

Waterloo Wellington Regional Cancer Program

Ontario Health (Cancer Care Ontario)

Final Discharge Recommendations

Colposcopy services

Colposcopist's name:

Contact information:

Patient information:

Date:

This patient is discharged from colposcopy and should resume cervical screening in primary care. See below for information on their colposcopy results and next screening interval in primary care:

- Screen patient in **5 years** (average risk screening) or
 Screen patient in **3 years** (immunocompromised screening)

Cytology at referral	Treatment status	HPV result at first post-treatment visit and HPV result at discharge	How to manage screening results
<input type="checkbox"/> Normal (NILM) or low-grade (ASCUS, LSIL)	<input type="checkbox"/> No treatment needed	<input type="checkbox"/> N/A and HPV-negative	Manage results according to routine cervical screening recommendations
<input type="checkbox"/> High-grade (ASC-H, LSIL-H, AGC, HSIL, AEC)*	<input type="checkbox"/> Treated for HSIL histology	<input type="checkbox"/> HPV-negative and HPV-negative	

- Screen patient in **2 years** (moderate risk screening)

Cytology at referral	Treatment status	HPV result at first post-treatment visit and HPV result at discharge	How to manage screening results**
<input type="checkbox"/> Normal (NILM) or low-grade (ASCUS, LSIL)	<input type="checkbox"/> No treatment needed	<input type="checkbox"/> N/A and no HPV test (not needed) <input type="checkbox"/> N/A and HPV-positive	<ul style="list-style-type: none"> • If result is HPV-positive (regardless of HPV type), refer back to colposcopy • If result is HPV-negative, return to average risk screening in 5 years or immunocompromised screening in 3 years
<input type="checkbox"/> High-grade (ASC-H, LSIL-H, AGC, HSIL, AEC)*	<input type="checkbox"/> Treated for HSIL histology	<input type="checkbox"/> HPV-positive and HPV-negative	<ul style="list-style-type: none"> • If result is HPV-positive (regardless of HPV type), refer back to colposcopy • If result is HPV-negative, return to average risk screening in 5 years or immunocompromised screening in 3 years

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For more information, please scan QR code or go to: <https://www.grhosp.on.ca/cancerwaterloowellington/colposcopists>



		<input type="checkbox"/> HPV-negative and HPV-positive <input type="checkbox"/> HPV-positive and HPV-positive	<ul style="list-style-type: none"> • If result is HPV-positive (regardless of HPV type), refer back to colposcopy • If result is HPV-negative, re-screen in 2 years and if result is: <ul style="list-style-type: none"> • HPV-positive (regardless of HPV type), refer back to colposcopy • HPV-negative, return to average risk screening in 5 years or immunocompromised screening in 3 years
	<input type="checkbox"/> Treated for AIS histology	<input type="checkbox"/> HPV-negative and HPV-negative <input type="checkbox"/> HPV-positive and HPV-negative	<ul style="list-style-type: none"> • If result is HPV-positive (regardless of HPV type), refer back to colposcopy • If result is HPV-negative, re-screen in 2 years and if result is: <ul style="list-style-type: none"> • HPV-positive (regardless of HPV type), refer back to colposcopy • HPV-negative, re-screen in 2 years and if result is: <ul style="list-style-type: none"> • HPV-positive (regardless of HPV type), refer back to colposcopy • HPV-negative, return to average risk screening in 5 years or immunocompromised screening in 3 years

For more information on the Ontario Cervical Screening Program's post-discharge screening recommendations, visit ontariohealth.ca/OCSP-recommendations.

[Physician Name], MD, Colposcopist

Additional notes:

* Patients referred to colposcopy with SCC, ACC, ACC-E or PDC cytology results might be referred to a gynecology oncology centre or another provider. Any further follow-up in primary care will be based on that provider's recommendations.

** Patients ages 65 to 69 who are discharged from colposcopy should continue to screen until age 74.

ACC = adenocarcinoma; ACC-E = endocervical adenocarcinoma; AEC = atypical endocervical cells; AGC = atypical glandular cells; AIS = adenocarcinoma in situ; ASC-H = atypical squamous cells, cannot exclude high-grade squamous intraepithelial lesion; ASCUS = abnormal atypical squamous cells of undetermined significance; HPV = human papillomavirus; HSIL = high-grade squamous intraepithelial lesion; LSIL = low-grade squamous intraepithelial lesion; LSIL-H = low-grade squamous intraepithelial lesion, cannot exclude HSIL; NILM = negative for intraepithelial lesion; N/A = not applicable; PDC = poorly differentiated carcinoma; SCC = squamous cell carcinoma

Available online: ontariohealth.ca/OCSP-colposcopy

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