

Cervical Screening Initiatives Program

Clinical Management Guidelines

Result	Recommended Management
<u>Specimen Adequacy Statement</u>	
Satisfactory	Routine Screening at annual intervals (unless the specimen adequacy statement is accompanied by a qualifier and subsequent recommendation).
Unsatisfactory	Repeat smear after 12 weeks .
<u>Negative</u>	
NIL Negative for Intraepithelial Lesion	Routine screening* If specific pathogen is present, treat as clinically appropriate. <small>*In the presence of a gross abnormality with a negative Pap test, patient should be referred for colposcopy</small>
<u>Epithelial Cell Abnormalities</u>	
ASC-US Atypical Squamous Cells of Undetermined Significance	Repeat smears every six months until normal x 2; if any of these smears are ASC-US or worse, refer for colposcopy. (If smear is atrophic, repeat after a course of intravaginal estrogen therapy).
ASC-H Atypical Squamous Cells cannot exclude HSIL	Colposcopy and Biopsy.
LSIL Low Grade Squamous Intraepithelial Lesion	Colposcopy and Biopsy.
HSIL High Grade Squamous Intraepithelial Lesion	Colposcopy and Biopsy.
AGC Atypical Glandular Cells	AEC - Atypical Endocervical Cells – Colposcopy and Endocervical Curettage (ECC) For women over 35, endometrial sampling is also recommended. AEMC – Atypical Endometrial Cells – Colposcopy and Endometrial Sampling (EM) NOS – Not Otherwise Specified – Colposcopy, ECC and EM Sampling FN – Favor Neoplastic – Colposcopy and Endocervical Curettage.
<u>Positive for Malignancy</u>	
AIS Adenocarcinoma In Situ Squamous Cell Carcinoma Adenocarcinoma	Colposcopy, Biopsy and endocervical curettage as recommended. Colposcopy and Biopsy. Colposcopy and Biopsy.
<u>Other</u>	
Endometrial Cells in a woman Over 40 (or a younger woman With unexplained vaginal bleeding).	These findings should be interpreted in light of the clinical scenario. Clinical correlation is advised and endometrial biopsy if out of phase or post menopausal.

May 6, 2004 Developed with content and support from the Nova Scotia Gynecological Cancer Screening Programme, Dr Meg MacLachlin-London Health Sciences Hospital, Ontario's Laboratory Proficiency Testing Program Guidelines, American Society for Colposcopy and Cervical Pathology Algorithms, & Bethesda 2001 Recommendations. Consultation was held with leading Pathologists and Gyne-Oncologists in the province of Newfoundland and Labrador. Endorsed by the Newfoundland Medical Board and the Newfoundland & Labrador Medical Association.

Quick Reference Tool

Pap Smear Collection:

Labeling:	Label slide on frosted side with pencil & complete requisition; ensure all identifying information, LMP and relevant history are completed. Specimens not labeled will not be accepted.
Visualize Cervix:	Lubricate speculum with warm water. Do not use gel. Assess position of transformation zone, ensure zone will be sampled.
Take Sample:	Rotate spatula full circle, maintaining contact with ectocervix. Insert brush gently in the endocervix and turn one quarter circle. Do not use brush in pregnancy.
Apply Sample:	Spread sample from spatula and roll the brush on one slide.
Fix Sample:	Spray with cytologic fixative immediately , six to ten inches away from slide. Allow to dry before closing.
Ship:	Place in transport container provided, wrap with completed requisition and send to Cytopathology lab.

Who to screen:

Women of all ages who are, or ever have been, sexually active should be screened ANNUALLY.

For women who have had a hysterectomy:

- with cervix intact-annual screening
- with history of malignancy/premalignancy-annual screening
- with total hyst and benign history-no Pap smear required, however a vaginal vault smear may be recommended every five years as part of an overall gynecological health assessment.

Instructions for screening: (ideal, not essential)

No douching, or contraceptive jellies for 48 hours before examination.
No intercourse for 24 hours prior to examination.
Smears are not recommended during menstruation, but should not be deferred in abnormal bleeding.
A mid-cycle smear is optimal.

This guideline is not intended to define or serve as a standard of medical care. Standards of medical care are specific to all the facts or circumstances involved in an individual case and can be subject to change as scientific knowledge and technology advance and as practice patterns evolve.

Pap Test Kits may be ordered by contacting Newfoundland Public Health Laboratories @ 709 777 7242 or on line @ www.publichealthlab.com



A simple test that can save your life!

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