Screening for Cancer of the Cervix
An Office Manual for Health Professionals
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: tamara.plante@ccns.nshealth.ca

Website
www.cancercare.ns.ca

Mailing Address
Cervical Cancer Prevention Program
Cancer Care Nova Scotia
Bethune Building, Room 555A, 1278 Tower Road
Halifax, NS B3H 2Y9

Email: papforlife@ccns.nshealth.ca

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wishes to thank the many physicians, cytotechnologists, and other
individuals who have contributed to the 4th Edition of this manual.

We also gratefully acknowledge the contribution of Deborah Mosher,
RT, BSc, in providing several of the drawings used to illustrate specimen
collection and slide preparation techniques (Figures 1, 2, 3, 4, & 7).

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.

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the Nova Scotia Department of Health. Their support and commitment is
appreciated.

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Feedback

It is important that we receive 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 Fourth Edition of this Office Manual.

Thank you.

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Please forward your response to:

Cervical Cancer Prevention Program
Cancer Care Nova Scotia
Bethune Building, Room 555A
1278 Tower Road, Halifax, NS B3H 2Y9
Fax: 902.473.4425
Dear colleague,

I am pleased to write the introduction for the Fourth Edition of Screening for Cancer of the Cervix – An Office Manual for Health Professionals. Eight years have passed since the last revision and much has happened in the area of cervical cancer screening since then.

The importance of this manual cannot be overstated. It is one of the key means for releasing new cervical cancer screening guidelines to Nova Scotia health professionals and is an excellent ongoing reference tool. In this edition you will also find revised management guidelines for some abnormalities as well as updated laboratory policies and contact information.

When the Cervical Cancer Prevention Program joined Cancer Care Nova Scotia in 2002 the information system used to collect cytology and colposcopy data was reviewed and revised resulting in improved data quality. The provincial registry can now provide better information to all involved – patients, physicians, nurses and laboratory staff.

Another major change is that the Cervical Cancer Prevention Program now receives cytology data electronically from all seven provincial laboratories and will soon begin the process to receive pathology data electronically as well.

Health professionals are all too aware of the devastating consequences not having regular Pap tests can have on a woman’s health. They are to be commended for reaching 60 per cent of Nova Scotia women within the two-year timeframe recommended. Our challenge now is to reach the remaining 40 per cent.

In concert with the Cervical Cancer Prevention Program, I encourage you to continue your work to educate women of all ages about the importance of regular Pap tests in preventing cervical cancer. A number of educational materials are available from the Cervical Cancer Prevention Program to assist you in sharing this message. These are listed at the back of this manual.

The office manual for health professionals is an essential tool in the fight against cervical cancer in Nova Scotia and will hopefully help reduce the number of women diagnosed with cervical cancer each year. On behalf of Doctors Nova Scotia, I am pleased to endorse this publication. I am sure its contents will continue to serve as a valuable source of information for all health-care professionals and educators in Nova Scotia.

Sincerely,

Romesh Shukla, MBBS, DABA, FRCPC
President
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. 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.

The goal of an effective screening program is to screen all women at risk. If any barriers or discouraging experiences prevent women from being screened, then the health care team has been ineffective.

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.
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 box 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 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 or treatment for cervical dysplasia or 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. Manufacturer’s 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 cancer of the cervix.

If no previous Pap smear record is available and/or no O.R. pathology is available, the patient should have three consecutive normal smears before being dropped from screening.
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 connotate a hysterectomy (either total or sub-total) with preservation of the ovaries
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 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.

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).
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?
No. Lubricating jelly is not recommended. For patient comfort, the speculum may be rinsed in warm water or saline or placed on a warm heating pad. Lubricant 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 and;
C. The exocervix and endocervix using the broom.

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

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.
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.

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.

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

Figure 4: perform three to five full rotations in one direction.
What are the preferred sampling techniques in the various circumstances?

<table>
<thead>
<tr>
<th>Patient</th>
<th>Sampling Technique</th>
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<tbody>
<tr>
<td>Nulliparous</td>
<td>Combined exo/endo technique using Ayre spatula, endocervical brush or broom</td>
</tr>
<tr>
<td>Parous</td>
<td>Same as for Nulliparous</td>
</tr>
<tr>
<td>Post-treatment</td>
<td>Same as for Nulliparous</td>
</tr>
<tr>
<td>Post-menopausal</td>
<td>Same as for Nulliparous</td>
</tr>
<tr>
<td>Pregnant</td>
<td>Combined exo/endo technique using saline-soaked Q-tip and Ayre spatula. Brush is contraindicated in pregnancy</td>
</tr>
<tr>
<td>Post-hysterectomy</td>
<td>Blunt end of Ayre spatula</td>
</tr>
</tbody>
</table>

PREPARING THE SLIDE

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

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

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:**

- Thinely 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.
**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.
How should the slide be labelled?
Record the patient’s first and last names on the frosted surface using a pencil. Unlabelled slides will not be screened.

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 postmenopausal 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 IV)
### Cytologic Reporting Terminology for Nova Scotia

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<th><strong>BETHESDA NOMENCLATURE</strong> (JANUARY 1, 2003)</th>
<th><strong>CIN NOMENCLATURE</strong></th>
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<tr>
<td>Unsatisfactory (with comments on smear quality)</td>
<td>Unsatisfactory</td>
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<tr>
<td>Negative for Intraepithelial Lesion or Malignancy</td>
<td>Negative for Malignancy</td>
</tr>
<tr>
<td>Negative for Intraepithelial Lesion or Malignancy (with comments on smear quality)</td>
<td>Negative but Limited by</td>
</tr>
<tr>
<td>ASC-US (Atypical Squamous cells of Undetermined Significance)</td>
<td>Abnormal/Abnormal not Diagnostic</td>
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<tr>
<td>ASC-H (Atypical Squamous cells – Cannot Exclude High grade Squamous Intraepithelial Lesion)</td>
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</tr>
<tr>
<td>AGC-NOS (Atypical Glandular Cells – Not Otherwise Specified)</td>
<td></td>
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<tr>
<td>AGC-EC (Atypical Glandular Cells – Endocervical Cells)</td>
<td></td>
</tr>
<tr>
<td>AGC-EM (Atypical Glandular Cells – Endometrial Cells)</td>
<td></td>
</tr>
<tr>
<td>AGC – Favor Neoplastic (Atypical Glandular Cells – Favor Neoplastic)</td>
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<tr>
<td>LSIL (Low grade Squamous Intraepithelial Lesion, encompassing HPV/Mild Dysplasia/CIN I)</td>
<td>Mild Dysplasia (CIN I)</td>
</tr>
<tr>
<td>HSIL (High grade Squamous Intraepithelial Lesion)</td>
<td>Moderate Dysplasia (CIN II)</td>
</tr>
<tr>
<td>HSIL (High grade Squamous Intraepithelial Lesion)</td>
<td>Severe Dysplasia/Carcinoma in Situ (CIN III)</td>
</tr>
<tr>
<td>AIS (Adenocarcinoma in Situ)</td>
<td></td>
</tr>
<tr>
<td>HSIL-S (High grade Squamous Intraepithelial Lesion – Suspicious)</td>
<td>Suggestive for Malignancy</td>
</tr>
<tr>
<td>Squamous/Glandular Carcinoma</td>
<td>Positive for Malignancy</td>
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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

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

The Cervical Cancer Prevention Program provides a number of educational materials and tools to assist in the fight against cervical cancer. Most materials are available free of charge from the Program while some 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 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

Slides/Powerpoint
A set of slides and accompanying descriptive list. The slides describe the natural history of the disease, 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 the CCPP’s screening frequency recommendation. A suggested order for viewing is provided.

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

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

Teaching Kit
Grade IX Personal Development and Relationships (PDR) curriculum supplement
• Three lesson binder
• Pap test instruments
• Educational video A Simple Test Could Save Your Life

A Simple Test Could Save Your Life
Please photocopy, fill out this form and fax to the CCPP at 902.473.4425 to receive copies of the following materials free of charge:

<table>
<thead>
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<th>Quantity Requested</th>
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<tbody>
<tr>
<td></td>
<td>A. Pap Test Brochure (Cathy Jones and ladies, 2003 version)</td>
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<tr>
<td></td>
<td>Pap Test Poster (Cathy Jones and ladies, 2003 version)</td>
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<tr>
<td></td>
<td>Pap Test Poster (&quot;Finally, A Test You Don’t Need to Study For&quot;) Posters will be rolled, not folded</td>
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<td>Pap Test Bookmark (Cathy Jones and ladies, 2003 version)</td>
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<td>B. Pap Test Bookmark (&quot;Finally, A Test You Don’t Need to Study For&quot;)</td>
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<tr>
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<td>C. Pap Test Fact Sheet for “Young Women” (pad of 50)</td>
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<tr>
<td></td>
<td>Pap Test Fact Sheet for “Mature Women” (pad of 50)</td>
</tr>
<tr>
<td></td>
<td>Pap Test Fact Sheet for “Lesbian Women &amp; Women Who Partner with Women” (pad of 50)</td>
</tr>
<tr>
<td></td>
<td>Pap Test Sticker (&quot;A Regular Pap Test Could Save Your Life&quot;) (sheet of 30)</td>
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<tr>
<td></td>
<td>D. Temporary Tattos (1.5” x 1.5”)</td>
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<tr>
<td></td>
<td>Post it Notes (&quot;A Simple Pap Test Can Save Your Life&quot;)</td>
</tr>
<tr>
<td></td>
<td>“A Guide to Your Pap Test Results” brochure</td>
</tr>
<tr>
<td></td>
<td>Colposcopy brochure</td>
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</tbody>
</table>

To view samples of some of the material go to www.cancercare.ns.ca

Name:___________________________________________________________________
Address: _________________________________________________________________
________________________________________________________________________
Phone: __________________________________________________________________

Revised: Jan 2006
Appendix II
Sample Pap Smear Forms (Request Form and Report Form)
Colposcopy Form
Appendix II (Cont’d)

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 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.
• When you contact the receiving Lab ask if they would like a copy of the Well Woman Clinic report card that will be produced by the CCPP.
• 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 if the Lab would like a copy of the report card. Give us the name, address and telephone number of the Well Woman clinic organizer to allow us to send out a Well Woman Clinic report card and for our files as well.

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 Form 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 should be billed for the service and who is to receive the original Pap report or copies.*
• If a patient questionnaire is to be completed please include a question for patient self-report (i.e. “When did you have your last Pap smear?”)

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

When speaking with the receiving Lab they may inquire about their role in producing a Well Woman Clinic Report Card.

• Ask them to ensure that Well Woman Clinic or WWC is entered in their computer system as part of the identifiers for each case from the clinic.

* 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.
### Cervical Cancer Prevention Program

**SAMPLE WWC Screening Report**

Accession Range: 2004000001 to 2004000500  
Date Range: 2003-NOV-24 to 2003-DEC-23

### Age Summary

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<tr>
<td>15-19</td>
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<td>20-24</td>
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<td>25-34</td>
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<td>10</td>
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<td>40-44</td>
<td>4</td>
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<td>45-49</td>
<td>3</td>
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<td>50-59</td>
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Total: 20

### Pap Interval Class Summary

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<td>50</td>
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<tr>
<td>UNDERSCREENED</td>
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<td>35</td>
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<tr>
<td>PREVIOUSLY UNSCREENED</td>
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<td>10</td>
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<td>POSSIBLY OVERSCREENED (&lt;270 DAYS)</td>
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Total: 20

### Result Summary

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<th>% of Total</th>
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<td>NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY</td>
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<td>100</td>
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Total: 20

### Specimen Adequacy Summary

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<th>% Sat.</th>
<th>Age=&gt;50</th>
<th>% Sat.</th>
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<td>100</td>
<td>10</td>
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<tr>
<td>Satisfactory For Evaluation:</td>
<td>9</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Satisfactory For Evaluation But Limited By:</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Unsatisfactory For Evaluation:</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Satisfactory But Limited By Qualifiers:</td>
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<td></td>
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</tr>
<tr>
<td>Breakdown &lt;=50</td>
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<tr>
<td>ABSENCE OF TRANSFORMATION ZONE COMPONENTS</td>
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<tr>
<td>Breakdown &gt;50</td>
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<td></td>
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<tr>
<td>ABSENCE OF TRANSFORMATION ZONE COMPONENTS</td>
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<tr>
<td>Cytology Laboratory</td>
<td>Pathologist/Lab Manager/Technologist</td>
<td>Telephone No.</td>
<td>Supplies Available</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>------------------------------------------------------</td>
<td>-----------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>Aberdeen Hospital</td>
<td>Dr. Jessica Dodge</td>
<td>752.7600 Ext. 2820</td>
<td>Forms Slide Holders</td>
</tr>
<tr>
<td>865 East River Road New Glasgow, NS B2H 3S6</td>
<td>Mr. John O’Donoghue Mr. Shelden Hewey</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cape Breton Regional Hospital</td>
<td>Dr. Frank Cragg</td>
<td>567.8000 Ext. 2427</td>
<td>Glass slides Forms Mailers Fixative Spatulas</td>
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<tr>
<td>1482 George St. Sydney, NS B1P 1P3</td>
<td>Mr. Phillip Morehouse Ms. Joan McPhee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Shore Regional Hospital</td>
<td>Dr. Bruce Wright</td>
<td>543.4603 Ext. 2273</td>
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</tr>
<tr>
<td>90 Glen Allen Drive Bridgewater, NS B4V 1S6</td>
<td>Ms. Debbie Mosher Ms. Paulette Delong</td>
<td></td>
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</tr>
<tr>
<td>St. Martha’s Regional Hospital</td>
<td>Dr. Leon Desormeau</td>
<td>863.2830 Ext. 4151</td>
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</tr>
<tr>
<td>25 Bay Street Antigonish, NS B2G 2G5</td>
<td>Mr. Robert Russell Mr. Bruce Fleury</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Valley Regional Hospital</td>
<td>Dr. Brian Jollymore</td>
<td>679.2657 Ext. 1052</td>
<td>Glass slides Forms Mailers Envelopes</td>
</tr>
<tr>
<td>130 Exhibition St. Kentville, NS B4N 5E3</td>
<td>Ms. Carolyn Whitmore Ms. Andrea Saulnier</td>
<td></td>
<td></td>
</tr>
<tr>
<td>QEII Health Sciences Centre</td>
<td>Dr. Laurette Geldenhuys</td>
<td>473.8408 *for supplies call 473.6606</td>
<td>Forms Mailers Envelopes Glass Slides</td>
</tr>
<tr>
<td>VGH Site Div. of Anatomical Pathology Mackenzie Bldg. 5788 University Ave. Halifax, NS B3H 1V8</td>
<td>Mr. Peter Wilkinson Ms. Darlene MacLaren</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yarmouth Regional Hospital</td>
<td>Dr. Brian Jollymore</td>
<td>742.3542 Ext. 314</td>
<td>Glass slides Forms Mailers</td>
</tr>
<tr>
<td>60 Vancouver Street Yarmouth, NS B5A 2P5</td>
<td>Ms. Holly Cottreau Ms. Pam McIvor</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix V
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 abnormals (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 19).
Appendix VI
Cervical Cancer Prevention Program 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 VI (cont’d)

PROVIDER REMINDER LETTER FLOWCHART

Patient has significant abnormality on Pap smear

(15 weeks)

No test or follow-up in Registry

Letter sent to provider by CCPP

(2 months)

No response to letter/No test or follow-up in Registry

CCPP calls provider

(1 month)

No resolution/No test or follow-up in Registry

CCPP continues to monitor patient file for follow-up

Test or follow-up in Registry

Response/Test/Follow-up

STOP

Response/Test/Follow-up

STOP

Response/Test/Follow-up

STOP
Appendix VI (cont’d)

Physician Address

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, FRCS
Medical Director, CCPP

ACTION TAKEN

a) REPEATED Pap Test  [ ] Yes Date:  [ ] No

b) Colposcopic Exam  [ ] Yes Date:  [ ] No

Result of Colposcopic Exam

Cervical Biopsy  [ ] Yes  [ ] No

Type

Target Punch  [ ]
Excision LEEP/LOOP  [ ]
Cone Biopsy  [ ]

Pathology

Negative  [ ]
Metaplastic  [ ]
Cervicitis  [ ]
HPV  [ ]
Koilocytosis  [ ]
Unknown  [ ]

Hysterectomy  [ ]
Other (Please specify)  [ ]

Microinvasive Cancer  [ ]
Squamous Cell Carcinoma  [ ]
Adenocarcinoma  [ ]
Adenosquamous Carcinoma  [ ]
Other (Please Specify)  [ ]

C) Treatment

LEEP/LOOP  [ ]
Cryoablation  [ ]

Laser Therapy  [ ]
Conization  [ ]
Hysterectomy  [ ]

Other (Please specify)  [ ]

Lost to Follow-Up  [ ]

Patient Pregnant  [ ]
EDC  [ ]
Appendix VII
Physician Specimen Adequacy Report Cards

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 below the s.d. it is recommended that they review their method of taking Pap smears especially ensuring the use of both a spatula and endocervical brush.
### Appendix VII (cont’d)

**SAMPLE Physician Specimen Adequacy Report on Pap Smears (Cervical)**

**Date Range:** 2004-JAN-01 to 2004-DEC-31

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<th>Smears per Woman (cervical)</th>
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**Total Satisfactory For Evaluation Rate:**

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<th>% Satisfactory:</th>
<th>%</th>
<th>Age &gt; 50:</th>
<th>% Satisfactory:</th>
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<tr>
<td>0</td>
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<td>%</td>
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**Satisfactory For Evaluation:**

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**Satisfactory For Evaluation But Limited By:**

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**Unsatisfactory For Evaluation:**

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---

Due to improperly labeled slides ________ cases were returned prior to processing at the laboratory.
References


