

# Screening for *Cancer of the Cervix*



An Office Manual for  
Health Professionals

# Table of Contents

<b>Feedback Tear-out Sheet</b>	<b>  3</b>
<b>The Patient and Her Needs</b>	<b>  6</b>
<b>The Fundamentals</b>	<b>  8</b>
Purpose of a Pap Smear	
Screening Recommendations	
Post-Hysterectomy Screening Guidelines	
<b>Sampling Areas</b>	<b>  11</b>
The Optimal Cervical Smear	
<b>The Pap Smear Process</b>	<b>  13</b>
Collecting the Specimen	
Preparing the Slide	
Completing the Pap Smear Form	
Transporting the Specimen	
<b>Cytologic Reporting Terminology</b>	<b>  19</b>
<b>Repeats and Recommendations</b>	<b>  20</b>
<b>Appendix I</b>	<b>  22</b>
Education Materials and Order Form	
<b>Appendix II</b>	<b>  25</b>
SAMPLE FORMS	
Pap Request Form	
Pap Report Form	
Colposcopy Form	
<b>Appendix III</b>	<b>  28</b>
Well Woman Clinic Report Card Protocol	
Applying for a WWC grant	
<b>Appendix IV</b>	<b>  30</b>
PAP TRAINING FOR RNs	
Training Manual	
Guidelines for Grants for Expenses Incurred	
During RN Training Session	
HOW TO OBTAIN A PAP SCREENING REPORT CARD	
(Procedure for Specially Trained Registered	
Nurses, Nurse Practitioners, and Midwives)	
<b>Appendix V</b>	<b>  33</b>
Nova Scotia Cytology Laboratories	
<b>Appendix VI</b>	<b>  34</b>
Indications for Colposcopy	
<b>Appendix VII</b>	<b>  35</b>
Provider Reminder Letter Process	
<b>Appendix VIII</b>	<b>  38</b>
Physician Specimen Adequacy Report Card	
<b>References</b>	<b>  40</b>

## Contact Information

### Cervical Cancer Prevention Program (CCPP) of Cancer Care Nova Scotia

Medical Director  
Phone: 902.473.7438  
Fax: 902.473.4425  
Email: doctor@grimshaw.com

Program Coordinator  
Phone: 902.473.7438  
Fax: 902.473.4425  
Email: margery.macisaac@ccns.nshealth.ca

Data Management Supervisor  
Phone: 902.473.2185  
Fax: 902.473.4425  
Email: janice.rhodes@ccns.nshealth.ca

Administrative Assistant  
Phone: 902.473.7438  
Fax: 902.473.4425  
Email: mona.grant@ccns.nshealth.ca

Website  
[www.cancercare.ns.ca](http://www.cancercare.ns.ca)

Mailing Address  
Cervical Cancer Prevention Program  
*Cancer Care Nova Scotia*  
Bethune Building, Room 555A  
1276 South Park Street  
Halifax, NS B3H 2Y9

Email: [papforlife@CCNS.nshealth.ca](mailto:papforlife@CCNS.nshealth.ca)

## Acknowledgements

The Education Subcommittee of the Cervical Cancer Prevention Program wishes to thank the many physicians, cytotechnologists, and other individuals who have contributed to the 5th Edition of this manual.

We also gratefully acknowledge the contribution of Deborah Mosher, MLT, CT, BSc, MEd, in providing the drawings used to illustrate specimen collection and slide preparation techniques (Figures 1, 2, 3, 4, 5c and 6).

Figures 5a & 5b have been taken from Adequate 'Pap' Smears, 1989 with the kind permission of the Quality Management Program – Laboratory Services, Ontario Medical Association.

The Manual would not have been possible without the assistance of the Nova Scotia Department of Health. Their support and commitment is appreciated.

ISBN: 0-9733916-1-8  
Crown copyright, Province of Nova Scotia, 1992, 1995, 1998, 2006, Revised 2008, Fifth edition, 2009  
May be reprinted with permission from *Cancer Care Nova Scotia* (1.866.599.2267)

# Feedback

We value your feedback to ensure that this manual meets your needs and the needs of the Cervical Cancer Prevention Program.

Please use this self-mailing sheet to forward any comments/suggestions you may have after using the Fifth Edition of this Office Manual.

Thank you.

## Content

---

---

---

## Layout

Question/Answer format:

---

---

---

---

Order of Topics:

---

---

---

---

Other:

---

---

---

---

Illustrations:

---

---

---

---

---

---

## Format

Size:

---

---

## Binding

---

---

## Other

---

---

---

## Please Add

---

---

---

## Please Delete

---

---

---

Please forward your response to:  
Cervical Cancer Prevention Program  
*Cancer Care Nova Scotia*  
Bethune Building, Room 555A  
1276 South Park Street, Halifax, NS B3H 2Y9  
Fax: 902.473.4425

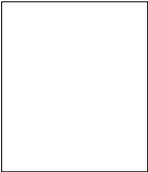
Fold along dotted lines. Tape, do not staple closed, for mailing.

---

---

---

---



**Cervical Cancer Prevention Program**  
***Cancer Care Nova Scotia***  
Bethune Building, Room 555A  
1276 South Park Street  
Halifax, NS B3H 2Y9

Fold along dotted lines. Tape, do not staple closed, for mailing

August 2009

Dear Colleagues,

I'm pleased to introduce the Fifth Edition of *Screening for Cancer of the Cervix – An Office Manual for Health Professionals*. Since 1992, Doctors Nova Scotia has partnered with the Cervical Cancer Prevention Program (CCPP) of *Cancer Care Nova Scotia* in providing this valuable information to you.

Invasive cervical cancer is a concern in Nova Scotia where we continue to have the highest rate of disease in Canada, as reported in Canadian Cancer Statistics, an annual publication of the Canadian Cancer Society.

The Cervical Cancer Prevention Program was established in 1991 by the Department of Health to prevent and reduce the incidence of cervical cancer in Nova Scotia. In working toward this goal, the program is responsible for

- public and professional education,
- development, implementation, and monitoring of standards and guidelines,
- the provincial cytology/colposcopy registry, and
- research initiatives.

The mandate of Doctors Nova Scotia is to promote high quality health care and disease prevention in Nova Scotia.

Together with the CCPP we have made strides in the prevention of cervical cancer in Nova Scotia however, much more can be done.

Although we have entered an exciting era with the introduction of the HPV vaccine, we must continue to encourage all women to participate in regular Pap screening, even if they have been immunized.


Screening for this largely preventable disease lags behind the Canadian target of 85 per cent participation and we need your continued help in educating women of all ages about the importance of regular Pap screening in the prevention of cervical cancer.

This guide provides useful and important information about the collection of quality specimens, interpretation of results, and management of cytologic abnormalities. It includes a directory of laboratory staff and supplies, a menu of patient education materials, and a description of the CCPP's provider reminder process.


We hope you find this information useful.

If you have further questions, please contact the Program Coordinator of the Cervical Cancer Prevention Program at 902-473-7438.

Sincerely,



Ross Leighton, BSc, MD, FRCSC, FACS  
President



Jane Brooks, MD, PhD, CCFP  
President-Elect

# The Patient and Her Needs

The Pap smear procedure is a screening tool to identify pre-malignant and malignant conditions of the cervix and by doing so, reduce, if not eliminate, cervical cancer. The single most powerful motivator for a woman to be screened is an invitation/suggestion by her health care provider. This is especially true for women over the age of 40 years. Conversely, Nova Scotia women over 40 are less likely to be screened than their younger counterparts (Table 1).

The goal of an effective screening program is to screen all women at risk regardless of age, geographic location, ethnicity, culture or sexual orientation. Research in Nova Scotia has shown that women who live in areas of predominantly African Canadian and

aboriginal populations are less likely to be screened than those who live in predominantly white neighbourhoods. Health care professionals should be mindful of any barriers or discouraging experiences in their practices that may prevent women from being screened.

Women often describe the Pap smear experience as awkward, invasive, uncomfortable, embarrassing and traumatic. Many women, after their first Pap smear, never return for subsequent smears. In many cases, this failure to return has been attributed to a negative first experience.

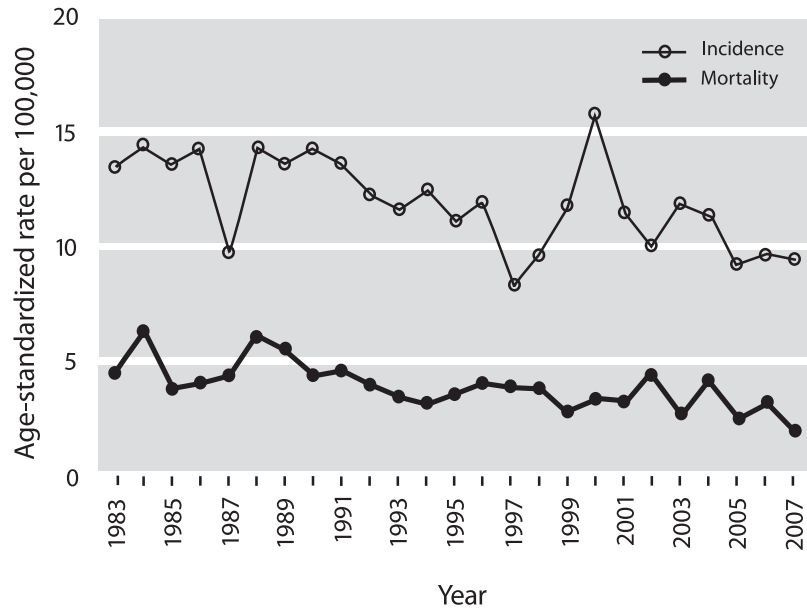
Therefore, it is imperative that health care professionals do all they can to provide a positive, sensitive, caring experience for the patient.

Table 1

Biennial age-specific Pap screening participation rate (per 100 women) Nova Scotia 2004-2007				
Age [Years]	2004 [n <sup>1</sup> = 204,353]	2005 [n = 205,205]	2006 [n = 206,753]	2007 [n = 202,591]
20-24	71.1	70.7	70.1	68.6
25-29	77.2	78.0	77.3	75.2
30-34	77.5	78.0	78.4	76.5
35-39	72.3	72.7	73.4	71.7
40-44	66.8	67.2	68.1	66.5
45-49	62.1	62.5	63.5	62.2
50-54	57.2	57.1	57.8	56.6
55-59	52.5	51.6	52.3	51.2
60-64	45.9	46.3	47.0	46.3
65-69	37.4	38.0	38.8	38.5
70-74	27.0	27.5	28.1	27.0

<sup>1</sup> Number of women screened

Trends in cervical cancer age-standardized incidence and mortality rates  
Nova Scotia, 1983-2007



### How can the health care team ensure a positive experience for the patient having a Pap smear?

There are many ways to alleviate or decrease the anxiety felt by women during the Pap smear experience:

- Thoughtful, concerned professionals who freely explain the procedure, answer questions and communicate throughout the procedure.
- Comfortable, pleasant surroundings.

- An organized and informative environment. The patient also has a role to play in adequate Pap smear sampling. Whenever possible the patient should be given the following information (see list below) prior to the Pap smear visit. However, should these conditions not be met, it is acceptable to proceed with the Pap smear.

See Appendix I for patient education resources.

### Ideal patient conditions for screening:

- Patient has not douched the vagina for 48 hours before the examination.
- Patient has avoided use of contraceptive creams or jellies for 48 hours before the examination.
- Patient has not had intercourse for 24 hours before the examination.
- Smears are not recommended during menstruation. A mid-cycle smear is optimum. The patient should be informed that the date of her last menstrual period (LMP) will be required.
- There must be at least a two to three (2-3) month time lapse between smears to ensure adequate sampling; otherwise, false negative results may occur. Time is required for the surface layer of cells to regenerate and be available for sampling.

# The Fundamentals

---

## What is the purpose of a Pap smear?

Gynecologic cytology is primarily used to detect pre-malignant and malignant conditions of the cervix. A properly taken specimen may also reveal cancer of the vagina and, rarely, cancer of the endometrium or other areas of the female genital tract.

## SCREENING RECOMMENDATIONS

### Nova Scotia Cervical Cancer Screening Practice Guidelines

---

#### Initiation of Screening

- All women who are, or have ever been, sexually active should be screened.
- Cervical cytology screening should be initiated within three years of first vaginal sexual activity or at age 21. (Vaginal sexual activity includes vaginal intercourse, vaginal-oral and/or vaginal-digital sexual activity, use of shared sex toys/devices).

#### Screening Interval

- Screening should be done annually until there are three consecutive negative Pap tests.
- After three annual negative Pap tests, screening should continue every two years. (See next page for Screening Women With Special Circumstances).
- Women who have not been screened in more than five years should be screened annually until there are three consecutive negative Pap tests and then every two years.

#### Cessation of Screening

- Screening may be discontinued after the age of 75 ONLY if there is an adequate negative screening history in the previous ten years (i.e. 3 or more negative tests).

## Screening Women with Special Circumstances

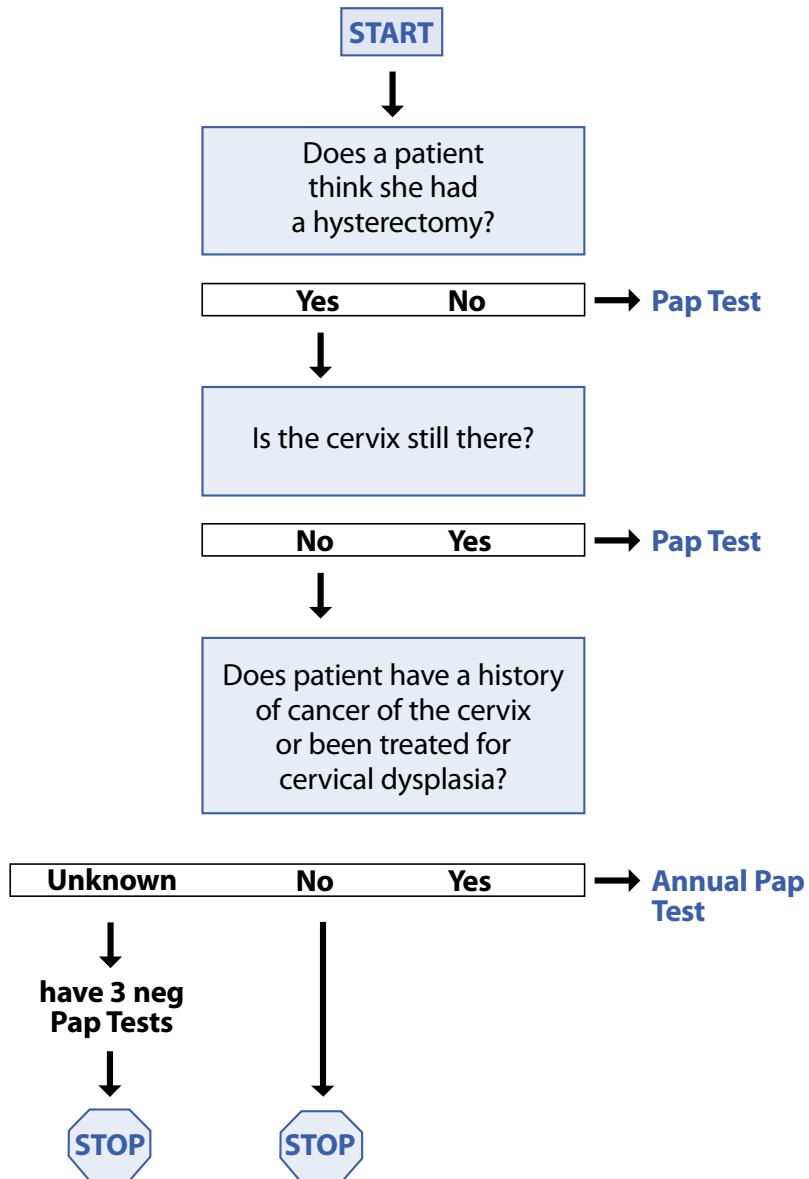
- Women who have been **TREATED (by LEEP, laser, cryotherapy, cone, hysterectomy) for cervical dysplasia or have a history of cancer of the cervix** should receive annual screening for life.
- Screening can be discontinued in women who have undergone **total hysterectomy for benign causes** with no history of treatment for cervical dysplasia or history of cancer of the cervix (see flow chart).
- Women who have a history of a minor abnormality on a Pap smear which resolves spontaneously or who have had a more significant abnormality on a Pap smear and were referred for colposcopy but had no tissue diagnosis of cervical dysplasia nor treatment for cervical dysplasia, do not require annual screening for life.
- **Immunocompromised or HIV positive** women should receive annual screening for life.
- Indications for screening frequency for **pregnant women** should be the same as for women who are not pregnant. Manufacturers' recommendations for the use of individual screening tools in pregnancy should be considered.
- **Women who have sex with women** should follow the same cervical screening regimen as women who have sex with men.

## Post hysterectomy screening guidelines

A woman need not be screened (i.e. have a Pap test) if all of the following conditions exist:

- a) The woman no longer has a cervix (i.e. total hysterectomy), and;
- b) The hysterectomy was performed for a benign condition, and when reviewed pathologically, failed to identify evidence of cervical dysplasia or cancer of the cervix, and;
- c) There is an adequate negative screening history in the previous ten years (i.e. 3 or more negative tests), and;
- d) The woman has not been treated (by LEEP, laser, cryotherapy, cone, hysterectomy) for **cervical dysplasia or has a history of cancer of the cervix.**

## FLOW CHART FOR SCREENING A WOMAN WHO HAS HAD A HYSTERECTOMY



### Glossary

**Total hysterectomy:** removal of the uterus and cervix

**Sub-total hysterectomy:** removal of the uterus only, leaving the cervix in situ

**Partial hysterectomy:** a layman's term, usually used to connote a hysterectomy (either total or sub-total) with preservation of the ovaries

# Sampling Areas (Exocervix, Endocervix, Transformation Zone)

## What are the three sampling areas of the cervix?

The three sampling areas of the cervix are the exocervix (or ectocervix), the endocervix, and the transformation zone.

## What are the exocervix, the endocervix and the transformation zone?

The exocervix is the area of the cervix lined by normal squamous epithelium. The endocervix is the area of the cervix lined by columnar (glandular) epithelium. The junction between these two types of epithelium is known as the squamocolumnar junction.

When a normal physiological hormonal influence occurs, this junction goes through transition causing a zone of the endocervical epithelium to transform into metaplastic epithelium (squamous-like). This zone is known as the transformation zone, and it now separates the normal squamous epithelium of the exocervix and the glandular epithelium of the endocervix.

## Can the three sampling areas be visualized?

The cervix is normally visualized when the speculum is inserted into the vagina. Once the

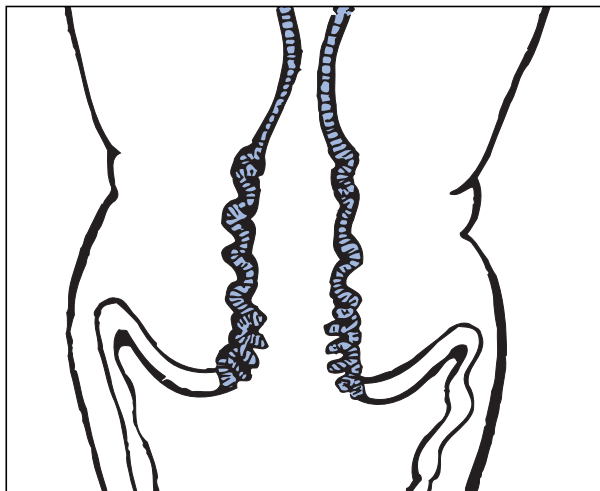


Figure 1a: everted endocervical epithelium

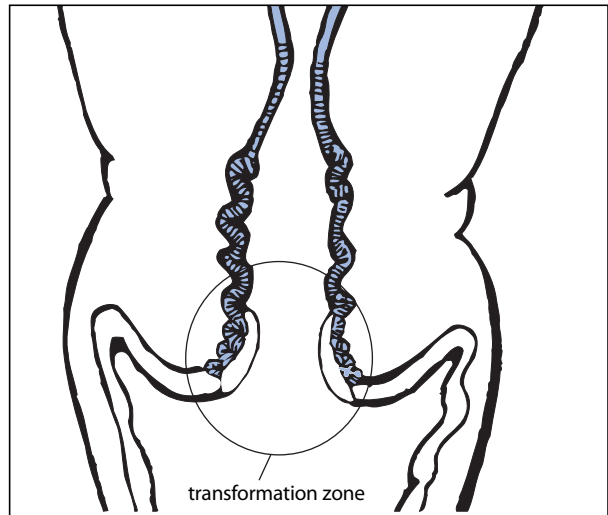


Figure 1b: the transformation zone

cervix is located, the three sampling areas may or may not be visible.

The normal cervix consists of the two types of epithelium: squamous and columnar (glandular). During puberty and pregnancy, the cervix undergoes changes resulting in exposure of the columnar epithelium to the outside portion of the cervix (everted endocervical epithelium). See Figure 1a.

This exposed or everted columnar epithelium eventually responds to the new environment by changing to “squamous type” epithelium known as metaplastic epithelium. This area is known as the transformation zone or T-zone. See Figure 1b.

During child-bearing years the transformation zone can usually be visualized. The squamous epithelium of the exocervix surrounding the transformation zone has a smooth pearly opaque appearance; glandular epithelium of the endocervix often has a reddish or pinkish blush appearance. The metaplastic epithelium of the transformation zone appears to have an intermediate, slightly variegated appearance.

During post menopause the squamocolumnar junction tends to recede into the endocervical canal (inverted) and cannot be readily visualized. See Figure 1c.

### Why is it important that these areas be sampled?

The majority of squamous epithelial abnormalities (pre-malignant and malignant) occur at the transformation zone, less often at the exocervix. The endocervical specimen is for the detection of abnormalities of glandular epithelium of the cervix.

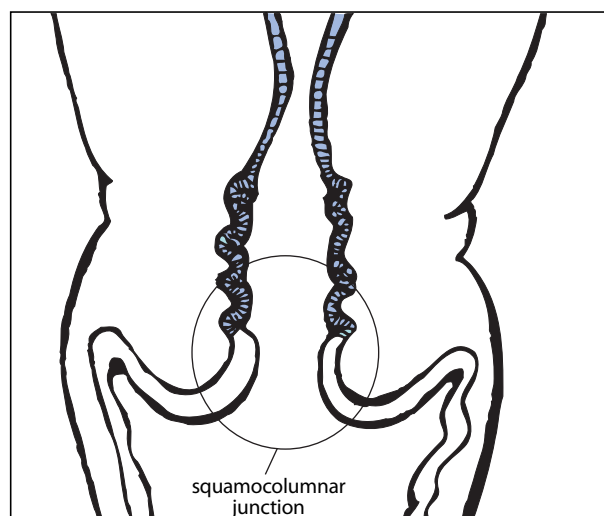


Figure 1c: squamocolumnar junction

## THE OPTIMAL CERVICAL SMEAR

### What is an optimal cervical smear?

The presence of squamous cells, endocervical cells, and/or metaplastic cells on a smear suggests a high probability that the transformation zone has been sampled, which is necessary for a cervical smear to be considered optimal.

The absence of a transformation zone component should be reported by the laboratory in the specimen adequacy section of the smear report but **does not mean a patient requires early repeat**. Attention, however to regular screening is suggested (Bethesda 2001).

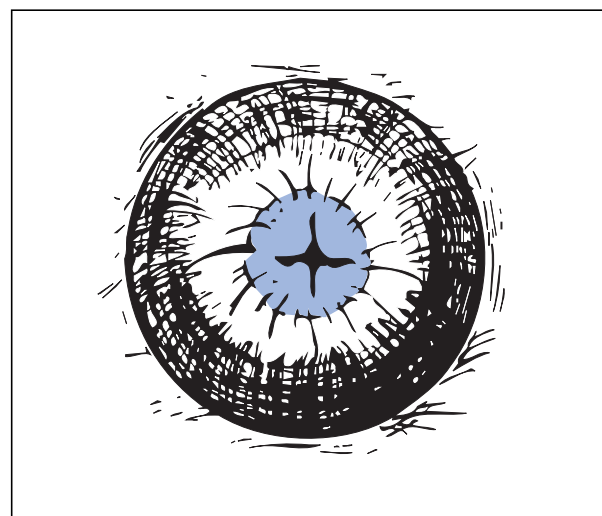


Figure 1d: transformation zone—view of cervix through speculum

# The Pap Smear Process

## COLLECTING THE SPECIMEN

### What equipment is required?

- Examining table
- Good illumination
- Bi-valve speculum (various sizes)
- Spatula (e.g. Ayre)
- Endocervical brush/broom
- Glass microscope slide with frosted end
- Pencil for labeling slide
- Cytology spray fixative (e.g. pump spray or Cytospray)
- Container for transporting slides to laboratory
- Requisition forms

### Should the Speculum be lubricated?

For patient comfort, the speculum may be placed on a warm heating pad and rinsed in warm water or saline before use. If a lubricant must be used, a **small amount of water-based lubricant is acceptable**; large amounts will obscure cellular detail. Apply sparingly on the outer portion of the speculum **taking great care to avoid the tip**. Use of non-water-based lubricants is contraindicated as they can obscure cellular detail, interfere with cellular adherence, and cause bacterial over-growth on the slide.

### What are the sampling tools?

Presently there are three conventional sampling tools. Pap smears may be taken from:

- A. The exocervix or vagina using a spatula;
- B. The endocervix using an endocervical brush;
- C. The exocervix and endocervix using the broom.

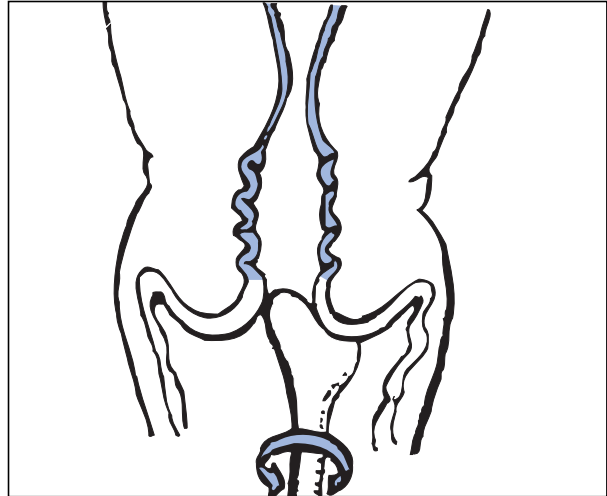


Figure 2: perform a 360° scrape.

It is recommended that the spatula and the endocervical brush be combined in that order to decrease sampling errors. Gently remove excess mucous prior to sampling the exocervix.

### A. Spatula – how is it used?

Apply the spatula to the exocervix. Ensuring continuous contact between the spatula and the cervix, perform a 360° scrape.

*See Figure 2.*

### Advantages and disadvantages of spatula

- Ideal for parous everted cervix (highest risk of abnormality)
- Blunt end good for sampling vagina
- Will NOT obtain satisfactory sample of the transformation zone and endocervix in the inverted post-menopausal or in the post-treatment (i.e. cryo-surgery, cone, etc.) cervix, and occasionally in the normal nulliparous woman

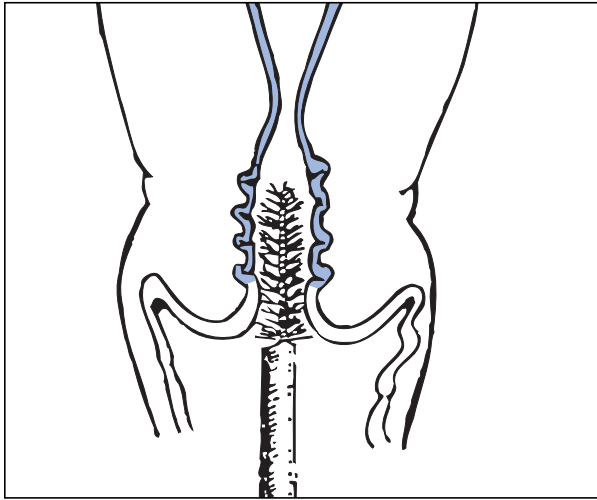


Figure 3: a one-quarter turn is sufficient as the entire brush is in contact with the cervical epithelium.

### B. Endocervical Brush – how is it used?

#### Sampling of the endocervix

After sampling the exocervix (step A) insert brush into the endocervical canal ensuring that the lower bristles are visible. A one-quarter turn (1/4) is sufficient as the entire brush is in contact with the cervical epithelium. See Figure 3.

Over-rotation may cause cell damage and slight capillary bleeding.

#### Advantages and disadvantages of brush

- Useful in sampling an inverted or indrawn type of cervix often present in the post-menopausal or post-treatment (i.e. cone, cryosurgery, etc.) woman.
- Recommended where examination of endocervical epithelium is desired for initial diagnosis or follow-up.
- May identify abnormalities of columnar (endocervical) epithelium.
- Will NOT provide a representative sample of the broadly everted transformation zone and exocervix.

NOTE: Consider advising the patient that use of the endocervical brush may be uncomfortable and spotting may result.

CAUTION: *Endocervical brush is contraindicated for pregnant women.*

### C. Broom – how is it used?

#### Sampling of the exocervix and endocervix

Using gentle pressure, insert the long central bristles into the cervical os until the lateral bristles bend against the exocervix. Maintain gentle pressure and rotate the broom by rolling the handle between the thumb and forefinger three to five full rotations in only one direction. See Figure 4.

#### Advantages and disadvantages of the broom

- Permits simultaneous sampling from the exo and endocervix including the transformation zone
- Provides a well-spread smear with endocervical component often down the centre of the smear
- Need only one screening tool
- Reduces patient discomfort and bleeding
- No contraindications

WARNING: *Never attempt to insert the shoulders (wings) of the head of the broom entirely into the endocervical canal. Only the central bristles should enter the endocervical canal.*

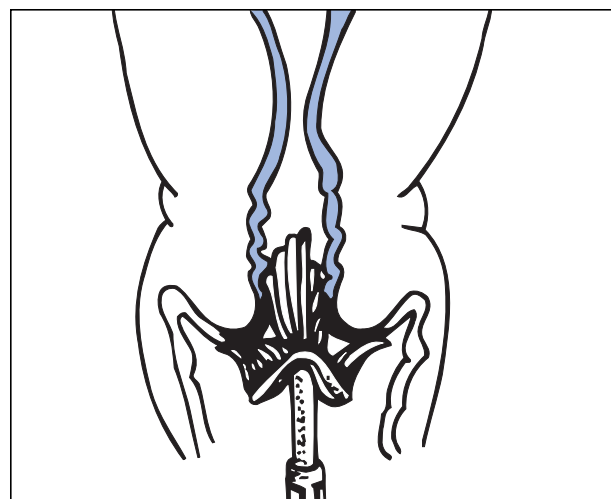


Figure 4: perform three to five full rotations in one direction.

## What are the preferred sampling techniques in the various circumstances?

### Patient

### Sampling Technique

#### Nulliparous

Combined exo/endo technique using Ayre spatula, endocervical brush or broom

#### Parous

Same as for Nulliparous

#### Post-treatment

Same as for Nulliparous

#### Post-menopausal

Same as for Nulliparous

#### Pregnant

Combined exo/endo technique using saline-soaked Q-tip and Ayre spatula. Brush is contraindicated in pregnancy

#### Post-hysterectomy

Blunt end of Ayre spatula

## PREPARING THE SLIDE

### How should the specimen be spread on the slide?

Specimen should be spread on slide with the frosted side up.

It is important that specimens be spread evenly on the slide. Thick smears may not fix evenly and can be difficult or impossible to evaluate. See Figures 5a, 5b and 5c.

#### For best results:

- The spatula sample should be spread in a linear, not circular fashion
- The endocervical brush sample should be spread in a linear, rolling fashion
- The broom sample should be spread in a "painting action" applying first one side of the bristles and then the other

#### For thick and profuse specimens:

- Thinly spread the specimen in a linear fashion
- Submit one slide thinly spread

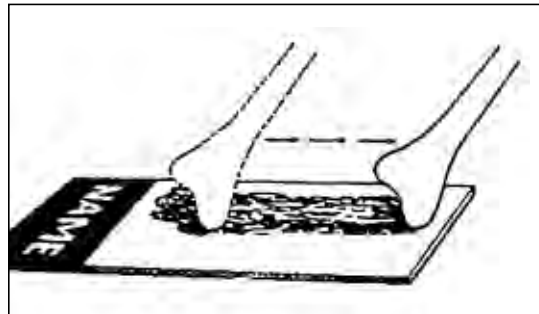


Figure 5a: spatula – spread in a linear, not circular fashion.

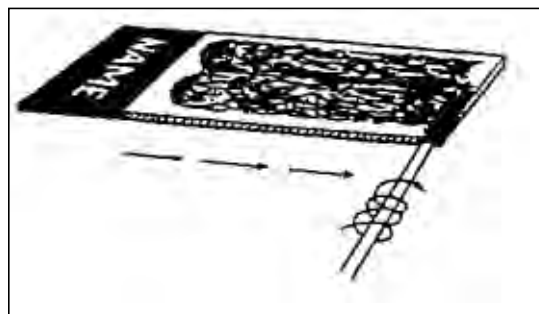


Figure 5b: endocervical brush – spread in a linear, rolling fashion

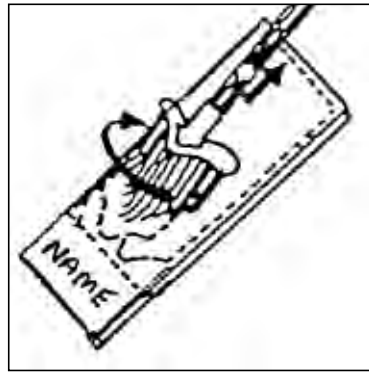
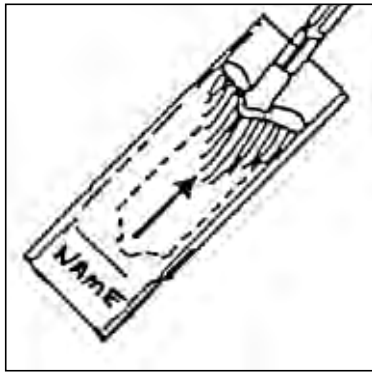


Figure 5c: broom – spread in a “painting action” applying first one side of the bristles and then the other.

### How many slides are necessary?

One slide per patient is recommended. Only patients with a double cervix require two slides.

### How should slides be fixed?

Cytology fixatives (spray or pump) are the only acceptable fixatives.

#### To fix the slide properly:

- Spray from a distance of 6” to 10” for optimum fixation.
- Spray evenly across the slide.

### How quickly must the slide be fixed (sprayed)?

**The slide must be fixed immediately.** Even a delay of seconds can cause air-drying artifact in cells collected.

When cells from more than one site are spread on the slide, they may be mixed together and should be fixed immediately. If there is any delay between samples, it is preferable to spread and spray the first sample while covering the unused portion of the slide with cardboard to prevent it being coated by the spray. The second sample can then be spread on the unused portion of the slide and sprayed. See Figure 6.

*NOTE: Allow fixed slide to dry completely before packaging. Failure to do so can result in cardboard adhering to the sample and obscuring the specimen.*

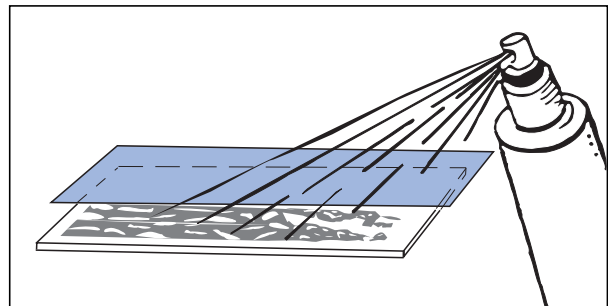


Figure 6: spread and spray the first sample while covering the unused portion of the slide with cardboard.

### **How should the slide be labelled?**

Most NS laboratories require two identifiers written in pencil on the frosted surface of a slide. Patient's first and last names are one identifier. The second can be: patient's health card number, hospital unit number, out of province insurance number, etc. Date of birth is not a unique identifier. Contact your lab for more information. (see Appendix V)  
Unlabelled slides will not be processed.

### **COMPLETING THE PAP SMEAR FORM**

Pap smear request forms may vary from laboratory to laboratory. Please use the form provided by the laboratory serving your area. Sample forms can be found in Appendix II.

### **To ensure the optimum evaluation of specimens, the laboratory requires:**

- Date of a woman's last menstrual period (LMP)

This date is important in the evaluation of benign endometrial cells. Benign endometrial cells found beyond the 12th day of cycle or in a post-menopausal woman is an abnormal finding. Their presence may be produced by dysfunctional uterine bleeding, contraceptive hormone therapy, intrauterine devices, estrogen therapy, recent endometrial instrumentation, endometritis, endometriosis, sub-mucosal myomas, polyps, premalignant or malignant endometrial pathology.

- Date(s) and result(s) of previous smear(s)
- Any relevant cytologic or histologic history and/or clinical information

The history of any gynecologic therapy (i.e. hysterectomy, radiation, LEEP, etc.) is important in accurate assessment of the slide and for the optimum diagnosis and follow-up of the patient.

**To ensure accurate reporting on each patient, the laboratory requires:**

- Patient's current and previous names

The correct spelling of patient's names is essential. Please give the patient's first and middle names, particularly if patient commonly uses her middle name.

- Patient's Health Card Number (HCN)
- Patient's complete date of birth (year/month/day)
- Submitting smear taker's full name (surname and first name) and address
- If you are requesting a copy of the report for another clinician, provide clinician's full name and mailing address

**To receive a report card from the Cervical Cancer Prevention Program on Paps done during a Well Woman clinic/Women's Wellness Day:**

- Indicate clearly on the request form that Pap originated from a Well Woman Clinic (i.e.: WWC) (See Appendix III)

**TRANSPORTING THE SPECIMEN**

**How should Pap smears be transported?**

All slides should be placed in appropriate mailing containers available through area laboratories. Ensure that slides have dried completely after spray-fixing before placing in containers. Check with your area laboratory for the preferred transport packaging requirements. (See Appendix V)

# Cytologic Reporting Terminology for Nova Scotia

<b>Bethesda Nomenclature</b>
<b>Unsatisfactory</b> (with comments on smear quality)
<b>Negative for Intraepithelial Lesion or Malignancy</b>
<b>Negative for Intraepithelial Lesion or Malignancy</b> (with comments on smear quality)
<b>ASC-US</b> (Atypical Squamous Cells of Undetermined Significance) <b>ASC-H</b> (Atypical Squamous Cells – cannot exclude High grade Squamous Intraepithelial Lesion) <b>AGC-NOS</b> (Atypical Glandular Cells – not otherwise specified) <b>AGC-EC</b> (Atypical Glandular Cells – Endocervical Cells) <b>AGC-EM</b> (Atypical Glandular Cells – Endometrial Cells) <b>AGC – Favor Neoplastic</b> (Atypical Glandular Cells – Favor Neoplastic)
<b>LSIL</b> (Low grade Squamous Intraepithelial Lesion, encompassing HPV/Mild Dysplasia/CIN I)
<b>HSIL</b> (High grade Squamous Intraepithelial Lesion)
<b>AIS</b> (Adenocarcinoma in Situ)
<b>HSIL-S</b> (High grade Squamous Intraepithelial Lesion – Suspicious)
<b>Squamous/Glandular Carcinoma</b>

# Repeats and Recommendations

Recommendations for repeat smears and colposcopic referrals have been standardized province-wide. Adherence to recommendations is essential to the success of the screening program.

## NOVA SCOTIA MANAGEMENT GUIDELINES FOR WOMEN WITH CERVICAL CYTOLOGICAL ABNORMALITIES

### Conventional Cervico-Vaginal Cytology

Diagnosis	Recommendation
Unsatisfactory*	Repeat test no sooner than 8 weeks
Negative for intraepithelial lesion and malignancy & Satisfactory Test	Cytology every 2 years after 3 consecutive annual negative Pap tests
ASC-US	Repeat test twice at 6 month intervals. 2 abnormal (ASCUS or LSIL) within a 2 year period warrants colposcopy.
ASC-US post-menopausal with atrophy	May be treated with short course of vaginal estrogen. Repeat test one week after completion.
ASC-H	Colposcopy & investigation
AGC-NOS, AGC-EC, AGC-EM, AGC-Favor Neoplastic	Colposcopy & investigation
AIS	Colposcopy & investigation
LSIL	Repeat test twice at 6 month intervals. 2 abnormal (ASCUS or LSIL) within a 2 year period warrants colposcopy.
HSIL & Carcinoma	Colposcopy & investigation
Endometrial cells in women over 40 years old	Interpret in light of clinical situation**

## Repeats and Recommendations (cont'd)

\* Please inform patient that this repeat is not due to abnormal findings.

\*\*“Most clinicians understand that benign appearing endometrial cells on Pap tests from women older than 40 years usually are not from cancer or hyperplasia. In most women, they are physiologic (the woman is still cycling, either naturally or because of HRT) or a result of benign endometrial pathology (e.g. an endometrial polyp). For this reason, an endometrial sample is not indicated for all women with this diagnosis. The woman’s physician, who knows her menstrual or menopausal status, clinical risk factors for endometrial cancer, and whether she is taking HRT, should use his or her clinical judgment to decide whether to take a histologic endometrial sample.”

*(Browne et al. 2005)*

NOTE: *These are guidelines only; more detailed repeats or recommendations may be made at the pathologist’s discretion.*

**The suspicious cervix (cervix appears abnormal on visual inspection) should be investigated colposcopically and/or biopsied and abnormal bleeding investigated by appropriate referral regardless of the cytologic findings. (Appendix VI)**

# Appendix I

## Education Materials and Order Form

The Cervical Cancer Prevention Program provides educational materials and tools to assist in the fight against cervical cancer. Most materials are available in English, French and Arabic and are free of charge in Nova Scotia.

Some materials are loaned out on request. You are invited to use the Order Form in this appendix to access these materials or call the CCPP at 1.888.480.8588 or 902.473.7438 for further information.

### Educational resources available on request



### Esmeralda/Shenaynay (for loan)

A smock that can be used as a teaching tool to show where the female reproductive organs are located.



# Appendix I (cont'd)

## Manuals

Well Woman Clinic Manual – Intended Audience: organizers of community well woman clinics. A step-by-step guide to hosting a successful well woman clinic, beginning 4 months in advance of the event through to debriefing post-clinic.

The Cervical Cancer Prevention Resource Manual – Intended Audience: persons wishing to provide public education about the benefits of Pap smear screening. Includes principles of adult education, script with PowerPoint presentation, frequently asked questions, and bibliography.

Pap Training Manual for Registered Nurses – Intended Audience: registered nurses wishing to provide Pap smear services in Nova Scotia and Newfoundland and Labrador. (see Appendix IV)

## Teaching Kit (English)

Grade IX Healthy Living curriculum supplement

- Three lesson binder / CD
- Pap test instruments
- Packaged in a drawstring bag.

## Teaching Kit (French)

Une ressource pédagogique pour le développement personnel et social 9<sup>e</sup> année (Conseil scolaire acadien provincial) and Une ressource pédagogique pour le Mode de vie sain 9<sup>e</sup> année (French Immersion)

- Three lesson binder / CD
- Pap test instruments
- Packaged in a drawstring bag.

## PowerPoint

A PowerPoint presentation is available on CD or on our website [www.cancercare.ns.ca](http://www.cancercare.ns.ca). The presentation describes the natural history of



Teaching Kit

cervical cancer, the risk factors associated with cervical cancer, a diagram of the female anatomy, photos of a normal cervix and invasive cancer of the cervix, the asymptomatic aspect, and Nova Scotia screening frequency recommendations. A suggested order for viewing is provided.

Other materials are available on request. Contact the CCPP office: tel **902.473.7438** or **1.888.480.8588**.

## The Canadian Cancer Society's Cancer Information Service (CIS):

If you are looking for accurate information about any aspect of cancer, the Canadian Cancer Society's Cancer Information Service (CIS) can help. CIS is a national, bilingual, toll-free service offering comprehensive information about cancer and community resources. The information specialists respond to inquiries in a supportive manner and provide information in clear, understandable terms to meet individual needs. You can call an information specialist at **1.888.939.3333**, Monday to Friday, 9am to 6pm, anywhere in Canada or email them through [www.cancer.ca](http://www.cancer.ca)

# Order Form

Please photocopy, fill out this form and fax to the CCPP at 902.473.4425 to receive copies of the following materials:



## Indicate quantity required

English    French    Arabic

<input type="text"/>	<input type="text"/>	<input type="text"/>	Brochure ("If you've had sex, get a Pap")
<input type="text"/>	<input type="text"/>	<input type="text"/>	Poster ("If you've had sex...")
<input type="text"/>	<input type="text"/>	<input type="text"/>	Bookmark ("If you've had sex...")
<input type="text"/>	<input type="text"/>	N/A	Poster ("Finally, A Test You Don't Need to Study For")
<input type="text"/>	<input type="text"/>	N/A	Bookmark ("Finally...")
<input type="text"/>	<input type="text"/>	<input type="text"/>	Fact Sheet for "Young Women"
<input type="text"/>	<input type="text"/>	<input type="text"/>	Fact Sheet for "Mature Women"
<input type="text"/>	<input type="text"/>	N/A	Fact Sheet for "Lesbian Women & Women Who Partner with Women"
<input type="text"/>	<input type="text"/>	<input type="text"/>	FAQs "The Rules Have Changed"
<input type="text"/>	<input type="text"/>	N/A	Fact Sheet for "Human Papillomavirus (HPV)"
<input type="text"/>	<input type="text"/>	<input type="text"/>	Wallet Pap appointment reminder cards ("Keep Track of Your Paps")
<input type="text"/>	<input type="text"/>	N/A	Brochure ("You Need to Have a Colposcopy Test. So Now What?")
<input type="text"/>	N/A	N/A	* Sticker ("A Regular Pap Test Could Save Your Life") sheet of 30
<input type="text"/>	N/A	N/A	* Temporary Tattoos (1.5" x 1.5")
<input type="text"/>	N/A	N/A	* Post It Notes ("A Simple Pap Test Could Save Your Life")
<input type="text"/>	N/A	N/A	* Brochure ("A Guide to Your Pap Test Results")
<input type="text"/>	N/A	N/A	* Office Manual for Health Professionals 2009 with laminated reference card
<input type="text"/>	N/A	N/A	* Chart Tag Stickers (for patient medical records)

\* These items are only available in English at the present time.

To view samples of some of these items go to [www.cancercare.ns.ca](http://www.cancercare.ns.ca)

Name: _____
Address: _____
Phone: _____ Email: _____

# Appendix II

## Sample Forms (Pap Smear Request Form)

<b>GUYSBOROUGH ANTIGONISH STRAIT HEALTH AUTHORITY</b>						CYTOPATHOLOGY SECTION											
DATE AND LAB NO.		SLIDES	UNITS	<b>ST. MARTHA'S REGIONAL HOSPITAL</b>													
<b>R E P O R T</b>	DOCTOR			SURNAME OF PATIENT				GIVEN NAME(S)									
	ADDRESS			ADDRESS		PHONE NUMBER											
	POSTAL CODE			MAIDEN NAME		DATE OF BIRTH	DAY	MO.	YR.								
				MSI NUMBER		HOSPITAL NO.											
<b>G Y N E C E O L O G I C A L</b>	DATE OF SMEAR	DAY	MO.	YR.	<input type="checkbox"/> VAGINA <input type="checkbox"/> CERVIX <input type="checkbox"/> ENDOCERVIX			PREVIOUS CYTOLOGY	YES	NO	DATE	DAY	MO.	YR.			
	MENOPAUSE		<input type="checkbox"/> YES <input type="checkbox"/> NO		REGULAR MENSTRUAL CYCLE			<input type="checkbox"/> YES <input type="checkbox"/> NO		ABNORMAL BLEEDING		<input type="checkbox"/> YES <input type="checkbox"/> NO					
	DATE OF LMP		DAY	MO.	YR.	WEEKS PREGNANT / POST PARTUM			GRAVIDA		PARA						
	CONTRACEPTIVE PILL INCLUDING NAME AND DURATION OF USE										IUD? <input type="checkbox"/> YES <input type="checkbox"/> NO						
	OTHER THERAPY AND DATES	<input type="checkbox"/> RADIATION		<input type="checkbox"/> TOTAL HYSTY		<input type="checkbox"/> SUB TOTAL HYSTY		<input type="checkbox"/> OTHER SURGICAL THERAPY		<input type="checkbox"/> HORMONE THERAPY (NAME)							
	PELVIC EXAM'N:		CERVIX-		<input type="checkbox"/> NORMAL		<input type="checkbox"/> INFLAMMATION		<input type="checkbox"/> EROSION		<input type="checkbox"/> SUSPICIOUS CX		<input type="checkbox"/> OBVIOUS CA				
	HEALTHY PELVIS		<input type="checkbox"/> YES <input type="checkbox"/> NO		OTHER REMARKS												
	WELL WOMANS CLINIC		<input type="checkbox"/> YES <input type="checkbox"/> NO														
	CLINICAL DIAGNOSIS										SIGNATURE			M.D.			
	<b>N O N G Y N E C E O L O G I C A L</b>	DATE OF SPECIMEN	DAY	MO.	YR.	PREVIOUS CYTOLOGY					YES	NO	DATE	DAY	MO.	YR.	
SPUTUM		BRONCHIAL WASHING		<input type="checkbox"/> RIGHT		PLEURAL FLUID		<input type="checkbox"/> RIGHT		URINE		<input type="checkbox"/> VOIDED		URETERAL		<input type="checkbox"/> RIGHT	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> LEFT		<input type="checkbox"/>		<input type="checkbox"/> LEFT		<input type="checkbox"/>		<input type="checkbox"/> CATH		<input type="checkbox"/>		<input type="checkbox"/> LEFT	
(SPECIFY)																	
<input type="checkbox"/> PERITONEAL FLUID		<input type="checkbox"/> GASTRIC WASHINGS		<input type="checkbox"/> ESOPHAGEAL WASHINGS		<input type="checkbox"/> F.N.A.		<input type="checkbox"/> OTHER									
CLINICAL HISTORY																	
X-RAY FINDINGS																	
CLINICAL DIAGNOSIS										SIGNATURE			M.D.				

# Appendix II (Cont'd)

## Sample Forms (Pap Smear Report Form)

***CAPITAL DISTRICT HEALTH AUTHORITY***

Central Laboratory Reporting  
MacKenzie Building  
5788 University Avenue  
Halifax, NS B3H 1V8

***PATIENT:***

(CLIENT) MED. REC.#:  
ADMISSION DATE:  
SEX/AGE/DOB:  
PMI#:  
PHYSICIAN:  
LOC/ROOM/BED:

*DEPARTMENT OF PATHOLOGY AND LABORATORY MEDICINE / RESULT INQUIRY PHONE: (902) 473-2266*

**GYNECOLOGICAL CYTOLOGY REPORT**

DATE COLLECTED:

CASE#:

**CLINICAL HISTORY**

LMP:  
PREG/PP:  
MENO/RMC:  
BCP/IUD:  
HORMONE RX:  
CLINICAL DX:  
RX/COMMENT:

**SPECIMEN**

**STATEMENT OF ADEQUACY**

**RESULTS**

**RECOMMENDATION**

Date    Screened by:

Date    Verified by:

**Smear takers name and address**

# Appendix II (Cont'd)

## Sample Forms (Colposcopy Form)



### COLPOSCOPY RECORD

Hosp. Unit: \_\_\_\_\_ Fin #: \_\_\_\_\_ Clinic #: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial(s): \_\_\_\_\_  
 Previous Surname(s): \_\_\_\_\_ D.O.B. (YYYY/MM/DD): \_\_\_\_\_  
 Current Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Phone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_

First Visit:  Yes  No

<b>Referring Doctor</b> <b>Reason for Referral</b> 1. Abn. Pap - Non Preg. 2. Abn. Pap - Pregnant 3. HPV/Condyloma 4. Intraepithelial Neoplasia 5. ? Lesion 6. DES 7. Friable Cervix/Postcoital Bleeding 8. Vulvar Pain 9. Dyspareunia 10. Colposcopy Recheck 99. Other	<b>Visual Colposcopy</b> Date of Exam: _____ YYYY _____ MM _____ DD Site = Cervix Vagina Vulva Perianal Diag. _____ Diag. _____ <b>IS THE ENTIRE SQUAMOCOLUMNAR JUNCTION SEEN?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Diagnosis Code</b> 1. Negative 3. Inflammation 4. Polyp 5. HPV (Condyloma) 6. Intraepith. Neoplasia Gr. 1 (Mild Dysplasia) 7. Intraepith. Neoplasia Gr. 2 (Mod. Dysplasia) 8. Intraepith. Neoplasia Gr. 3 (Sev. Dysp. -CIS) 9. Microinvasive CA 10. Invasive CA 11. Adeno CA In Situ 12. Adeno CA 13. Radiation Change 14. Unsatisfactory 15. Not Done 16. Vulvar vestibulitis 17. Lichen sclerosus 18. Other vulvar diagnosis																																																																														
	<b>Cytology</b> <input type="checkbox"/> Not Done Date: _____ YY _____ MM _____ DD Lab #: _____ Site = Cervix Endocervix Vagina Diag. _____ Diag. _____																																																																															
<b>Pathology Comments</b> _____ _____ _____ _____	<b>Histology</b> <input type="checkbox"/> Not Done <table border="1"> <tr> <td></td> <td>Cervix</td> <td>Diag.</td> <td>Vagina</td> <td>Diag.</td> <td>Vulva</td> <td>Diag.</td> <td>Perianal</td> <td>Diag.</td> <td>Lab #:</td> </tr> <tr> <td>Biopsy (1)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td rowspan="3">}</td> </tr> <tr> <td>Biopsy (2)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Biopsy (3)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>ECC</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>LEEP</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Margins Free <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Cone</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Margins Free <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Hyst.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Margins Free <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>		Cervix	Diag.	Vagina	Diag.	Vulva	Diag.	Perianal	Diag.	Lab #:	Biopsy (1)									}	Biopsy (2)									Biopsy (3)									ECC										LEEP									Margins Free <input type="checkbox"/> Yes <input type="checkbox"/> No	Cone									Margins Free <input type="checkbox"/> Yes <input type="checkbox"/> No	Hyst.									Margins Free <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Follow-Up Recommendations</b> 1. Clinic < 4 mos. 2. Clinic 4 mos. 3. Clinic 6 mos. 4. Clinic 1 year 5. Clinic Post Pregnancy 6. Tumour Clinic 7. Return to Family MD 8. Return to Gynecologist 9. Diagnosis Procedure 10. Treatment 99. Other
		Cervix	Diag.	Vagina	Diag.	Vulva	Diag.	Perianal	Diag.	Lab #:																																																																						
Biopsy (1)									}																																																																							
Biopsy (2)																																																																																
Biopsy (3)																																																																																
ECC																																																																																
LEEP									Margins Free <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																							
Cone									Margins Free <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																							
Hyst.									Margins Free <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																							
<b>Cytology</b> IUD <input type="checkbox"/> Yes <input type="checkbox"/> No Hormonal Contraception <input type="checkbox"/> Yes <input type="checkbox"/> No Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No Post Partum <input type="checkbox"/> Yes <input type="checkbox"/> No Menopause <input type="checkbox"/> Yes <input type="checkbox"/> No LMP _____ Gravida _____ Para _____	<b>Treatment</b> Date: _____ YYYY _____ MM _____ DD Site = Cervix Vagina Vulva Perianal TX _____ TX _____ (1) Exc Biopsy (4) Cryotherapy (7) Laser Cone (10) Excision Procedure (2) Chemical (5) LEEP (8) Surgical Cone (11) Rx for Infection (3) Cautey (6) Laser Evap. (9) Hyst. (99) Other																																																																															
<b>X = BIOPSY SITE</b> 		Examiner's Signature _____ PMB #: _____ Date (YYYY/MM/DD): _____ CC: _____ <b>Cervical Cancer Prevention Program</b> Rm. 555A Bethune Bldg. 1276 South Park St. Halifax, NS B3H 2Y9 (902) 473-7438																																																																														

\*Recording information in shaded areas is optional, but strongly suggested for Quality Assurance.

Distribution list for the Colposcopy Record: Copy 1: Chart Copy 2: Colposcopy Data Base Copy 3: Pathology Copy 4: Cytology

# Appendix III

## Well Woman Clinic Report Card Protocol

### I ROLE OF THE WELL WOMAN CLINIC IN PRODUCING A REPORT CARD

#### Prior to Clinic Day:

- Inform the Cytology Lab where you will be sending the Pap smears of (1) the date on which you plan to hold your clinic and (2) name and telephone number of a person they may call should they have questions.
- Contact the CCPP (**1.888.480.8588**) and inform them of the Clinic day, the name of the Cytology Lab that will be receiving the Pap smears and the name, address and telephone number of the Well Woman clinic organizer to allow us to send out a Well Woman Clinic report card (see next page for sample report card).

#### Clinic Day:

- Even though the receiving Lab is expecting your smears, they have a high volume of cases and it may be difficult for them to actually identify your cases. To assist them it is very important that you clearly identify the Cytology Request Forms as originating in a Well Woman Clinic, **printing boldly Well Woman Clinic or WWC** in the space just above where you will enter the smear taker's name and address.
- The Cytology Lab also requires that it be clearly indicated on the Cytology Request Form who is to receive the original Pap report or copies.\*

\* *Well Woman Clinic organizers must ensure that a process is in place between the clinic and the smear taker such that women with abnormal Pap results are notified. **Assuming** that the patient's family physician will make arrangements for follow-up is not appropriate.*

### II ROLE OF THE CYTOLOGY LAB IN PRODUCING A WELL WOMAN CLINIC REPORT CARD

- In the electronic data load to the CCPP, Pap reports need to be identified as originating from a WWC. Contact CCPP if unclear how to do this.

### III APPLYING FOR A WELL WOMAN CLINIC/WOMEN'S HEALTH AWARENESS DAY GRANT

Non-profit organizations may apply in writing once per fiscal year to the Cervical Cancer Prevention Program (CCPP) for a grant of \$200.00 toward their event. Applications must include a description of the proposed project, names and addresses of organizing committee members, proposed date(s) of the project, specific items for which the grant will be used and how the target group is involved in planning the project. The planning group must include member(s) from the under-screened population (e.g. may include teenagers, senior citizens). For more detailed application information, contact the CCPP at **1.888.480.8588** or **473.7438**.

# Appendix III (Cont'd)



SAMPLE – CCPP – Screening Report  
 Date Range: **2007-JAN-01** to **2007-DEC-31**



## Age Summary

Age Group	Count	% of Total
15-19	5	4.6
20-24	16	14.8
25-29	17	15.7
30-34	22	20.4
35-39	20	18.5
40-44	9	8.3
45-49	10	9.3
50-54	6	5.6
55-59	2	1.9
60-64	1	.9
<b>Total:</b>	<b>108</b>	

## Pap Interval Class Summary

**CURRENTLY UNAVAILABLE**

## Result Summary

Diagnosis	Count	% of Total
NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY	107	99.1
LOW GRAD SQUAMOUS INTRAEPITHELIAL LESION (LSIL)	1	.9
<b>Total:</b>	<b>108</b>	

## Speciman Adequacy Summary

	Age<=50	% Sat.	Age>50	% Sat.
Total Satisfactory For Evaluation Rate:	99	100	9	100
Satisfactory for Evaluation:	80		9	
Satisfactory for Evaluation But Limited By:	19		0	
Unsatisfactory For Evaluation:	0		0	

## Satisfactory But Limited By Qualifiers:

Breakdown <=50	Breakdown >50
ABSENCE OF TRANSFORMATION ZONE COMPONENTS	8
BLOOD PART OBSCURING CELL DETAIL	2
INFLAM CELLS PART OBSC. CELL DETAIL	3
LIMITED CELLULARITY	2
OBSCURED BY BLOOD AND INFLAM CELLS	1
POOR FIXATION OR PRESERVATION	2
POORLY PREPARED/POORLY SPREAD	1

# Appendix IV

## Pap Training for Registered Nurses

The Pap test is one of the best measures for prevention and early detection of cervical cancer. The Cervical Cancer Prevention Program (CCPP) is committed to working with health professionals across Nova Scotia to provide equitable access to screening for all women. To support this, a *Pap Training Manual for Registered Nurses* was developed in 2000 and grants are available to those individuals or groups organizing RN Pap training sessions.

### Training Manual

A generic Training Manual designed for Registered Nurses is available free of charge from the CCPP to support the development of competency in collecting Pap smears. The manual, a collaborative effort of the Nova Scotia program and the Newfoundland and Labrador Cervical Screening Initiatives Program, provides standards and expectations for completing training and should be used in addition to *An Office Manual for Health Professionals: Screening for Cancer of the Cervix (2009)*. These publications contain information which will facilitate and compliment a recommended one-day training session. In addition, an educational resource, *The Pap Resource Manual* offers general cervical cancer and Pap test information. All resources are available from the CCPP.

A Registered Nurse must be licensed to practice in Nova Scotia, sponsored by an agency (employer such as hospital, clinic, or public health unit) and have completed the required education components prior to providing this service to women. It is the agency's responsibility to outline policies and standards to guide nursing practice.

### Guidelines for Grants for Expenses Incurred During RN Training Session

The CCPP has allocated a total of \$1,600.00 per fiscal year (April 1 – March 31) for this purpose. Half of this sum will be awarded in the first six months of the fiscal year and the remaining will be assigned for the second half of the fiscal year. The maximum grant awarded per request will be \$100.00. Every attempt will be made to ensure grants are awarded equally to all health districts. A grant will be awarded once per year for an organizing individual or group. Consideration will be given to repeat requests from an organizing individual or group in the same fiscal year only if there is no other request for the grant. Funds may be used for trainer's honorarium or to offset travel expenses.

### Requirement/Eligibility:

To receive the grant the organizing group must meet the following conditions:

- be a non-profit organization
- did not receive a CCPP grant in the same fiscal year (except in a situation where there is no other request).

### Process:

The request must be made in writing and include:

- the name and qualifications of the RN trainer(s)
- the proposed agenda for the training session
- what the grant will be used for.

Successful applicants will receive notification within one month of application. All requests will be acknowledged.

*Please note: Only registered nurses licensed to practice in Nova Scotia should be enrolled in the RN Pap training program.*

# Appendix IV (Cont'd)

## How to Obtain a Pap Screening Report Card

### Procedure for Specially Trained Registered Nurses, Nurse Practitioners, and Midwives

To obtain an accurate Pap screening report card from the Cervical Cancer Prevention Program (CCPP) the provincial Pap Registry requires sufficient identification of the smear taker on all Paps performed. The registry receives Pap smear reports electronically from seven cytology labs in NS. The QEII uses the Cerner Lab Information System (LIS) and the six other labs (i.e. Yarmouth, South Shore, Valley, Aberdeen, St. Martha's and Cape Breton Regional Hospitals) use the Meditech lab system.

If you are a Nurse Practitioner or specially trained RN, follow **Process A**.

If you are a midwife, follow **Process B**.

**Process A.** The process for obtaining a CCPP registry I.D. number is different, depending on whether you are a nurse practitioner or a specially trained RN and which lab processes the Pap smears.

Procedure for <b>Nurse Practitioners and Specially Trained Nurses</b> Performing Paps Processed Outside of the QEII	Procedure for <b>Specially Trained Nurses</b> Performing Paps Processed at the QEII	Procedure for <b>Nurse Practitioners</b> Performing Paps Processed at the QEII
<p>Call the CCPP cytology registry at 902.473.7593 or 473.2185 to obtain a registry I.D. number.</p> <p>Provide the following information when applying:</p> <ul style="list-style-type: none"> <li>- name</li> <li>- whether you are an RN or NP</li> <li>- address where you would like the reports to be sent</li> <li>- If you are an RN, we also need the date you were certified to do Paps and the name and address of your manager.</li> </ul> <p>You will be given an I.D. number to use on your Pap request forms.</p>	<p>Call the LIS Office at 902.473.8408 with your request.</p> <p>An LIS Physician Addition/Change Form will be sent to you.</p> <p>Complete the form and return to the LIS office.</p> <ul style="list-style-type: none"> <li>- <b>It is very important to indicate in the Changes/Comment field that you have been trained to perform Paps and that is why you are requesting a number.</b></li> <li>- On average it takes LIS about one week to process this request.</li> <li>- Once LIS has assigned you a number, you will be contacted with your number.</li> </ul>	<p>Call the LIS Office at 902.473.8408 with your request.</p> <p>An LIS Physician Addition/Change Form will be sent to you.</p> <p>Complete the form and return to the LIS office.</p> <ul style="list-style-type: none"> <li>- On the form, provide the registration number you have been assigned by your college.</li> <li>- On average it takes LIS about one week to process this request.</li> <li>- Once LIS has added you to their Provider Table, they will contact you with your number.</li> </ul>

# Appendix IV (Cont'd)

## How to Obtain a Pap Screening Report Card

Procedure for <b>Nurse Practitioners and Specially Trained Nurses</b> Performing Paps Processed Outside of the QEII	Procedure for <b>Specially Trained Nurses</b> Performing Paps Processed at the QEII	Procedure for <b>Nurse Practitioners</b> Performing Paps Processed at the QEII
<p>Print your name and I.D. number clearly on the cytology request form and also the physician of record.</p> <p>If you do not make it clear on the request form that you were the smear taker, the CCPP may record the physician as the smear taker and this Pap would not be included in your screening report card.</p> <p>You will receive an initial screening report card from the CCPP registry on your first twenty Paps.</p> <ul style="list-style-type: none"> <li>– If you are an RN you will then receive annual reports on or near your certification date with a copy to your manager.</li> <li>– If you are an NP you will then receive annual reports on or near the date you registered with us.</li> </ul>	<p>Call the CCPP registry at 902.473.7593 or 902.473.2185 with:</p> <ul style="list-style-type: none"> <li>– your name</li> <li>– QEII I.D. number</li> <li>– address where you would like reports to be sent</li> <li>– date you were certified to perform Paps</li> <li>– name and address of your manager.</li> </ul> <p>Print your name and QEII I.D. number clearly on the cytology request form and also the physician of record. If yours is the only number/name on the request form the lab will not process the Pap as a copy of the report must also go to a physician.</p> <p>If you do not make it clear on the request form that you were the smear taker, the CCPP may record the physician as the smear taker and this Pap would not be included in your screening report card.</p> <p>You and your manager will receive an initial screening report card from the CCPP registry on your first twenty Paps, followed by yearly reports on or near your certification date.</p>	<p>Call the CCPP registry at 902.473.7593 or 902.473.2185 with:</p> <ul style="list-style-type: none"> <li>– your name</li> <li>– QEII I.D. number</li> <li>– address where you would like reports to be sent.</li> </ul> <p>Print your name and QEII I.D. number clearly on the cytology request form.</p> <ul style="list-style-type: none"> <li>– When requesting copies to be sent to another provider, it is important to make it clear on the request form that you were the smear taker; if not, the physician may be recorded as the smear taker and this Pap would not be included in your screening report card.</li> </ul> <p>You will receive an initial screening report card from the CCPP registry on your first twenty Paps, followed by yearly reports on or near the date you registered with us.</p>

### Process B

Procedure for <b>Midwives</b> Performing Paps Processed Outside of the QEII	Procedure for <b>Midwives</b> Performing Paps Processed at the QEII
<p>Call the CCPP Registry office (473.7593 or 473.2185) with your name and address where you would like report cards sent to you. Please indicate to the Registry office that you are a Midwife.</p> <p>Clearly print your full name on each Pap smear request form and any other identifying information that the lab requires.</p>	<p>Follow the Process for Activating Laboratory Testing and Reporting of Results (April 2009) circulated by the Midwifery Regulatory Council of Nova Scotia.</p> <p>Call the CCPP Registry office (473.7593 or 473.2185) with your name, I.D. number assigned by the QEII through the above process, and address where you would like report cards sent to you. Please indicate to the Registry office that you are a midwife.</p>

# Appendix V

## Nova Scotia Cytology Laboratories

Cytology Laboratory	Pathologist/Lab Manager/Technologist	Telephone No.	Supplies Available
Aberdeen Hospital 835 East River Road New Glasgow, NS B2H 3S6	Dr. Sirajuddin Ashfaq Mr. John O'Donoghue Mr. Sheldon Hewey	752.7600 Ext. 2820	Forms Slide Holders
Cape Breton Regional Hospital 1482 George St. Sydney, NS B1P 1P3	Dr. Shahid Malik Mr. Brian Green Ms. Lori Reid	567.8000 Ext. 2427 *for supplies, fax request to 567.7947	Glass slides Forms Mailers Fixative Spatulas
South Shore Regional Hospital 90 Glen Allan Drive Bridgewater, NS B4V 3S6	Dr. Bruce Wright Ms. Debbie Mosher Mr. Chris Hirtle	527.5264 527.5059 527.2428	Glass slides Forms Mailers
St. Martha's Regional Hospital 25 Bay Street Antigonish, NS B2G 2G5	Dr. Leon Desormeau Mr. Robert Russell Mr. Bruce Fleury	863.2830 Ext. 4151	Forms Mailers
Valley Regional Hospital 150 Exhibition St. Kentville, NS B4N 5E3	Dr. Brian Jollymore Ms. Anne Strong Ms. Andrea Saulnier	679.2657 Ext. 1052	Glass slides Forms Mailers Envelopes
QEII Health Sciences Centre VGH Site Cytopathology Mackenzie Bldg., Room 106 5788 University Ave. Halifax, NS B3H 1V8	Dr. Laurette Geldenhuys Ms. Colleen Caines Mr. David Moore	473.8406 *for supplies, call 466.8070	Forms Mailers Envelopes Glass Slides
Yarmouth Regional Hospital 60 Vancouver Street Yarmouth, NS B5A 2P5	Dr. Brian Jollymore Ms. Holly Cottreau Ms. Audra Muise	742.3542 Ext. 314	Glass slides Forms Mailers

# Appendix VI

## Indications for Colposcopy

---

### I Abnormal Cytology

1) Atypical Squamous Cells of Undetermined Significance (ASC-US) and/or Low Grade Squamous Intraepithelial Lesion (LSIL)

Repeat smear twice at 6 month intervals.  
Any 2 abnormal (ASCUS or LSIL) within a 2 year period warrants colposcopy.

---

2) Atypical Squamous Cells Cannot Exclude HSIL (ASC-H)

3) Atypical Glandular Cells (AGC)

4) Adenocarcinoma in situ (AIS)

5) High Grade Squamous Intraepithelial Lesion (HSIL)

On ONE (1) occasion

---

### II Carcinoma

---

### III Questionable Lesion of Cervix

---

### IV DES Exposure

---

#### NOTE:

*Genital tract condylomata – Pap smear should be taken and managed as per Repeats and Recommendations (page 20).*

# Appendix VII

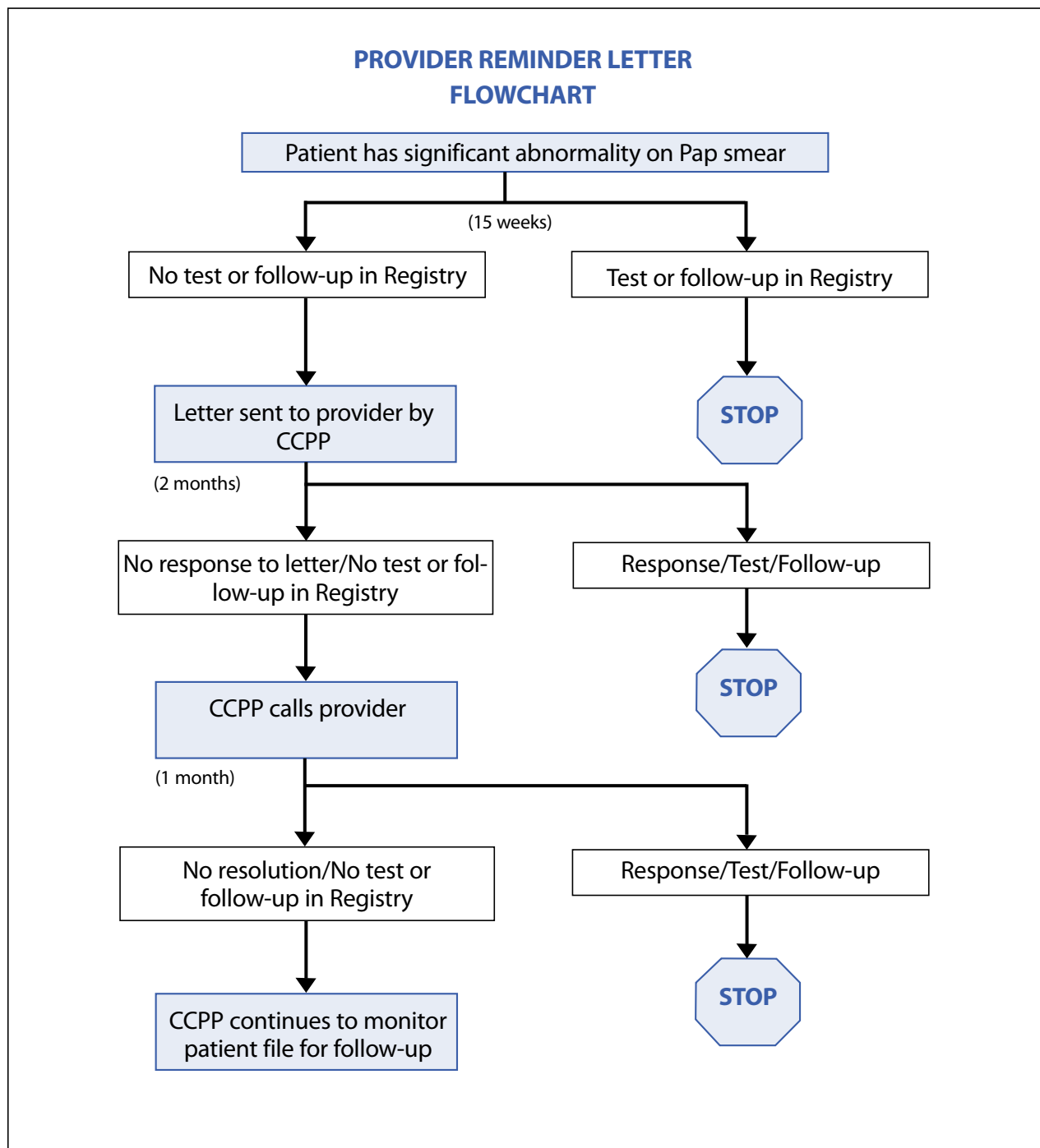
## Provider Reminder Letter Process

The Cervical Cancer Prevention Program's (CCPP) Reminder Letter Process is designed as a safety net for reminder processes already in place in offices/clinics.

The process, established in 1996, is automated through the provincial cytology/colposcopy Registry. Daily checks are made of the Registry, and Pap tests with significantly abnormal results (HSIL and greater, ASC-H, AGC-FN) are noted where no follow-up (Pap smear, colposcopy, biopsy, cancer treatment) has been recorded in the Registry within 15 weeks of the original abnormal being recorded. For those cases, a reminder letter is sent to the provider/smear taker, asking for follow-up information.

If no response to the reminder letter is received by the CCPP after two months, and no follow-up is found in the Registry, the CCPP coordinator calls the provider's office to inquire if the letter was received and what patient follow-up may have occurred. Most cases are resolved at this point with the most common information being that the patient has been referred to colposcopy, has refused further follow-up, or has moved or been lost to follow-up in some way. Occasionally, however the provider indicates that he/she was not aware of the abnormal result and follow-up efforts are then implemented by the provider's office to the benefit of the patient.

## Appendix VII (Cont'd)



# Appendix VII (Cont'd)



1276 South Park St, Bethune Building, 555A  
Halifax, Nova Scotia, Canada B3H 2Y9  
www.cancercare.ns.ca

**Physician Address**

February 06, 2009

**Dear Doctor,**  
**The Cytology Registry of the Cervical Cancer Prevention Program (CCPP) is now able to assist you with reminders concerning patients with HSIL/CIN II or greater who have not been updated in the Registry by 15 weeks post-diagnosis. We are sending this letter of reminder to you as the attending physician for this woman. LSIL/CIN I also requires follow-up but is not yet part of this reminder process.**

**The following patient's file has not been updated and we are hopeful that you may be able to assist us by completing this form. We are interested in any subsequent investigation/management which may have followed the abnormal Pap test report.**

PATIENT:  
 DOB:  
 HCN:  
 LAST PAP DATE:  
 LAST PAP RESULT:

**Thank you for your assistance.**  
**A reply-paid envelope is enclosed for your convenience.**

**R.N. Grimshaw, MD, FRCSC**  
**Medical Director, CCPP**

**ACTION TAKEN**

a) REPEATED Pap Test  Yes Date: \_\_\_\_\_  No

b) Colposcopic Exam  Yes Date: \_\_\_\_\_ Performed by Dr. \_\_\_\_\_

**Result of Colposcopic Exam**

Cervical Biopsy  Yes  No

Type  Target Punch  Hysterectomy  
 Excision LEEP/LOOP  Other (Please specify) \_\_\_\_\_  
 Cone Biopsy  Unknown

Pathology  Negative  Mild Dysplasia (CIN I)  Microinvasive Cancer  
 Metaplastic  Mod Dysplasia (CIN II)  Squamous Cell Carcinoma  
 Cervicitis  Squamous Carcinoma insitu  Adeno Carcinoma  
 HPV (CIN III/Severe Dysplasia)  Adenosquamous Carcinoma  
 Koilocytosis  Adeno Carcinoma insitu  Other (Please Specify) \_\_\_\_\_  
 Unknown

c) Treatment  None  Laser Therapy  Other (Please specify) \_\_\_\_\_  
 LEEP/LOOP  Cone Biopsy  Unknown  
 Cryosurgery  Hysterectomy

d) Lost to Follow-Up  e) Patient Pregnant  EDC \_\_\_\_\_

Tel: 902 473 7438 Toll free: 1 888 480 8588 Fax: 902 473 4425 Email: papforlife@ccns.nshealth.ca

# Appendix VIII

## Physician Specimen Adequacy Report Card

As part of the CCPP's mandate, the program maintains a provincial registry of Pap smears dating back to 1978. This registry is used to monitor screening activity and support district health authorities with relevant statistics, issue reminders to physicians about abnormal smears that appear not to have been followed up, support quality assurance activities of cytology laboratories and colposcopy services, support research initiatives, and provide report cards to specially trained nurses and nurse practitioners providing Pap smear services.

Similar specimen adequacy report cards are provided to physicians annually. The

information on the report is a summary of Satisfactory and Unsatisfactory smears, as identified by the screening laboratory and recorded in the CCPP registry. The information is provided in two categories: for women age 50 and younger and for women over 50 years of age. Physician aggregates are also provided as a percentage with standard deviation (s.d.). If physicians fall 2 s.d. below the mean, it is recommended that they review their method of taking Pap smears especially ensuring the use of both a spatula and endocervical brush.

# Appendix VIII (Cont'd)



2005-MAR-29 09:20:41  
Spec\_HCP\_cervix.rep

**Specimen Adequacy Report on Pap Smears  
(Cervical)  
Date Range: 2003-JAN-01 to 2003-DEC-31**

<b>Total Women</b>	200
<b>Total Women (cervical)</b>	198
<b>Total Pap Smears (cervical)</b>	198
<b>Smears per Woman (cervical)</b>	1.00

**Total Satisfactory For Evaluation Rate:**

**Age <= 50:** 100                      **% Satisfactory:** 100 %      **Age > 50:** 98                      **% Satisfactory:** 100 %

**Satisfactory For Evaluation:**

**Age <= 50:** 100    **Age > 50:** 98

**Satisfactory For Evaluation But Limited By:**

**Age <= 50:** 0    **Age > 50:** 0

<b>Qualifier Breakdown</b>	<b>Totals</b>	<b>Qualifier Breakdown</b>	<b>Totals</b>
----------------------------	---------------	----------------------------	---------------

**Unsatisfactory For Evaluation:**

**Age <= 50:** 0    **Age > 50:** 0

<b>Qualifier Breakdown</b>	<b>Totals</b>	<b>Qualifier Breakdown</b>	<b>Totals</b>
----------------------------	---------------	----------------------------	---------------

# References

1. *The Manual of Cytotechnology*. Edited by Catherine M. Keebler, Theresa M. Somrak, 7th edition, American Society of Clinical Pathologists, 1993.
2. *Canadian Society of Cytology: Guidelines for Quality Assurance Programs in Cytopathology*, revised January 2005.
3. *Compendium on Diagnostic Cytology*. Edited by Wied GL, et al., 8th edition, Chicago: Tutorials of Cytology, 1997.
4. British Columbia Cancer Agency Care and Research, *Screening for Cancer of the Cervix: An office manual for health professionals* (2007), Vancouver: BCCA
5. *Cytology Office Manual*. Prepared by An SH, Kerenyi NA, Robinson SA, Halifax, Nova Scotia.
6. Koss, LG: *Koss' diagnostic cytology and its histopathologic bases*, 5th edition. Philadelphia: Lippincott Williams & Wilkins, c2006.
7. *Cytopathology*. Zuher M. Naib. 4th edition, Boston: Little, Brown, c1996.
8. *Cervicovaginal cytology based on the Papanicolaou technique: approved guideline*. George Birdsong et al., 3rd edition. CLSI document GP-15-A3, Wayne, PA: Clinical and Laboratory Standards Institute, 2008.
9. *Adequate "Pap" smears: A guide for sampling techniques in screening for abnormalities of the uterine cervix*. Donald W. Thompson, 2nd edition, Toronto, Ontario Medical Association Laboratory Proficiency Testing Program, c1996.
10. Bishop JW, Hartinger JS, Pawlick GF: *Time interval effect on repeat cervical smear result*. *Acta Cytol* 1997; 41:269-276.2.
11. Solomon D, Davey D, Kurman R, et al. *The 2001 Bethesda System: terminology for reporting results of cervical cytology*. *JAMA*, 2002; 287:2114-2119.
12. [www.screening.iarc.fr/atlasclassifbethesda.php](http://www.screening.iarc.fr/atlasclassifbethesda.php)
13. Gharib S, Feldman S, Hellerstein S, et al. *Cervical Cancer Screening Recommendations*. Brigham and Women's Hospital, Boston, MA, 2004.
14. Browne TJ, Genest DR, Cibas ES. *The clinical significance of benign-appearing endometrial cells on a Papanicolaou test in women 40 years or older*. *Am J Clin Pathol* 2005; 124:834-837.
15. *Results of a randomized trial on the management of cytology interpretations of atypical squamous cells of undetermined significance*. The ASCUS-LSIL Triage Study (ALTS) Group. *J Natl Cancer Inst* 2003; 188:1383-92.
16. *A randomized trial on the management of low-grade squamous intraepithelial lesion cytology interpretations*. ASCUS-LSIL Triage Study (ALTS) Group – *J Natl Cancer Inst* 2003; 188:1393-400.
17. Cuzick J, Sasieni P, Davies P, Adams J, Normand C, Frater A, et al. *A systematic review of the role of human papillomavirus testing within a cervical screening program*. *Health Technol Assess*. 1999;3:i-196.
18. Wright TC, Jr., Cox JT, Massad LS, Twiggs LB, Wilkinson EJ. *2001 Consensus Guidelines for the management of women with cervical cytological abnormalities*. *JAMA* 2002; 287:2120-9.
19. Quinn M, Babb P, Jones J, Allen E. *Effect of screening on incidence of and mortality from cancer of cervix in England: evaluation based on routinely collected statistics*. *BMJ* 1999; 318:1-5.
20. Sherman ME, Schiffman M, Cox JT. *Effects of age and human papilloma viral load on colposcopy triage: data from the randomized Atypical Squamous Cells of Undetermined Significance/Low-Grade Squamous Intraepithelial Lesion Triage Study (ALTS)*. *J Natl Cancer Inst* 2002; 94:102-7.
21. Noorani HZ, Brown A, Skidmore B, Stuart GCE. *Liquid-based cytology and human papillomavirus testing in cervical cancer screening*. Ottawa: Canadian Coordinating Office for Health Technology Assessment; 2003. Technology report no 40.
22. Sawaya GF, McConnell KJ, Kulasingam SL, Lawson HW, Kerlikowske K, Melnikow J, et al. *Risk of cervical cancer associated with extending the interval between cervical-cancer screenings*. *N Engl J Med* 2003; 349:1501-9.
23. Johnston G, Boyd C, MacIsaac M. *Community-based cultural predictors of Pap smear screening in Nova Scotia*. *Can J Pub Health* 2004; 95(2):95-98.



*Pap Screening for Life*