

Ontario Cervical Screening Program (OCSP): Guide to Resuming Cervical Screening Post-discharge from Colposcopy

Care in colposcopy

In colposcopy, an examination of the cervix is used to rule out the presence of cervical pre-cancer or cancer. Regardless of HPV type or cytology result at referral, most people referred to colposcopy will not have high-grade histology detected in colposcopy. These people will not require treatment and can be discharged after one or two visits. People with high-grade histology will be treated and followed up over a number of visits at a colposcopy clinic (known as an episode of care).

Discharge from colposcopy to primary care

When someone is discharged from colposcopy after being assessed or treated, their likelihood of developing cervical pre-cancer and cancer is greatly reduced and they can return to cervical screening in primary care. At discharge from colposcopy, a colposcopist should recommend the next interval for cervical screening in primary care on their discharge summary.

A person's risk of cervical pre-cancer or cancer will determine when they can return to routine screening. People at average risk may return to screening in five years and people who are immunocompromised may return to screening in three years. The following immunocompromised populations may be at a higher risk of cervical pre-cancer and cancer and should follow the three year screening interval: people living with HIV/AIDS, regardless of CD4 cell count; people with congenital (primary) immunodeficiency; transplant recipients (solid organ or allogeneic stem cell transplants); people requiring treatment (either continuously or at frequent intervals) with medications that cause immune system suppression for three years or more; people who are living with systemic lupus erythematosus (SLE), regardless of whether they are receiving immunosuppressant treatment; and people who are living with renal failure and require dialysis.

Key terms

AGC = atypical glandular cells; AIS = adenocarcinoma in situ;
 ASC-H = atypical squamous cells, cannot exclude high-grade squamous intraepithelial lesion;
 ASCUS = 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 or malignancy; N/A = not applicable

Table 1: Post-discharge cervical screening recommendations for people not treated in colposcopy (i.e., HSIL or AIS histology not detected in colposcopy)

First post-discharge screening interval			Second post-discharge screening interval	
Referral cytology from primary care	HPV status at discharge from colposcopy	Action	Screening result at first recall	Action
Normal (NILM) or low-grade (ASCUS or LSIL)	N/A (HPV test not repeated in colposcopy)	Screen in 2 years	HPV-negative	Return to average risk screening in 5 years ¹
			HPV-positive ²	Re-refer to colposcopy
High-grade (ASC-H, LSIL-H, AGC, HSIL or AEC)	HPV-negative	Return to average risk screening in 5 years ¹	N/A	
	HPV-positive ²	Screen in 2 years	HPV-negative	Return to average risk screening in 5 years ¹
HPV-positive ²			Re-refer to colposcopy	

Table 2: Post-discharge cervical screening recommendations for people treated in colposcopy (HSIL histology)

First post-discharge screening interval			Second post-discharge screening interval		Third post-discharge screening interval	
HPV result at first post-treatment colposcopy visit	HPV result at discharge	Action	Screening result	Action	Screening result	Action
HPV-negative	HPV-negative	Return to average risk screening in 5 years ¹	N/A			
HPV-negative	HPV-positive ²	Screen in 2 years	HPV-negative	Re-screen in 2 years	HPV-negative	Return to average risk screening in 5 years ¹
			HPV-positive ²	Re-refer to colposcopy	HPV-positive ²	Re-refer to colposcopy
HPV-positive	HPV-negative	Screen in 2 years	HPV-negative	Return to average risk screening in 5 years ¹	N/A	
			HPV-positive ²	Re-refer to colposcopy		
HPV-positive	HPV-positive ²	Screen in 2 years	HPV-negative	Re-screen in 2 years	HPV-negative	Return to average risk screening in 5 years ¹
			HPV-positive ²	Re-refer to colposcopy	HPV-positive ²	Re-refer to colposcopy

Table 3: Post-discharge cervical screening recommendations for people treated in colposcopy (AIS histology)

First post-discharge screening interval			Second post-discharge screening interval		Third post-discharge screening interval		Fourth post-discharge screening interval	
HPV result at first post-treatment colposcopy visit	HPV result at discharge	Action	Screening result	Action	Screening result	Action	Screening result	Action
HPV-negative	HPV-negative	Screen in 2 years	HPV-negative	Re-screen in 2 years	HPV-negative	Re-screen in 2 years	HPV-negative	Return to average risk screening in 5 years ¹
HPV-positive ²					HPV-positive ²	Re-refer to colposcopy	HPV-positive ²	Re-refer to colposcopy
			HPV-positive ²	Re-refer to colposcopy	N/A			

Footnotes:

1. Or immunocompromised screening in 3 years.
2. Regardless of HPV type or cytology result.