Screening for

Cancer of the Cervix

An Office Manual for Health Professionals
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We also gratefully acknowledge the contribution of Deborah Mosher, MLT, CT, BSc, Med, in providing the drawings used to illustrate specimen and slide preparation techniques (Figures 1, 2, 3, 4, 5c and 6).

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

The Patient’s Needs

The Pap smear procedure is a screening tool to identify pre-malignant conditions of the cervix and by doing so, reduce, if not eliminate, cervical cancer. The incidence of cervical cancer has decreased considerably in Nova Scotia since the introduction of the Cervical Cancer Prevention Program (CCPP) (Figure 1). However pap screening rates continue to vary across the province and amongst different age groups. For instance, we know that 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 people at risk for cervical cancer regardless of 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 (1). Health care professionals should be mindful of any barriers or discouraging experiences in their practices that may prevent women from being screened.

There are ways to assist in providing a positive, sensitive, and caring experience for their patient, including:

- Thoughtful, concerned professionals, who clearly 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 information on recent screening guidelines and ideal conditions for screening (see below). Should these conditions not be met, it is acceptable to proceed with the Pap smear.

The following are also important to keep in mind with regards to ideal patient conditions for screening:

- 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.
- Smears are not recommended during menstruation. A mid-cycle smear is optimal. The patient should be informed that the date of her last menstrual period (LMP) will be required.

In addition, health care professionals are encouraged to contact the CCPP for patient cervical cancer screening resources and for a copy of their patient’s cervical cancer screening history in support of providing the best care and treatment of their patient. For more information on patient cervical cancer screening resources and how to obtain how to obtain cervical cancer screening histories see Appendix I and II.
Figure 1. Trends in age-standardized invasive cervical cancer incidence and mortality, females, Nova Scotia, 1991-2011

Figure 2. Biennial age-specific Pap screening participation rate (per 100 women), Nova Scotia, 2006-2010

Notes: Rates are age-standardized to the 1991 Canadian population
The Fundamentals

What is the purpose of a Pap smear?

The Pap smear 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

- Women who have never been sexually active* do not need to have Pap tests until such time as they become sexually active.
- Women who have been sexually active* should start having a Pap test the age of 21.
- Women who become sexually active* for the first time after the age of 21 should have a Pap test within three years of the time that they became sexually active*.

* For the purposes of cervical cancer screening, sexual activity refers to vaginal sexual activity which includes vaginal intercourse, vaginal-oral and/or vaginal-digital.

Cessation of Screening

- Screening may be discontinued after the age of 70 ONLY if there is an adequate negative screening history in the previous ten years (i.e. 3 or more negative tests).

Screening Interval

- If the Pap test results are normal (negative or clear), women should continue to have Pap tests every 3 years.

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.
- 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.
- 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 on reverse).
- 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:

- The woman no longer has a cervix (i.e. total hysterectomy), and;
- 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;
- There is an adequate negative screening history in the previous ten years (i.e. 3 or more negative tests), and;
- The woman has not been treated (by LEEP, laser, cryotherapy, cone, hysterectomy) for cervical dysplasia or has a history of cancer of the cervix.

Glossary
Total hysterectomy: removal of the uterus and cervix
Subtotal 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 subtotal) with preservation of the ovaries.

These guidelines and recommendations are also available at [www.cancercare.ns.ca](http://www.cancercare.ns.ca)
**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 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.

![Figure 1a: everted endocervical epithelium](image1)

![Figure 1b: the transformation zone](image2)
Sampling Areas Continued

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.

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).
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:

- The exocervix or vagina using a spatula;
- The endocervix using an endocervical brush;
- 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.

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 2: perform a 360° scrape.
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.

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.
PREPARING THE SLIDE - How should the specimen be spread on the slide?

Specimen should be spread on the 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

<table>
<thead>
<tr>
<th>Patient</th>
<th>Sampling Technique</th>
</tr>
</thead>
<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>
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 Labeled?
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.

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.
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.

As part of the CCPP’s mandate, the CCPP provides report cards to healthcare providers that perform pap tests. For more information on reports cards and how to receive a report card see Appendices III and IV.

The following is required by the laboratory to ensure accurate reporting:

- 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)

- The smear taker’s full name (surname and first name) and address

- The clinician’s full name and mailing address (if requesting a copy of the report for another clinician)

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.

For information on Pap smear training see Appendix V.
# Cytologic Reporting Terminology for Nova Scotia

## Bethesda Nomenclature

<table>
<thead>
<tr>
<th>Terminology</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Unsatisfactory</strong> (with comments on smear quality)</td>
<td></td>
</tr>
<tr>
<td><strong>Negative for Intraepithelial Lesion or Malignancy</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Negative for Intraepithelial Lesion or Malignancy</strong> (with comments on smear quality)</td>
<td></td>
</tr>
<tr>
<td><strong>ASCUS</strong> (Atypical Squamous Cells of Undetermined Significance)</td>
<td><strong>ASCCH</strong> (Atypical Squamous Cells – cannot exclude High grade Squamous Intraepithelial Lesion) <strong>AGCNOS</strong> (Atypical Glandular Cells – not otherwise specified) <strong>AGCEC</strong> (Atypical Glandular Cells – Endocervical Cells) <strong>AGCEM</strong> (Atypical Glandular Cells – Endometrial Cells) <strong>AGC – Favor Neoplastic</strong> (Atypical Glandular Cells – Favor Neoplastic)</td>
</tr>
<tr>
<td><strong>LSIL</strong> (Low grade Squamous Intraepithelial Lesion, encompassing HPV/Mild Dysplasia/CIN I)</td>
<td></td>
</tr>
<tr>
<td><strong>HSIL</strong> (High grade Squamous Intraepithelial Lesion)</td>
<td></td>
</tr>
<tr>
<td><strong>AIS</strong> (Adenocarcinoma in Situ)</td>
<td></td>
</tr>
<tr>
<td><strong>HSILS</strong> (High grade Squamous Intraepithelial Lesion – Suspicious)</td>
<td></td>
</tr>
<tr>
<td><strong>Squamous/Glandular Carcinoma</strong></td>
<td></td>
</tr>
</tbody>
</table>
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. As part of the CCPP’s mandate, if significantly abnormal pap test results are not followed up on appropriately within 15 weeks of the abnormal pap test, a reminder letter is sent to the health care provider who completed the pap test. For more information on the CCPP’s reminder letter process see Appendix VI.

Nova Scotia Management Guidelines for women with cervical cytological abnormalities

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<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>Repeat cytology every 3 years as per guidelines.</td>
</tr>
<tr>
<td>ASC-US</td>
<td>Repeat test twice at 6 month intervals. 2 abnormals (ASCUS or LSIL) within 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, AGC-EC, AGC-EM, 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 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>
</tbody>
</table>

* Please inform your 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. For more information on Colposcopy Indications see Appendix VII.
Appendix I
Cervical Cancer Screening Resources

Cervical cancer screening resources may be downloaded or ordered from the Cancer Care Nova Scotia website, www.cancercare.ns.ca or by calling 1-888-480-8588.

The Canadian Cancer Society’s Cancer Information Service (CIS):
If you are looking for 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 contact them through www.cancer.ca.
Appendix II

Cervical Cancer Screening Histories

A confidential registry of all Pap smears done in Nova Scotia since 1978 is kept by the CCPP of Cancer Care Nova Scotia.

Individuals can request a print out of their cervical screening history (Pap tests performed in Nova Scotia) by calling 1-888-480-8588 or (902) 473-7438.

Health Care Providers can obtain a copy of their patients’ Pap history, by calling 1-888-480-8588 or (902) 473-7438. A minimum of 48 hours notice is required.

Sample Patient History Report

![Sample Patient History Report](image-url)
Appendix III

Report Cards/Specimen Adequacy Reports

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 provide report cards to healthcare providers that perform Pap tests.

Report cards are automatically sent out to physicians who perform Pap tests.

The process for obtaining a report is different for Nurse Practitioners, specially trained RNs and midwives, and is also different depending on which lab processes the Pap smears. Therefore follow the instructions below accordingly.

If you are a Nurse Practitioner or specially trained RN interested in receiving a report, follow Process A.
If you are a midwife interested in receiving a report, follow Process B.

**Process A:**

**Procedure for Nurse Practitioners and Specially Trained Nurses Performing Paps Processed Outside of QEII**

- Call the CCPP registry at 902-473-7593 or 902-473-2185 to obtain a registry ID number.
- Provide the following information when applying:
  - Name
  - Whether you are a RN or NP
  - Address where you would like the reports sent
  - If you are an RN, we also need the name of your manager
  - You will be given an ID number to use on your Pap requests forms
  - Print your name and ID number clearly on the cytology request form and also the physician of record.
  - 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 report card
  - If you are an RN you will then receive annual reports with a copy to your manager
  - If you are an NP you will then receive annual reports.

**Procedure for Specially Trained Nurses Performing Paps processed at the QEII**

- Call the LIS office at 902-473-8408 with your request
- An LIS Physician Addition/Change form will be sent to you
- Complete the form and return to the LIS office
- **It is very important to indicate in the changes/comment field that you have been trained to perform Paps and that you are requesting a number.**
- On average it takes LIS about one week to process this request
- Once LIS has assigned you a number, you will be contacted with your number
- Call the CCPP registry at 902-473-7593 or 902-473-2185 with:
  - Your name
  - QEII ID number
• Address where you would like reports to be sent
• Date you were certified to perform Paps
• Name and address of your manager

- Print your name and QEII ID 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.
- 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.

Procedure for **Nurse Practitioners** Performing Paps processed at the QEII

- Call the LIS office at 902-473-8408 with your request
- An LIS Physician addition/change form will be sent to you
- Complete the form and return to the LIS office
- On the form, provide the registration number you have been assigned by your college
- On average it takes LIS about one week to process this request
- Once LIS has added you to their contact Provider table, they will contact you with your number
- Call the CCPP registry at 902-473-7593 or 902-473-2185 with:
  - Your name
  - QEII ID number
  - Address where you would like reports to be sent
- Print your name and QEII ID number clearly on the cytology request form
- 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
- You will receive an initial screening report card from the CCPP registry on your first twenty Paps, followed by annual reports

Process B:

Procedure for **Midwives** Performing Paps processed outside of the QEII

- Call the CCPP registry at 902-473-7593 or 902-473-2185 with:
  - Your name
  - Address where you would like reports to be sent
  - Please indicate to the Registry office that you are a Midwife
- Clearly print your full name on each Pap smear request form and any other identifying information that the lab requires

Procedure for **Midwives** Performing Paps Processed at QEII

- Follow the process for activation laboratory testing and reporting of results (April 2009) circulated by the Midwifery Regulatory Council of Nova Scotia
- Call the CCPP registry at 902-473-7593 or 902-473-2185 with:
  - Your name
  - QEII ID number
  - Address where you would like reports to be sent
  - Please indicate to the registry office that you are a midwife
SAMPLE – CCPP – Screening Report
Date Range: 2009-JAN-01 to 2009-DEC-31

Age Summary

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Count</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>5</td>
<td>4.6</td>
</tr>
<tr>
<td>20-24</td>
<td>16</td>
<td>14.8</td>
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<td>25-29</td>
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</tr>
<tr>
<td>45-49</td>
<td>10</td>
<td>9.3</td>
</tr>
<tr>
<td>50-54</td>
<td>6</td>
<td>5.6</td>
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<td>55-59</td>
<td>2</td>
<td>1.9</td>
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<tr>
<td>60-64</td>
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Total: 108

Result Summary

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<tr>
<th>Diagnosis</th>
<th>Count</th>
<th>% of Total</th>
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<tr>
<td>NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY</td>
<td>107</td>
<td>99.1</td>
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<tr>
<td>LOW GRADE SQUAMOUS INTRAEPITHELIAL LESION (LSIL)</td>
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<td>.9</td>
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Total: 108

Specimen Adequacy Summary

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<tr>
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<th>Age&lt;50</th>
<th>% Sat.</th>
<th>Age&gt;50</th>
<th>% Sat.</th>
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<tr>
<td>Total Satisfactory For Evaluation Rate:</td>
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<td>100</td>
<td>9</td>
<td>100</td>
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<tr>
<td>Satisfactory For Evaluation:</td>
<td>80</td>
<td>9</td>
<td></td>
<td></td>
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<tr>
<td>Satisfactory For Evaluation But Limited By:</td>
<td>19</td>
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<td></td>
<td></td>
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<tr>
<td>Unsatisfactory For Evaluation:</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
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Satisfactory But Limited By Qualifiers:

<table>
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<th>Breakdown &lt;=50</th>
<th>Breakdown &gt;50</th>
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</thead>
<tbody>
<tr>
<td>ABSENCE OF TRANSFORMATION ZONE COMPONENTS</td>
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</tr>
<tr>
<td>BLOOD PART. OBSCURING CELL DETAIL</td>
<td>2</td>
</tr>
<tr>
<td>INFLAM CELLS PART. OBSC. CELL DETAIL</td>
<td>3</td>
</tr>
<tr>
<td>LIMITED CELLULARITY</td>
<td>2</td>
</tr>
<tr>
<td>OBSCURED BY BLOOD AND INFLAM CELLS</td>
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</tr>
<tr>
<td>POOR FIXATION OR PRESERVATION</td>
<td>2</td>
</tr>
<tr>
<td>POORLY PREPARED/POORLY SPREAD</td>
<td>1</td>
</tr>
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</table>
Appendix IV
Well Woman Clinic Report Card Protocol

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) the 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:
  1. The Clinic day
  2. The name of the Cytology Lab that will be receiving the Pap smears
  3. 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.*

To receive a report card from the CCPP on Paps done during a Well Woman clinic:
- In the electronic data load to the CCPP, Pap reports need to be identified as originating from a WWC.
- Contact the CCPP at 1-888-480-8588 if unclear how to do this.

* 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.
Appendix V

Pap Training

The Pap test is one of the best measures for the prevention and early detection of cervical cancer. The CCPP is committed to working with health professionals across Nova Scotia to provide equitable access to screening.

A reference guide is available free of charge from the CCPP to support the development of competency in collecting Pap smears. Contact 1-888-480-8588 or visit www.cancercare.ns.ca

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.
Appendix VI
Provider Reminder Letter Process

The 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 Cancer Care Nova Scotia’s Cytology/Colposcopy Registry. Regular 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 has been recorded in the Registry within 15 weeks of the original abnormal being recorded. For those cases, a reminder letter (sample below) is sent to the provider/smear taker, asking for follow-up information.

If no response to the reminder letter is received by CCNS after two months, and no follow-up is found in the Registry, the CCNS staff member 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.

![Diagram of Provider Reminder Letter Process Flowchart](image-url)
Appendix VI (Cont’d)
Sample Provider Reminder Letter:

Dear SMEARTAKER,

The Cervical Cancer Prevention Program (CCPP) is able to assist you with reminders concerning patients with HSIL/CIN II or greater who have not had follow-up within 15 weeks of a significantly abnormal Pap. We are sending this letter of reminder to you as the attending Health Care Provider for this woman. The following patient’s file has not been updated and we ask that you complete this form.

Patient: PART_FNAME PART_LNAME
DOB: DOB   HCN: HCN
Last Pap Date: MOST_RECENT_PAP_DT
Last Result: MOST_RECENT_PAP_RESULT

Please return this form by fax at (902) 473-4425 or using the enclosed postage paid envelope.

Rob Grimshaw, MD, FRCS C
Medical Director, Cervical Cancer Prevention Program
Cancer Care Nova Scotia

ACTION TAKEN:

a) Repeated Pap Test
☐ Yes Date: ________________
☐ No

b) Colposcopic Exam
☐ Yes Date: ________________ Performed by Dr. ________________

C) Treatment
☐ None ☐ Laser Therapy ☐ Other (Please specify): __________
☐ LEEP/LOOP ☐ Cone Biopsy ☐ Hysterectomy ☐ Unknown
☐ Cryosurgery

D) Lost to Follow-Up

E) Patient Pregnant
☐ EDC ________________

F) Patient aware of significantly abnormal Pap and refused follow-up
☐
# Appendix VII

## Indications for Colposcopy

<table>
<thead>
<tr>
<th>I Abnormal Cytology</th>
<th>Repeat smear twice at 6 month intervals. Any 2 abnormals (ASCUS or LSIL) within a 2 year period warrants colposcopy.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Atypical Squamous Cells of Undetermined Significance (ASC-US) and/or Low Grade Squamous Intraepithelial Lesion (LSIL)</td>
<td></td>
</tr>
<tr>
<td>2) Atypical Squamous Cells Cannot Exclude HSIL (ASC-H)</td>
<td>On ONE (1) occasion</td>
</tr>
<tr>
<td>3) Atypical Glandular Cells (AGC)</td>
<td></td>
</tr>
<tr>
<td>4) Adenocarcinoma in situ (AIS)</td>
<td></td>
</tr>
<tr>
<td>5) High Grade Squamous Intraepithelial Lesion (HSIL)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>II Carcinoma</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>III Questionable Lesion of Cervix</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IV DES Exposure</th>
</tr>
</thead>
</table>

NOTE: Genital tract condylomata – Pap smear should be taken and managed as per Repeats and Recommendations.
References


