Cancer Care Ontario

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Clinical Guidance: Recommended Best Practices for Delivery of Colposcopy Services in Ontario

Questions and Answers

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Questions and Answers (Q&As)

1. What is *Clinical Guidance: Recommended Best Practices for Colposcopy Services in Ontario* (the Clinical Guidance document)?

Developed by Cancer Care Ontario, this clinical guidance provides evidence-informed best practice guidance for high-quality colposcopy care for eligible women with an abnormal cervical screening test. The Clinical Guidance document and the *Organization of Colposcopy Services in Ontario: Recommended Framework* support ongoing efforts to organize quality colposcopy services in Ontario, ultimately providing care that is consistent, coordinated and integrated, so a patient can receive care that is uniform and evidence-based from properly trained healthcare providers who maintain colposcopy-related expertise and knowledge.

The Clinical Guidance document summarizes clinical best practices for the management of screen-detected cervical abnormalities in colposcopy and is segregated into specific clinical pathways, which include the following components:

- Referral criteria and investigation strategies;
- Indications for treatment and preferred therapies;
- Follow-up algorithms for treated and untreated women;
- Exit criteria and advice for ongoing screening following discharge from the colposcopy system; and
- Relevant clinical considerations and guiding principles for colposcopy.

2. How were the clinical best practices developed?

The Clinical Guidance document is informed by best available evidence gathered from literature reviews and jurisdictional scans of existing international and Canadian guidelines, as well as expert advice and consensus from a multidisciplinary Colposcopy Expert Advisory Group.

The best practices for colposcopy included in the Clinical Guidance document were developed by examining and evaluating the extent to which the evidence was present in peer-reviewed literature and existing guidelines, the strength of the available evidence and clinical relevance. Clinical consensus and expert opinion were used in areas where evidence was limited.

3. Who was involved in reviewing the evidence to support the clinical best practices?

The Colposcopy Expert Advisory Group (CEAG) was key in the development of this document, which included reviewing available evidence. The CEAG was convened to provide expert advice on how to improve the colposcopy system for Ontarians and to define clinical best practices for colposcopy services in Ontario. This group consists of representatives in multiple disciplines, including gynecologists, gynecologic oncologists, pathologists, family physicians, nurse educators and administrative personnel from across the province, as well as representatives from other provinces with centrally organized colposcopy systems.

4. Who is the clinical guidance intended for?

The Clinical Guidance document is developed for healthcare providers trained in colposcopic assessment of the lower genital tract, commonly referred to as colposcopists. Specifically, the intended audience includes Ontario colposcopists who perform colposcopic assessments in an ambulatory setting, such as hospital clinics or private offices, and those who perform colposcopically directed treatments.

These recommendations are also meant to offer guidance to the entire team of healthcare providers involved in colposcopy services, including primary care and specialist physicians, nurses, pathologists, administrators and other care decision-makers.

5. How is human papillomavirus (HPV) testing used in the pathways?

The best practice pathways include the use of HPV testing within colposcopy as a risk stratification tool to appropriately exit women from colposcopy, whether they required treatment or not. As a result, women at low risk can resume routine screening, while those at elevated risk due to persistent HPV infection may be advised to undergo closer surveillance.

6. Why are there pathways with and without human papillomavirus (HPV) testing?

HPV testing is recommended in the management of some women referred to colposcopy after abnormal cervical screening. Three of the five clinical best practice pathways make use of HPV testing as a risk stratification tool and exit test, which is evidenced-based best practice. Given the variability with access to HPV testing in Ontario, the Clinical Guidance document presents three alternative clinical pathways that define best practices in the absence of HPV testing.

7. Human papillomavirus (HPV) testing is not funded within my center, which pathways should I use?

If HPV is not funded in your center, it is recommended that the following pathways be used:

- Non-HPV pathway for workup and treatment: SIL referral in women ≥ 25;
- Non-HPV pathway for conservative SIL management of women ≥ 25 in whom child bearing is of concern;
- Non-HPV pathway for post-treatment SIL management regardless of age;
- Management of younger women Ages 21 to 24; and
- Workup, treatment and management of AGC/AIS referral regardless of age.

8. How should women be managed in primary care post-discharge from colposcopy?

The best practice pathways provide recommendations for the management of women in colposcopy who are treated and those who are untreated. Following discharge from colposcopy, women who are found to be at low risk by their colposcopist should be screened triennially in primary care, whether or not they received treatment in colposcopy. Women found to be at elevated risk by their colposcopist should be screened annually in primary care, whether or not they received treatment in colposcopy. If risk level or screening interval was not indicated by the colposcopist, then annual screening is recommended.

9. If annual screening is recommended post-discharge, when can women resume triennial screening?

Women can only resume triennial screening if and when they become HPV negative. Women who test positive for HPV should be screened annually.

10. When should women who have been discharged from colposcopy be re-referred to colposcopy?

Women who have persistent abnormal cytology following discharge from colposcopy should be referred back to colposcopy if they have two atypical squamous cells of undetermined significance (ASCUS) results six months apart, or one ASCUS or low-grade squamous intraepithelial lesion (LSIL) result and are human papillomavirus (HPV) positive (where HPV testing is available). These referral criteria are consistent with the current Ontario Cervical Screening Program screening guidelines.