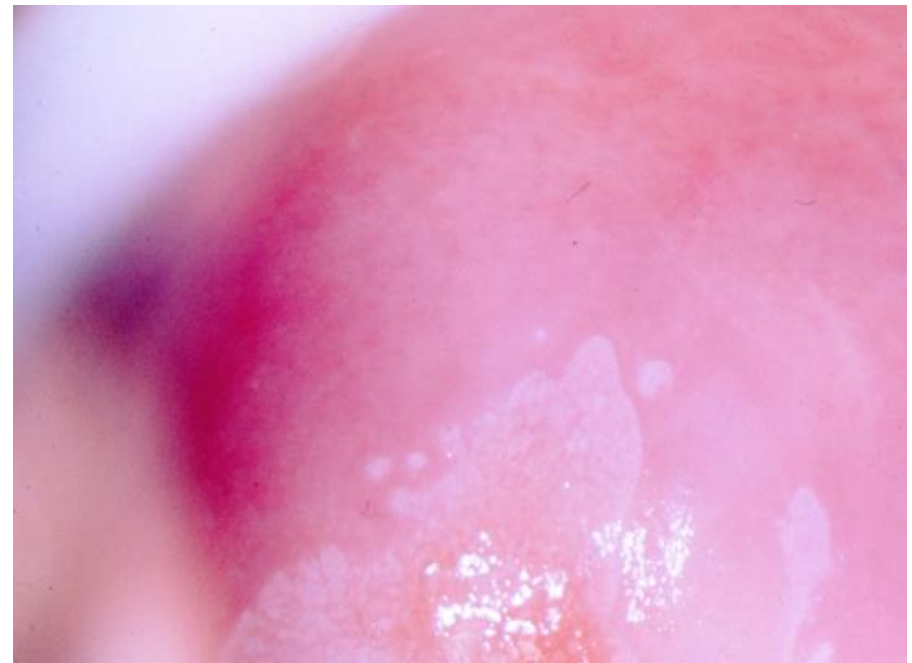
## Patient A:

- 32 year old G2P2 woman is referred to colposcopy.
- ASCUS x 2

## Question 1

**BASED ON THE PHOTO, YOUR COLPOSCOPIC EXAM FINDINGS WOULD BE:**

- A. Normal
- B. LSIL
- C. HSIL
- D. AIS
- E. Malignancy



# Case Study #1 – HPV testing unavailable

**YOUR COLPOSCOPIC EXAM FINDINGS WOULD BE :**

- A. Normal
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- C. HSIL
- D. AIS
- E. Malignancy

# Case Study #1 – HPV testing unavailable

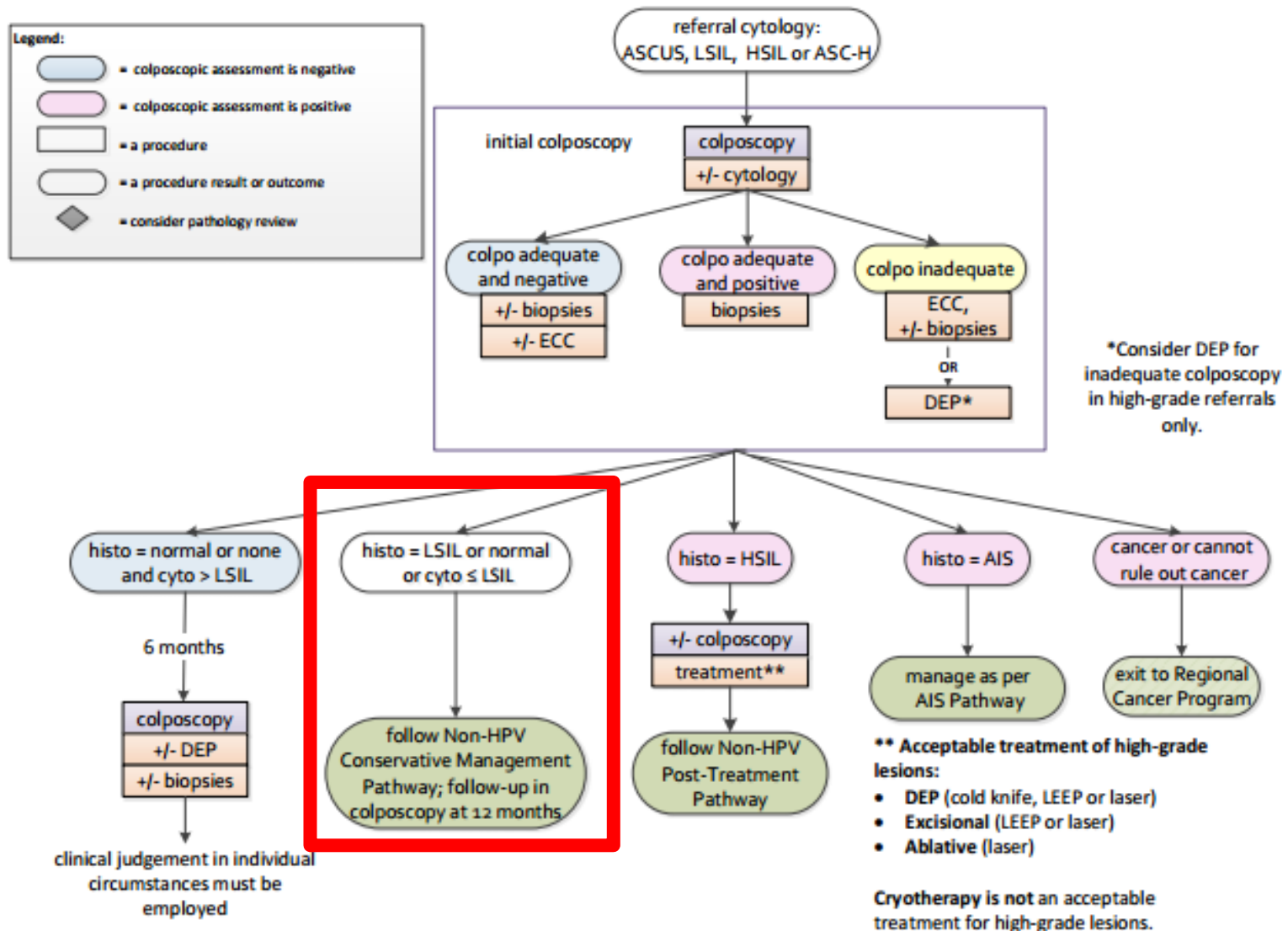
## Q2

**Based on cytology and histology both showing LSIL**

**You recommend:**

- A. Discharge to routine cytology in 3 years with family MD
- B. Discharge to annual cytology with family MD
- C. Follow up colposcopy in 1 year
- D. Diagnostic excisional procedure

# Case Study #1 – HPV testing unavailable



# Case Study #1 – HPV testing unavailable

## Q3

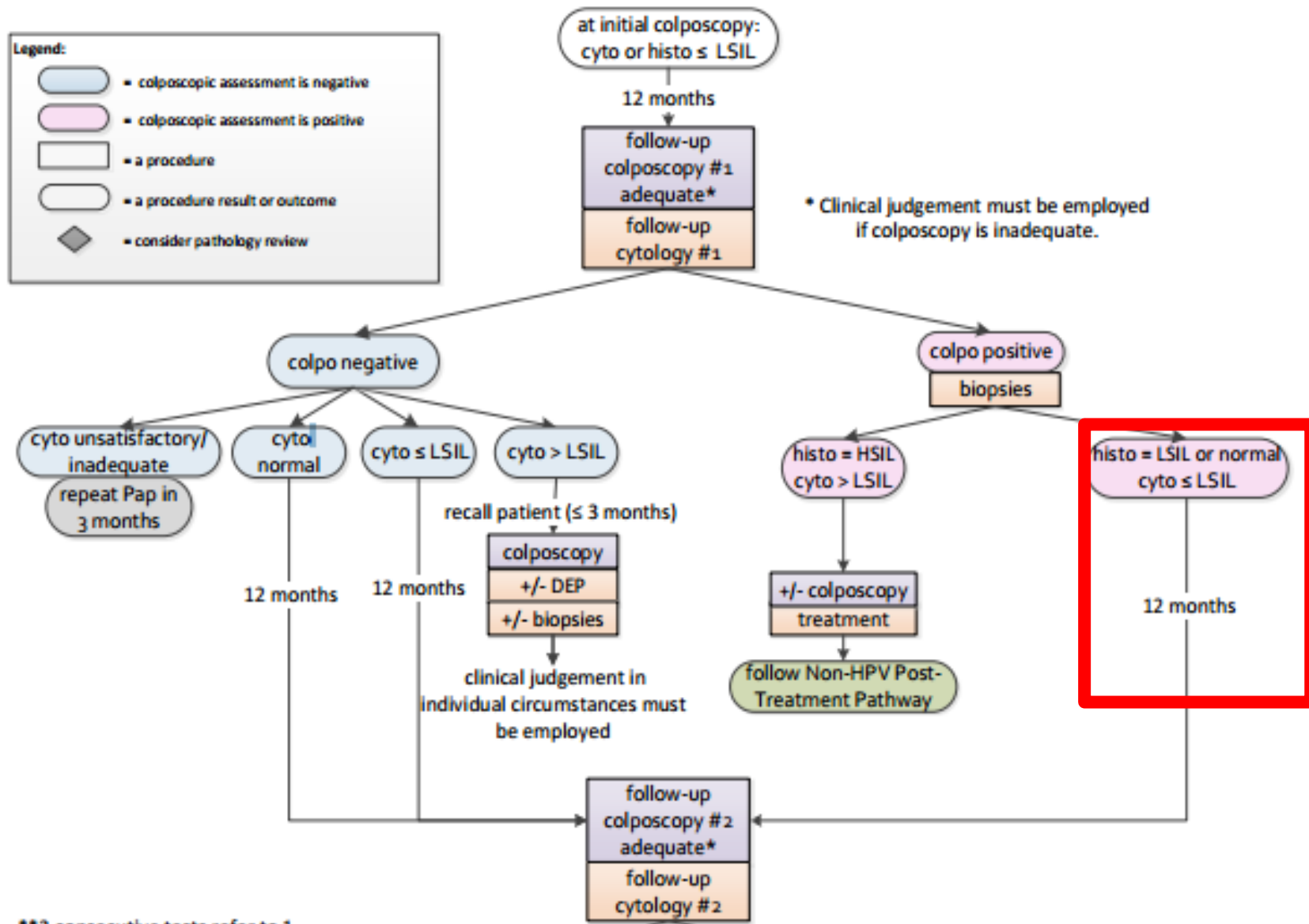
### At 1 year follow-up visit:

Colposcopy findings are similar as 1 year previously (Pap=LSIL, Biopsy=LSIL). She is considering another pregnancy in 1-2 years.

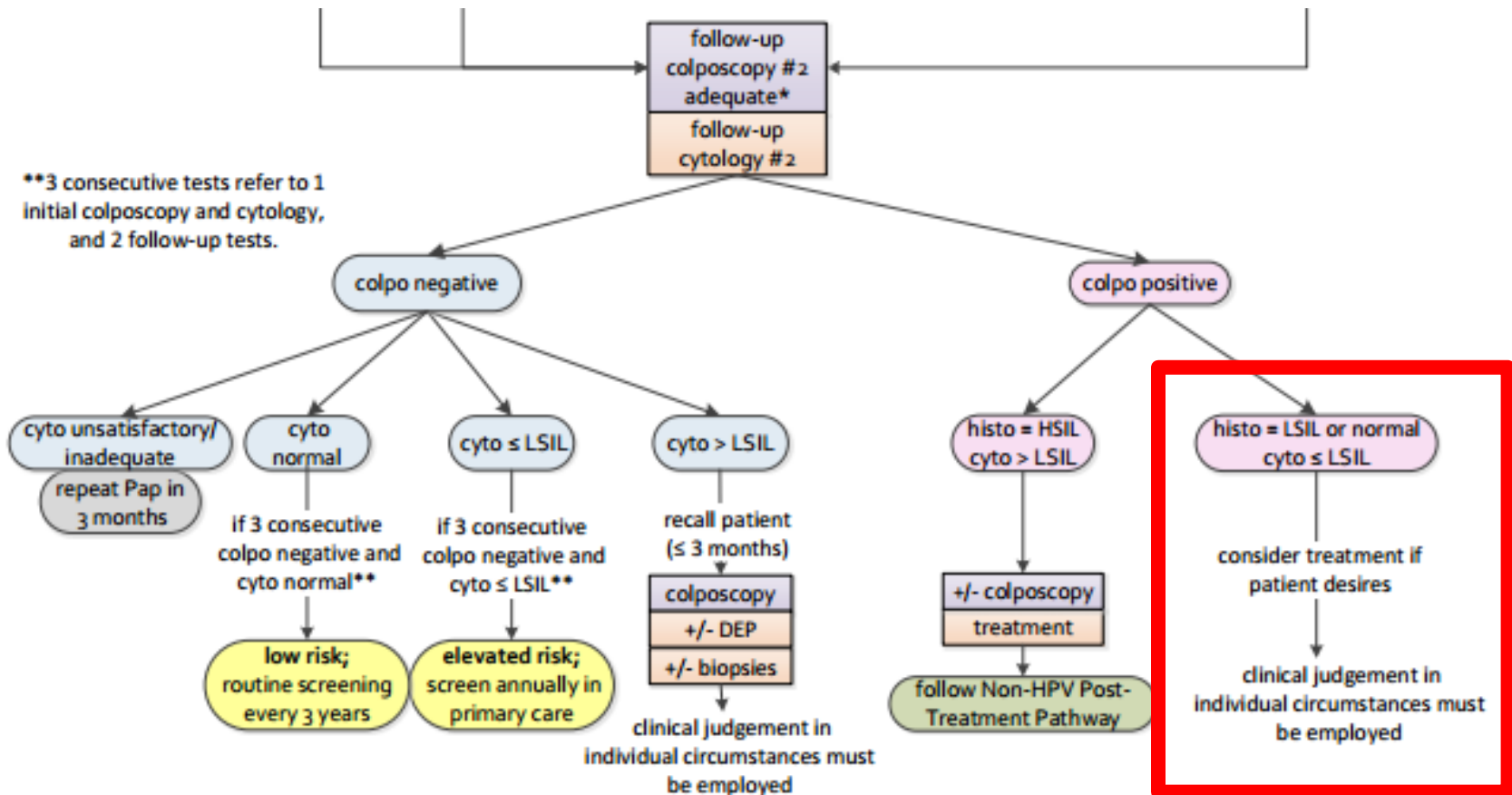
### You recommend:

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# Case Study #1 – HPV testing unavailable



# Case Study #1 – HPV testing unavailable





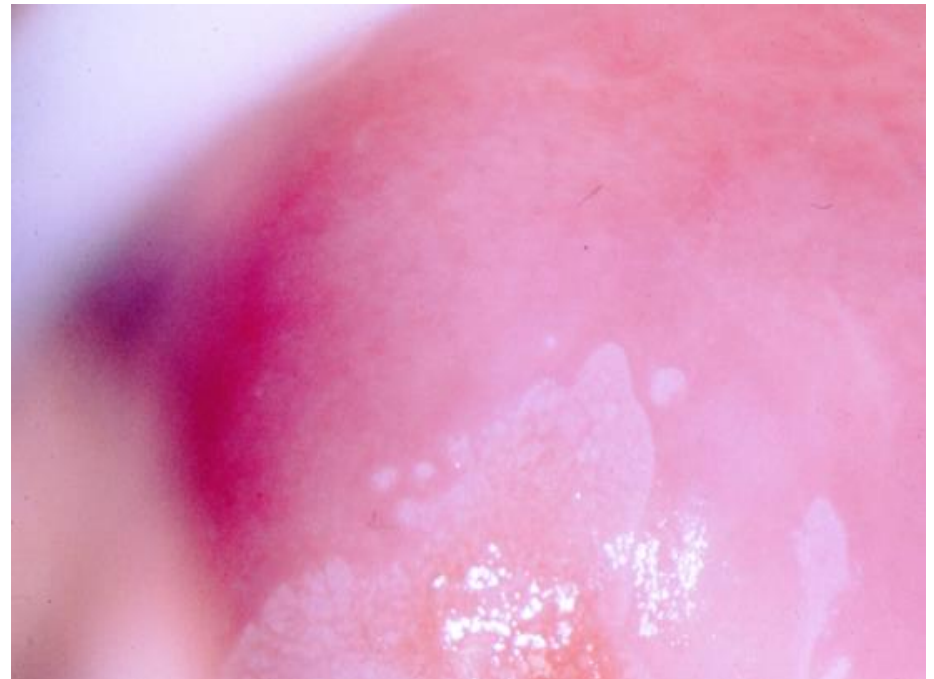
# Case study #1 - with HPV testing

## Patient B:

- *32 year old G2P2 woman is referred to colposcopy.*
- *ASCUS x 2*

***BASED ON THE PHOTO, YOUR COLPOSCOPIC EXAM FINDINGS WOULD BE:***

- A. *Normal*
- B. *LSIL***
- C. *HSIL*
- D. *AIS*
- E. *Malignancy*



# Case study #1: SIL management with HPV testing

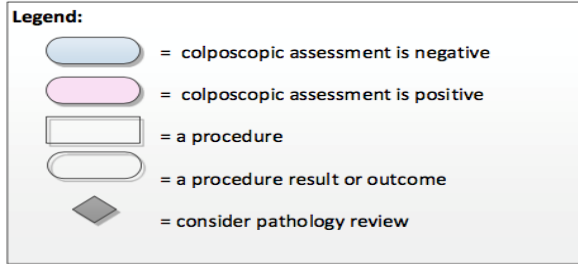
**Q4**

**Cytology and histology both show LSIL, HPV negative.**

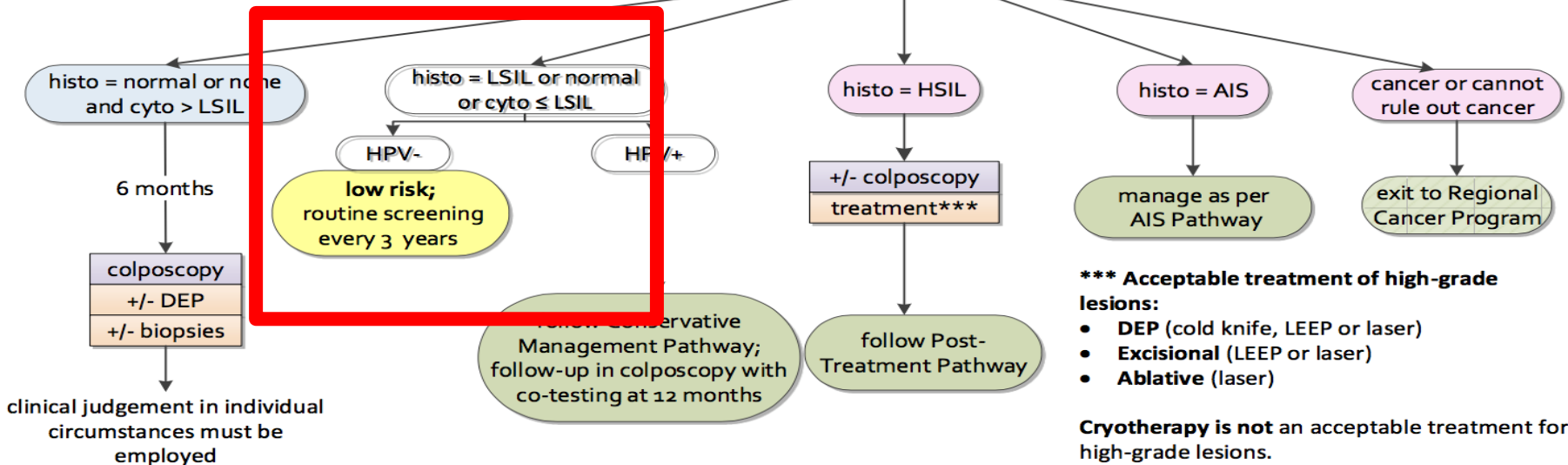
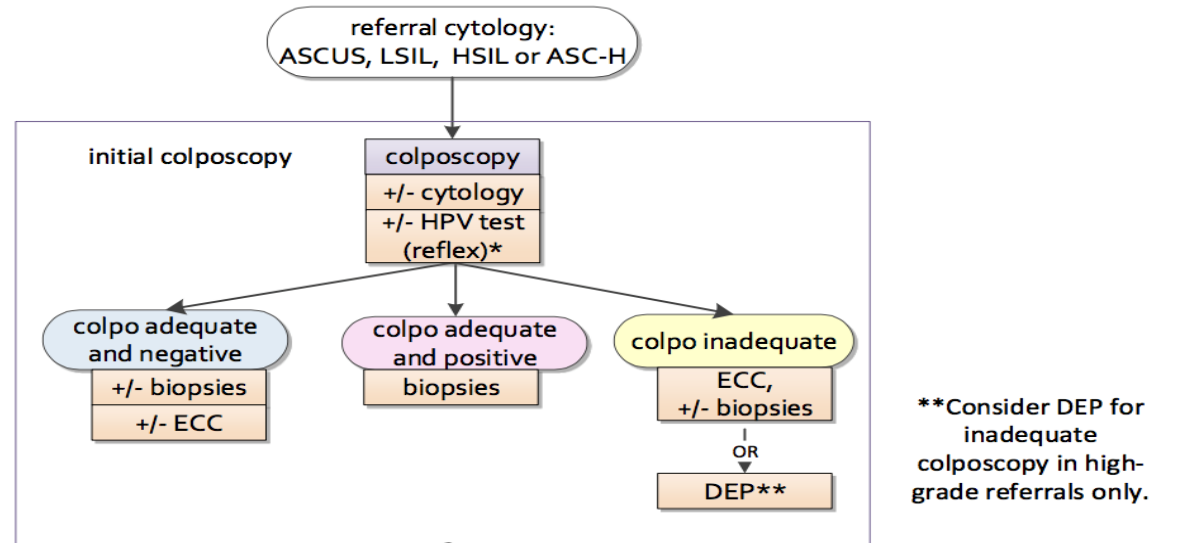
**You recommend:**

- A. Discharge to routine cytology in 3 years with family MD
- B. Discharge to annual cytology with family MD
- C. Follow up colposcopy in 1 year
- D. Diagnostic excisional procedure

# Case Study #1: Conservative management HPV known



\*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.



# Case Study #1: SIL management with HPV testing

## **Patient C:**

**A 32 year old woman referred to colposcopy with an HPV 16 positive result and ASCUS cytology.**

# Case Study #1: SIL management with HPV testing

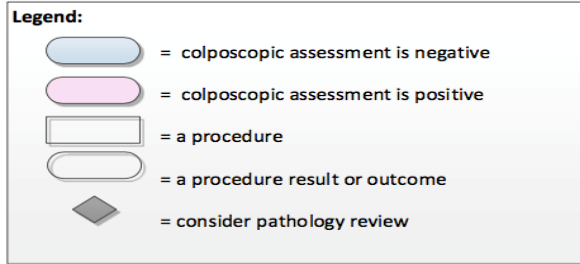
## Q5

**Patient C: Colpo visit #1 Cytology and histology both show LSIL**

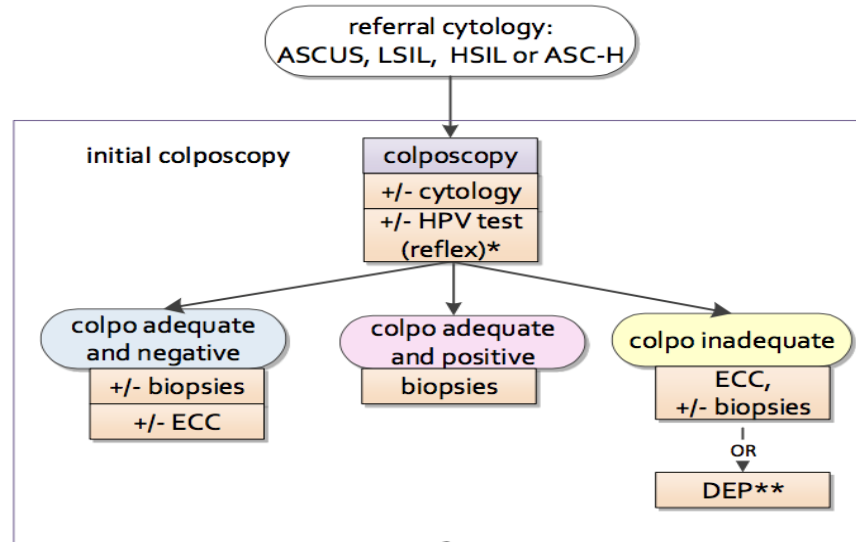
**You recommend:**

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- C. Follow up colposcopy in 1 year
- D. Diagnostic excisional procedure

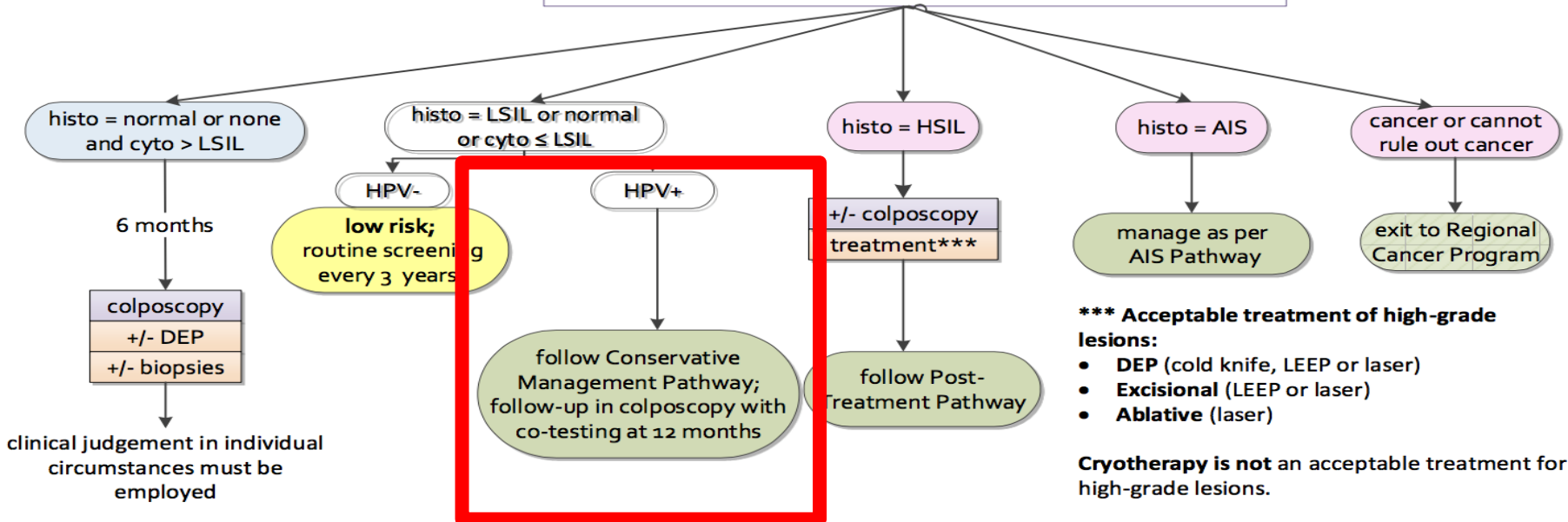
# Case Study #1: conservative management HPV known



\*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.



# Case study #1: SIL conservative management HPV known

## Q6

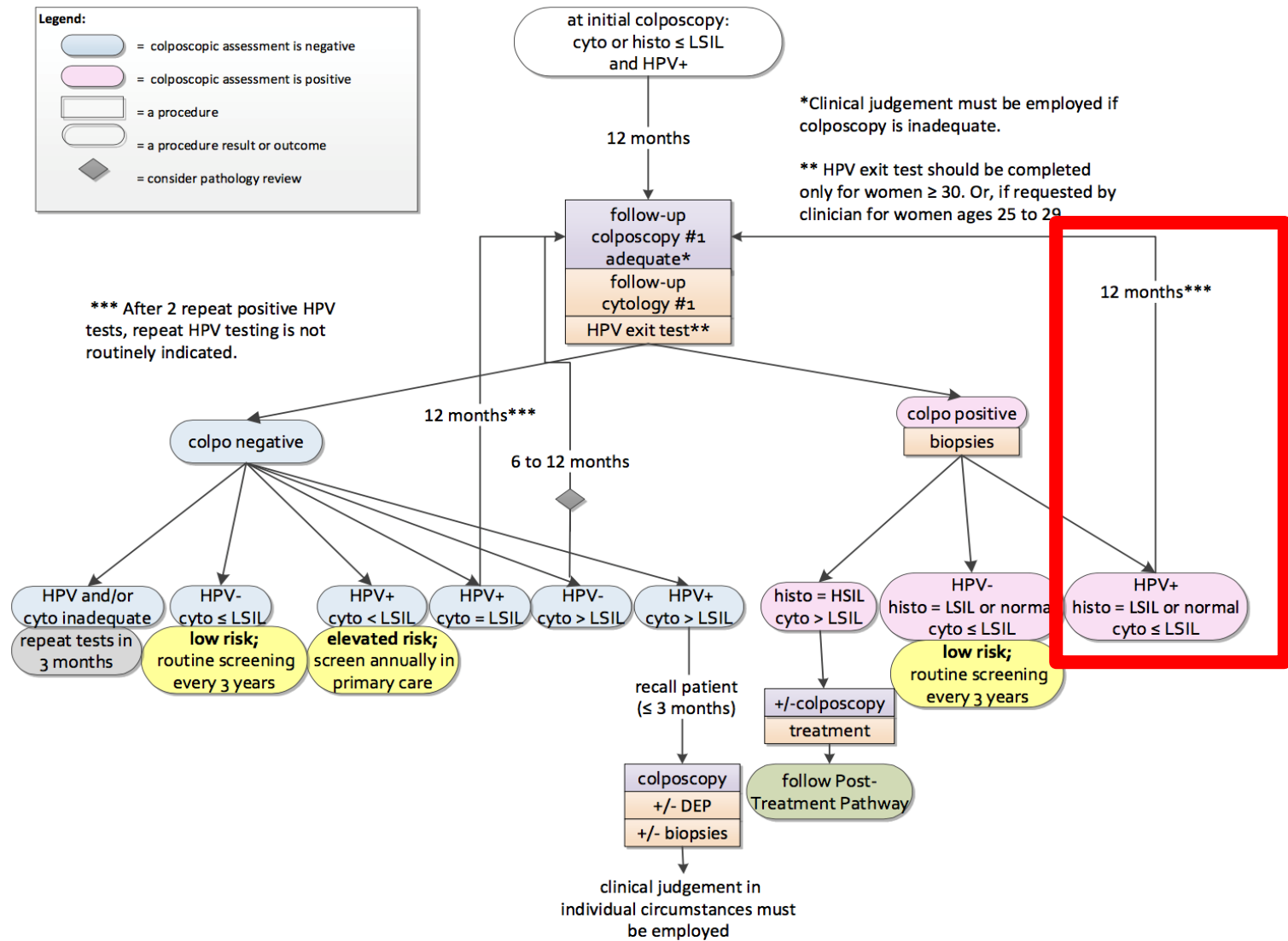
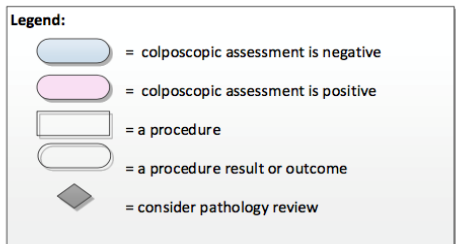
**1 year follow up: she is considering another pregnancy in 1 – 2 years**

**Colposcopy visit #2 Your colposcopic findings are similar as 1 year previously (Pap=LSIL, biopsy=LSIL)**

You recommend:

- A. Follow up colposcopy in 1 year
- B. Follow up colposcopy in 1 year with HPV exit test
- C. Diagnostic excisional procedure

# Case Study #1: SIL management with HPV testing







# Clinical Management in Colposcopy: Case Study #2

**DR MICHAEL SHIER**

OB/GYN, SUNNYBROOK HEALTH SCIENCES CENTRE  
TORONTO CENTRAL LHIN CSCL

# Case Study #2: Woman under 25 years old



# Case Study #2

**A 23 year old nulliparous woman is referred to colposcopy with a Pap test showing HSIL. Significant history includes that she is a cigarette smoker and has not been vaccinated against HPV.**

## Question 1

**OF THE FOLLOWING, THE BEST RECOMMENDATION WOULD BE:**

- a) Repeat Pap and HPV testing at time of colposcopy
- b) Perform HPV test only
- c) Perform colposcopy with or without Pap test
- d) Recommend stop smoking and repeat Pap in 6 months

# Case Study #2

**A 23 year old nulliparous woman is referred to colposcopy with a Pap test showing HSIL. Significant history includes that she is a cigarette smoker and has not been vaccinated against HPV.**

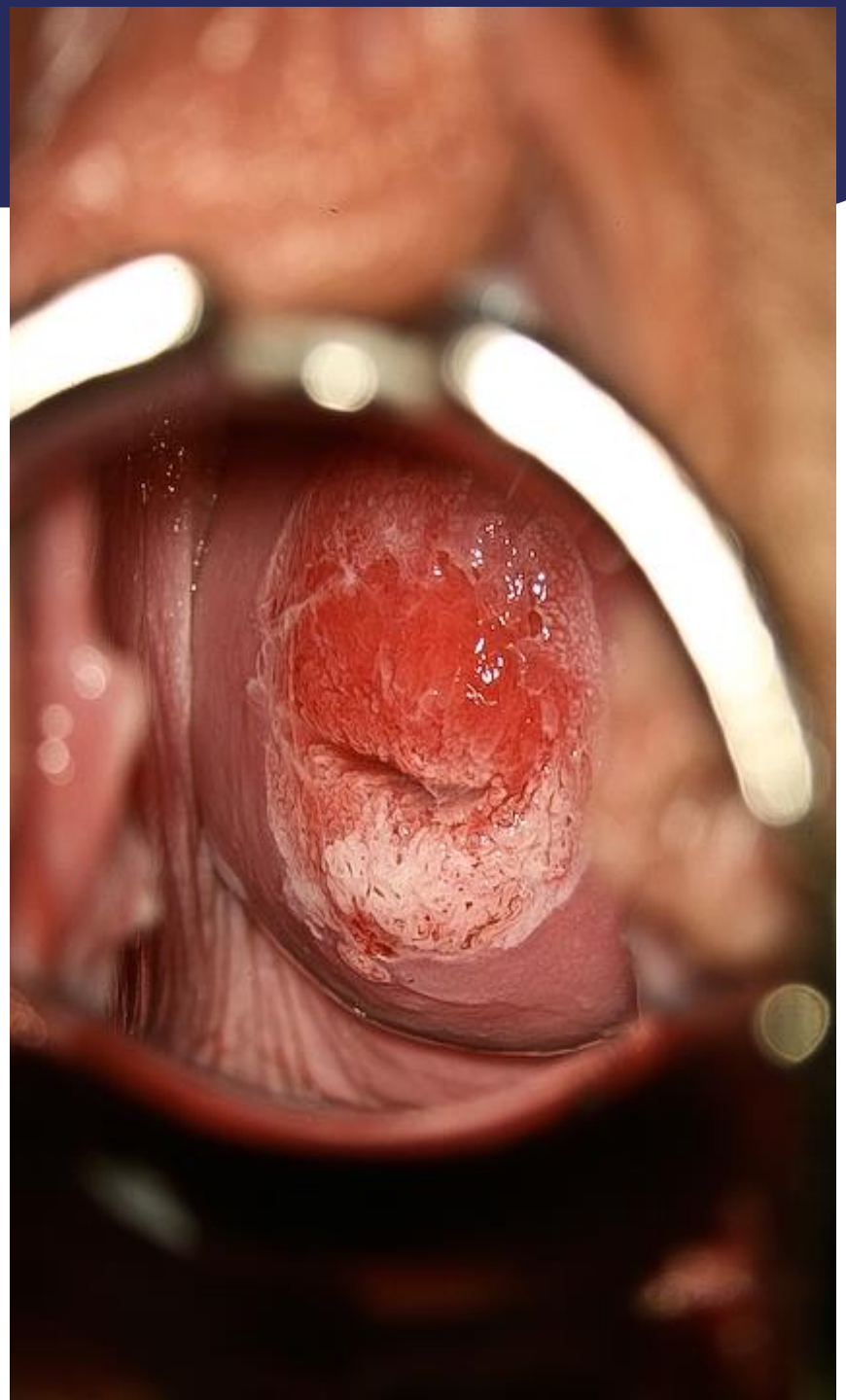
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- b) Perform HPV test only
- c) Perform colposcopy with or without Pap test
- d) Recommend stop smoking and repeat Pap in 6 months

# Case Study #2

**The colposcopic findings are shown.**



# Case Study #2

## Question 2

**Based on colposcopic findings**

**You recommend:**

- a) 1 or 2 biopsies at 5-6 oclock
- b) Repeat Pap and suggest HPV testing
- c) Perform LEEP
- d) Observation only with follow-up in 6 months

# Case Study #2

## **Results for this woman are:**

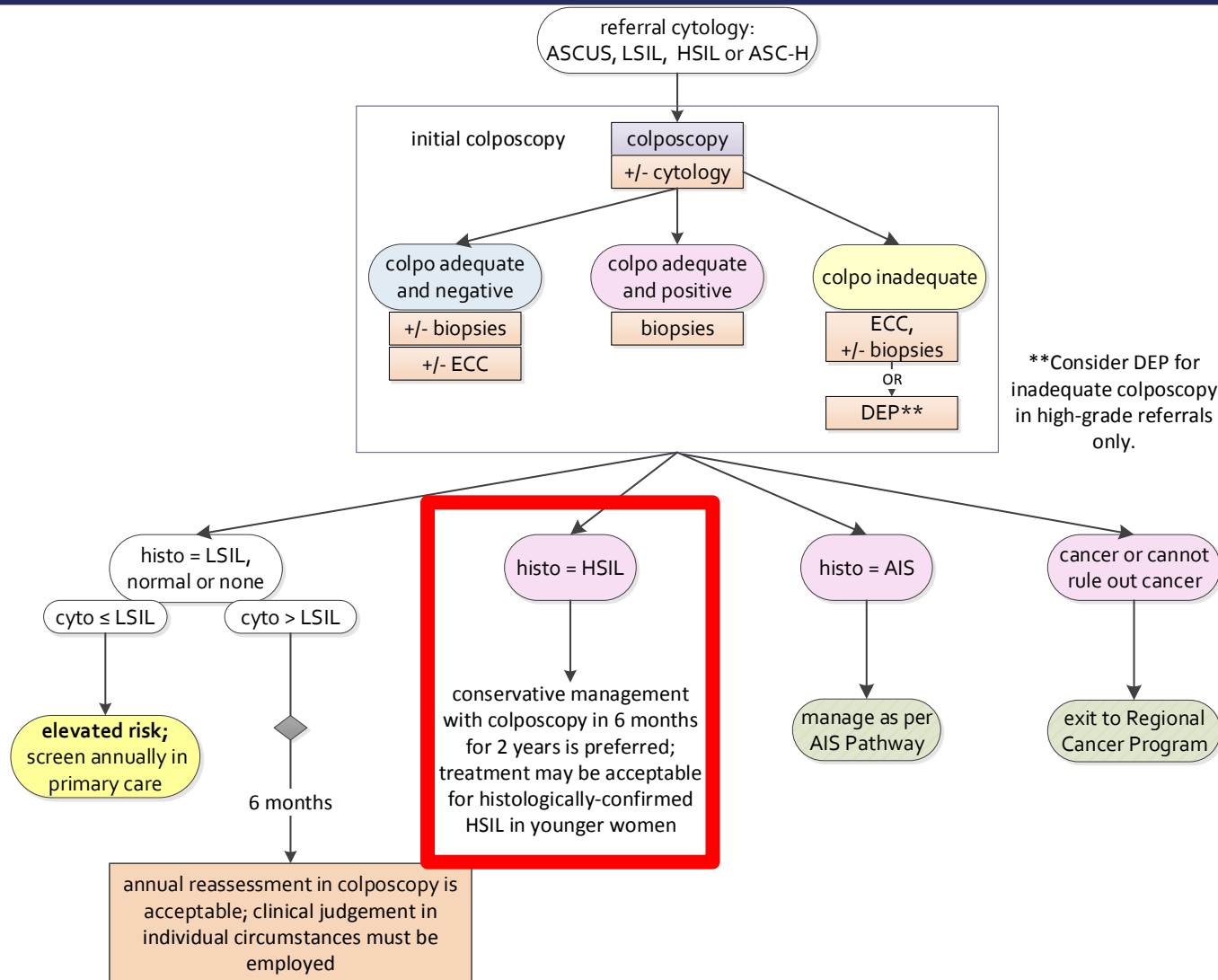
Histology HSIL (Pap HSIL). The patient is compliant and reliable for follow-up.

## **Question 3**

### **You recommend:**

- a) Follow-up colposcopy in 6 months
- b) Follow-up colposcopy in 12 months
- c) Treatment with LEEP
- d) Treatment with local cryotherapy to anterior cervix

# Case Study #2 Women age 21 to 24





# Case Study #2

## **At 6 month follow-up visit:**

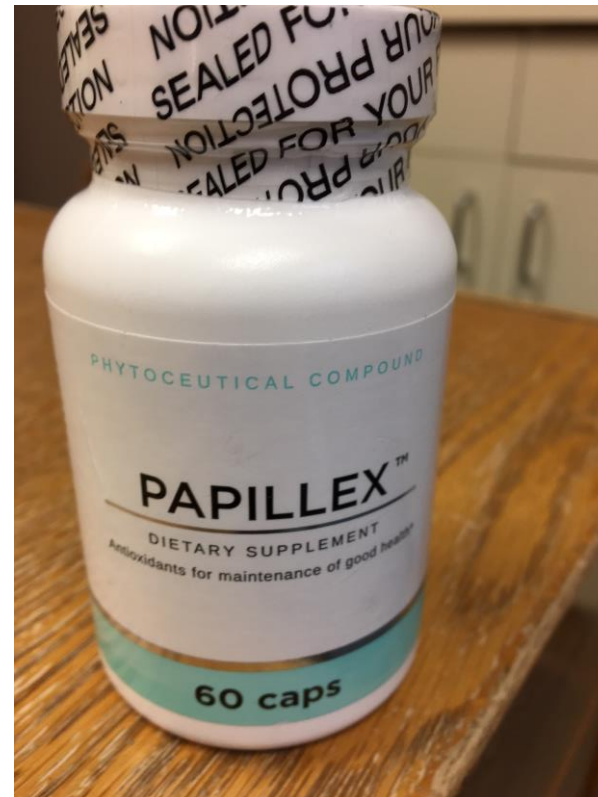
Colposcopy reveals the lesion is approximately the same size and colposcopic impression of grade the same, Pap HSIL still.

## **Question 4: You recommend:**

- a) Repeat colposcopy in 3 months or less
- b) Repeat biopsy
- c) Repeat colposcopy in 6 months
- d) Treatment with LEEP or Laser

# Case Study #2

At this 6 month follow-up visit you also note she has stopped smoking and has received the first 2 Gardasil injections. She also mentions that she has been taking a naturopathic medication in order to eliminate HPV.



# Case Study #2

## Question 5:

**You congratulate her on stopping smoking and receiving the vaccine and recommend:**

- a) She double the dose of her medication
- b) Complete her vaccine program
- c) Discuss evidence based health choices
- d) Both b and c

# Case Study #2

**Visit 3. At 1 year since original colposcopy. Patient reports recent onset of post coital bleeding. Colposcopy reveals type 1 Tz, lesion still present at 6 oclock but some new indistinct friable acetowhitening in adjacent endocervical glands at 5 oclock.**

## **Question 6**

**You recommend:**

- a) Follow-up colposcopy in 6 months
- b) Repeat biopsy and Pap test
- c) Treatment with LEEP
- d) HPV testing

# Case Study #2

**Visit 3. At 1 year since original colposcopy. Patient reports recent onset of post coital bleeding. Colposcopy reveals type 1 Tz, lesion still present at 6 oclock but some new indistinct friable acetowhitening in adjacent endocervical glands at 5 oclock.**

## **Question 6**

**You recommend:**

- a) Follow-up colposcopy in 6 months
- b) Repeat biopsy and Pap test
- c) Treatment with LEEP
- d) HPV testing

# Case Study #2

## **Results for this woman are:**

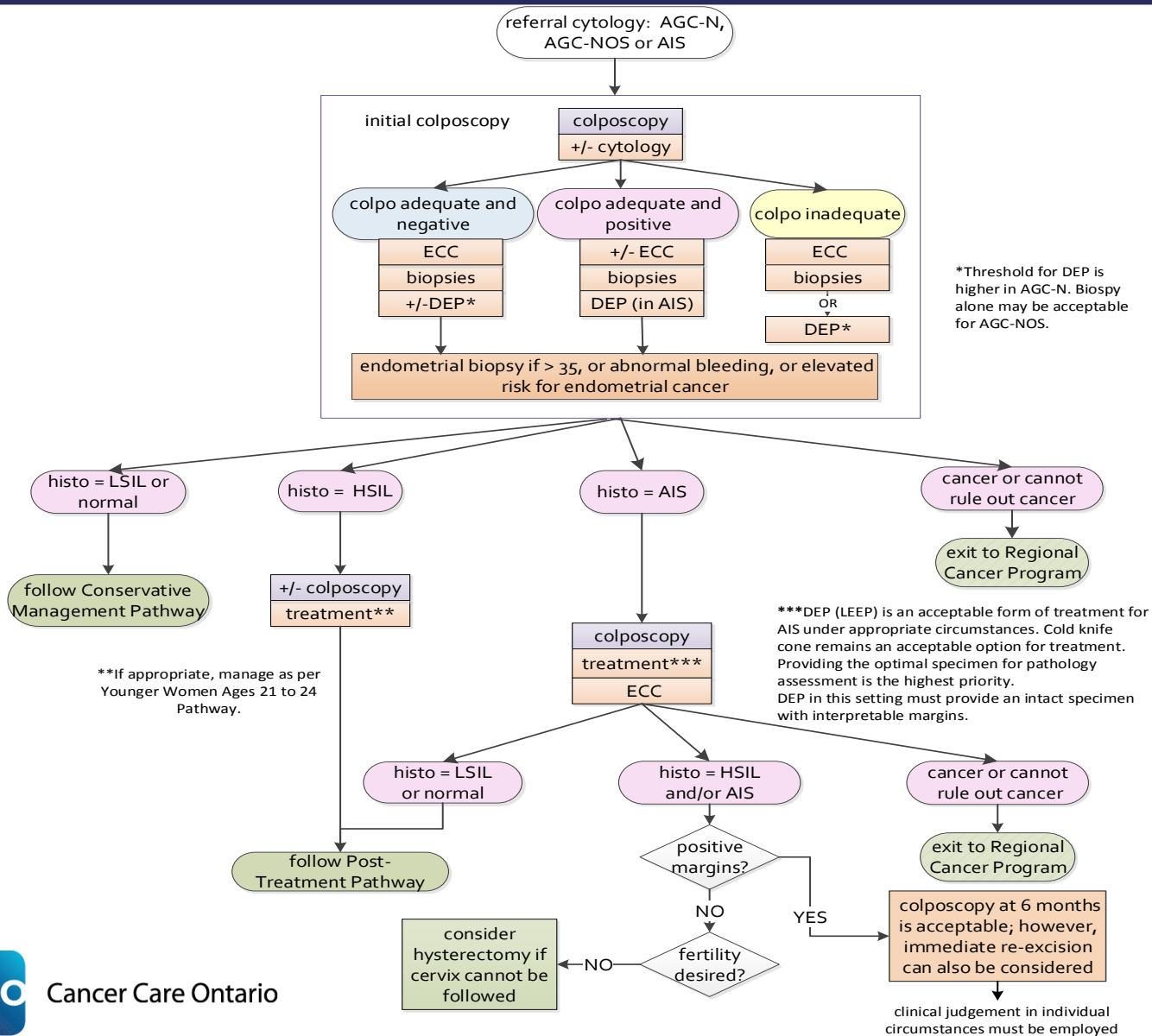
Pap HSIL, Biopsy compatible with HSIL but also a focus of AIS.

## **Question 7**

### **Of the following options you recommend:**

- a) Follow-up colposcopy in 6 months
- b) Follow-up colposcopy in 3 months
- c) Treatment with Laser ablation
- d) Treatment with excision by cone biopsy or LEEP

# Case Study #2 AGC pathway



# Case Study #2

**A LEEP was performed.**

**The specimen reveals HSIL and AIS with no invasion and clear resection margins. Follow-up colposcopy and Pap test at 6 months is normal.**

**Question 8: Of the following you recommend:**

- a) Follow-up colposcopy in 6 months with HPV exit testing
- b) Follow-up colposcopy in 6 months with Pap test and ECC
- c) Discharge to primary care provider for Pap in 1 year
- d) Follow-up in colposcopy in 3 months

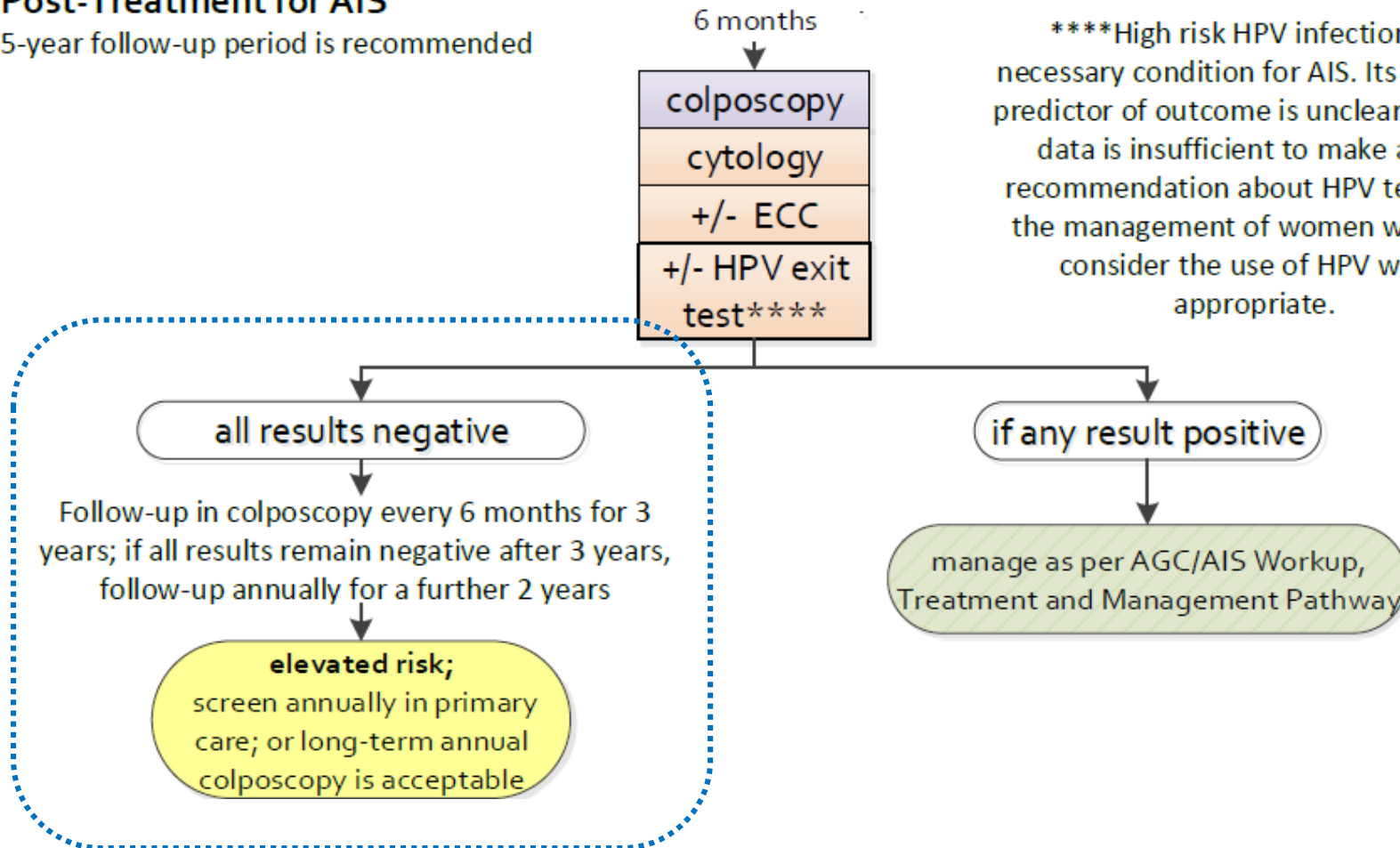


# Work-up, Treatment and Management AGC/AIS Referral – 5 Year Follow-Up

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## Post-Treatment for AIS

5-year follow-up period is recommended





# Clinical Management in Colposcopy: Case Study #3

RACHEL KUPETS

# Case Study #3

## Patient:

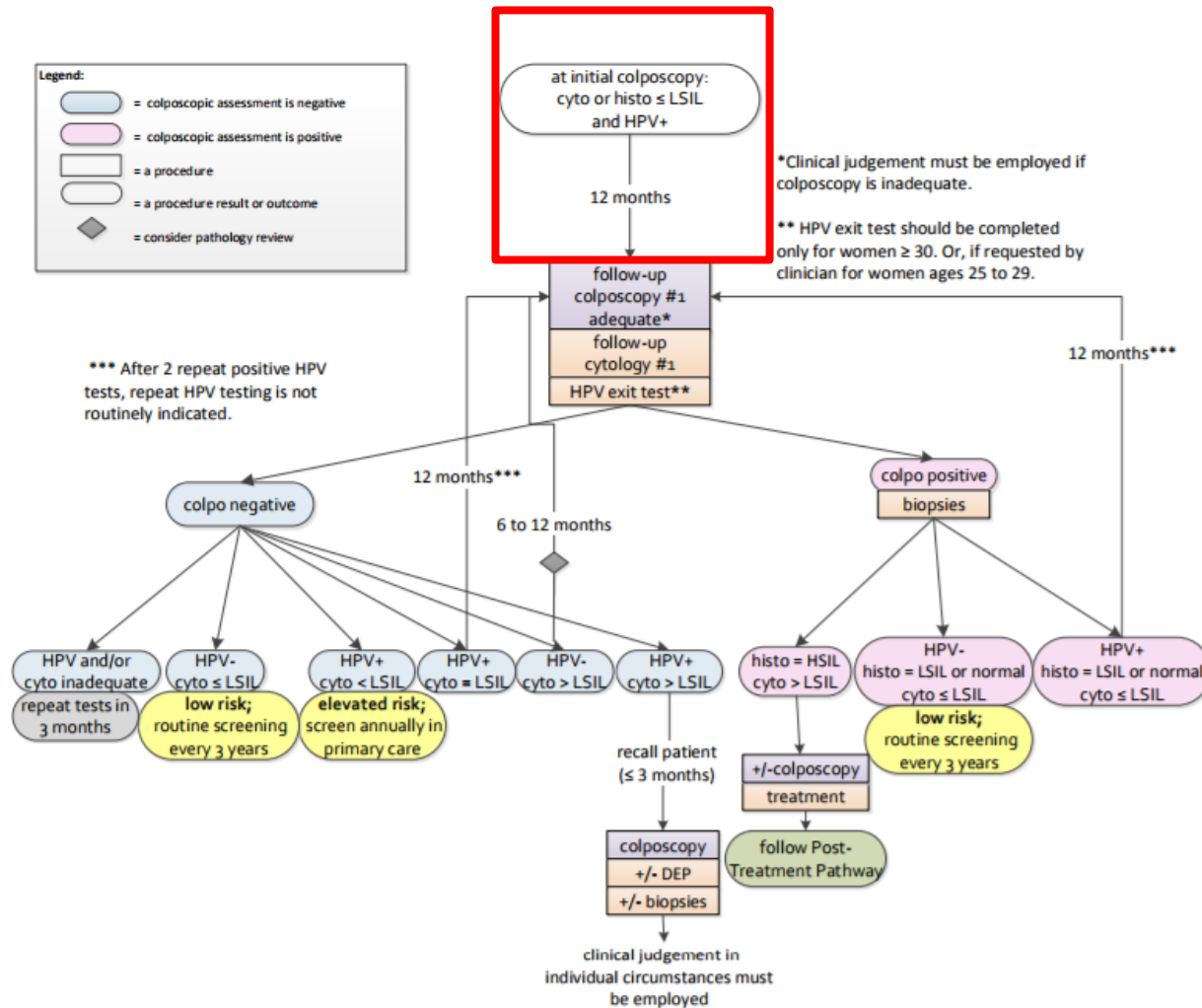
- 65 year old G2P2 woman
- Referred with LSIL cytology
- At first colpo visit, colpo satisfactory:
  - HR HPV positive
  - Histology is normal

# Case Study #3

**Q1: What are your recommendations? (LSIL referral;  
Histo = normal; HPV positive)**

- A) F/U colpo in 12 months
- B) Discharge to annual surveillance
- C) Treat
- D) None of the above

# Case Study #3



# Case Study #3

**Q2: At 12-month follow-up, what do you recommend?**

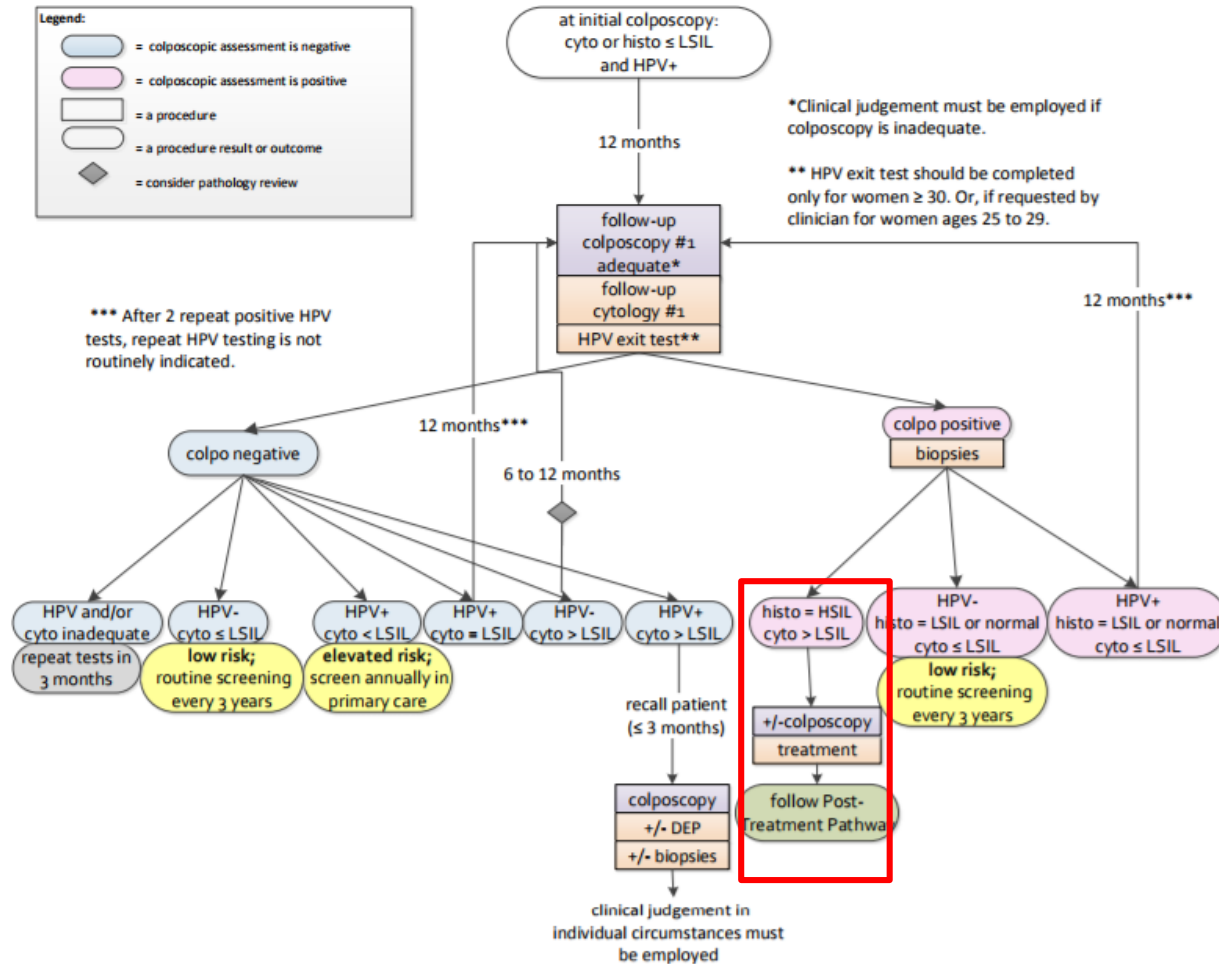
- A) Cytology
- B) HR HPV test
- C) Biopsy, if lesion seen
- D) A and C only
- E) A, B and C

# Case Study #3

**Q3: Results: HPV positive, biopsy=HSIL. What would be your recommended next step?**

- A) F/U in colpo in 12 months
- B) Discharge + annual surveillance
- C) Discharge to routine screening
- D) Treat (LEEP or laser)
- E) None of the above

# Case Study #3





# Case Study #3

**Q4: With LEEP, CIS & positive endocervical margin is seen. What is your recommended next step?**

- A) F/U at 6 months
- B) Consider re-treatment
- C) F/U at 12 months
- D) Discharge for annual surveillance
- E) A or B



# Concluding Remarks

DR JOAN MURPHY

# 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 **Fall 2018**
- Want to see something discussed? Let us know at [ColposcopyCoP@cancercare.on.ca](mailto: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](mailto:ColposcopyCoP@cancercare.on.ca).**

**Thank you!**



Thank you!

And a special thank you to our CoP  
Planning Committee:

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